

Institute for Clinical Social Work

THE MEANING OF HER CHILD'S DEATH:  
A MOTHER'S EXPERIENCE OF GRIEF

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BY

VICKI GRUNNET-ALDEN  
Committee Chair: Neil Vincent, Ph.D.

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## ABSTRACT

A young adult child's sudden death is traumatic and significantly life changing for the mother. She no longer perceives herself, her world, or the others in that world in the same way she did before the death. She knows she is no longer who she was and questions who she will become, or if she will become anyone. This study searches for the essence, the meaning, of this lived experience. Each woman interviewed told her story from the moment of knowing about the death until the time of the interview. The researcher's experience of the loss of her young adult son was bracketed during the interviews and reintroduced into the research results. The methodology utilized is existential phenomenology that searches for the essence of a phenomenon through the four pre-determined subjective lived-world categories of lived-space, lived-body, lived-time, and lived-other. The results indicate that each woman in the study experienced severe trauma leading to an unpredictable lived-world and a loss of self regulation. Grief becomes a way of life. Closure never occurs. A feminist perspective of the phenomenon is included to explore if the patriarchal societal beliefs about grief fit the woman's experience and her needs. The conclusion is that the woman who has lost a young adult child knows how she must grieve, but the patriarchal societal view expects her to grieve in a different and unsatisfactory manner.

For Todd

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## CHAPTER I

### Introduction

#### *Reason for the Study*

The death of a family member can be a difficult experience. According to Parkes (1996, 2001) the death of any significant other causes the loss of a whole set of assumptions about the world that involved the other person. Long held habits of thought have to be reviewed and modified in the process of making sense about what has happened. The survivor needs to explain the event, to classify it in life's experiences, and to somehow make it fit into the expectations of the world. Unexpected, sudden death increases the difficulty in accomplishing the tasks of explaining, classifying, and making it fit because the survivor has no time to prepare for the loss.

When the death is that of one's child, the experience is usually extremely difficult. The grief is intense and the process is long and painful. Shapiro (1994) concludes that in our technologically advanced society we believe that all enemies can be defeated, even death. If we can't totally defeat death at least we can agree that parents are not supposed to outlive their children. The off-time death of a child dying before a parent is not the normal, natural order of events.



For the parent that experiences the death of a child there are overwhelming feelings of isolation, confusion, and anxiety. There are no ways of explaining the loss of a child. There is no existing classification of life events in which to include it. The experience leads to a massive breakdown in expectation of the world. When a parent loses a child, according to Mehren (1997) who lost a child herself, all your inner clocks are reset. Before and after in your life are forever changed to before your child died and after your child died. Pill and Zabin (1997) conclude that each parent must find a personal way through the grief that may persist for lengthy periods of time.

While many scholarly works have been written on the experience of loss and death, on the stages of grief, and on the grieving process in general, there is little on the experience of women who have lost children. Most writing on the subject is personal accounts by women who share their own experiences of the trauma of losing a child. These self-help works often include how-to information on surviving the experience. (Finkbeiner, 1996; Mehren, 1997; Webster-Blank, 1998)

### *Issues of Personal Context*

Selection of a topic for research is often influenced by the researcher's personal or professional experience. (Strauss & Corbin, 1998) In June of 1988 this researcher experienced the death of her twenty-one year old son as the result of a motorcycle accident. The process of working through the feelings of isolation, confusion, and anxiety was a long and difficult one. Regaining the ability to trust that the world did indeed have order that could be depended upon was one of the most difficult tasks. Throughout the experience of struggling to cope with the loss, there were questions about how normal my

individual experience was. Do other women who lose a young adult child have the same or similar feelings? Do they experience overwhelming feelings of disorder in the world? Do they sometimes believe there is no way to get through this devastating experience? Do they struggle to figure out ways to cope or lose any chance of successfully living life?

The research study asked the following questions: What is the lived experience of the sudden death of a young adult child like? What is the meaning and significance of this experience to the women whose young adult children have died suddenly? Personal interviews with these mothers that determine the meaning of this traumatic loss were the focus of the study. A feminist perspective was utilized, as emphasized by Ramazanoglu and Holland (2002), to make sense of gendered lives and experiences of these women as they attempt to cope with and make meaning of their traumatic loss.

## CHAPTER II

### Review of the Literature

The literature review is divided into four sections. Each section defines the topic reviewed, explores its history, and reviews the theories and opinions of several pertinent researchers and authors. The first section includes literature on phenomenology methodology. The second section is devoted to literature on feminist theory. The third and fourth sections review the topics of trauma and loss, grief and mourning respectively.

#### *Phenomenology Methodology*

Van Manen (1990) writes, “human science aims at explicating the meaning of human phenomena and at understanding the lived structures of meaning” (p. 4). Human science explores the fundamental nature of being human. It searches for interpretative descriptions that provide fullness and completeness of detail. Human science inquiry is often qualitative. Creswell (1998) defines qualitative inquiry as:

an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting. (p. 15)

Stewart & Mickunas (1990) discuss phenomenology as a methodology for human science research that includes a broad range of inquiry. It makes no assumption about

what is real and what is not real but begins with the content of consciousness as valid data for investigation. The process involves, “reasoned inquiry which discovers the inherent essence of appearances” (p. 3). Phenomenology is a qualitative methodology because consciousness is not an object in nature and, therefore, cannot be adequately dealt with through quantitative research methods.

