

Oh Father Where Art Thou: The Moral Experience of Bereaved Fathers

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Abstract 1:

It has been recognized that Western bereavement programs, and the research on which they are based, rely primarily on models of female grief and fail to adequately take into account gender differences, especially men's experiences of bereavement. As a result, in contemporary research, fathers' grief has been studied primarily through the lens of mothers' grief. This comparative approach has led to the perception, in some bereavement studies, that fathers' experience of grief is less intense and debilitating than that of mothers. This has been reported in studies of infant death, catastrophic accident death, and death from childhood cancer.

The study to be discussed examines fathers' experience of bereavement, using both the ethical framework of the moral philosopher Paul Ricoeur, and phenomenological analysis. The findings from a series of interviews conducted with 5 bereaved fathers will be presented. The emergent themes will be discussed, specifically: 1) Bereaved fathers' experiences of social expectation and regulation; 2) bereaved fathers' challenges with issues of morality (for example, what it means to be a good father, a good spouse, etcetera.); 3) bereaved fathers' experiences with bereavement support services.

By focusing on the experience of bereaved fathers', my study challenges the common practice of comparing fathers' grief to that of mothers will be avoided. This study is designed to show how the experience of bereaved fathers is gendered and must be examined in relation to social and familial expectations, as well as internalized standards of proper behavior. This study will contribute to building both a theoretical and clinical evidence base for the field of bereavement studies as well as to the interdisciplinary field of palliative care.

Abstract 2:

Les programmes de deuil occidentaux et la recherche qui les soutiennent ont été reconnus comme étant basés sur des modèles de deuil en grande partie féminins, donc qui échouent à tenir compte des expériences des hommes. En conséquence, la recherche actuelle en grande majorité étudie le deuil des hommes en comparaison avec le deuil des femmes. Cette approche comparative amène une perspective selon laquelle le deuil des hommes est moins intense et incapacitant que celui des femmes. Ceci a été reporté dans les études portant sur le deuil des nourrissons, les morts par accidents catastrophiques et les morts de cancer dans l'enfance.

Cette étude examine l'expérience du deuil chez les pères, en utilisant l'approche éthique du philosophe Paul Ricoeur ainsi que l'analyse phénoménologique. Les résultats d'une série d'entrevue avec cinq pères endeuillés seront présentés. Les thèmes saillants seront discutés, notamment 1) leurs expériences des attentes et des règles sociales, 2) les défis que les pères endeuillés perçoivent en rapport avec les questions morales (tel que, qu'est-ce qu'être un bon père, un bon époux, etcetera.) et finalement 3) leurs expériences des services de soutien au gens endeuillés.

En mettant l'emphasis sur les expériences des pères endeuillés, la pratique commune de comparer le deuil des mères et des pères se trouve évité. Cette étude a pour but de démontrer que l'expérience des pères est affectée par leur sexe et doit être examinée en relation avec les attentes sociales et familiales, ainsi que les standards de comportements adéquats qui sont intériorisés socialement. L'étude contribuera à bâtir une base théorique et empirique dans le domaine des études sur le deuil et apportera une contribution substantielle à l'approche interdisciplinaire qui prime en soins palliatifs.

Chapter 1: *Introduction*

The loss of a child has deep emotional and spiritual impacts with serious long-term repercussions for bereaved parents. A failure to achieve a healthy adjustment to the death of a child can have negative consequences for bereaved parents and their families, including health difficulties (Stroebe & Stroebe, 1993), spiritual collapse (Meert et al., 2005), financial difficulties (Corden et al., 2002), affects on family functioning (Layne, 2000), and severe psychological illness (Li et al., 2005), including post-traumatic stress disorder (Murphy et al., 1999).

When a child dies, many parents can be faced with a severe existential crisis of meaning and a loss of purpose; their understanding of what it means to be good and moral agent can become clouded. When this confusion is compounded with the overwhelming sense of loss, guilt, and failure that accompany the death of a child, it can greatly affect a parent's sense of identity and self-worth, and likewise their well-being. Studies have found a number of mental health issues, including high levels of suicidal ideation, among bereaved parents (Murphy et al., 2003). Though suicide ideation is present in both bereaved mothers and fathers, death by unnatural causes, including suicide, chronic alcoholism, and illicit drugs are statistically higher for bereaved fathers (Li et al., 2003).

Bereavement experiences can differ between mothers and fathers, and though these differences are well documented, bereavement support programs and the research on which they are based continue to rely primarily on female grief models and fail to take into account males' experiences of bereavement (Martin & Doka, 2003). Often studies claiming to represent parents' experiences with the

death of a child, when examined closely, are found to under-represent bereaved fathers' experiences. Macdonald and colleagues (2009) for example, in a systematic review of studies claiming to have parental perspective in pediatric palliative care literature found that in most studies "parent" was synonymous with mothers. Fathers represented only 25% of research subjects compared with 75% mothers and three studies that claimed to have parents' perspective had samples of 100% mothers. This under-representation of bereaved fathers can have significant repercussions: for example, it can lead to the misrepresentation of bereaved fathers' experiences with grief because researchers have primarily studied fatherly grief through the lens of motherly grief, and have not recognized the unique grief pattern that fathers may follow (Anderson, 2001). Because of this lack of research and understanding of fathers' grief, the quantity and quality of services offered to bereaved fathers is compromised and many men must adjust to their profound loss without the help of adequate support services. The title of this theses, "Oh Father Where Art Thou?", emerged from the lack of attention paid to fathers in the field of bereavement. By examining the moral experience of bereaved fathers, this study will give bereaved fathers a stronger voice within bereavement research.

Outline of Chapters

This thesis, which represents partial fulfillment of a Master's degree in Religious Studies with a concentration in Biomedical Ethics, sets out to determine the extent to which the ethical framework of Paul Ricoeur can help in understanding the experience of bereaved fathers. In particular, this thesis

examines how the expectations of others influence these fathers' notions of proper actions and behaviors, which, according to Ricoeur's framework, will in turn influence how bereaved fathers judge their actions and their ultimately their character. Because of the complexity of both Ricoeur's ethical framework and bereaved father's moral experience, this project employs both theoretical discussion and empirical study. In the end, it is hoped that this thesis offers a better understanding and insight into the unique and complex experience of these men.

The study of bereavement has a long history in Western culture, which has influenced how researchers think about bereavement today. The following chapter offers a brief historical perspective on the rise of modern bereavement research with a focus on parental bereavement, specifically research on bereaved fathers.

Research examining bereaved fathers experience has found that there are expectations placed on bereaved fathers from both their families and society overall (Cook, 1988). In the third chapter I offer an overview of Ricoeur's framework, which discusses how individual morality is established, especially how the influence and expectations of others influence the moral compass of the individual.

The fourth chapter of this thesis outlines the empirical qualitative study that I undertook on the moral experience of bereaved fathers. This chapter includes a discussion of the methodology and methods that I chose, as well as ethical considerations, the process of how I collected the data, and the means by which I analyzed the data.

In the fifth chapter I examine the results of the study. In particular I review the themes that emerged from the interviews. These themes include the questioning by these fathers of the moral order, the need these fathers have to emotionally detach from their grief, the difficulty they had in talking to their wives at length, the difficulty they had in seeing their family suffer, the feelings that these men had that they were pressured socially into acting in a prescribed masculine manner, and the need that these fathers had to socially recognize the importance of their child's life and the tragedy of their child's death.

Finally, in the sixth chapter I apply Ricoeur's framework to the empirical findings on the moral experience of bereaved fathers to determine the extent that using Ricoeur's framework can be helpful in understanding bereaved fathers' moral experience. The limitations of the empirical study as well as the benefits and limitations of using Paul Ricoeur's framework are discussed.

This thesis finishes with a brief conclusion summarizing the main points of this study and offering some ideas for future directions that researchers examining bereaved fathers experiences might consider.

Chapter 2: Literature Review

Introduction

The twentieth century saw the emergence of bereavement as its own specific field of research. Since then, the field of bereavement studies has become very multi-disciplinary. Physicians, nurses, psychoanalysts, psychiatrists, social workers, sociologists, anthropologists and theologians, have all made important contributions to the study of bereavement, each approaching the issue from their own unique standpoint (Parkes, 2001). Though the multidisciplinary nature of bereavement studies has provided many perspectives on grief, it has led to a fractured and often isolated view of bereavement. As Ruth Davies explains, “different models or understandings reflect different theoretical perspectives derived from the academic discipline with which the theorist is associated” (Davies, 2003). Theologians, for example, tend to produce a religious/spiritual model of bereavement, medical practitioners tend to produce a medical, illness based model of bereavement, and sociologists produce a sociological explanation. The result is a very large and often disparate view of grief which would be impossible to review in one chapter. Therefore, for the purpose of this introduction, I will briefly touch on the major developments within the field of bereavement. Because this thesis focuses on bereaved fathers’ moral experience,

and because the experience of fathers has rarely been studied separate from the experience of mothers, specific attention will be focused on gender differences in bereavement.

2.1 Early Views of Grief

References to grief and its psychological and physical repercussions within scientific and medical literature go back as far as the 17th century (Parkes, 2001). Robert Burton, in *The Anatomy of the Melancholie* (1621), refers to grief as “the epitome, symptom, and chief cause” of melancholia. Later on in the same century William Heberden, in *Bills of Mortality of the City of London* (1657), wrote that ‘griefe’ was an acceptable cause of death (Parkes, 2001). Mentions of grief and suggested medication for overcoming it have been found as far back as 1703. In 1835, Benjamin Rush, a physician and one of the signatories of the American Declaration of Independence, advised grief stricken people to avoid reminders of their loss by taking “liberal doses of opium” (Parkes, 2001).

The first major attempt to scientifically explain the roots of grief came from Charles Darwin in 1874. Darwin, in his book *The Expression of the Emotions in Man and Animals* (1872) observed that many animal species cry aloud when separated from those to which they are attached. Darwin’s theory held that grieving people tend to inhibit this cry which instead becomes manifested in the ‘grief muscles’ of the face (Darwin, 1872).

Half a century later, Sigmund Freud published his paper *Mourning and Melancholia* (1917). Freud observed that melancholia was often linked to the loss of a loved one. He believed that melancholia was a result of psychological

attachment to the dead, and proposed that the only way to overcome it was to completely detach from the deceased and let go of any possibility of a future relationship:

Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that the libido shall be withdrawn from this attachment to that object. This demand arouses understandable opposition...people never willingly abandon a libidinal position...Normally respect for reality gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged... the fact is, however, that when the work of mourning is completed the ego becomes free and uninhibited again (Freud, 1917/1984: 253).

Thus, though recognizably difficult, incrementally the mourner should recognize that the deceased are not returning and emotionally detach from them. According to Freud, a failure to completely sever ties with the deceased resulted in a pathological behavior. Interestingly, Freud admitted that he himself was never able to emotionally detach from his own daughter Sophie who died in her mid-twenties. He was never able to become "free and uninhibited" and he was never able to make any new attachments (Silverman and Klass 1996, p.6). In a letter to a friend whose son had recently died Freud wrote:

Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute...Actually, this is how it should be. It is the only way of perpetuating that love which we do not wish to relinquish (cited in Davies, 2004, p. 507-508).

Regardless of his own personal experience of loss, Freud's theory of grief, that attachment to the dead exist but that in healthy mourning it must be abandoned,

provided the framework for *grief work* -a term coined by Freud- for those working with the bereaved for the next seventy years.

2.2 Stage Theories of Bereavement

The late 1960s, fifty years after the publication of Freud's *Mourning and Melancholia* (1917), saw an important addition to grief theories, with the publication of Elizabeth Kubler-Ross' work *On Death and Dying* (1969). In this work, Kubler-Ross identified five distinct stages of dying: denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). It is interesting to note that these stages were initially identified in the dying person, and were only later applied by Kubler-Ross's colleagues to the grieving individual as well. According to Parkes (1993) the connection between the stages of dying and grieving was made in 1963, six years before *On Death and Dying* was published, by a former professor of Kubler-Ross' named Knight Aldrith, in an article entitled "The Dying Patient's Grief" (Parkes, 1993). Kubler-Ross' model holds that in both the dying and the bereaved individual the grieving process proceeds in a linear fashion with each stage leading to the next. In Kubler-Ross' model, the final goal, like Freud's, is complete emotional detachment from the deceased. *On Death and Dying* was followed up the next year with another important stage theory: Bowlby and Parkes' *Separation within the Family* (1970). While maintaining the end goal of detachment, this theory modifies Kubler-Ross' stages to fit specifically with grief: numbness, searching and yearning for the deceased,

depression, and finally the reorganization of representations of the deceased to allow the bereaved to return to normal activities and reengage in social relationships (Bowlby 1980). Bowlby and Parkes' model became known as the *grief process* (Davies 2004).

2.3) Task Theories of Bereavement

Another major addition to the field of bereavement studies came with the publication of *Grief Counselling and Grief Therapy* by William Worden (1982) which provided a task model, rather than a stage model of bereavement.

According to Worden, the stage model inspired by Kubler-Ross work on dying (1969) and Bowlby and Parkes work on grief (1970) was insufficient because bereavement is a much more fluid process. Though the end goal remained a complete emotional detachment from the deceased, according to Worden, novice clinicians and bereaved families take the stage theory too literally. In actual practice bereaved people regularly move between the different stages. He wrote: "the use of a task model is superior to a stage or phase model because of its dynamic fluidity and because it is a useful model for the clinician who may be intervening with bereaved individuals and families" (Worden, 1996, p. 12).

Worden's model included four tasks of mourning that are fluid and can be completed in any given order and returned to at any given time: 1) accepting the loss; 2) working through the pain of grief; 3) adjusting to the environment in which the deceased is missing; and 4) withdrawing emotional energy from the deceased and reinvesting it in another relationship (Worden, 1982). Once these

tasks are completed, the grieving individual should be adequately emotionally detached from the deceased and is considered properly adjusted. Worden's task model of grief marked a significant shift in the field of bereavement studies. From this point onwards the stage model of grief was largely abandoned by both clinicians and researchers working with the bereaved (Rothaupt & Becker, 2007).

2.4) The Shift away from Detachment

Up until the late 1980s, Freud's theory of grief, which maintained that healthy grief included emotional detachment from the deceased was the clearly accepted model and had provided the foundation for all grief theories. Both Kubler-Ross' and Bowlby & Parkes' stage theories, and Worden's task theory, follow Freud's model of emotional detachment. A shift came with the study of parental bereavement. According to Tony Walter (1999), a sociologist studying the culture of bereavement, up until the 1980's the majority of bereavement research had been conducted primarily on bereaved widows (for example, Marris, 1958; Parkes and Weiss 1983; Parkes 1986). With the emerging study of bereaved parents as its own specialty within bereavement research, this detachment paradigm began to change. The conventional wisdom of detaching from the deceased did not apply to bereaved parents, who could not imagine that severing emotional ties from their dead child was part of healthy grieving (Walter, 1999, p. 108). Researchers studying bereaved parents agreed.

The first researcher to challenge the prevailing detachment paradigm was Theresa Rando (1985, 1986). Rando's research on parental bereavement found that what would have been considered as 'pathological' or 'unresolved' grief

under the traditional bereavement theories was actually part of most parents' experiences:

Parents must grow up with the loss. It is not uncommon for them to mark the times when the child would have graduated, would have gotten married, and so on. The grieving process is continual and is one reason why a different course of grief for bereaved parents should be expected...because parents demarcate their lives by the events in the lives of their children, whether alive or dead (Rando, 1985, p. 22).