Phenomenology searches for what it means to be human through systematic, self-critical, and inter-subjective study of lived experience. Phenomenology is retrospective and gathers data through reflection on an experience that has already been lived. It asks the question: What is this kind of experience like? The aim is to gain a deeper understanding of the nature of an everyday experience and determine what makes the experience what it is. It seeks the universal essence of a phenomenon. The essence is a description of a phenomenon through which a lived experience is revealed in a way that one can comprehend the nature and significance of an experience in a previously unseen way. (Creswell, 1998; Stewart & Mackinaws, 1990; Cohen, Kahn, & Steeves, 2000; Gubruin & Holsteine, 2000)

Phenomenology is defined as a philosophy and a theory of the unique, the roots of which are found in mathematician Edmund Husserl’s philosophical perspective. His phenomenological reduction involved narrowing attention to what was essential in a problem. He disregarded or ignored the superfluous and the accidental. Most important to be ignored was the researcher’s feeling and prejudice about the world and especially about the phenomenon under study. This, Husserl argued, allowed for discovery of the rational principles necessary for understanding the phenomenon. (Stewart & Macinaws, 1990; Creswell, 1998; Cohen, Kahn, Steeves, 2000) This methodology studies specific

life experiences but not from the factual status of the event, rather it is a systematic attempt to uncover and describe the internal meaning structures of lived experiences.

Van Manen (1990) suggests, “Phenomenology makes some aspect of our lived world, our lived experience, reflectively understandable and intelligible” (p. 125).

Van Manen (1990) defines lived experience as the most basic form of, “immediate, pre-reflective consciousness of life: a reflective or self-given awareness which is, as awareness, unaware of itself” (p. 35). Lived experience is not immediately grasped but is always reflected upon as a past experience. Dilthey (1985) adds:

A lived experience does not confront me as something perceived or represented; it is not given to me, but the reality of lived experience is there-for-me because I have a reflexive awareness of it, because I possess it immediately as belonging to me in some sense. Only in thought does it become objective. (p. 223)

Human experience is only possible because we have language through which we are able to recall and reflect. Phenomenology’s process of arriving at the essence or universal meaning of an experience is made possible through language which allows us to acquire understanding about real life world experiences. Van Manen (1990) states, “The phenomenological method consists of the ability, or rather the art of being sensitive to the way language speaks when it allows the things themselves to speak” (p. 111). Schwandt (2000) writes that, “Human action is meaningful by virtue of the system of meaning (in Wittgenstein’s terms, the ‘language game’) to which it belongs” (p. 192-193).

Themes provide control and order to the phenomenological process while facilitating the seeing of a meaning freely. Van Manen (1990) provides the following regarding themes:

In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is. (p. 10) . . . Phenomenological themes are not objects or generalizations; metaphorically speaking they are more like knots in the webs of our experience around which certain lived experiences are spun and thus lived through as meaningful wholes. Themes are the stars that make up the universe of meaning we live through. (p. 90)

Phenomenological study develops themes after the informants in the study have provided data to be used in a specific study. Existential phenomenology, first theorized by Husserl, was an exception in that it provided the themes to be used to make meaning out of lived experience. Husserl's existential phenomenology put the emphasis on the existing individual, giving consideration to man in his lived situation. Included in this lived situation was culture, history, relations with others, and, most importantly, the meaning each individual gave to her personal experience. Martin Heidegger, a student of Husserl, expanded existential phenomenology. He concluded that conscious experience determined the way one was in the world. He termed this as being-in-the-world. Human existence is always experienced in the world and being open to the world is how an individual finds oneself in the world. Existential phenomenology included four specific components or themes of inquiry.

The first Heidegger theme was *lived-space* or spaciality. The total of human actions including individual thoughts, moods, efforts, and emotions defined the context in which one situated himself. In turn, the world defined and set limits to human action. The second theme was *lived-body* or corporality. One's body is the basic method of being "I" in the world. Consciousness is always embodied consciousness with body and consciousness maintaining an intimate connection. The third theme was *lived-time* or

temporality that is not real time but is subjective time. Lived-time appears to speed up when one is happy and slow down when one is sad. Van Manen (1990) states:

The temporal dimensions of past, present, and future constitute a person's temporal landscape.... Through hopes and expectations we have a perspective on life to come, or through desperation and lack of will to live we may have lost such perspective. (p. 104)

The fourth theme was *lived-other* or relationality/communality. Individuals are able to recognize their own humanity by recognizing the humanity of others. Van Manen defines lived-other as, "the lived relation we maintain with others in the interpersonal space that we share with them" (p. 104). He further states that, "In a larger existential sense human beings have searched in this experience of the other, the communal, the social sense of purpose in life, meaningfulness, grounds for living" (p. 105). The four themes are distinguishable from each other but can never be completely separated from each other. Their complex union form the being-in-the-world lived experience. (Stewart & Mackinaws, 1990; Van Manen, 1990; Gubruim & Holstein, 2000)

Phenomenology studies specific life experience to uncover and describe the internal meaning. In this study existential phenomenology was used to define what the experience was like through the verbal reflection of the women who experienced the sudden death of a young adult child. Phenomenology looked not for the real or the not real but for the individually defined experience of the participants that enabled the researcher to gain a deeper understanding of this specific lived experience.

Existential phenomenology, a specific form of phenomenology, was utilized because it looks at the being-in-the-world experience through the organizing themes of lived-space, lived-body, lived-time, and lived-other. A feminine perspective of the essence or meaning of the experience was developed through these themes.

### *Feminist Theory*

Feminist theory studies and attempts to understand how gender impacts people's lives. Flax (1990) concludes, "a fundamental goal of feminist theory is to analyze gender: how gender is constituted and experienced and how we think about it – or – equally important – do not think about it" (p. 20). Flax adds that the, "single most important advance in and result of feminist theories is that the existence of gender has been problematized [by feminists who] recover and explore aspects of society that have been suppressed, unarticulated, or denied within male dominated view points" (p. 21). Flax further contends that feminist theories introduce the concept of gender system to, "focus attention on aspects of gender including the social construction of gender and how gender becomes an independent and determining factor in the organization of society" (p. 23).

Jack (1991) proposes that early, as well as some recent, psychological theorists exert negative effects on women. Jack observes that, "early psychoanalytical writers asserted that women are innately weak, dependent, masochistic, passive, and limited in their capacity for independent thought" (p. 87). The ongoing effect of male defined psychological theories has been to, "reconcile women to their subordinate role by presenting it as an unalterable one, but also to plant the belief that it represents a fulfillment that they crave" (p. 88). Viewed from an ego psychology perspective, women exhibit low self-esteem and feelings of hopelessness because the, "gap between the self one would like to be (the ego ideal) and the self one is (the actual self)" (p. 93).

Miller (1997) points out that male-developed psychological theories stress separation-individuation while the feminist theories developed by Stone Center theorists, as well as many other feminist theorists, stress a more appropriate self-in-relation



perspective. Chodorow (1978) discusses self-in-relation from a negative perspective. The author outlines a theory of mothering based on psychological dynamics that are central to women's ongoing acceptance of and reproduction of social patterns that stress their inferiority and define their lives. Women's role in society is 'relational' with mothering as the central position. Unfortunately, according to Jack (1991) relationships in a patriarchal society are functional but not central to identity and, therefore, "the loss of a particular relationship should not strike the individual to the core" (p. 9).

Jack (1991) argues that women experience themselves as less separate than men and have a strong basis, "for experiencing another's needs or feelings as their own" (p. 5). Jack concludes that, "for women, positive connections are essential for a sense of well-being and for continued healthy development. Self-esteem is tied to the quality of attachments; feelings of guilt, shame, and depression are associated with failure of relationship ties" (p. 13). "Women have to have a positive effect on others in order to fulfill their own true nature" (p. 86).

Included in feminist theories is how one makes sense of experiences and how power influences the meaning given to specific experiences. These theories consider existing knowledge as male determined and, therefore, challenge current understanding of gendered lived-world experience. Since its inception feminist inquiry has moved from reactionary to structured study that is increasingly complex inquiry exploring what feminist knowledge could look like. The dominant theme of feminist research has become the question of knowledge that focuses on where and how knowledge is obtained, who obtains it, for whom it is obtained, and for what purpose.

There is diversity in what feminists study, how it is studied, and how it impacts women and society as a whole. (Lather, 1991; Jack, 1991; Sands & Nuccio, 1992; Saulner, 1996; Hawkesworth, 1997; McNay, 1992, 1999; Zeddies, 2002; Ramazanoglu & Holland, 2002) Olsen (2000) explains:

Extensive feminist work in many disciplines ranges from assessment of women's lives and experiences that foreground the subject to analysis of relationships through investigation of social movements and large-scale issues of policy and organization. (p. 216)

Ramazanoglu & Holland (2002) establish the following criteria for feminism and feminist theory:

first, that a category of women (female persons, clearly differentiated from male persons) exists; second, that women do have some common conditions of gendered existence, despite the social and cultural divisions between them and despite interests that women can share with men; and, third, that these are universal criteria of justice/injustice. (p.6)

A feminist perspective into lived-world experience explores how knowledge is produced and authorized. It questions what is said to be truth and this truth's relationship to power and the development of knowledge in patriarchal society. It looks at the position of women in relation to men and at male domination and provides alternative theory, language, and politics for making sense of gendered lives. (Flax, 1990; Jack, 1991; Sands & Nuccio, 1992; Benjamin, 1997; McNay, 1992, 1997)

Ramazanoglu & Holland (2002) conclude that, "what knowledge is, who knows what, and what constitutes adequate social investigation start, not from scratch, but from particular ways of thinking about producing knowledge and claiming truth" (p.23). A feminist perspective considers existing knowledge as masculine and, therefore, challenges the understanding of gendered lived-world experience. These authors further state that, "In general, feminists were critical of ways of producing supposedly

scientific knowledge on social life that claimed to be politically neutral, or gender neutral, while in practice promoting, reproducing, or ignoring men's appropriation of science and reason" (p.15).

Further:

Feminists have struggled to expose scientific knowledge as knowledge produced by particular male selves in particular social locations. Unmasking the subject of humanism reveals the imperial, western male masquerading as humanity, and transforms the rational male into an emotional patriarch defending his illegitimate privileges. (p. 37)

Feminists also contend that the western patriarchal defined lived-world regards all who are not male as the 'other' that is not as 'human' as the male self is.

Ramazanoglu & Holland (2002) conclude:

In order to deny this common humanity to those inferior to the knowing self . . . humanity's 'other' can be defined as not fully, or not yet, human – hence, feminine, immature, savage, flawed, or deviant. This version of humanism therefore simultaneously denies 'difference' (because there is universal humanity) while allowing the powerful to justify social and political inequalities as natural. (p.34)

In addition:

The binary thinking that characterizes western attributes of superiority and inferiority both differentiates between the 'self' (the same) and its 'other' (the different) and actively constitutes a social relationship privileging the 'same' who has the power to name, subordinate, exclude or silence the 'other'. 'Otherness' came into western feminism as a way of seeing how 'woman'/'feminine' has been socially constituted as what 'man/'masculine' (the norm, humanity) is not. (pp. 107-108)

Olsen (2000) provides a chronology of theorists who have developed and expanded the ideas of feminist inquiry. Among them are Dorothy Smith, Patricia Hill Collins, and Sandra Harding. Each has her own perspective on finding the connection between theory, women's experience, and knowledge about gendered realities. Though each of the theorists has her own theoretical stance, two of their transitional theories labeled as

epistemologies stand out as important for current inquiry and the development of future theory. These two, standpoint theory and postmodern theory, can be considered epistemologies because each studies the nature of knowledge and its justification. Feminist standpoint is a theoretical stance that focuses on what women have in common in western cultures. It suggests that women speaking their truths result in a new perspective on gendered lived experience grounded in women's discourse regarding their reality and experience.