Largely due to Rando's research, the idea that one could remain emotionally connected to a deceased loved one began to take hold in the grief and loss research beyond parent-based research (Rothaupt & Becker, 2007). Studies followed which endorsed a continuing attachment to the deceased (White 1988, Stroebe et al. 1992). Perhaps one of the greatest signs of the paradigm shift away from detachment can be seen in the small but significant shift between Worden's 1982 and 1991 edition of his textbook *Grief Counseling and Grief Therapy*. In the 1982 edition, Worden's fourth task reads "withdrawing emotional energy from the deceased and reinvesting it in another relationship" (Worden, 1982, p. 15). In the second edition of this work, Worden changed the fourth task to "relocate the dead person within one's life and to find ways to memorialize the person" (Walter, 1999, p. 109). By the late 1990's, and the publication of the *Continuing Bonds* volume (1996), edited by Dennis Klass, many bereavement researchers had fully adopted the continuing attachment paradigm, and the previous paradigm of detachment from the deceased loved one was largely viewed as archaic by the majority of bereavement researchers (Parkes, 1998a, 1998b). As Walter points out, however, this paradigm has yet to fully enter the clinical realm of grief work:

“In the meantime, unreconstructed Worden, unreconstructed Freud even, is still being taught to the general public” (Walter, 1999, p. 109).

2.5 Growth from Grief

In the ten years since Walter began to write on the sociology of modern day bereavement studies, the shift away from the emotional detachment paradigm has continued to grow. There is also another important paradigm shift in grief theories that has begun to emerge: the growth model, in which the bereaved are encouraged by those working in the field of bereavement to grow psychologically, emotionally, spiritually from their grief. Both researchers and clinicians are promoting the idea that in order to fully adapt to life without a loved one, the bereaved should be encouraged to reflect on their loss to find meaning or purpose and opportunities for personal growth that have come out of the bereavement experience. Positive outcomes could include increased compassion and empathy, new coping strategies, increased resilience and sense of inner strength, and increased altruism (Calhoun & Tedeschi 2006).

2.6 Parental Bereavement

While the grief theories discussed above concern grief overall, there are issues that are specific to parental bereavement and bereaved fathers specifically. Since Rando’s work in the early 1980’s, research on parental bereavement has increased dramatically, especially in the last decade. Macdonald and colleagues (2009), for example, in a systematic review found that of the 45 articles written

between 1988 and 2008 that claimed to have parental perspectives, 62% were written between 2003 and 2008.

The scope of this research is impressive, ranging from studies that examine parental bereavement following specific types of child death, as well as examining certain issues that can emerge after the death of a child. There are, for example, studies on paediatric death (Meert et al. 2005), adolescent death (Murphy, 1996), death from childhood cancer (Kreicbergs et al., 2004), and traumatic accident death (Murphey et al., 1999) as well as studies examining marital relations after the death of a child (Kamm et al., 2001), and studies looking specifically at bereaved mothers' and bereaved fathers' experiences with child and prenatal death (McCreight, 2004; Boyle, 1997).

Research has found that when a child dies, bereaved parents can face a severe loss of meaning and purpose (Neimeyer et al., 2002) that can greatly affect a parent's sense of self-worth and identity (Riches & Dawson, 2000). This in turn can significantly affect the individual's health and the health and well-being of their families (Argyle, 1997). Furthermore, a failure to achieve a healthy adjustment to the loss of a child can have numerous negative consequences for bereaved parents, including physical health problems (Stoebe and Stroebe, 1993), mental health issues (Li et al., 2005, Murphy et al., 1999), spiritual collapse (Meert et al., 2005), financial difficulties (Corden et al., 2002), and negative affects on family functioning (Layne, 2000). It has also been noted that due to the discomfort Western society has with death, and child death in particular, parental grief largely goes socially unrecognized in Western culture (Walter, 1999), leaving bereaved parents feeling socially alienated (Gordon & Riches, 2000).

2.7 Gender and Grief

Just as studies done on parental bereavement cover a broad number of issues, so too do studies comparing gender differences in bereavement. Though the unique experiences and needs of bereaved fathers are beginning to be recognized (Martin & Doka, 2001; Rowa-Dewar, 2002), it is still generally accepted by many researchers that bereaved mothers are more vulnerable to feelings of intense despair and longer lasting grief than bereaved fathers (Littlewood et al., 1991; Buchi et al., 2007). There are suggestions, however, that the measurements for grief (grief scales) that researchers are using with fathers to measure vulnerability and intensity could be inaccurate because they do not adequately take into consideration men's style of grieving (Cook, 1988).

2.8 Bereaved Fathers Experiences

It has been suggested that bereavement programs, and the research on which they are based, rely primarily on female grief models and fail to adequately take into account men's experiences of bereavement (Cook, 1988). Research has also found that bereaved fathers' grief is often misrepresented as mentioned in the introduction. In the previously mentioned literature review of pediatric palliative care by Macdonald and colleagues (2009), the authors found that studies claiming to have 'parents' perspectives of child loss, when examined closely, have a significant under representation of fathers in their research samples, 25% fathers compared to 75% mothers (Macdonald et al., 2009). This unacknowledged under-representation has led to a misrepresentation of bereaved fathers in this research

which in turn may have contributed to the perception, in some bereavement studies, that fathers' sense of grief is less intense and debilitating than that of mothers. This perception has been reported in studies of perinatal death (Buchi et al., 2007), catastrophic accident death (Murphey et al., 1999), and death from childhood cancer (Kreicbergs et al., 2004).

Notwithstanding these biases, several studies have carefully examined gender differences in parental coping after the death of a child. Murphy and colleagues (2002), after surveying 261 bereaved parents, found that mothers reported help-seeking behaviours and fathers searched for more problem-focused strategies, such as returning to work, or getting involved in outside activities. Riches and Dawson (1996b) had similar findings. Though they reported that the connection with other bereaved parents and close family and friends provided the foundation for bereaved parents dealing with the loss of a child, the importance of such social support were mostly for the mother. The authors noted that the grieving process for men often involved organizing the funeral, wake, and burial while women engaged socially and openly expressed their grief (Riches and Dawson, 1996b). Though fathers are described as tending to be less outwardly emotionally expressive than bereaved mothers, some researchers have noted that outward expressions of anger by bereaved fathers over the death of their child is common and interpret this as an expression of grief (Bryant, 1989). Other studies have found that some fathers prefer to not discuss their child or their grief (Carroll & Shaefer, 1994; Carroll, Conway & Feeney, 1997), favouring a more controlled and intellectual view of their grief (Lang & Gottlieb, 1993). Fathers are also

described as tending to favour distraction: working longer hours and taking up activities outside the home (Lang & Gottlieb, 1993).

Because of the uncomfortable subject of child death, bereaved parents often feel alienated and generally receive little social support from their community (Rando, 1986). Research has found that men are particularly unsupported in their grief as people generally do not feel comfortable with men's emotional expression of grief (Zinner, 2000). Bereaved fathers, as men, are expected to be stoic and emotionally inexpressive (Zinner, 2000). Their experience is often one of "supporter" and often their suffering is relegated to the sidelines (Puddifoot & Johnson, 1997). Social support outside the marriage is often directed towards the bereaved mother, while bereaved fathers are expected to be strong and supportive (Gilbert, 1989), both to their immediate families and those in their wider community (Cook, 1988; Hill, 2002).

Studies have found that bereaved fathers often feel their role is to continue to provide for and protect their families (DeVries et al., 1994). In order to fulfill these roles, bereaved fathers will often store up, or postpone their own grief reactions in order to help their families, particularly their wives, through their grief reactions (Cook, 1988; Hill, 2002). Researchers have found that typically bereaved fathers deny their grief or grieve alone and in secret (Colsen, 2001; Martin & Doka, 2001; Poijula 2001). Often these men do not want to reveal their true emotions out of a desire to be stoic (Colsen, 2001). The rationale for this behaviour stems from the desire for these men to be perceived as emotionally strong for their families (Cook, 1988).

Bendt (2000) and Kuronen (1998) have found that the death of a child can cause self-destructive thoughts and behaviours amongst bereaved fathers. This can be seen in the increased consumption of drugs and alcohol of many bereaved fathers (Schwab, 1992; Vance et al., 1995), which is often attributed to attempts to avoid or mask the emotional pain from the loss of their child (Martin & Doka, 2001; Gray, 2000). Increased unemployment and financial difficulties (Aho et al., 2006; Corden et al., 2002) as well as increased morbidity rates amongst bereaved fathers (Gray, 2000) have also been noted. Other studies indicate higher mental health problems, including depression and PTSD (Bendt, 2000) amongst bereaved fathers as well as a high prevalence of suicidal ideation, attempted suicide, and suicide (Li et al., 2001; Gray, 2000).

2.9) The Importance of Judith Cook in the Study of Bereaved Fathers

As mentioned in the introduction of this chapter, researchers tend to focus on the experiences of bereaved mothers and either overlook or misrepresent the grief of bereaved fathers. Judith Cook, a sociologist from the University of Illinois at Chicago, was one of the first researchers to recognize the misrepresentation of bereaved fathers in bereavement research and seek to understand fathers' experiences on their own terms and not through the lens of bereaved mothers' model of grief. Cook (1988) was interested in two distinct questions: How do bereaved fathers experience and express their emotional adjustment to their child's death? And how do men interpret and react to the normative imperatives that comprise the bereaved father role? She found that bereaved fathers are faced with two sets of conflicting expectations, what she

calls ‘double binds’: the first stemmed from the social expectation that men should be the comfort to their wives and overlook their own needs for comfort. The second bind stemmed from the cultural idea that healthy grieving cannot take place without the intimate sharing of feelings. This need to share their feelings went counter the fathers’ desire for solitary expressiveness (Cook 1988). Cook found that often these bereaved fathers engaged in an intricate navigation process that involved overlooking their own needs in order to live up, as best they could, to the expectations placed on them, even though some of the fathers in her study described how this made them feel angry and overlooked (Cook, 1988).

By examining the lived experience of bereaved fathers, how these men see their roles, and what aspects of their experience they find difficult, easy, good or bad, Cook was exploring what can be considered the moral experience of these men. This becomes particularly evident in her concluding paragraph of her 1988 study, when Cook describes how bereaved fathers’ experience is different from bereaved mothers and suggests that future research examine bereaved fathers experience from their own perspective and not through the lens of bereaved mothers’ experience. In the concluding paragraph of her seminal article, Cook states that “Hopefully future research studies will explore these ideas in greater depth, by exploring how men’s mourning is shaped by their own emotional make-up, their internalized standards of proper behavior, and the expectations of those around them” (Cook 1988, p.306). To date few studies have responded to Cook’s suggestions for future research.

Summary

From this brief discussion of the history of bereavement research, we can see that the study of parental bereavement played a major role in researchers', and clinicians', understanding of grief led, in large part, to the abandoning of Freud's detachment model. Those working in the field of bereavement care and death studies now advocate relocating the dead person into the life of the bereaved and seeking out new ways to memorialize the dead person.

Up to this point, research on parental bereavement has largely focused on mothers' grief, and most of what is known of bereaved fathers' experience has been found by examining bereaved fathers' grief through the lens of bereaved mothers' experience. Though there are a growing number of studies that examine bereaved fathers' experiences of having their children die (McGrieght, 2004; O'Leary & Thornwick, 2006), since Cook (1988) the moral experience of bereaved fathers, e.g. what they find difficult, easy, good or bad, a source of pride or a source of shame according to their own internal standards of behavior, has been largely overlooked in bereavement literature. In particular, research has neglected to examine how the expectations of others affect bereaved fathers' experience.

Cook found that the expectations of others play a large role in the lived experience of bereaved fathers. The ethical framework of Paul Ricoeur offers a great deal of insight into how the expectations of others, both familial and social, influence the individual's ethical aim, as well as how one's actions and the interpretation of these actions affects how the individual sees and judges him or herself.

This thesis takes up Cook's call for further research into the dynamics of paternal bereavement. In order to explore how men's grief is "shaped by their own emotional make-up, their internalized standards of proper behavior, and the expectations of those around them" (Cook, 1988, p. 306), this thesis uses two methods: one theoretical and one empirical. In the following chapter Paul Ricoeur's framework is discussed, followed by a description of the empirical study that examined the moral experience of five bereaved fathers. Ricoeur's framework will be applied to the empirical findings of both this study and others to determine the strengths and weaknesses of using this framework to help us better understand the uniqueness and complexity of bereaved fathers' experience.

Chapter 3: *Bereaved Fathers' Ethical Experience*

Introduction

There are a number of challenges and situations unique to bereaved fathers that have been overlooked by researchers, who have largely focused on bereaved mother's experiences (Cook, 1988; Macdonald et al., 2009). These men are faced with a varied and often contradictory set of expectations that, when combined with their own intense grief and their loss of their sense of self, can lead to

confusion as to which actions and behavior are appropriate in any given situation. In extreme cases, this can lead to a kind of moral and psychological paralysis, or the inability to respond (emotionally or otherwise) to the specific challenges that bereaved fathers face, such as the loss of family functioning, or turbulence in marital relations that can follow the death of a child (Oliver, 1999). Researchers have noted the action oriented style of grieving that is characteristic of bereaved fathers (Martin & Doka, 2001). The ability to respond to the new challenges brought about by the death of a child is central to a bereaved father's sense of purpose and well-being (Martin and Doka, 2001). A prolonged state of moral confusion that follows the death of a child, which is often referred to as a sense of helplessness (Rubenstein, 2004), and the inability to respond in what they considered an appropriate manner can have serious repercussions for the bereaved father's self-identity and his ability to deal with his own emotional pain, the familial issues, and the existential/spiritual issues that can follow the death of a child (Gordon & Riches, 2000).

According to psychology literature examining fathers experience, this ability to respond in what he sees as an appropriate manner is paramount to the father's concept of self-worth and self-identity (Brooks& Gilbert, 1995) The jarring experience of inability to affectively respond that often follows the death of a child can have serious consequences for the self-identity and self-esteem of these fathers, who, as fathers, view their ability to respond to their families needs, especially in times of crisis, as a central component of their role within the family.

The challenges faced by bereaved fathers have an ethical component insofar as they involve navigating the expectations of others with their own sense

of proper action. This navigation can be described in philosophical terms as the bereaved father's *ethical aim*. In this chapter, I will explore the ethical aim of bereaved fathers and the corresponding implications for the evolving self-identities of these fathers.

Bereavement, morality, and self-identity are all very complex issues that are difficult to dissect and analyze. To help with this task, I will employ a particular vector of moral philosophy, namely the work of Paul Ricoeur, to explore the depth, nuances, and complexities that are unique to bereaved fathers' experiences.

Paul Ricoeur (1913–2005) is widely recognized as one of the most distinguished moral philosophers of our time. Though best known for his work on narrative and identity, Ricoeur's philosophy also has a strong ethical component. He was particularly interested in how the expectations of others shape an individual's ethics: which actions and behaviors he/she considers proper or improper in any given situation. Ricoeur was also interested in the link between an individual's actions and self-identity, which he saw as inseparable and codependent: "Man is a self-interpreting animal. By the same token our concept of the self is greatly enriched by this relation between interpretation of the text of action and self-interpretation." (Ricoeur, 1992, p.179). His work has a great deal to offer the study of the moral experience of bereaved fathers. In the chapter I will use Ricoeur's ethical framework as an interpretive frame for understanding the research data to follow on bereaved fathers' moral experiences.

3.1) Ricoeur's Ethical Framework

Though the terms *ethics* and *morality* are often used interchangeably, Ricoeur (1992) makes a distinction between them: in his usage, ethics deals with the aim of the individual, namely the aim towards the good and true life. In philosophical terms, ethics belongs to the teleological school and is concerned with the overall aim of proper action for an individual. In using the term morality Ricoeur refers to the collective moral norms, or norms that can be universally adopted by a particular group of people. For philosophers, this type of morality is known as deontological, which deems an action moral based on its adherence to the social rules. Within Ricoeur's framework, an individual's ethics are typically informed by collective moral norms, however since collective moral norms are often morally inadequate and sometimes erroneous as will be discussed below, an individual is obliged to go beyond morality in the construction of his or her personal ethical aims.

3.2) Trauma, Crisis, and Narrative Identity

For Ricoeur, an individual's identity is intrinsically linked to his or her life narrative or life story in which they are the main character: "The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character." (Ricoeur, 1992, p.147-48). In other words, one's narrative becomes one's identity; "The identity of a character is constructed in connection with that of the plot." (Ricoeur, 1992, p. 141). The question then becomes: What happens when that narrative is interrupted?

In ordinary circumstances, an individual makes sense of his/her experience and finds meaning in life events by creating narratives. Traumatic events and life crisis (such as the loss of a child) contradict one's assumptions of how the world should function and interrupts narrative processing. As Ricoeur puts it, "The temporal totality of the narrative is threatened by the disruptive effect of unforeseeable events that punctuate it" (Ricoeur, 1992, p. 147). When this happens one's sense of identity, which relies on the constructed narrative story, is thrown into doubt. The result, along with a great deal of psychological, emotional, and spiritual distress, can be a loss of the individual's sense of self-constancy, a fundamental component of individual identity.

For moral philosophers, such as Ricoeur, identity rests in large part on the notion of character, which is synonymous with self-constancy (Ricoeur, 1992, p. 165). Self-constancy, in moral philosophy refers to a person's manner of conducting himself or herself in a manner by which others can rely on them. As Ricoeur puts it, "Because someone is counting on me, I am accountable for my actions before another" (Ricoeur, 1992, p. 174). But self-constancy is not limited to simply respecting the other, it is also a fundamental concept in how an individual recognizes themselves. In other words, self-constancy is the manner of acting and behaving in a somewhat predictable manner so that one can recognize oneself. In Ricoeur's philosophy, the term *responsibility* unites the two meanings: "It adds to the idea of a response to the question 'Where are you?' asked by another who needs them. This response is the following: 'Here I am!' a response that is a statement of self-constancy" (Ricoeur, 1992, p. 165).

Self-constancy, because it deals with aspects of responsibility, both to others and to oneself, is closely tied to an individual's sense of identity. The loss of this ability to respond that often results from a traumatic event greatly affects the individual's evaluation of themselves, which can have serious repercussions. As the moral philosopher Charles Taylor (1977) writes: "The notion of identity refers to certain (strong) evaluations which are essential because they are the indispensable horizon or foundation out of which we reflect and evaluate ourselves as persons. To lose this horizon is indeed a terrifying experience of disaggregation and loss. This is why we speak of an 'identity crisis' when we have lost our grip on who we are" (Taylor, 1977, p. 35).

3.3 Aiming at the Good Life as Unifier of the Self

According to moral philosophy, the disruption of one's life narrative, caused by a trauma or life crisis, can deeply upset the individual sense of identity. As Taylor writes above, it can be a "terrifying experience of disaggregation and loss" (Taylor, 1977, p.35). Individuals are left questioning their identity and place in the world, "the passage Who am I? and What am I? loses all pertinence" (Ricoeur, 1992, p.167). The individual, faced with a life changing trauma or crisis, must work to recreate their life narrative, which incorporates the traumatic event or life crisis, in order to return to a state of self-recognition (self-constancy) and ultimately self-esteem. This can be a difficult and complex process.

For Ricoeur, the reconstruction of one's narrative (and subsequently identity) rests on one's actions, for it is through one's actions and behaviors that the individual defines their character and their identity:

Preferences, evaluations, and estimations are stabilized in such a way that the person is recognized in these dispositions, which may be called evaluative. This is why behavior that does not correspond to dispositions of this sort makes us say that it is not in the character of the individual in question, that this person is not herself or even that the person is acting completely out of character (Ricoeur, 1992, p.169).

“Character”, in Ricoeur’s words, “designates the set of lasting dispositions by which a person is recognized”(Ricoeur,1992, p.169). As such, the actions one undertakes, or which actions or behaviors one deems appropriate or inappropriate (the ethical aim) plays a central role in “the return path towards the self” (Ricoeur, 1992, p.169).

3.4 Three Components of an Individual’s Ethics

For Ricoeur, an individual’s ethics, the actions he or she considers proper or improper in any given situation, are informed by three components, all of which coexist and are inseparable from each other. These three components are not imposed on the individual from the outside, but rather unfold within the individual’s internal deliberation process (Ricoeur, 1992, p.179):

1. *Aiming at the good life*: According to moral philosophy, at the root of all human action is the search for happiness, or what amongst moral philosophers is commonly referred to as the good life or the true life. As Ricoeur puts it “The good life is the very object of the ethical aim. Whatever the image that each of us has of a full life, this apex is the ultimate end of our action” (Ricoeur,1992, p.172). Of course, individuals have different perceptions of “the good” that change depending on their situation and their lived experiences: “The good life is, for each of us, the nebulous of ideals and dreams of achievement with regard to

which a life is held to be more or less fulfilled or unfulfilled.” (Ricoeur, 1992, p.179). For Ricoeur, following Aristotle’s discussion of happiness in the *Nichomachean Ethics* (Aristotle, 2002), the individual undertakes actions that will best lead them towards their own unique perception of what constitutes the true, happy, and good life. Actions, in other words, provide the means to the end, which is the true and happy life. In any given situation, a person will consider only certain actions to be appropriate and will undertake a unique pathway of action that will lead towards the good.

It must be made clear, however, that for Ricoeur, what constitutes the good or true life goes beyond individual notions of happiness, which if left autonomous– that is, without the input of others– are threatened by selfishness, self-centeredness, and ultimately hedonistic notions of the good. For Ricoeur, in order for an action to be considered good, along with the individual’s notions of the good, there must also be consideration of how that action will affect others around the individual, including one’s family, friends, and the wider society or community to which one belongs. As Ricoeur states:

Now what resources might these be if not the resources of goodness which could spring fourth only from a being who does not detest itself to the point of being unable to hear the injunction coming from the other? I am speaking here of goodness: it is, in fact, noteworthy that in many languages goodness is at one and the same time the ethical quality of the aims and actions and the orientation of the person towards others, as though an action could not be held to be good unless it were done on behalf of others, out of regard for others (Ricoeur, 1992, p.189).

The first component of the ethical aim is what Ricoeur, referencing Aristotle, calls “living well,” or the “true life,” whereby every human undertakes

actions that will lead them to their unique vision of a good, full life that is shaped by personality and individual circumstances. According to moral philosophy, the goal of all action is personal happiness. If, for example, a person wishes to be a good doctor, then that person will undertake actions that he/she believes will best bring them to that goal. In the case of a doctor, this might include studying medical textbooks, attending medical conferences, and networking with other health professionals. Of course, the actions that a person deems appropriate in any given situation depend on that person's image of happiness. As situations change, so do a person's ideas of happiness.

2. *With and for Others*: The second component of the ethical aim is the input and consideration of one's family and close friends, what Ricoeur refers to as *solicitude*. *Solicitude* introduces the concept of responsibility, which is fundamental to the ethical deliberation process as it forces the individual to contemplate how his or her actions will affect or rebound on the individual, Ricoeur's first component, and also on those that they love. *Solicitude* also adds what Ricoeur calls the "dialogic dimension" to moral deliberation (Ricoeur, 1992, p.180). The solicitude dimension is particularly important to the study of bereaved fathers as these fathers often feel a personal burden of responsibility for the happiness and well-being of their families. However, Ricoeur's approach raises critical questions about how this sense of personal solicitude is negotiated in conflict situations that require dialogical or verbal forms of response? This becomes particularly significant in the study of bereaved fathers given that some

studies indicate a tendency for bereaved fathers to emotionally withdrawal in conflict situations.

The second element of Ricoeur's ethical aim comes from the input and consideration of what Ricoeur calls "intimates" (Ricoeur, 1992, p.181): one's family and close friends. This second component plays a significant role in ethical deliberation, as it obliges the individual to consider how his/her actions will affect those whom they care most about. It also introduces a sense of responsibility for others into one's sense of internal good. For Ricoeur, action cannot be deemed good unless it is undertaken on behalf of, or out of regard for others.

The individual can be summoned to responsibility by their loved ones in two ways. First, by articulating their expectations and needs to the individual, either directly through verbal means or indirectly through more subtle forms of communication, the individual's family and friends contribute what Ricoeur calls the "dialogic dimension" to the ethical aim. Ricoeur refers to this as the *instructive* method. The second way that an individual is summoned to responsibility by their loved ones is more subtle and does not involve direct instruction from others. When confronted with the intense pain and suffering of a loved one, an individual may experience a strong sense of wishing to share and alleviate the suffering that they see in the face of their loved one. A morally responsible individual will therefore undertake actions that will most appropriately ease the pain and suffering of those he or she cares most about, without being asked to do so. This intense degree of responsibility that is invoked in the face of witnessing a loved one suffer is called the *sympathetic* method by Ricoeur.

3. *In Just Institutions*: The third component to the ethical aim is the influence or input of the wider community to whom one belongs. “Living well is not limited to interpersonal relations but extends to the life of the institution...By institution, we are to understand here the structure of living together as this belongs to a historical community – people, nation, region, and so forth” (Ricoeur, 1992, p.194). Central to *just institutions* is what Ricoeur calls the “political dimension” (Ricoeur, 1992, p.177) of the ethical aim. Because humans are social beings that cannot exist apart from a larger community, our actions have to be just, for ourselves, for our loved ones, and for the wider community to which we belong. According to Ricoeur, in order to be considered ethical, a person’s actions must be *universalizable*, or must be able to be universally adopted by any a particular group of people. If a person’s actions are universalizable, then that person remains accountable to their larger community. If a person’s actions are not universalizable, then they are acting in a way that is selfish and self-serving (Ricoeur, 1992, p. 206)

For Ricoeur, the historical community or society to which one belongs plays a vital role in the formation of an individual’s sense of ethics. The community exerts this power in two main ways: First, it offers the individual what Ricoeur and other moral philosophers such as Alasdair McIntyre (1981) refer to as “standards of excellence”. Standards of excellence are “rules of comparison that are applied to different practices, in relation to ideals of perfection shared by a given community or practitioner and internalized by the masters or virtuosi of the practice considered” (Ricoeur, 1992, p.176). If, for example, one wishes to judge their piano-playing skills, they instinctively measure their skills against

those of someone who is considered a very good piano player. Likewise, if one would like to be a good parent, they measure their parenting skills against those of someone they consider a very good parent. By comparing their actions against those of someone they respect who has been in a similar situation, the individual is able to judge their actions in that given situation as good or bad, appropriate or inappropriate. These standards of excellence have a significant influence and are essential in directing the individual's internal ethical compass.

The second way that one's society influences the moral deliberation of the individual is by providing a moral norm for any given action. Ricoeur states that "what fundamentally characterizes the idea of institution is the bond of common mores" (Ricoeur, 1992, p.194). By belonging to a society, nation, or community, we are bound, to a certain extent, to the common moral values that we share with this group, both through others' immediate, direct responses to our actions and through the gradual socialization process of growing up and being shaped by that community's norms. In order for actions to be considered ethical, therefore, they must pass through the moral sieve provided by the historical community to which one belongs.

3.5) Leading the Individual Astray: The Negative Influence of the Three Components on the Individual's Ethical Aim

Though the input of others, both familial and societal, influences the individual's ethical aim, Ricoeur makes clear that this influence is not always positive. What is expected of the individual by society can, and often is, contrary to the individual's sense of good. To provide an example, Ricoeur turns to the

Sophocles' *Antigone* (Sophocles, 2006). In this play, Creon, a close friend of Antigone's family, is named the king of Thebes. In response to a failed uprising, he declares that the defeated and killed leader Polynices was an enemy of the state. He ordered that the corpse of his former friend, and Antigone's brother, be left to rot on the battlefield. In so doing, Creon violates the bond between sister and brother, which Ricoeur writes "knows nothing of the political distinction between friend and enemy" (Ricoeur, 1992, p. 243). Creon's order, based on political or social moral norms, contradicts Antigone's sense of duty towards her brother, a fundamental component in her individual sense of good.

Though not directly discussed by Ricoeur, one's family and close friends can also have a negative influence on the individual's ethical aim when individuals are expected to act in a manner that is contrary to what is best for the individual in the given situation. Again, the relationship between Creon and Antigone in Sophocles' tragedy helps illustrate this phenomenon. Creon, who is close enough to Antigone to refer to himself as her nurturer (Sophocles, 2006, p. 21) expects her to respond to the death of her brother in accordance with his own sense of political or institutional duty. This contradicts Antigone's ethical aim, which includes her sense of duty to honour her brother and the family bond.

3.6) Moral Confusion, Self-Constancy, and Identity

According to Ricoeur's ethical framework, in order for an action to be deemed as ethical it must satisfy the three components of the ethical aim: *aiming at the good life, with and for others, in just institutions*. When these components are in conflict, as in the case with the bereaved father role, it can lead to moral

confusion, or to feelings of failure in fulfilling their role. Often by fulfilling one component the individual feels as though they have failed in another. In extreme cases this confusion in what constitutes ethical behavior can lead to a type of moral paralysis, whereby the ability to respond (ability to act) is compromised in the individual. This can have serious repercussions for the individual's self-identity.

Summary

Though there have been studies that have examined bereaved fathers experience of having their children die (McGrieght, 2004; O'Leary & Thornwick, 2006), the moral experience of bereaved fathers has been overlooked in bereavement literature. Since Judith Cook discussed the conflicting expectations (what she called "double binds") that bereaved fathers faced, the role that the expectations of others play in the bereaved fathers' experience has largely been left unexamined. The ethical framework of Paul Ricoeur offers a great deal of insight into how the expectations of others, both familial and social, influence the individual's ethical aim and how one's actions and the interpretation of these actions is linked to how the individual sees and judges him or herself.

Up to this point Ricoeur's ethical framework has remained in the theoretical realm. The two chapters that follow detail the empirical study that I conducted to examine the moral experience of five bereaved fathers in Montreal. Chapter 4 outlines the study, the ethical issues involved in studying bereaved fathers, and offers justification for the methodology and methods that were used. Chapter 5 outlines the seven main themes that emerged from the data. Finally, in

the sixth chapter, I will apply Ricoeur's framework to the lived experience of bereaved fathers in order to determine the extent to which Ricoeur's framework can help in clarifying the moral experience of these men.

Chapter 4: *Empirical Study*

Introduction

As mentioned in the end of the last chapter, the moral experience of bereaved fathers has been overlooked in bereavement research. This thesis sets about to address this lacunae by drawing on Ricoeur's ethical framework to elucidate our understanding of bereaved fathers experience. In order to determine the extent to which Ricoeur's framework will be helpful, the moral experience of bereaved fathers must first be examined. This is the aim of the empirical study that follows.