The notion of standpoint is a way of taking women's experience as fundamental to knowledge of political relations between women and men (of which people may or not be aware). Taking a standpoint means being able to produce the best current understanding of how knowledge of gender is interrelated with women's experience and the realities of gender . . . Women experience life differently from men . . . The notion of standpoint assumes that there are specific locations (being a woman or a man) grounded in material conditions (different actual experiences of living as a woman or a man) from which all real relations of power (male domination) can be best conceptualized. (Ramazanoglu & Holland, 2002, pp. 60-61 & 69)

Feminist standpoint theory does not assume that any knowledge is innately essential or that all women have the same experience or the same knowledge. It does assume that all knowledge is relational and derived from the interaction of people with each other. Olsen (2000) writes that, "standpoints are cognitive-emotional-political achievements, each crafted out of social-historical-bodily experiences" (p. 222).

Another feminist theory is based in postmodern thought, heavily influenced by the poststructuralist writings of Foucault, Lacan, and other French theorists and philosophers. (Miller, 1997; Flax, 1990; Sands & Nuccio, 1992; Chodorow, 1978, 1995, 1999; Hawkesworth, 1997; Zeddies, 2002)

Ramazanoglu & Holland (2003) observe:

While standpoint feminists shake the foundations of male-centered western knowledge, postmodern thought takes these foundations apart to show what is taken

for granted in their constituent elements and processes (rationality, the knowing subject, scientific method, truth, reality) and how knowledge is produced and made powerful. These deconstructions uncouple knowledge, power and reality in order to examine how various connections between them have been produced and with what effects. (p. 86)

Postmodernism dismisses western society's definition of gender identity as too fixed and too static.

A postmodern approach need not demand that identities such as woman/man . . . have to be abandoned, but does insist that, like knowing the self, they should be interrogated. Interrogation means that their histories should be questioned, their constitution and crossing of their boundaries examined, and their multiplicities enabled, in order to show what makes some identities powerful in relationship to others, and how this power is exercised. Postmodernism tells stories but doesn't discover 'the truth'. (Ramazanoglu & Holland, 2002, pp. 92-93)

Olsen (2000) adds:

Postmodern feminist thought regards the 'truth' as a destructive illusion. Their view of the world is of a series of stories or texts that sustain the integration of power and oppression and actually constitute us as subjects in a determinant order. (p. 225)

Flax (1990) concludes that the deconstructionism of postmodern theory, "seeks to distance us from and make us skeptical about the ideas concerning truth, knowledge, power, history, and self that are often taken for granted within and serve as legitimations for contemporary western culture" (p. 29). Sands & Nuccio (1992) add that postmodernism, "insists on eradicating false distinctions and artificial separations" (p. 489). McNay (1999) argues that postmodernism with its deconstructionism emphasizes the contradictory and disperses the nature of subjectivity at the expense of the question of the coherence of self.

Although Foucault is usually included as a postmodern theorist (McNay, 1992; Sands & Nuccio, 1992; Chodorow, 1995; Benjamin, 1997), he is more appropriately classified as a poststructuralist along with Lacan and several other French theorists and

philosophers. Foucault agrees with many postmodern ideas, but he sees value in concepts such as autonomy, domination, and self-determination that are generally rejected by postmodern theorists as fixed core or essence. According to McNay (1992) Foucault believed, “the production of knowledge is always bound up with historically specific regimes of power and, therefore, every society produces its own truths which have a normalizing and regulatory function” (p. 25). Sands & Nuccio (1992) also point out:

Poststructuralists look at meaning in relation to the particular social, political, and historical contexts in which language is spoken or written. They view discourse (bodies of language or ‘texts’) and ‘readers’ as situated, rather than neutral. They do not search for or advocate universal truths. [Poststructuralists] move away from logocentrism that relies on binary categories (polar opposites) for the production of knowledge. (p. 490)

Foucault doesn’t address the problems of gender, power, and knowledge expressed in feminism. Rather he focuses on why knowledge is disputed. He speculates that knowledge is based on discourse that looks not for truth or non-truth but how each discourse operates, its history and effects as well as the interrelatedness of different discourses. As is true of postmodern thought, Foucault does not attempt to discover reality. He only seeks to find the nature of knowledge through discourse constructs produced in language and authorized in society’s practices. He stresses that discourse is descriptive of the world and its subjects. Foucault looks at the what and the how of discourse. (McNay, 1992; Gubrium & Holstein, 2000) Ramazanoglu & Holland (2002) write:

Foucault’s theory, for example, does not deny that men are privileged by hidden relations of power, and that these are hard to discover, but he does not enable a researcher to establish why power becomes institutionalized in some ways rather than others, why some ‘truths’ become discursively constituted as authoritative and powerful while others do not, or how to challenge male power effectively. (p. 101)

Postmodern/poststructuralist thought helps to describe and offer understanding of feminist thought, but it does not truly offer the means for transcending some of feminism theory's basic limits. (Chodorow, 1995; Gubrium & Holstein, 2002)

Underlying all feminist theories is the concept of gender identity that Benjamin (1997) maintains must be given a broader definition than non-feminist theorists provide.

In an attempt to clarify how gender identity is defined, Benjamin explains:

Once assumptions about the ultimate necessity of gender polarity and heterosexuality are questioned, we can formulate a postoeidial position that integrates preoeidial overinclusive identifications and transcends concrete complementarity. From this position, respect for difference and symbolic play with gender emerge through a modification of the tendency to gender dimorphism by that of polymorphism. (p. 27)

Chodorow (1995) points out:

Contemporary feminism has been rightfully wary of universalizing claims about gender and of accounts that seem to reduce gender to a single defining or characterizing feature. Each person's gender identity or gendered subjectivity is an extricable fusion or melding of personally created (emotional and through unconscious fantasy) and cultural meaning. Each individual [continues to] create new meanings in terms of their own unique biographies and histories of intrapsychic strategies and practices. (pp. 516-517)

Chodorow (1999) theorizes two categories of gender identity. The first is objective gender that is, "observed differences in features of psychic or mental life that tend to differentiate or characterize the sexes" (p. 104). This category defines the cultural commonalities, generalizations, and universal meaning of gender identity. The second category is subjective gender that is the, "personal construction of femininity and masculinity – consciously and unconsciously linked to the sense of self as gendered" (p. 104). This category is each person's individual meaning of uniqueness.