Given the objective of exploring the moral experience of bereaved fathers, I concluded that a qualitative study would be the most suitable methodology for this study. Furthermore, because of the complex nature of moral experience, the "thick" description provided by qualitative research seemed appropriate for the complex and sensitive domain of moral experience. This chapter outlines the qualitative study, discusses the methodology and methods that were chosen and

describes why they suited this particular project. This chapter then outlines how the participants were chosen, how the data was collected, and how the data was analyzed. Finally, the chapter closes with a discussion of the ethical issues involved in studying bereaved fathers.

4.1 Research Question:

This study seeks to understand, through exploring the lived experience of losing a child, the moral experience of bereaved fathers. The term “moral experience” can be ambiguous because the term “moral” can be used in several different ways. In order to clarify its use for this study, therefore, “moral experience” is defined as whatever the individual fathers consider morally significant. That is, aspects of their experience that gave rise to sentiments of right or wrong, remorse, guilt, and pride. This study, therefore, seeks to understand bereaved father’s experiences of being, for example, a good father, a good spouse, and a good mourner after the death of their child.

4.2 Methodological Framework

Because of the existential, lonely, and complicated nature of grief and morality, the methodology best suited for this project is phenomenology, understood as the close analysis of lived experience (Van Manen, 1997). While attention to lived experience has a long history in social science research, phenomenology has also been successfully adapted by health sciences to address

crucial health research questions on topics such as patient experiences in health care (Koch, 1995, Carnevale et al., 2007).

The under representation and misrepresentation of bereaved fathers' experience in bereavement research led, in part, to my decision to use a phenomenological methodology. The purpose of the phenomenological approach is to identify phenomena as they are perceived by the actors involved (Lester, 1999), and is used specifically to obtain an understanding of the personal perspective, interpretation and the subjectivity of those directly involved in the phenomena being studied. As such, phenomenology is "a powerful tool for understanding subjective experience, gaining insights into people's motivations and actions, and cutting through the clutter of taken for granted assumptions and conventional wisdom" (Lester, 1999). For this project, phenomenology was chosen in order to learn of the moral challenges that bereaved fathers face from the bereaved fathers themselves. In so doing, this study could avoid the common tendency of studying bereaved fathers experience through the lens of bereaved mothers' experiences.

This project's methodology is characterized by the following features: 1) an attention to lived experiences and not a reliance on already established theories of bereavement; 2) an investigation of a small number of cases, in detail, in order to give a detailed and "thick" description of these fathers experience (Carnevale, 2005); 3) an attempt to have a direct contact with the experience as it is actually lived by the research participants (Van Manen, 1997); and 4) a description of the lived-experience of bereaved fathers' which can be useful to those attempting to further understand the experience and needs of bereaved fathers, such as religious

leaders and communities, health care workers, friends and family of the bereaved, and the bereaved fathers' themselves.

4.3 Ricoeur's Framework

Phenomenology is based on the premise of personal knowledge and subjectivity, and emphasizes the importance of personal experience, perspective and interpretation (Lester, 1999). As such, it aims to have the understanding of the phenomena come from the research participant's subjective description, and not have an understanding imposed from the outside. The use of any initial framework for understanding phenomena, therefore, does not correspond with the aims of the phenomenological approach.

This thesis is concerned with the extent to which Ricoeur's ethical framework can be useful in studying bereaved fathers' experience. In order to determine this, first I undertook the phenomenological study of bereaved fathers' moral experience to determine what bereaved fathers moral experience entailed. Ricoeur's framework was applied only after the empirical findings were established. In other words, though Ricoeur's ethical framework is a central component of this thesis, it did not play a role in the empirical study. It was applied to the empirical findings at the conclusion of this thesis. Thus, the following chapter discusses the phenomenological findings and the subsequent chapter applies Ricoeur's framework to these findings.

4.4 Conceptual Framework

This empirical project was approached from within a social constructivist paradigm. Social constructivism holds that there are many ‘truths’ and that knowledge is constructed by the knower and thereby influenced by social and cultural contexts. There is not just one truth in an absolute objective sense but rather, knowledge is co-created and shared between people (i.e., the research participants and the researcher) (Guba and Lincoln, 1994). Constructivism holds that it is not possible to approach a project without bringing to it the biases and preconceived theoretical frameworks held by the researchers. Therefore, it is best to recognize that research is subjective. This project sought to explore the subjective experience of bereaved fathers in order to help clarify the experience of other bereaved fathers. It did not seek to analyze or assess their experience in the light of an established theory of bereavement.

4.5 Recruitment

Recruitment for the interviews was facilitated through The Grief Center at the Queen Elizabeth Health Clinic, located in Montreal, Quebec. Participants were contacted initially by institutional staff to see if they would be interested in participating. Those interested were then contacted by the student researcher. Two participants were given the email address of the student researcher and initiated contact themselves.

4.6 Participants

All of the research participants were originally from the Montreal area. Four out of the five fathers who were interviewed still live in Montreal or the

surrounding regions. One father lives in Ontario. The ages of the participants ranged from 33 years to 60 years of age. Two of the participants' children died in utero, two children died of sudden illnesses, and one father's child died in an automobile accident. The time that had elapsed between the child's death and the research interview varied significantly, ranging from 8 months post death to 20 years post death.

4.7 Data Collection

The research study consisted of a semi-structured interview with five participants. Each interview was audio recorded and then transcribed. The interviews lasted between 1.5 hours and 3.5 hours. At the end of the interview each participant was asked if they could be contacted again by the interviewer at a later date if any clarification or further details were required. None of the fathers were contacted after the initial interview.

I created the interview schedule with input from my two supervisors, Dr. Mary Ellen Macdonald and Dr. Gaelle Fiasse, who was my original co-supervisor on this project. The goal of these interviews was to explore the complex moral world of bereavement from a father's perspective and receive rich narrative descriptions of the participant's experiences. With this goal in mind, the interview schedule was structured in an open-ended manner, whereby there was a sequence of questions that were asked of each participant, but room was also left for the participants to discuss and explore areas of their experience that they deemed important that were not necessarily addressed in the interview schedule.

4.8 Data Analysis

Analysis of the data began concurrently with the ongoing interviews to ensure that emerging themes and insights could be incorporated in future interviews. After the interviews were transcribed I began the process of thematic analysis to identify important and recurring themes that were emerging from the data. Each interview uncovered a number of phenomena, some of which were reported by individual fathers only. Also, some of the phenomena relate to the experience of bereaved parents in general and were not specific to bereaved fathers' moral experience. In the end, seven major themes emerged from the interviews that specifically addressed the research question. They were as follows: 1) a questioning of the moral order; 2) the need to emotionally detach from their grief; 3) difficulty in talking at length about their experience; 4) difficulty in not being able to help family members; 5) difficulty with the Macho Man Code; 6) difficulty of unrecognized grief; 7) need to publicly recognize their child's life and death. These themes were reviewed with the student investigator's primary supervisor, Dr. Mary Ellen Macdonald, who read all the transcripts and supervised all of the coding throughout the research process, in order to increase the validity of the analysis.

4.9) Ethical Considerations

In addition to the standard ethical issues that emerge from any kind of research participation that are outlined in the Tri Council Policy on Research Ethics (TCPS, 2009), there are several ethical issues that must be considered when interviewing bereaved parents, and bereaved fathers specifically. The main

ethical concern is that talking about a child's life and death may upset the parents who are interviewed. While this is an important consideration, research also suggests that these kinds of experiences can be comforting for parents (Dyregrov, 2004; Riches & Dawson 1996) and that parents often experience a research process that allows them to "tell their story" very positively (Dyregrov, 2004; Lehman et al., 1986); further, many bereaved parents actually seek new opportunities to speak about their deceased children (Sque, 2000; Cook & Bosley, 1995). Some parents find value in participating in research studies that can potentially benefit other parents who have had similar experiences (Dyregrov, 2004; Cook & Bosley, 1995).

A second ethical concern that researchers have raised concerns the issues of voluntariness of bereaved parents in research participation. This especially concerns bereaved fathers who can potentially be coerced by their wives or family members who believe it is healthy to talk about their grief. There is a danger of these men participating only out of a sense of guilt or duty to their wives (Cook, 1995; Rosenblatt, 1995).

In order to mitigate some of these potential harms to the research participants, the decision to contact the student researcher to participate in the research project was left in the hands of the participants. It was also explained at the time of recruitment that the choice of participating had no bearing on future care or obligation for past services and that these fathers could choose to stop participating at any point during the research process.

During the research process, confidentiality and anonymity of the participants was maintained. Identifiers related to organizations and geography

were removed in the final dissertation. Each transcript was identified by a code and participants were known only by their initials. Audiotapes, codes, and contact information of the participants were kept in a locked cabinet at the Biomedical Ethics Unit of McGill University. The contact information, transcripts, and all data will be kept for a period of 5 years following the publication of results from this study and then destroyed. Ethical approval was obtained from the McGill Research Ethics Board. Following a thorough explanation of the study, to ensure informed consent, participants were asked to sign consent forms before they participated in the study.

Summary

This inquiry into the moral experience of bereaved fathers is based on a series of five semi-structured qualitative interviews. The bereaved fathers who participated in these interviews have varied experiences of having their children die. A phenomenological framework was employed in analyzing the data and a number of important themes were identified from the collected data. In the chapter that follows, the findings of the qualitative study will be outlined.

Chapter 5: *Empirical Findings*

Introduction

There were five bereaved fathers who participated in this study. All of the fathers consider themselves Montrealers and, with the exception of one father in Ontario, reside in and around the Montreal area. They come from different religious backgrounds (Christian, Jewish, Athiest) and different cultural groups (Jewish, Italian, European descent).

Despite these differences, many of these fathers experiences following the death of their child were similar. The fathers all struggled with coming to grips with their new situation and with what actions and behaviors they saw as appropriate for their situations. These fathers also struggled with navigating others' expectations while trying to grieve in what they saw as an appropriate manner for themselves. The fathers also noted how they felt that they were largely alone in their grief, without adequate support services or proper support from others.

The fathers who were interviewed offered deep and meaningful accounts of their moral experiences, which I defined as anything that gave rise to sentiments of right or wrong, good or bad, remorse, guilt, being a good or bad

parent, husband, griever. Because this is a phenomenological study, I have attempted to directly connect with the experiences as they were lived by the research participants (Van Manen, 1997) and remain true to the lived experiences as these fathers describe them, in their own words. Therefore, verbatim quotes from the fathers are given to illustrate each theme discussed below.

5.1 Emerging Themes

There were seven central themes that emerged from the interviews with the bereaved fathers. First, the fathers described a questioning of the moral order. That is, they discussed how the death of their children has thrown their preconceived beliefs about how the universe functions into question, including, but not limited to, the order of life and death. Second, the fathers discussed the need to emotionally detach from their situations in order to grieve in a manner that they felt appropriate for their own well-being. The third theme surrounded the difficulty that the fathers had fulfilling their wives' desire to talk at length about the experience. The fourth theme involved the fathers' feelings of inability to help their family members who were in pain. The fifth theme involved the difficulty that the fathers had with the "macho man code" or the social pressure that was placed on them, mostly by other men, to act in a prescribed masculine manner. The sixth theme included how these fathers had difficulty with their grief going unrecognized by others. The seventh and final theme surrounded these fathers' need to remember, recognize and commemorate their child's lives. In the pages that follow, these themes will be explored in detail.

5.1.1 Questioning Moral Order

The five fathers all discussed how the deaths of their children have thrown their worldviews — their ideas of the natural order of the universe and life and death — into question. This theme became evident in numerous ways throughout the interviews. One father, for example, whose child died suddenly of an illness, repeated that he felt that his child's death turned the temporal order of human life “upside down.”

[Child] had four grandparents. It all seems upside down, you know. There are three generations of my family and the youngest one is dying. It is just surreal. That is not the way it is supposed to work. It just seems to me that everything was just turned on its head...Even looking around at the funeral and people visiting after, it was just completely upside down. I still very much feel that way. Not that people should die but there were more likely candidates.

A father whose daughter died in utero, also described his daughter's death goes against the assumed order of life and death in the universe.

I mean it is very hard to believe. How could it be? You know. It is all supposed to go tick, tack, toe and sometimes it doesn't happen that way. You can't foresee it. It just sidetracks you completely. Especially when it is so close, nobody expects it.

Another father, whose child died of a sudden on-set illness, also revealed a profound shift in his understanding of the biological and theological order of life. He describes how his previous understanding had been thrown into question:

You will only understand this if you actually live through this, but a baby dying is a fundamental derailing of the universe. It is not how it is supposed to go. If you believe in God or science it is not how it is supposed to go. Babies are not supposed to die. Biologically they are supposed to grow old and reproduce. Theologically they are supposed to

grow old and reproduce. Your aunts, your uncles, your parents, your grandparents, they all die. It is how it happens. But babies don't. Babies aren't supposed to. So it is the universe fundamentally derailing.

5.1.1.2 Existential Unraveling

Three of the fathers described how the death of their children and the disruption to their beliefs about natural order sparked a type of existential unraveling, which led to a questioning of their identities and in some cases confusion as to what to do with all of their new emotions and the emotional investments that they had in their children's lives. As one father explains, this existential unraveling can leave the bereaved father feeling helpless, depressed and hopeless and can even lead to social withdrawal.

You feel so helpless so you withdraw so that you are not getting any more support, so you become more helpless. I lived through that cycle. You have to drag yourself out of it. That is not to say that this is something that you will get over. You will never get over this. For as much as you are forever changed when you have a kid in the first place, this forever changes you more so. All of that emotion that you bring to loving your kid, when that is taken away from you that is a massive chunk of your soul that is taken, it is ripped right out. But you still have all of this emotional investment. Now there is nowhere to put all that energy. What happens is that all of that good wonderful energy turns to bad energy and you get really, really down. That is when you withdraw. You become angry all the time, it is easy to feel hopeless.

5.1.1.3 New Reality: "The Sky is Purple Now"

The fathers also discussed how their understandings of how their places and roles within their families changed dramatically after the deaths of their children. These changes added significantly to the fathers' feelings of confusion. While some of the fathers discussed the change in their role as husband and

father, other fathers discuss how absolutely everything changed in completely unforeseeable ways. As one father said:

Everything is now different. It is not just the scale of it or the emotional impact. It really is that the sky is purple now. Everything changes and you have to realize that there is nothing that you can do about it. You just have to accept that the sky is now purple. This isn't getting hurt and having a scar. It isn't losing a limb and having a stump, everything that you thought about who you were and what your place was yesterday today is totally different.

This father went on to explain how his life became a kind of juggling act after his child died. He describes how it took him a long time to acknowledge that he was dealing with work, a suffering wife and in-laws, marriage troubles, and the death of his child. It took this father a significant amount of time to dissect his reality and realize that because of these many overlapping crises, he was left in a state of confusion where he found himself jumping back and forth between crises, never making headway on any of them.

What it comes down to, is that although I had had traumatic shitstorm things happen to me my whole life, from never having a home, to having all of my shit stolen, everything had happened one at a time. When [child] died, I had to deal with ten things at once: I had to work, I was trying to deal with my wife's family, my kid had just died, and on top of that we started having difficulties in our relationship. I was dealing with three massive storms of chaos and none of them could be put aside. When I am dealing with one big storm of chaos I can put the other little things aside and work on solving that problem. Everything else goes on cruise control and I deal with the one big thing. I deal with it and then I go back to being fine. When (child) died it was juggling act...a little bit of managing here and a little bit of managing there. I could never get ahead of anything.

Other fathers acknowledged that their roles within their families profoundly shifted, and they were perplexed as to how their loved ones expected them to behave. This father provided a clear example of this dynamic at play:

We had the baby and three months later my wife starts to get all messed up because of [the child] again. And there we go again, I have to support that. All of a sudden I have to be the perfect husband. But I am not the perfect husband. I mean I work hard to keep her and the kids in this house, and I try to cook and clean, but I think that it is unfair...I mean it is all on me. I have to pick up the pieces. Sometimes it is just hard. I have to pick up the pieces. You are asked to do things much differently than you used to and you don't understand why. I guess that is the ...I mean so now she is a wreck with this depression and you are asked to do this and do that. I mean, I was so happy, we were both so happy.

As these fathers' experiences attest, the unknown reality that follows after a child's death, which has both existential (in terms of their own internal response to the death of their child) and practical components (in terms of being asked to do things differently by their wives and family) can be very confusing. Several of the fathers who were interviewed described it as a significant source of stress. All of the fathers stated that they coped with both the grief surrounding the deaths of their children and the stress of their lives at home by escaping, either physically, mentally, or both, from their situations.

5.1.2 The Need to "Shut Off"

Each of the fathers discussed how they needed to emotionally detach or "shut-off" from their internal grief responses, which usually involved replaying events over and over in their heads and becoming overwhelmed. As one father described it: "The body can handle what it can and then it just puts it aside for a while." This detachment took many forms for these fathers, from sports to drinking to watching movies and playing videogames. One father discussed how

he liked to do sports in order to manage his stress, control his sadness, and be able to think clearly:

A way of managing my thoughts, or not managing, but keeping myself calm is much more activity based. So exercising was my thing before, I just went much more into that. That was a way both to let out my frustration but to also keep level. I realize that I would have every excuse to be insane right now. I am just trying really hard to manage myself and that is the easiest way to do that. Exercising is really good because it demands so much concentration that there isn't room for any other thought. I come back from those sessions feeling better and much more able to manage. Basically just trying to keep the stress down. It really, really works. I am able to keep the stress level off. Do I feel sad? Absolutely. Was I able to think rationally and clearly? Yes. It was really just about keeping the stress level down.

Other fathers discussed how they distracted themselves by going out more with their friends, socializing, and increasing their recreational drug and alcohol use. Going out socializing provided these fathers with a way of separating themselves from their grief. As one father describes,

I know what changed for me during that period: I was conscious of working all week and then on Friday and Saturday night I would go out for a few beers. That is something that I never would have done before. I remember distinctly starting to go out with the after-work crowd and definitely consuming much more alcohol and social gregariousness.

For several fathers increasing their marijuana intake provided another form of distraction. One father said that he “probably took in a bit more marijuana. Mostly that had to do with, I mean when I am out with my friends that is my favorite way to be distracted” and that he “drank more (laughs). I drank a lot more beer on Friday night and I smoked a lot more dope.”

Other fathers discuss how they often went out socializing or out to dinner with friends. They described how important it was to simply get out away from their grief and to be distracted, if even for a few hours. As a father described, “A friend of mine knew and just took me out. That is what was most helpful. It doesn’t change the fact about what happened but it did help me deal with it.”

One father also described how, soon after one of his babies died, he went shopping.

At one point, after losing the baby, I went shopping and I bought myself some new jackets and stuff. I remember post-processing that and being told that that was actually a quite common response after a loss of that kind. That people will go out and will do something of that kind to simply escape the pain and situation.

Another technique that several fathers used involved undertaking practical tasks, in order to distract themselves from their grief. These fathers made it clear that they were not avoiding their grief, but they were simply “putting it aside” in order to not compulsively think about it. As a father describes,

Now part of my strategy as a child, and probably in the situation there that is difficult and painful, is I detach. I actually become hyper competent in terms of dealing with the superficial exigencies of the situation. I can detach from the emotional pain and deal with the practical realities of driving the car and getting somebody somewhere on time. I take on the functional operational role and put the emotions in a box. I am not sure if it is to avoid the emotions, but just to be able to cope with everything else that is going on. I think that this is the difference between repression and suppression. Repression I think it is an unconscious process of putting the emotions away and going into another mode. Suppression is “Yes, I am having these feelings right now but I can’t deal with them because I need to do this.” I think that there is definitely an unconscious processes going on for me but I think that there was conscious processes as well in terms of “I need to be doing practical things right now and I will go back and deal with the other stuff later.”

5.1.2.2 Needing Space Away from the Home Situation

Several of the fathers discussed the need to distance themselves from their home environments, which they all saw as a significant source of stress. As one father explained, “There is a lot of stuff going on here (home) and being able to get away from that is definitely important.”

Several fathers also discussed how going back to work was a good way to get out of the house and away from their home environment. As one father put it:

. . . going back to work for me was simply occupying myself for a few hours. It isn't going to change things. It will give me something to do and a sense of purpose. I also can't handle just sitting around the house. It was nice to keep stress off, it was driving me a bit nuts.

5.1.2.3 Importance of having the option not to talk

Several fathers talked about the importance of having someone who was willing to talk with them about their experience, but who was not going to put pressure on them to discuss it if they did not want to. One father described how this phenomenon played out for him in this way:

We [bereaved father and friend] talked about it a little but not much maybe. It was just really to go out and be around company. That was more helpful than talking about it. I mean he knew what happened, but after that it was just more to go out and change environment. We go out now and we just talk about stuff. It helps knowing that you can talk about it, but I don't really feel the need to talk about it. I would never cry on his shoulder but if I need to he is there.

I think that my friend was really important for me. Just knowing that you were supported, even though you didn't really feel like talking about it. What was most important with my friend was that he knew about it but mostly it was “Hey, you want to go out and have a drink?” We didn't need to talk about it again. I mean it's understood. It's been said. It doesn't need to be said again.

Likewise, another father described the importance of being offered the option not to talk. When I asked “What was it about your friends that gave you so much support?” he replied:

The fact that they were there. They let me talk if I wanted to, and more importantly not talk if I didn’t want to. My buddy, when he saw that I was in a really bad or down mood, he would ask ‘are we talking or am I distracting?’ If I wanted to talk about it then I would talk about it. If we didn’t want to talk about it then we would find a movie to watch or fire up a video game.

5.1.2.3 Wife/mother’s misunderstanding of husband/father’s grief response

Several of the fathers discussed how their wives misinterpreted their grief responses, namely the fathers’ desire to not talk at length about their experiences and their need to be distracted and detach from their grief. One father described it in this way:

I had to tell her very early on that just because I am not talking about it doesn’t mean that I am not thinking about it. Don’t let this illusion, if you think that life is just going on. I think she was afraid; I mean she was stuck and I was just moving on. That is not at all the case, it is just different. I understand from the outside it is extremely hard to read, it is internal... We are beginning to understand each other differently. It still frustrates her that I can’t talk about it.

This same father also talked about how his wife did not realize that he needed to detach. When he talks about the difference in their verbal styles, he mentions how her need to talk conflicted with his need to turn off:

Going to bed at night, I would be totally exhausted and you know, I had been sort of hearing bits about it all day and she wanted to talk about it some more. That was probably where we most diverged. I just needed to separate, turn off, you know. I just wanted to go to bed and turn this whole nightmare off.

Several of the fathers discussed their wives' reactions to their need to detach. Mostly the fathers described how their wives did not understand or misinterpreted their grieving strategies. One father, for example, played a lot of videogames to distract and emotionally detach from his situation.

Videogames are my therapy. My wife just sees it as overgrown teenage behavior and just doesn't understand it. I have tried to get her to understand, and I think she has a paper realization. She understands it as it is written on the paper but she doesn't understand it in her soul.

5.1.3 Wife's expectations about verbalizing grief

Four out of the five fathers discussed how there was a strong expectation placed on them by their wives to discuss their grief, their deceased children, and the circumstances surrounding their children's death at length. Though these fathers said that they had no difficulty talking about their experiences, it was the "constant talking" that their wives expected that these fathers found difficult. One father identified this as the "clearest difference, before and continuing today" in their ways of dealing with their child's death:

We talk about it, the event, or him the person, memories and so on, a lot. A lot more than I want to that is for sure. For example, if we are doing something, the three of us, and our other child says "I want to have chocolate cake for desert." That would trigger: "[deceased child] loved chocolate cake." Basically everything we do triggers what [deceased child] would like to do or would be doing in that situation. She constantly repeats how this is a joke, how this didn't happen. She does that most mornings: "This is a joke, this didn't happen. What happened? Why did he die?" Obviously there is no answer...she is much more verbal about it. I am much more non-verbal.

Another father explained a similar difficulty when he discusses how his wife's need to talk at length and in detail conflicts with his own need to detach from the situation.

I mean it is the constant talking and being upset, it drains you of all your energy...I mean I have tried to talk about it, but honestly, after about 20 minutes I want to bring out the cards or something.

5.1.3.2 Feeling bad over not being able to talk about it to support their wives

While this dissonance in grieving styles was a source of frustration for these fathers, it was also a source of guilt: several of the fathers express how they often feel guilty that they could not talk as much as their wives expect them to. They also discussed how there are feelings of guilt associated with not being able to offer their wives a way to stop their pain. For example, when I asked: "How does that make you feel when you can't talk about it?" One father replied:

I don't feel guilty that I should be talking about it, at least in terms of my own kind of dealing with it, but it makes me feel bad that I can't give her that comfort, give the right support, the right answers, that type of thing...When she constantly asks: 'Why did this happen?, Why did this have to happen?' I don't know whether it is because I am a man or because of my upbringing but you really want to be able to offer an answer. Of course there isn't an answer. That is frustrating. That is really, really stressful because you can't give an answer.

5.1.3.3 Overlooking their own needs to support their wives

Some of the fathers also talk about how this guilt often prompts them to put their own needs aside in order to try to comfort their wives. For example, one

father shared that he talks about his feelings and his memories with his wife far more frequently than he wants to.

It is extremely difficult. I try to listen as much as I can for my wife. I try to have more patience. For me, being non-verbal, and being hit with that, I try to put my own stuff aside and just try to listen for as long as I can.

Besides listening to their wives and talking at length about their grief and their experiences, these fathers also support their wives by engaging in activities like going to grief groups and soothsayers, that the fathers would not otherwise do. As one father explains guilt is often at the root of these choices that grieving fathers/husbands make.

I often, and I am sure I am not alone, I often feel a bit guilty when I don't want to go to things like this (name of support group). For example, my wife wants us to go to a medium. I don't. But I will probably go along because I am feeling guilty.

This father went on to discuss his perception of how other bereaved fathers behaved during grief group sessions.

I remember the guys who were speaking at the (name of the support group); it just seemed that it is mechanical. I know it was sincere and I know where it came from, but it just seemed like they were sharing because they were on the spot or their wives wanted them to.

5.1.4 Difficulty of seeing their family suffering

As previously mentioned, the fathers believe that their guilt is associated with not being able to soothe their wives' suffering. Several of the fathers discussed how difficult it was to see their immediate family in suffering. As one father says: "What hurts me more than anything is the affect that it still has on her. Whatever it is, it is tremendously hard to deal with."

Their wives are not their only concern—these fathers often had surviving sons and/or daughters who are also dealing with their own feelings of loss and confusion. One father for example talked about the pain of seeing his daughter suffer after the death of her older sister:

[Sibling] looked up to her so much. She depended on her. That was her best friend for everything. She got frozen in time. It was like everything just stood still. It was like everything just stopped. There was no interest in anything, no development beyond that stage. It is very, very difficult (crying). I watched that over the next few years and it broke my heart, it absolutely broke my heart (crying).

5.1.4.2 Feelings of helplessness: Moral confusion about how to properly help their family members

Many of the fathers related how difficult it was to not know which actions would best help their family members and how this led to feelings of guilt, failure and helplessness. One father, for example, relates how feelings of helplessness and failure arose from not knowing how to be what he considers a proper supporter for his wife.

She constantly repeats how this is a joke, this didn't happen. What happened? Why did [the child] die? Obviously there are no answers. It is unfathomable. When she constantly asks: 'Why did this happen? 'Why did this have to happen?' I don't know whether it is because I am a man or because of my upbringing but you really want to be able to offer an answer. Of course there isn't an answer. That is frustrating. That is really, really stressful because you can't give an answer. It makes me feel bad that I can't give her that comfort, give the right support, the right answers, that kind of thing.

Another father also acknowledged a sense of defeat when he tried to offer solace to his wife.

[The death of a child] changes the person so much that you don't even know the person no more. And there is really nothing that I can say to her

to make it better [for my wife]. It might have been easier now, if there was something that I could have said or did to her...I don't know what to say.

Similarly, another father expressed how very hard it was for him to accept that he could not help his surviving daughter adjust to the loss of her sibling.

Hopefully she will eventually get everything together, but it is very, very difficult. Like she says, she doesn't have any friends, she has acquaintances. Her friend was her [sibling] (crying). For me it is difficult. Nobody can help her. Even as a father you reach out but...(crying)

This perceived inability to help their families is another major source of stress for these fathers. When a father is forced to watch helplessly as his family suffers, his self-confidence is affected. This in turn affects how well he adjusts to his child's death and the new realities that confront him. One father talks about how often, when faced with this helplessness, some fathers will turn to alcohol or suicide as an escape from these feelings of helplessness.

I think that what affects your wife and your family affects you. So people probably drink just to forget about it and they probably kill themselves because there is nothing they can do to stop it or escape it. People probably drink most of the time because they don't know what to say or do.

5.1.4.3 Regret over not being better protector/supporter

When asked about their regrets, several fathers discussed their failure to protect either their children and/or their wives from both physical and emotional pain. One father for example, mentions how his biggest regret was not protecting his wife from the emotional pain of bringing their daughter into the morgue.

[Mother] wanted to bring [deceased child] down to the ward. I supported that decision and still do, but I was too far back in my own headspace to actually think about the reality of the situation. I should have taken [deceased child] the last ten steps. I should have done that. [Mother]

should not have had to see what the morgue looks like inside. It is a freezer and a slab and smells of formaldehyde and bleach. [Mother] didn't have to know what that looked like. [Mother] could have had all but the last ten steps and it would have been just as important for her. I should have taken her the last ten steps. I could deal with the reality that there could have been another dead baby in there but [mother] couldn't. I mean it was bad enough that we passed garbage and recycling on the way to the morgue. If there was another baby in there, there is no way that I could have let her see that.

Likewise, another father whose wife and child were killed together in a car accident talked about the guilt and regret he carried because he was not there to protect his family and take their pain. He sees the ability to protect as a fundamental part of being a man, and regrets that he was not there to protect them from any pain:

The only guilt I ever felt. I mean, you think as a father, because that is the way you are raised as a man, that I should have been there to help them and protect them. I should have been driving. I wish there was something that I could have done. If they were in pain, I would have taken the pain.

Another father also talked about how he regrets "a lot" that he wasn't there to help protect his wife from trauma when she found out that their unborn baby had died.

I actually feel that I did that wrong. I should have been with her when she went to the hospital. I actually regret that a lot. I mean most of the time you feel that it is going to be fine, so you don't feel like you have to be there every single time. But I definitely should have been there that time. I definitely regret not being there. I regret getting that phone call [from my wife]. It would have been much different if I was there to support her. She had to go from the doctors' to the hospital in a taxi. I am sure that was extremely traumatic for her.

5.1.4.4 Trouble with the husband role

In addition to feeling that they were unable to provide the support that their wives needed, two fathers mentioned that they also became increasingly agitated, emotionally volatile and even argumentative with their wives. The first father, for example, described how because of this lack of emotional reserve, he became increasingly bothered by things that would never have agitated or annoyed him before.