By rethinking definitions of gender categories it is possible to move from a subject-object position to a subject-subject position in which the patriarchal binary perspective is abolished. Benjamin (1997) argues that in postmodern/poststructuralist feminist thought:

We find not only rejection of biological, transhistorical foundations of gender and sexuality, foundations that have been used to legitimate masculine power claimed. We also find objection to the idea of genderidentity as a coherent, seamless, reified entity – even when it takes the form of a feminist appeal to naturalize feminine identity or a specific feminine difference: a different voice (Gilligan, 1982), a woman’s way of knowing (Belenky, 1986), or woman’s relational self (Jordan, 1992).

For any such fixing of feminine identity would serve to reaffirm women’s location within the terms of binary opposition man-woman and so reinstall hierarchical gender categories as if they were simply pregiven, created in nature. (pp. 28-29)

McNay (1992) points out that Foucault theorizes that individuals shape their gender identity. Foucault concedes, however, that individuals exercise only a degree of choice in which to form gender identity and the process has always been conditioned and determined through a socio-cultural context. The individual is prohibited from exhibiting an authentic and natural self. Though male domination has historically been present in defining the western socio-cultural context, “in the nineteenth century, the female body was controlled through a process of hysterization. By presenting the female as . . . inherently pathological, a certain knowledge was established” (p. 31). Otherness and instability became feminized and rationality became masculinized.

Chodorow (1995) argues that women develop gender identity by meaning making that is acquired from feelings and fantasies about both parents and the relationship one has with each parent. Van Maren (1990) adds that meaning making takes on specific significance to women in modern western cultures. “To understand what it means to be a woman in our present age is also to understand the pressure of the meaning structures that



have come to restrict, widen, and question the nature of womanhood” (p. 12). Bruner (1990) defines meaning making to include making sense of the world and of the self. Culture is the world to which one must adapt as well as the tools for doing so. Saari (1991) adds that, “meaning must always be related to the context of the moment, and since experience and the environment are constantly changing, meaning systems must be continually updated and actively maintained” (p. 86).

This study focuses on women’s experience of grieving the death of a child. Western culture defines relationship and grieving the loss of relationship from a patriarchal perspective. Non-feminist psychological theory stresses separation-individuation where relationships are functional but not central to identity. Grieving, therefore, is to be quickly compartmentized and quietly resolved. Feminist theory stresses self-in-relation where relationships are central to identity and where grieving, especially the death of a child, takes on primary significance in the life of the bereaved mother often for extended periods of time. No feminist theory of grief and mourning has been identified. This study provides groundwork for the development of such a theory.

### *Trauma and Loss*

Traumatic experiences are entirely different from other experiences. According to van der Kolk & McFarlane (1996), “Confrontation with trauma radically shakes the individual’s attitudes and beliefs” (p. 8), including the beliefs in the predictability, goodness, and meaningfulness of the world in which one lives. A core issue in traumatic loss, “is the inability to integrate the reality of [the experience], resulting in the repetitive replaying of the trauma in images, behaviors, feelings, psychological states, and

interpersonal relationships” (p. 7). Traumatic loss challenges one’s self-worth and disrupts one’s established self-narratives and sense of identity.

Weenolsen (1988) defines loss as:

anything that destroys some aspect, whether macroscopic or microscopic, of life and self. Loss is not change but change incorporates both loss and its overcoming. Because there is change in our lives from moment to moment, there is loss as well, although we often do not recognize the loss until it reaches a certain threshold of significance. Loss results in the death of one aspect of life and self and the consequent re-creation of other aspects. (pp. 19-20)

Bowlby (1980) concludes that the loss of a significant person in one’s life can be defined as a traumatic event. He points out that:

The loss of a loved one is one of the most painful experiences any human being can suffer. There is a tendency to underestimate how intensely distressing and disabling loss usually is and for how long the distress, and often the disablement, commonly lasts. Unfortunately despite enormously increased attention to the subject [of loss] during recent years, empirical data regarding how individuals of different ages respond to loss of different kinds and in different circumstances are still scarce. (pp. 7-8)

External losses such as the death of a loved one always involve an internal loss to the concept of self. Weenolsen (1988) points out that any loss of a significant person in one’s life, “involves the loss of illusion in that the relationship . . . did not endure as we felt it would” (p. 26). Each individual, however, reacts to loss in her own way and may react differently to a specific loss depending on its unique meaning and the individual’s ability to accept and incorporate that meaning into memory over time. A factor in determining one’s reaction to current trauma is previous trauma that increases one’s vulnerability to present and future stressors. (Klass & Marwit, 1988; Ackerman, 1997; Klass, 1998; Range & Niss, 1991; deVries, Lana, & Falck, 1994)

One’s character is central to how traumatic experiences are perceived and processed. Piers (1998) defines character as:

an individual's continuous, and consciously articulated form of functioning, mode of existence. Character is . . . a tension organizing and anxiety forestalling dynamic system that constitutes an individual's particular perspective, frame of reference, 'mode of existence'. Character designates the almost continuous features of the expressive activities of the individual and imposes form and organization on subjective experience. Its style is manifest in the distinct manner in which [one] perceives and thinks, experiences emotion, speaks, interacts, and remembers. Character greatly influences the contemporary and continued significance of past traumatic experiences. (p. 14-15)

Experiences of traumatic loss include negative emotions that result in a variety of biochemical, physiological, and behavioral changes. These changes are defined as stress. Stress is induced by the loss of personal control and the loss of expectation that the world is orderly and predictable. Shalev (1996) discusses stress theory, stating:

Early stress researchers have shown that excessive demands on the organism, whether somatic or psychological, produce a typical sequence of psychological responses involving sympathetic activation of the hypothalamic-pituitary-adrenal axis. These responses attempt to keep the effects of stressors on the organism within viable homeostatic boundaries. They 'buffer' the effect of external demands, so to speak, often defending vital functions (e.g. central temperature, supply of oxygen to the brain) at the expense of secondary functions (e.g. digestion, peripheral temperature). The core of stress theory, therefore, consists of a homeostatic model of self-conservation and resource allocation in response to adversity. (p. 92)