My emotional reserve was pretty much blown through keeping my head together through losing [child] I developed a really heavy intolerance for her idiosyncrasies. As most people, when you are in a relationship you accept idiosyncrasies of the person you are in a relationship with or you ask them to change your idiosyncratic behavior. All of the things that I have had with [child] and the things that irritate me now was water off of a duck's back. I never paid attention to it. It never bothered me that I would ask one question and she would answer another question. Now it drives me nuts every single time, and she does it a lot.

This father goes on to describe how he expressed his frustration:

I am too snappy. I have little microburst of anger: pulling a cabinet door off the handle or pulling the drawer all of the way out and having all the cutlery go all over the floor. But those little outbursts have gotten way, way more severe.

5.1.4.5 Withdrawal from relationship

Two of the fathers explained how they withdrew from their relationships with their wives because they felt that they were not capable of being proper members of the relationship and that their wives were better off without them.

One father, for example, explains why he moved out:

We might come back together, we might not, but right now I need space. I am not a good member of the relationship right now. I can't be what she wants me to be. I am too snappy. When it comes to intolerance of a situation I fear letting the angry monster out of the box. I decided to move out because the relationship was entirely stagnant and I was feeling very frustrated, very quick to anger, and I fear my anger around a [the new]

baby. I don't strike adults. Periodically I go and break something on the side. I will just go and destroy something. I don't really feel that I am in the proper headspace to deal with the relationship and all that comes with that. It is either that (move out) or become a crazy person. It is either that or I become angry guy or constantly stoned or drunk guy, or the guy who is constantly going out for smoke breaks, using any kind of crutch to get over the unhappiness that I am feeling.

The second father, who also left his marriage, describes how he began an affair soon after his child died. He called himself an “emotional cripple” and recognizes that starting the affair with his co-worker was a way of separating from his wife. This allowed his wife to become romantically involved with another man who this father saw was a more stable and dependable than he was:

I would say that I was an emotional cripple at the time, not understanding my own emotions. I had obviously gone into the second relationship in some sort of compensatory process. I think that partly it was an excuse for [wife] and I to separate. There were ways that we got along great, but the guy who was waiting in the wings for her was such a perfect match. I mean I feel like I almost did a blessing for her on that relationship. There was a sense that I had that she was better off with him. He was a much more stable person. So in a way I just kind of withdrew from that relationship.

This father also remembered being expected to act as the supporter from his mother, and he remembers the condemnation he faced for not living up to the expectation that he should be there to support his wife:

There was an archetypal call I received from my mother at the time, when my wife was pregnant and I guess had started bleeding. My mother called me, I was in [my mistress's] bed, and started yelling at me: ‘Get your ass down here, your wife is bleeding.’ So I was nobody's hero at that point, all around.”

5.1.5 Social expectation to be the supporter

The fathers discussed the tremendous social pressure that is placed on them to play the supporter role for their wives, even if this involves overlooking their need for separation and detachment. The fathers recognized that this expectation influenced how they interpreted their role as husbands. One father explained it this way:

You have a duty to support this person who you have been living with for x number of years. So certainly there are social expectations that we have a duty to care towards the people that we live with and absolutely those expectations have influenced how I have thought about things myself.

Several of the fathers discussed the social condemnation that occurred when they went against these expectations and dealt with their own needs first. One father described how he has faced disapproval from many of his friends for separating from his wife to take care of his own well-being. When talking about his decision to separate from his wife, he said

I really, really feel that this is the right move, even though everybody sees it as a really, really big dick move: to move out on your wife after your child has died and two months before she is having another one...Everybody has their two cents. Most friends have condemned my moving out.

5.1.5.2 Expectation to not worry about self

Along with the expectation placed on these men to be the supporter for their wives, the fathers also described the pressure to not worry about their own needs. They felt that there was a strong expectation placed on them to get over their grief, not to complain, and have their wives' needs take precedence. As one father explained:

The emphasis is always on the mother. I guess statistically the more you ask, it is going to be the wife who is most affected. I mean there is way

more expectation that I will just be there for my wife and not so much worry about myself.

Another father also revealed that he felt that his feelings and needs were often overlooked. He attributed this to the social expectation placed on men to simply “suck it up and bury it down”:

I really felt that for the better part of a year she and her parents just treated my emotional state as something that would just get better. That I would just get over the problems that I was having with the relationship. No matter how many times I tried to make it clear that that was not the case. The short version was that they thought I would get over it and it would get back to fine. Maybe if I was the stoic guy that her father is, everything would be fine because I would have just sucked it up and buried it down and we would have just moved on with life and we would have been a happy couple.

WA: Is that what was expected of you?

P4: Yeah, yeah definitely. She was raised in an environment where you sucked it up and buried it down. It works out fine in the end unless you explode.

5.1.5.3 Lack of resources for men

All of the fathers discussed how there was a real lack of resources for bereaved fathers. One father discussed at length his opinions that the resources that are available (books, support groups, etcetera.) are directed towards bereaved mothers:

Looking through those types of books it is just a lot of mothers talking. Groups getting together to talk about it just doesn't help. I went to one [Support] group meeting and I spoke up, at least enough to describe why we were there and what had happened. But how much will I get out of that group? Not too much. Grieving seems to be an individual thing for me and for most men.

Several fathers expressed this concern and some of them believed that this lack of appropriate resources is linked to the social expectation placed on fathers to be

stoic, emotionally resilient and not worry about their own needs. One father, however, believed that it is just as much the fault of an individual bereaved father, who likely does not ask for help, as it is the fault of society which overlooks their needs.

It is not because there is not a lot of infrastructure for men, because I did a lot of looking around. There is simply no infrastructure for men. So many guys have spent so long sucking it up and pretending to be a tough guy that there hasn't been the need. I mean men are supposed to be big and tough. Women are supposed to be nurturing and producing babies. Men are supposed to be fighting bears. That is what we do.

5.1.5.4 Self-directed therapy

Because of the lack of resources available to bereaved fathers, four out of the five fathers took on a more self-directed approach to therapy. This included reading psychology and grief books and undertaking creative projects as a means of both remembering their child and working through their own grief. One father, for example, began writing as a means of getting his frustration out about the lack of resources for men:

Here is a funny thing: the one thing that I do is that I have just started to write. What triggered that was the inadequacy or the lack of resources for men. There are all these people and the women's' perspective of grieving and that sort of thing. I am thinking to myself: "Where are the guys like me? Where are the people who just want to go out and exercise for three hours?"

Similarly, another father also began to write. He described how he wrote out the story of his daughter's life:

I actually, a few months ago, wrote out the entire story of P. and put it on Facebook. It was situational because all those past acquaintances were congratulating me on the birth of my daughter. I had to do it just to make things more clear. Now, when I add a new friend they can know the story

and it doesn't get awkward. I also got tired of writing the story over and over and over again. I am happy to talk about it but it was just getting a bit too much. I treated it like a proper story. I came back at it a bunch of times and filled out certain parts and deleted others. I kept on wanting to add this and add that. I made it really personal. It was very therapeutic. To get it all out was incredibly therapeutic. It was also great for putting my thought and emotions together and seeing what I was actually going through, you know. It is funny, my original idea was to have five or six hundred words. I now have five pages. It is huge and it goes on a long time. It was extremely necessary for me.

Another father discussed how he took it upon himself to include pictures of his deceased baby in the family collage that runs continuously on his computer. He explained how he often becomes emotional when he is alone and her picture comes up:

I mean I am definitely emotional but mostly when I come across the pictures on the computer or something. I mean I took those pictures of the baby like I took the pictures of all my babies. With the first one though she is squinting. I mean the flash was bright. Not so with [child] It is still hard for me to look at those pictures.

Similarly, another father described how he made a collage of pictures of his deceased wife and child and put it to music. For this father, the process of making the slide show was therapeutic in that it gave him a "real boost".

I worked on putting together a movie, putting together a slide show about them. It was very, very difficult for me to do it. It took me days and days on the computer. I have also made movies and DVD's with songs on it and everything else to commemorate them. That gave me a boost. I was doing something. That I enjoyed.

Another father described how he took a multi-faceted approach to dealing with his grief:

I have several types of therapy I guess. One is hiking or walking. The other is reading. I do an incredible amount of bibliotherapy. I am pretty cerebral. I mean most of my knowledge about psychology and I would argue most of the knowledge of your average psychologist stems from

what the hell is going on with me. Some turn it into a long academic career. Others of us just sort of do what we need to do.

What this father calls “bibliotherapy” was an activity that was cited by other fathers as well.

5.1.5.5 Seeking out emotional release

Another type of therapeutic exercise that several of the fathers described includes seeking out opportunities to help them process their experiences and release their emotions. One father referred to this as “unclenching the emotional sphincter.” These opportunities included visiting places that reminded them of their children, listening to certain songs that remind them of their relationship to their children, and watching emotionally charged movies and TV shows. This helps them process their experiences and allows them to exercise their emotional reactions to their losses.

Rant, cry, wail, do whatever you need to do. If it requires having a few scotches then do it. You have to be able to allow yourself to cry. If it takes watching a crappy, sappy movie to get the ball rolling then do it. There are some movies that I really enjoy that I can’t watch chunks of anymore without balling. Finding Nemo, whooo boy. Any of those big emotional parent child scenes, I am a waterfall.

A second father also talked at length about seeking out ways of releasing the emotional energy within himself, including physical activities like cycling and using a punching bag and actively seeking out dramatic television programs where families are threatened or there are “upsetting family things”:

I get angry and there are definitely times when I break down. It will be when I am watching television shows where people’s families are being

hurt. I seek out those kinds of shows. I watch a lot of [drama program]. I think that is a great show. In last night's episode, for example, one of the investigators families was threatened, and actually his wife was killed. Upsetting family things like that really set me off. I cry a hell of a lot more than I ever would have before. I seek them out though, I seek out ways of exorcising it.

5.1.6 Dealing with the macho man code

Another theme that emerged from the interviews was the effect of what the some of the fathers called the "macho man code." All of the fathers discussed the influence of the social expectations placed on them to be stoic and not express their grief experiences with others. Some of the fathers described how their open expressions of grief have made others uncomfortable and how they are expected to quickly move on with their lives. As one father recalls:

My guy friends will come over and discuss what they found out about [the disease]: 'Not only is it this but it is also that and this is why it might have skipped at this age'. That is kind of concrete. It is rational. Talking about how we feel? There is kind of that, it is odd, it can be uncomfortable.

Do you ever feel that you make other people uncomfortable by talking about [your child].?

Yea, yea. For sure. Actually if I think about it, probably men more. Men aren't supposed to talk about this kind of stuff.

Another father also discusses the macho man code and described how it significantly shapes the way many bereaved fathers see themselves and their roles:

I think that most guys fall into the role that they think they have to go into. So most guys take on the protector role. They take the whole solid, stoic, protector role and then develop hobbies like duck hunting or fight club, or they take up drinking.

While recognizing that this is a powerful expectation, several of these fathers discussed how the macho man code is an impediment to their grieving and overall well-being. Several of the fathers expressed open resentment toward this expectation and described it as a worthless, idiotic and archaic social convention. The fathers chose to challenge the macho man code if they found it was getting in their way. As one father discusses:

My dad used to say “I never miss [work], I never miss [work]. Well, Christ, he was sick as a dog sometimes. I would ask him “What are you going in [to work] for ? You are going to get killed.” That is the old work ethic and macho work stuff. I learned after the accident [that killed his child], and a lot of guys learn or at least have to learn, that that is a load of shit.

I remember back at work there was one of the guys who said to me “You’ll get over it.” He had lost his father and just went back to work. I remember thinking to myself “What are you, some kind of idiot? If you can forget that quickly and that fast then obviously there was no big relationship between you and your dad.” What am I supposed to do, “Oh yes, I just cleared my mind...don’t worry nothing ever happened?” I mean a lot of places that is expected. That type of idiot behavior is expected. We shouldn’t be expected to act like some kind of soulless machines. It is simply idiotic. You have to tell the fathers and they have to get it through their heads that they don’t have to listen to this garbage. The old ways have gone. The man is no longer the big hunter hitting the Woolly Mammoth while his family waits at home. He has feelings.

5.1.6.1 Challenging the macho man code

Several of the fathers discussed how they felt it necessary to challenge the macho man code. One father explained that he has challenged the macho man code because he knows that expressing his pain is right for him. For this father and other fathers, the only way to deal with the unjust social expectation that is placed on them is to openly confront it:

They think that they have to be a man. Well Christ what is a man? A man isn’t a machine and he isn’t some kind of stupid ape. You are always

going to run into the problem of the macho guys who try to tell you how to act. Well, I am no weaker than these macho guys. They want me to hold it in and go back to work right away like nothing happened. That is just plain stupid. You know I used to hear it from a lot of people: 'you know you have to get on with it, you have to get back to work'. Well, I mean, you just have to tell them to take a hike. It is the only way. I know that certain things are right, like talking and expressing your pain, getting it out there. But that is not what other people want. I think most of the fathers are tied into the old ways, I mean they just follow what they were taught. How their fathers reacted and how their fathers reacted. You have to change that psychology right now.

Another father described how he set out to challenge the macho man code, which he sees as an impediment to proper grieving. He also explained that by openly challenging the social expectation, he was able to help other bereaved fathers. By refusing to "suck it up" and "be a man about it," this father showed other bereaved fathers that they do not have to bury their experiences.

If I don't cry I think I will explode. I think that half of the trouble men have is because of this "be a man, suck it up." That is such a strong opinion, that socially men have to be strong. We have to be stoic, we have to be solid, and we have to be the big strong protector guy. I hold no such illusion. That was one of the big things that I found appealing in your thesis going on here is that 99 guys out of 100 suck it up, bury it down, "I am fine. I am just here to protect my woman." I am not that guy. Seeing as how I was perfectly willing to express my feelings really helped me through. Actually one of the other guys in the [Support] group told me how much I had helped him because I was not at all willing to let my grief get buried. He saw that he didn't have to either. It is really about standing up and owning it. It has to be dealt with.

5.1.7 Importance of recognizing and remembering the child's life

Four out of the five fathers discussed how important recognizing and commemorating the lives of their children was to their internal sense of good. This commemoration involved setting up foundations in memory of their children and writing letters to radio stations in hopes that it might get read on the air.

One father described his profound need to keep his son's memory alive. He finds great comfort in other people talking about his child's life and the memories they have of his child.

Actually one of the most comforting things for us is for others to simply say how much they missed [child] and tell us their stories about [child] and their interactions. We have wanted for this not to be brushed under the table. I mean you want to scream from the top of your lungs, "Hey! [child] died!!" More than anything we want his memory to go on.

Another way that this father tries to preserve his child's memory is through setting up a fund in their son's name:

I mean [child's] death is just so meaningless, it just seems to be so pointless: a healthy boy, wasn't sick, I almost wanted to attach a purpose to it. I am not saying that it happened for a reason, but for something to come out of it that could be in his memory in a positive way...we want to set up a foundation. I want to have some impact somewhere. We got in touch with the research centre because they were doing leading research into [the disease]. I have put money into a fund so that there can be more research. I just feel like I would like to help. Who could use the help?

Likewise, another father and his wife established a memorial fund in his daughter's name to support health professional trainees who are studying to work in the hospital unit where his daughter was cared for. For this father, the fund is a good way to give back to the unit, to keep his daughter's memory alive, and allow her life to have some kind of lasting meaning: "It was tremendously therapeutic. So as far as our daughter wasn't able to be helped (crying) in an ongoing way, the resources are there for the next kid to get better care."