Shalev (1996) adds, "Studies have shown that adequate preparation for stressful events . . . protects individuals from the effects of stress. It reduces uncertainty, increases one's sense of control, and teaches automatic responses that are less likely eroded under stress" (p. 87). He concludes that coping responses after stressful events are mainly adaptive. These responses include a variety of cognitive and behavioral strategies that are already available to the individual. Later responses involve assimilation responses that, "change internal structures in response to the novelty [of the experience]" (p. 90). The author continues:

Impaired social functioning, decreased morale, and poor somatic health are typical forms of negative outcomes resulting from failure to cope with stress. Extreme stress produces a variety of long-term consequences such as depression, phobias, and pathological grief. (pp. 93-94)

McFarlane & Yehuda (1996) conclude:

the ability to cope after a traumatic loss is largely determined by the meaning people give to their experiences. According to this view, personal meaning is derived from the evaluation of how much one is harmed, threatened, or challenged by an experience, and by the evaluation of one's perceived options for mitigating the effects of the event. Thus, it is important to consider resilience and vulnerability in terms of both individuals' responses to the trauma and their ability to cope with their reactions. (pp. 175-176)

The development of modern psychological theories on trauma began in the nineteenth century. One of the earliest trauma theorists was Pierre Janet. He considered:

self-awareness to be the central issue in psychological health. He believed that an individual's being in touch with his or her own personal past, combined with having accurate perceptions of current situations, determines whether a person is able to respond appropriately to stress. Janet coined the word 'subconscious' to describe the collection of memories that form the mental schemes that guide a person's interaction with the environment. In his view, appropriate categorization and integration of past experience allow people to develop meaning schemes that prepare them to cope with subsequent challenges . . . when patients fail to integrate the traumatic experience into the totality of their personal awareness, they become 'attached' (Freud would later use the term 'fixated') to the trauma. (van der Kolk, Weisaeth, & van der Hart, 1996, pp. 52-53)

Wrenn (2003) points out:

Janet was the first to explore the relationship between dissociation and trauma. Janet concluded that it was not only the cognitive appraisal of the event but the emotional intensity, as determined by the event's meaning to the individual, which results in traumatic abreaction. (p. 127)

Freud followed Janet's notion of the subconscious, stating, "the subconscious contains affectively charged events encoded in an altered state of consciousness." He also theorized that, "something is traumatic because it is dissociated and remains outside conscious awareness. Freud concluded that one was, "unable to deal with the excitement

[of trauma] flooding the mental apparatus, resulting in mental paralysis and intense affect storms” (van derKolk, Weisaeth, & van der Hart, 1996, pp. 54-55).

Freud first studied trauma in his female patients experiencing hysteria. He developed the seduction theory to explain these patients’ stories of sexual abuse, speculating that memories of this suspected or imagined early abuse were repressed, causing traumatic symptoms in the form of hysteria. Freud viewed trauma in war veterans differently and labeled it as trauma neurosis. He argued that the element of surprise in battle was repressed resulting in traumatic symptoms for the individual. He added that wounds suffered by these men generally protected them from developing traumatic symptoms. (Stolorow & Atwood, 1992; Stalev, 1996; van der Kolk, Weiseath, & van der Hart, 1996; Wrenn, 2003)

In the early 1900’s Abram Kardiner, another trauma theorist, argued that trauma causes one to alter long held beliefs regarding the self in relation to the world. Bowlby (1980) added that when the trauma is an untimely and sudden loss, “it causes the world to become disordered” (p. 46). Off-time losses, such as the death of a young person, tend to be the most destructive to the survivors. Weenolsen (1988) suggests that, “one reason for the traumatic effect of off-time losses is that they compel us to question predictability [of our lives and the world around us]” (p. 23).

From its beginning in the 1800’s until the mid 1970’s the study of the trauma and its effects focused on white adult males, with the notable exception of Freud’s study of hysteria in women. It was not until 1974 that the research studies broadened to include issues of women and children. The issues of rape and family violence were the first two

trauma research topics that focused on women and children. (Bowlby, 1980; DeVries, 1996; Smart, 1994; van der Kolk, Weisaeth, & van der Hart, 1996; Piers, 1998)

Van der Kolk & McFarlane (1996) point out that, “most people who have been exposed to traumatic stressors are somehow able to go on with their lives”. However, immediately, “after exposure to a trauma most people become preoccupied with the event; having involuntary intrusive memories is a normal way of responding to dreadful experiences.” Each must develop her own defenses in an effort to cope, but, “despite the human capacity to survive and adapt, traumatic experiences can alter people’s psychological, biological, and social equilibrium to such a degree that the memory of one particular event comes to taint all other experiences” (pp. 4-5).

According to McFarlane & Yehuda (1996) traumas, “can become powerful sources of motivation for some individuals, indicating trauma can have positive effects” (p. 164). Trauma can, “lead to increased self respect. Many people go through a process of readdressing values and priorities” (p. 173). However, “For others, work becomes a method of distraction and of keeping the past at bay. Still others become crippled by the intrusiveness of the past and their inability to focus on the present” (p. 167). Personality and attitude play crucial roles in how one adapts to trauma as well as one’s ability to utilize available social supports after a traumatic experience.