Similarly, another father set up a fund in his wife's and daughter's names, but he also sent a copy of his daughter's life story to a telethon to raise money for the hospital where she was cared for. His daughter's story was read out on the radio.

A few years ago, they have the Children's Wish Foundations. I sent a check with a copy of [child's] story. I sent it to (a local radio personality). He read the story on the air as part of the radio-thon. He made me happier than hell...Also, as part of the accident, there is a fund for horses. We give to that and I always give to the hospital. That was for [child] That is why I sent it down to him. I figured if he[radio personality] could use that and it helps get more people to donate and stuff, well that was her story. So he read that out and I liked that. He [radio personality] is a good man, a good compassionate man.

Summary

The experience of these fathers is deep and complex. The bereaved fathers who participated in this study described a number of moral issues that they experienced after the death of their child. They all struggled with coming to grips with their new situations and with balancing others' expectations with their own needs to grieve in a manner that they felt was appropriate. And they all described the need they had to publicly recognize the importance of their deceased children's lives and the tragedy of their deaths. The impact of these experiences was significant for these fathers, who often expressed feelings of guilt, anger, sadness, self doubt and helplessness during their interviews. These fathers also described how often their grief experiences get misrepresented by their wives and families, and their pain gets overlooked by their communities, which fail to recognize the complexity and uniqueness of their situation.

Each of the themes that emerged from this study represents an important element in the moral experience of bereaved fathers. In the chapter that follows, Ricoeur's ethical framework will be applied to the qualitative data in order to determine how useful this framework would be in increasing researchers'

understanding of the depth and complexity of bereaved fathers' moral experiences.

Chapter 6: *Discussion*

Introduction

It is clear from the last chapter that the experiences of bereaved fathers are complex; these fathers are faced with a number of new expectations, which often conflict with one another. Moreover, these fathers have to face these while they are in an existentially vulnerable state, which Ricoeur would call a state of *disrupted narrative*, wherein a father's sense of self-identity and self-constancy is shaken. As discussed in Chapter 3, Ricoeur's framework examines how others' expectations and the individual's own sense of internal good affect an individual's ethical decision-making, which comprises the actions and behaviors that a person believes are appropriate or inappropriate in any given situation. Ricoeur is also interested in how the actions and behaviors one undertakes influences a person's sense of self-identity and self-esteem. In this chapter, Ricoeur's framework is applied to the moral experience of bereaved fathers, which, I would argue, allows for a much deeper understanding of the complexity of the experiences and challenges faced by bereaved fathers.

6.1 *Aiming at the Good Life*: Ricoeur's first component and bereaved fathers

From Ricoeur's discussion of standards of excellence, we see that when faced with an unknown and morally confusing situation, often an individual will look to those who have gone before them and succeeded in their set task or role as examples of what actions or behaviors to undertake in certain situations. This becomes problematic in the case of bereaved fathers, who, unlike fathers whose children are still living, lack clear examples of those who have lived the experience before. Because child mortality is a relatively rare occurrence in Western society, and bereaved parents, especially fathers, are discouraged from openly discussing their experiences of having a child die (Zinner, 2001), it is unlikely that an individual bereaved father has any examples of behaviour, specific to their situation, upon which they can rely. In a sense, bereaved fathers are left to fend for themselves without clear standards of excellence to guide them. This creates an extremely difficult context in which a father must face the disruption of his narrative: the loss of his identity, the loss of his worldview and a potential spiritual collapse that can occur in the wake of his child's death. For Ricoeur, in the case where no clear standards of excellence are available, the individual often increases their reliance on the expectations that others have of them to inform their ethical aim. It is prudent, therefore, at this stage of the study to examine the expectations placed on bereaved fathers and discuss how these fathers navigate these expectations.

Behavioural psychologists maintain that masculine ideology and the masculine gender role underpin all aspects of a man's life (Thompson & Pleck, 1995), including their beliefs about proper and improper action. The social construct of masculinity includes many different role prescriptions, and nowhere

is this more prevalent than in a man's familial life. Families are basic social systems that reflect the larger culture's expectations of men and are social arenas in which these male role prescriptions are acted out (Brooks & Gilbert, 1995). Psychologists and social scientists who study family behavior and dynamics have divided the expectations placed on fathers, from society, their spouses and internalized by the men themselves into three broad roles: provider, protector and supporter. Though the first role, the provider, did not emerge as a prominent theme in this empirical study, the last two, supporter and protector, emerged as main themes in the bereaved fathers' moral experiences.

6.1.2 The protector role

A commonly cited masculine role within the family is that of protector. Traditionally, the male role has been one of physical strength and aggressiveness. When necessary the man is expected to fight for the protection of his family or community. Though middle-class Western culture is moving beyond the celebration of physical violence and toughness, courage and strength are still considered important attributes of a family man. Men are still expected to protect their families. Being a protector is a measure of a family man's masculinity, and a key component of his identity (Brooks and Gilbert, 1995).

The protector role has been previously documented by researchers who have studied the experiences of bereaved fathers. Judith Cook (1988) noted in her study that bereaved fathers often expect themselves to act as the protector of the family, which can take many different forms: in Cook's study, many of the fathers postponed or hid their grief responses in order to be perceived as emotionally

strong for their families. Bereaved fathers will also act as the mediator or interface between their families and the outside world, which can include medical practitioners and well-intentioned but potentially harmful social acquaintances (Cook, 1988).

The experiences of bereaved fathers in the role of protector can also clearly be seen in my study's findings when the fathers discussed how they regretted not being better protectors of their family members' physical and emotional well-being. Some of the fathers discussed how they should have protected their deceased child, while others discussed how they should have been more present in the aftermath of their children's death to protect their wives from further emotional harm. Being the protector of one's family is a central aspect of being a good father and failure to be a good protector can have serious repercussions for an individual father's sense of self-esteem and self-identity.

6.1.3 The supporter role

The second role that fathers identify with is the role of supporter. Sociologists have found that this is a relatively new role for the family man. Traditionally, before the 1960s, the role of the man was family leader, a role that included task accomplishment, executive leadership, the strict disciplining of children and a stoic attitude and demeanor (Brooks & Gilbert, 1992). The emotional support and nurturing of family members was not part of the family man's role and a father who did take on those roles was often criticized as being feminine or weak. This rejection of emotionality is what sociologists of the 1970s

called the “anti-feminine element of the male role” (David & Brannon, 1976, p. 176).

Since the 1960s, however, the family man role has evolved to include a broader nurturing element. This was due in large part to the contemporary women’s movement, the gay father’s movement, the profeminist man’s movement, the mythopoetic men’s movement (based on Jung’s archetypal theory) and the father’s rights movement. Despite the often disparate mandates of these movements, they all stress the increased involvement of fathers in the emotional and psychological development and structure of the family (Brooks & Gilbert, 1995).

The role of supporter is another major theme that has emerged from studies examining bereaved fathers’ experiences. Martin and Doka (2000) found that many bereaved fathers felt that they needed to be seen as the pillar of family support, a role that can include supporting their wives and surviving children, but also their parents, friends and acquaintances. Other studies have also found that bereaved fathers are called upon to provide support for many of the people who were previously supporting them, including extended family members and members of the community (Devries et al., 1994; Cook, 1988). As one father in Cook’s (1988) study put it, “The tables are turned, you are the emotional support for most of them” (Cook, 1988, p. 294).

Though the need to be a good supporter did not extend to members of the extended family and the community in this empirical study, the need to be a good supporter of their wives and surviving children did emerge as a central theme. The fathers often talked about how emotionally taxing it was to be a good supporter

for their wives and how difficult it was to not be able to be the supporters that their wives needed them to be. Several fathers discussed how being reminded of their own shortcomings in the role of supporter was a major source of stress and could lead to negative health behaviors. Often, like being a good protector, being a good supporter of one's family is the mark of a good father, and hence a good man. A failure to live up to the internal standards of being a proper supporter can have serious repercussions for a father's sense of self-esteem and self-identity.

6.2 *With and for Others*: familial expectations and bereaved fathers

From Ricoeur's discussion of *solicitude*, the affect of a loved one's input on the individual's ethical aim, it is clear that the expectations of one's family play heavily in the moral deliberation process of the individual. This is particularly important for a bereaved father because of the loss of narrative and his ensuing vulnerability. This empirical study of how men navigate their loved ones' expectations provides evidence for Ricoeur's second component of the ethical aim. Previous research that has explored family and marital functioning following the death of child has found that there are heavy expectations placed on bereaved fathers by their families, in particular their wives. Kathleen Gilbert (1995) describes how many fathers are directly encouraged by their wives, close friends and family members to verbalize their grief. Many fathers find this experience to be strained and uncomfortable. Researchers have noted that some fathers try to listen while their wives talk, but they find it difficult to significantly share their own feelings and experience (Cook, 1988). These findings have appeared in other studies as well, where bereaved fathers stated that they were

expected to discuss their grief experiences at length (Schwab, 1990; Lang & Gottlieb, 1993).

By encouraging their husbands to discuss their experiences, the wives of the fathers in this empirical study were communicating their beliefs about how bereaved fathers should act. By using what Ricoeur (1992) refers to as the “instructive method (p. 174), these wives were communicating their expectations in what Ricoeur (1992) calls the “dialogic dimension” of the second component of the ethical aim (p. 174). A family member’s expectations can be communicated through what Ricoeur refers to as the “sympathetic” method, in which loved ones, through their suffering, affect the ethical deliberation of bereaved fathers. By wanting to ease his wife’s and surviving children’s intense pain, a bereaved father is called to responsibility. There was evidence of this in this empirical study in the fathers’ reported behaviors that were intended to ease the suffering of their family members. Examples included organizing the funeral and death notices so that their wives did not have to think about them, acting as the liaison between the doctors and the family at the hospital and discussing their children, their emotional pain and their grief experiences even though this articulation conflicted with their own needs for emotional detachment.

For several fathers, this also involved separating themselves from their wives and surviving children. This separation took place because these fathers felt that they were doing more harm than good in the relationship, either because they felt that they could not be proper members of the relationship, or because they felt that their wives would be better off with someone who could be a more supportive partner.

Several fathers described how they did not know what actions to take to ease the suffering that they saw in their wives and children. The fathers' ability to respond to their family is taken from them and several of the fathers described a feeling of helplessness in the face of this suffering. Again, because the ability to respond to a family's needs is central to a father's sense of identity, the loss of one's response-ability and the feeling of helplessness, which can accompany this loss, can have serious implications for the self-esteem and identity of these men.

It is not just through seeing his family in pain that a bereaved father is called to action. He can also be stirred by the memory of his deceased child. Research has found that a bereaved parent often undertakes actions to ensure the memory of their child is sustained and to maintain the notion that their child did not die in vain (Martin & Doka, 2001). For the bereaved fathers, these actions often take a productive form, such as setting up scholarships in their child's name, donating money to causes associated with the child's life and death, and volunteering in areas they associate with their children. The importance of maintaining their children's memory can also be seen in the behaviors of the bereaved fathers interviewed in the empirical study. Several of these fathers set up scholarships in their children's names, or sought out public recognition of their lives and the tragedy of their deaths.

6.3 *In Just Institutions*: social expectations and bereaved fathers

Social influence is exerted through distinct reactions that accumulate over time to inform a person's ethics. From this empirical study of bereaved fathers, we can clearly see that this social influence often affects issues of gender.

Research has shown that a particular pattern of social influence called gender socialization has a significant effect on men's sense of proper action and behavior (Lisak et al., 2001). Researchers (Brooks & Gilbert, 1995) who have studied male psychology and the psychological exploration of different male roles, such as husband and father, have found that there is a great deal of social expectation placed on men to fulfill these masculine gender roles. These expectations for the individual to act in a masculine manner affect many aspects of a man's life, including his self-identity, his ideas about happiness, and his notions of responsibility to others. By examining the expectations placed on men, we can begin to understand the inner ethical constructions of grieving fathers.

6.3.2 Gender role socialization of males

Researchers examining Western masculinity have identified a dominant set of characteristics that make up what is considered appropriate masculine behavior or what Ricoeur might call masculine standards of excellence.

Jansz (2000) clearly defines four key characteristics of Western male behaviour: *autonomy*, whereby a man stands alone without any kind of dependence on others; *achievement*, whereby a man strives for external success and stresses his role as provider; *aggression*, whereby a man displays toughness and competitiveness; and *stoicism*, whereby a man avoids experiencing strong, dependent and warm feelings, and he does not demonstrate pain or openly grieve. Other authors have included *exaggerated rationality* or unusually focused concern with practical problem solving (Scher, 2005) to their lists of typically masculine traits. Taken together, these individual attributes characterize the dominant

Western model of masculinity that has led to the socially accepted masculine gender role. To act in a manner that contradicts this prescribed masculine behavior can result in social criticism and internalized feelings of shame and guilt for not living up to society's ideal of masculinity (Scher, 2005).

Through gendered interactions with parents, authority figures, and their peers, males have securely internalized these cultural conceptions of masculinity by the time they have reached adolescence (Jansz, 2000). In line with Ricoeur's ethical framework, Levant & Kopecky (1995) have found that culturally constructed beliefs about masculinity often become an integral part of an individual's make up, identity, and notions of proper actions and behaviors.

These standards of masculine behavior continue into adulthood and significantly affect the individual's life and the roles they undertake. As such, because these standards are internalized by the individual, they heavily influence their ethical reasoning in any given situation.

As men and as bereaved parents, bereaved fathers are particularly susceptible to society's expectations of them. Research has found that often there is social pressure on bereaved parents not to talk about their deceased child in order to save others from their discomfort. Tony Walter (1999), a sociologist writing on the social culture of grief, likens this pressure to Durkheim's notion of *anomie*, whereby there is a clear mismatch between an individual's and society's behavioral norms, which produces moral deregulation. In the case of grief, according to Walter, society is threatened by intense expressions of emotions, and works at regulating the emotions of the individual. Walter coins the term *grief police* when discussing this social pressure to grieve in a specific manner.

Research has also found (Zinner, 2000) that while bereaved parents in general are often socially marginalized in their grief, this is especially true of grieving fathers, who are often faced with the social expectation to be stoic and inexpressive about their grief experience. To go against this expectation of stoicism can result in social condemnation, both from other individuals and from a society that does not want to recognize men's emotional pain (Plant et al., 2000).

This social expectation to remain stoic and reticent about one's grief experience can clearly be seen in the bereaved fathers' experience with what several fathers refer to as the "macho man code." Many of the bereaved fathers referred to the pressure they must face to "suck it up" and "bury it down." As one father explained, they have to act like "soulless machines" and act as though nothing happened.

6.4 The ethical conflicts of bereaved fathers

Returning to Ricoeur's ethical framework and the theme of gender socialization and masculine gender role, it becomes clear that there are ways in which the input and influence of one's community often detrimentally influences the individual's ethical aim. Psychologists have found that there is often intense pressure for men to act in a certain prescribed manner, including being stoic, emotionally inexpressive, and avoiding help-seeking behavior (Good, 1998; Levant, 1998). Going against this norm can have social consequences for these men, including social condemnation and alienation (Good, 1998).