Many other factors influence how one will react to trauma immediately after the experience and how well one will adapt over time. McFarlane & Yehuda (1996) conclude that how one reacts emotionally at the time of a trauma predicts the capacity to respond in an adaptive manner. Feeling distressed is normal during a traumatic experience, but one’s state of mind will strongly influence, “the way a memory of the trauma is laid down and

subsequently processed is . . . a critical determinant to long-term adaptation” (pp. 156-157). These authors add:

In the initial days after a traumatic event distressing and intrusive recollections of the traumatic experience are universal and indicate an ongoing process of normal reappraisal. In this process, various representations of the trauma are entertained, and an attempt is made to integrate these with existing psychological schemata. (p. 172)

McFarlane & Yehuda (1996) also point out:

Replaying of these memories allows the development of novel meaning constructs that are not part of the individual’s inner world. The ultimate meaning of the experience will be constructed from its impact on a variety of domains. These perceptions are influenced by previous life experiences, habitual coping skills, and general arousability. The ability to mobilize appropriate relationships and support is another crucial issue, as is the influence of family history, individual personality traits, other life events and traumas experienced. (p. 173)

According to van der Kolk (1996A):

Traumatized people tend to lose their capacity to utilize their feelings as guidelines for assessing the available information and taking appropriate action; instead, emotional arousal comes to precipitate fight or flight reactions. [The accompanying] lack or loss of self-regulation is possibly the most far-reaching effect of psychological trauma. (pp. 187-188)

The loss of self-regulation can, and often does, result in the loss of impulse control, rage, anger, and sadness that last well beyond the traumatic experience. This is likely to lead to self-blame, guilt, shame, and a profound lack of the capacity to trust other people and the world in general. It is not uncommon for traumatized adults to regress to previous childlike methods of coping with the stress. The regressed coping methods may be expressed through impulsive behaviors or excessive dependency and seriously impact the ability to make thoughtful and autonomous decisions. Though physical symptoms accompany traumatic experiences and can result in serious damage to one’s health, the impact of trauma on health has not been adequately addressed in research. In addition,

psychological and physical problems may appear or reappear as an individual ages. The likelihood of experiencing uncomplicated grief symptoms or guilt feelings later in life is significant. (Aarts & Op Den Velde, 1996; Solomon, Laor, & McFarlane, 1996; van der Kolk, 1996A & 1996B; van der Kolk & McFarlane, 1996; van der Kolk, van der Hart, & Marmar, 1996; Piers, 1998; Rosenblatt, 2000; Baugher, 2001; Wrenn, 2003)

Piers (1998) suggests that immediate trauma symptomology includes both hyper-arousal and emotional numbing. Over time, “a traumatic experience leaves its mark on the psyche in a different manner from other experiences” (p. 19). Wrenn (2003) expands on Piers ideas. She writes:

From infancy we begin to string environmental events together to form organizing units. These organizing units (event representations, schemata) act as filters in the assimilation of new experiences. (p. 123) We can only perceive something by recognizing it in terms of past perceptions or memories. Expectations, prior schemata, and the general cognitive and affective state of the individual have direct bearing on our perception of an event. We establish general event representations (GER) as part of the ‘underground process’ that organizes our experiences. The problem lies when an event (such as a trauma) does not fit well into as established cognitive context. (pp. 129-130)

The inability to fit a traumatic event into an individual’s schemata or GER impedes cognitive integration of the trauma. Wrenn argues that, “verbally transferring an experience to another person helps diffuse the shock of the event” (p. 128) and assists in fitting the trauma into appropriate schemata or GER.

Attachment bonds with others and access to social support are primary factors in fitting traumatic loss into schemata over time. Without others to share with, feelings of helplessness and meaninglessness prevail. Anxiety is produced when one is attempting to cope with trauma partly because the individual has no like experience to assist in making sense of what has happened. The ability to have others with whom to talk assists in



developing personal narratives that lead to making meaning of the traumatic loss.

(Bowlby, 1980; Weenolsen, 1988; van der Kolk, 1996A & 1996B; McFarlane & van der Kolk, 1996; Shalev, 1996; van der Kolk & McFarlane, 1996)

Regarding the importance of attachment bond with others research by van der Kolk, Weisaeth, & van der Hart (1996) beginning in 1980 indicates:

A large number of studies have shown that in both children and adults the security bond is the primary defense against trauma induced psychopathology. The capacity to regulate internal states and behavioral responses to external stress defines both one's core concept of oneself and one's attitude toward one's surroundings. (p. 64)

Other factors, including cultural norms and religious affiliation have an impact on individual's ability to cope with traumatic loss.

DeVries (1996) concludes:

Culture plays a key role in how individuals cope with potentially traumatizing experiences by providing the context in which social support and other positive and uplifting events can be experienced. The interactions between the individual and his or her environment/community play a significant role in determining whether a person is able to cope with a potentially traumatizing experience . . . (p. 400)

Faith in a higher power can provide stability for those facing traumatic loss.

McFarlane and van der Kolk (1996) point out:

Religion fulfills the critical function of providing a sense of purpose in the face of terrifying realities by placing suffering in a larger context and by affirming the commonality of suffering across generations, time, and space. Thus, religion can help people transcend their embeddedness in their individual suffering. (p. 25)

The death of a child is not only a traumatic loss to the mother of that child but the experience also has a greater traumatic impact because it is an off-time loss. This loss radically influences attitudes and beliefs. It is a specific external loss that triggers significant internal loss, negatively impacting the ability to psychologically integrate the trauma. The essence, or meaning, of the sudden death of a young adult child to the

mother of that child includes the impact of traumatic loss and the process of fitting the experience into an appropriate schemata.

### *Grief and Mourning*

Parkes (1996) writes, “We shall never be able to fully understand any piece of human behaviour, nor can we expect to identify major factors that are important to outcome in every case of [grief]” (p. 118). Rando (1984) defines grief as, “the process of psychological, social, and somatic reactions to the perception of loss...it is the normal reaction to loss” (pp. 15-16). Rando points out that, “Grief is the process that allows us to let go of that which was and be ready for that which is to come” (p. 17).

Freud (1913, 1917) provided the theoretical basis for the overall experience of grief and mourning. He stated that mourning is the reaction to the loss of a loved person. It involves a grave departure from the normal attitude toward life. Mourning includes intense feelings of pain and loss of interest in the outside world. The fear of permanently losing the loved person results in the lack of capacity to adopt any new love object. Freud concluded, “This inhibition and circumscription of the ego is the expression of an exclusive devotion to mourning which leaves nothing for other purposes or other interests” (1917, p. 244).