This negative influence is particularly evident in the experience of bereaved fathers. Cook's (1988) study found that bereaved fathers often felt pressure both externally and internally to act as the foundation of emotional strength for their families. Cook offers good examples of this behavior, including men postponing their grief, not expressing their emotions to others, and not asking for emotional help. This grieving pattern, known as an instrumental pattern of grief (Martin and Doka, 2001), is typical of most bereaved fathers and can also be characterized by increased time alone, a more intellectual, rational view of their grief, a reluctance to discuss their feelings, and increased time spent in problem-solving activities (Martin and Doka, 2001). This is contrasted by the intuitive pattern of maternal grief, which is characterized by more outward expressions of emotion, including the inability to concentrate, the desire to discuss their grief at length, and the need to cry. The stoic, instrumental type of behavior undertaken by most bereaved fathers, though totally legitimate, might go against the other components of the ethical aim, namely the need that some fathers feel to express their pain and to grieve openly.

6.4.2 Conflict between the social expectation and the fathers' need to adjust in his own way

While the pressure to act in a prescribed masculine/fatherly manner serves a purpose, such as taking care of practical aspects that need attention after the death of a child (arranging of the funeral and notifying friends and relatives, for example), this pressure can also have negative consequences, specifically in terms of Ricoeur's first component of the ethical aim: aiming at the good life. If we

accept the moral philosophical premise that the goal of life is happiness, then any roadblock towards this goal must be a limitation towards one's ethical aim.

Overall mental health and well-being are essential components to any positive life. Likewise, proper adjustment to the loss of a child is essential to the future life of bereaved fathers. By being socially expected to act in a typically masculine manner, these fathers may feel pressure to go back to work prematurely, and be reluctant or feel it is inappropriate to ask for help when they need it. When we consider the intense level of gender socialization discussed earlier in this chapter, these social expectations may be internalized by the individual to the point of being undifferentiated, where the fathers cannot tell the difference between social expectation and their own aim at the good life. Despite his emotions, a father might feel that it is weak to ask for help, not go back to work, or that these actions would undermine his perceived role of provider/supporter.

The conflict between the social expectation of a bereaved father to remain stoic and inexpressive and the father's need to express his pain and discuss his grief experience was clearly seen in this empirical study. All of the fathers interviewed recognized that they faced a great deal of social pressure to act in a masculine manner and that this expectation played a role in their experiences. Several fathers expressed resentment against a culture that expects them to hide their suffering and discussed the need to openly challenge what several fathers refer to as the "macho man code." For several of the fathers, the need to express pain trumped society's desire for them to remain stoic and inexpressive about their experiences.

6.4.3 Conflict between social expectation and familial expectation

Stoicism and reluctance to discuss their grief and emotional pain are most commonly cited by parents as contributing factors to their marital difficulties after the loss of a child (Martin & Doka, 2001). Because intuitive griever (who are most often women) are outwardly mournful, it is generally easy to assess their emotional pain, whereas it is much more difficult to assess the suffering of instrumental griever (who are most often men) because their expressions of grief are less obvious. This situation can lead to several misunderstandings: people close to grieving fathers, including their spouses, may question whether bereaved fathers are actually in significant pain or whether they are processing the emotions they do have. Also, because they do not share the same pattern of intuitive grieving, husbands are often unable to provide the intimate emotional support that their wives expect, including sharing their feelings of pain, loss, and confusion. This, as already discussed, can have negative effects on a father's sense of self-esteem and self-identity.

6.4.4 Conflict between familial expectations and the father's need to adjust in his own way

It is not just Ricoeur's third component, the influence of one's historical community on the ethical aim, which can lead an individual ethically astray: one's family and close friends might place expectations on the individual that might also go against their ethical character. The most obvious example of this negative

influence of the second component of the ethical aim, for bereaved fathers, also surrounds issues of grief expression.

Bereavement research is clear that men tend to grieve differently than woman, with women being more expressive about their feelings (Walter, 1999). Bereaved mothers often expect bereaved fathers to mirror their grief expression. In terms of a rationale for this expectation, Simonds and Rothman (1992) discuss how women are increasingly separated from older women mentors and others who can offer them emotional support and as a result have become increasingly emotionally dependent on their husbands. As a result, when a child dies, a bereaved mother will rely heavily on her husband for support and to act in a manner that other bereaved women would. When fathers act in an intuitive grieving manner, their actions may negatively impact their adjustment to the loss of their child (Martin & Doka, 2001) and can be psychologically stressful if they are instrumental grievers (Levant, 2008). This expectation also holds the potential danger of these men feeling as though they have failed in being proper emotional supporters to their wives.

The negative influence of one's family can be clearly seen in this empirical study of bereaved fathers. Several fathers revealed that their wives wanted them to behave more like their mothers or their best friends than their husbands; they also explained that this kind of expectation can add to confusion regarding proper actions or behaviors they should adopt. As a result, these men often felt that they were not offering the level of emotional support that their wives expected or needed. The fathers also said that their wives wanted them to talk at great length about their child, their child's death, and their grief experience

and that this pressure can be a significant source of stress for these fathers because it goes against their need to emotionally detach. Thus, their wives' expectations, which are part of Ricoeur's second component, conflicted with what these fathers felt was needed to properly adjust to the loss of their child and their new reality, which is Ricoeur's first component.

6.4.5 Contradictions within the ethical aim for bereaved fathers

Because grieving fathers are in a state of emotional turmoil or crisis, as has already been discussed, the expectations of others play a significant role in their moral deliberation process. The expectations of others play a key role in which actions a bereaved father feels are appropriate and inappropriate. Often, the expectations of these different components are in conflict. A behavior can be seen as appropriate when viewed through the lens of one component, but can be seen as inappropriate when viewed through another component. For bereaved fathers, stoicism is seen as a virtue according to the first component, but emotional unexpressiveness in the second component can be seen as a fault. Likewise, the third component dictates that a man should remain stoic, inexpressive and not seek outside support in dealing with pain and loss, which may conflict with the individual's and his family's desire to focus on their health and well-being.

6.5 The loss of agency

With the confusion surrounding appropriate actions and behaviors that is inherent in the bereaved father's role, the lack of clear standards of excellence, and the conflicting expectations, a bereaved father can quickly lose his place and with it his sense of identity. Both philosophers and psychologists who have studied issues of identity have noted that the loss or weakening of one's identity

can in turn lead to the immobilization of agency (Flanagan, 1997; Wong 1988). This loss of agency, which is what Ricoeur would call the state of moral confusion, can greatly impede a father's adjustment to the loss of his child and the sensitivity that he needs to navigate subsequent moral challenges. This again, can be especially difficult for bereaved fathers who, as men and fathers, see their ability to respond to the needs of their families as a key component to their role and identity. What is more, the inability to live up to the expectations of others can have serious repercussions for the health and well-being of the individual. Disappointing others, and oneself, at a time of intense emotional crisis and moral confusion, can have serious repercussions for an individual's self-esteem and identity, which in turn can have negative consequences for the individual and their families. These consequences can best be seen in the unrepresentative actions and behavior undertaken by some bereaved fathers, which often can be seen as out of character.

6.6 Using Ricoeur to help understand bereaved fathers' experience

From the findings of this study, it is clear that these fathers' experiences fit Ricoeur's ethical framework: there was a clear disruption of the fathers' narratives, and the fathers revealed that the deaths of their children affected how they saw themselves, both within the larger cultural context and their roles within their families. There were also clear examples of how these fathers struggled over the question of which appropriate actions and behaviors to undertake, especially vis-à-vis the often conflicting familial and social expectations that were placed on them. It was also clear that these fathers had difficulty navigating the expectations

of others when those expectations conflicted with these fathers' own notions of the best actions and behaviors to undertake. Finally, it is evident from the findings that the existential crisis, the moral confusion and the inability to fulfill the expectations of others, both familial and social, can have consequences for bereaved fathers' sense of identity and self-esteem, which in turn can have consequences for the well-being of these men and their families.

6.7 Limitations of the study

This study has the limitations of any qualitative study: it provided an answer to the research question, but because it was conducted with only a small group of participants and because of the constructivist nature of the methodology, it did not, nor did it attempt to, describe the experience of all bereaved fathers. That being said, through the conceptually dense descriptions of the five bereaved fathers' experiences I believe that this information can be used by other bereaved fathers, family members, and health-care workers to help understand the uniqueness of bereaved fathers experience.

The second limitation involves the diverse ages and backgrounds of the participants, as well as the various ways in which their children died and the length of time that has elapsed. It could be argued that the diversity of ages, backgrounds, time elapsed and the different ways that the children died might skew the results to be more representative of each individual father, as opposed to the fathers as a group. Once again, because of the constructivist nature of this study, I have not attempted to definitively describe the experience of all bereaved fathers but to describe the experience of five fathers as they live it. Furthermore, it

can be argued that the diversity of the research sample was an attribute because it allowed the moral experience of bereaved fathers to be discussed from five very different viewpoints. Despite these varied viewpoints, I found many similarities within these fathers' experiences.

6.8 Limitations of the use of Ricoeur's ethical framework to understand the experience of bereaved fathers

While Ricoeur's framework does help to clarify many aspects of bereaved fathers' experiences that have otherwise gone overlooked, there are some limitations in the use of this framework. One of the strengths of Ricoeur's framework is that it is very broad and consequently, most aspects of bereaved fathers' experiences fall under the umbrella of Ricoeur's framework. While this is a strength in that it allows for a broad understanding of bereaved fathers' moral experience, it is also a weakness. There are many specific aspects of these bereaved fathers' moral experience that are overlooked when Ricoeur's ethical framework is used. For example, Ricoeur's framework highlights the challenges that the individual has in navigating others' expectations, but it overlooks the potential positives that can come by defying others' beliefs about how one should behave. Several fathers, for example, revealed that by openly challenging what they believed were others' unjust or distorted expectations, they creatively channeled their energies and facilitated their grief process. As one father explains:

Seeing as how I was perfectly willing to express my feelings really helped me through. Actually one of the other guys in the [support] group told me how much I had helped him because I was not at all willing to let my grief get buried. He saw that he didn't have to either. It is really about standing up and owning it. It has to be dealt with.

While Ricoeur's framework explains how the expectations of others and the need to respond to one's family play a role in the ethical aim, it does not discuss, nor leave room to discuss, the support that the individual receives from his/her family or loved ones. For the fathers in this study, a great deal of support came from knowing that there were people who loved and supported them in their grief. As one father put it,

I have five friends who were the best thing that I ever could have asked for. There is [one friend] who I grew up with; [Another friend] who I knew from [work] is in [Canadian City], my buddy [friend's name] and my ex-boss [name] If you ever needed them at a drop of a hat they were there. Like [first friend] he heard and was out from [out West] in two days, stayed a week. I never even needed to ask.

Despite these limitations, Ricoeur's ethical framework sheds light on the elusive and unique moral experience of bereaved fathers. In so doing, this study offers a considerable contribution to the study of bereavement and the study of bereaved fathers specifically.

6.9 Contributions

This study offers several different contributions to the field of bereavement studies and bereavement care. First, several of the fathers in the study stated that there was a lack of information about bereaved fathers' experiences and that they sincerely wished that they could have a "heads up about what was coming." By highlighting the existential trouble that follows the death of a child, by outlining both familial and social expectations that are placed on these fathers and by describing how these expectations can conflict with these

fathers' individual grieving styles, this study has, in part, filled the gap of information about their experiences.

Second, the bereaved fathers in this study, and in others (see Cook, 1988), are often seen by their spouses or partners as being emotionally inexpressive and withdrawn about their experiences with grief. By examining the expectations placed on these men, by describing how these expectations interact in the bereaved fathers' process of moral deliberation and by highlighting the unique difficulties of the bereaved father role, this study can offer the spouses and partners of these men further insight into the nature of these fathers' experiences.

Finally, by focusing on the experience of bereavement as fathers describe it, this study has avoided the common tendency of comparing fathers' grief to that of mothers. This study shows how the experience of bereaved fathers is unique, in that it is shaped by their emotional makeup, the expectations of those around them, prevailing models of masculinity, and their internalized standards of proper moral behavior. As such, this study contributes to building both a theoretical and clinical evidence base for study of bereaved fathers and it provides an important contribution to the interdisciplinary world of bereavement research. I intend to publish the findings of this study in professional health care journals. Hopefully this information will be used by health professionals working with bereaved individuals to create programs more suited to bereaved fathers' needs.

Chapter 7: *Conclusion*

Research has found that the repercussions of losing a child can be numerous, and can include financial difficulties, marriage troubles, and existential difficulties and can lead to negative health outcomes. Despite the studies that have found high rates of negative health behaviors and outcomes in bereaved fathers, to date the research on parental bereavement has largely focused on bereaved mothers; researchers have found that bereaved fathers are largely studied through the lens of bereaved mothers. As a result, the experience of these men is often overlooked or misrepresented, hence the name of this thesis “Oh Father Where Art Thou?” seemed appropriate.

Though there have been studies that have examined the experience of bereaved fathers, few studies have examined what could be considered these fathers’ moral experience: what these fathers consider morally significant: i.e., aspects of their experience that give rise to sentiments of right or wrong, good or bad, remorse, guilt, pride, being a good or bad parent, husband, griever, Cook’s research (1988) found that there are expectations are placed on bereaved fathers by their families, and described the difficulty that these fathers had navigating these expectations.

Following Cook’s findings, this study hypothesized that the ethical framework of the moral philosopher Paul Ricoeur would be useful in helping to understand the lived experience of these fathers. Ricoeur’s ethical framework examines how the expectations of others, both one’s family and one’s community, influence the individual’s ethical aim: what actions or behaviors an individual feels are appropriate or inappropriate in any given situation. How an individual judges their actions and behaviors can also have consequences for their sense of

identity and sense of self esteem, especially in the aftermath of a traumatic life event, what Ricoeur calls narrative disruption, such as the death of a child.

This study of five bereaved fathers lived experience that was outlined in this thesis uncovered seven major themes in the bereaved fathers moral experience: a) the fathers described a questioning of the moral order, specifically the moral order of life and death; b) the fathers' discussed the need to emotionally detach from their situations in order to grieve in a manner that they felt was appropriate for their well-being; c) the difficulty that these men had with fulfilling their wives desire to talk at length about their experience; d) the fathers' feelings of inability to help their family members who were in pain; e) the difficulty that these men had with the macho man code; f) the difficulty that these fathers had with their grief being unrecognized; Finally, g) these fathers' need to remember, recognize and commemorate their child's lives.

By applying Ricoeur's framework to findings of the empirical study, it was found that Ricoeur's framework offers a great deal of insight into the experience and behaviors of these men, which have been overlooked in the past. These insights include the difficulty that these fathers have in not being able to offer what they see as adequate support to their wives, the struggle that they have with feeling helpless in the face of their families' suffering, the difficulty they have in living up to the expectations that society places on them. Finally, Ricoeur's framework helps elucidate these feelings of helplessness and difficulty and failure affect the bereaved fathers' sense of self and self-esteem. In so doing, Ricoeur's framework offers some insight into some of the negative consequences

- such as depression, increased alcohol/drug consumption, and suicidal ideation - that many of these fathers experience after the death of their child.

7.1) Future Directions

To date, research on parental bereavement has largely focused on bereaved mothers and has largely overlooked the experiences bereaved fathers. This study has shown how bereaved fathers' experiences are shaped by the expectations of those around them and their own internalized standards of proper behavior to create a unique and complex reality that can be difficult for outsiders, including family members and researchers to access. There is still a great deal that is unknown about these fathers' experiences with losing their children. Hopefully future research will continue to focus on this population to more fully recognize the uniqueness and complexity of bereaved fathers' situations. In so doing, bereaved fathers can be given a greater voice within research examining bereaved parents experiences.

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