Reality testing indicates that the loved object no longer exists and all libidinal attachment to the object should be withdrawn. One does not willingly abandon a libidinal position. An intense struggle causes a temporary turning away from reality to develop. The task of accepting reality is slowly and painfully carried out over time and with great expense of cathectic energy. Only in time, when mourning is complete, does the ego once

again become free and uninhibited. (Freud, 1913 & 1917; Shapiro, 1996; Sacks, 1998; Baker, 2001)

Sacks (1998) points out:

Freud considered the actual loss of a person through death to have a 'natural course'. That is, grief was an expected emotion. The prevailing attitude toward mourning was to view it as a natural, time-limited event not to be clinically 'interfered with'. This mourning period was (and is) expected to be six months to one year. (p. 214)

Sacks concludes that Freud and other early theorists did not consider how serious grief is.

The author states, "as an event, bereavement produces a particular ego state . . . one might say the object loss in bereavement produces a special type of narcissistic disorder" (p. 215).

According to Parkes (1996) the work of grieving is the creative activity which Freud termed *grief work*, the process of coming to terms with the death of a loved person. Freud described that, "in grief work each memory that bound the survivor to the lost object must be brought up and 'hypercathected'. By this Freud meant that the 'energy' must be used to sever the link with the object and thereby set free the energy that is bound up with it" (pp. 76-77).

Melancholia, Freud added, is a pathological form of grief that does not run the usual course of grief. The libido remains attached to the lost object. "In this way an object-loss was transformed into an ego loss" (1917, p. 249). "The relation to the object is no simple one; it is complicated by the conflict due to ambivalence" (1917, p. 256). On the one side there is the desire to detach the libido from the lost object; on the other there is a strong desire to maintain the attachment. The conflict is maintained in self-torture and self-punishment. Eventually, Freud speculated, an individual will withdraw the libido from

the lost object in both normal grief and melancholia. Progress in melancholia will, however, be slower and more gradual. (Freud, 1917; Baker, 2001; Shapiro, 1996)

Bowlby (1980) points out that in traditional, “psychoanalytic writings emphasis has been placed on identification with the lost object as the main process involved in mourning” (p. 26). Bowlby adds that traditional theories on mourning focus on defensive processes as the major method of excluding unwelcome and unwanted information from overwhelming the mourner. He states that this early theory, though revised over time, remains at the foundation of grief theories. “Defensive processes are a regular constituent of mourning at every age and what characterizes pathology is not their occurrence but the form they take and especially the degree to which they are reversible” (p. 21). Bowlby further speculates that, “much psychiatric illness is an expression of pathological mourning” (p. 23).

Pollock (1971) takes a somewhat different view of mourning from the early theorists. He theorizes that the process of mourning with its many rituals, “is an adaptation to change and permits planning for the future” (p. 445). According to Pollock time is subjective and individually significant. The present, he states, is experienced through reality testing. The past is the present memory of a thing past, and the future is the present expectation of a future occurrence. Pollock adds that the anniversary reaction associated with mourning makes a time-bound event timeless. Since the unconscious has no knowledge of time, is unaffected by the process of time, and does not perceive time, the anniversary reaction is a time, date, event linked response that compresses the past experience into a present trauma.

Ritual associated with death, burial, mourning, and the anniversary reaction has evolved to handle the anxiety of loss and helps regain the continuity of life. These rituals are the basis for working through the loss. They focus on death and re-creation or rebirth and resurrection. They represent mankind's eternal longing to find a positive meaning to death.

Bowlby (1980) defines grief and mourning through his attachment theory. Attachment behavior is present throughout life. The goal of attachment behavior is to remain in comfortable proximity to and in communication with preferred individuals. Bowlby points out that when attachment bonds are firmly in place, little attachment behavior is necessary. However, "Any situation that seems to be endangering the bond elicits action designed to preserve it" (p. 42).

When the break in the attachment bonds is caused by the death of a loved person, behaviors to locate the lost person and to regain attachment are elicited. Since the bond cannot be restored, the attachment behaviors will lessen over time, but then, "pangs of grief and perhaps the urge to search [for the lost loved one] are often experienced afresh" (p. 43). Healing can take extended periods of time, and full functioning may or may not be restored. Even long after the death of a loved person, "for almost anyone who grieves a death each anniversary is likely to bring recurrence of the same thoughts and feelings that were experienced earlier" (p. 158).

Other theorists including Shane & Shane (1990), Galatzer-Levy & Cohler (1990) and Hagman (1995) theorize on mourning or the failure to mourn from a self psychological perspective. They stress the need for adequate support from compensatory selfobjects following the loss of a selfobject. The loss of a selfobject removes a specific

function of mirroring that leads to a compromised sense of power and importance or of idealization leading to compromised comfort and security. Without compensatory selfobject functioning mirroring cannot occur. The self is instead left damaged and devalued, fixed in attachment to the lost selfobject. The fragile self remains vulnerable. Protected by defensive structures the self lacks the capacity to develop further relationships. When an empathic milieu is provided compensatory selfobject functions lead to compensatory self structures and repair of the weakened aspects of the self.

Parkes (1996) expands on previous definitions and the processes of mourning. He states, "The pain of grief is just as much a part of life as joy and love; it is, perhaps, the price we pay for love, the cost of commitment" (p. 6). He adds that grief is a process based on the resistance to change. Parkes theorizes that grieving includes stages of numbness, pining, and disorganization that are not always clear and orderly. However, each stage must be worked through before the bereaved is able to learn to cope. How one learns to cope will ultimately determine how she views herself and the world. There are also external determining factors that influence the grieving process and its outcome. Western society views grief and mourning in a negative manner. "Mourning is treated as a weakness, a self-indulgence, a reprehensible bad habit instead of a psychological necessity" (p. 9). The absence of societal support and the absence of the lost person, and what that person supplied, lead to feelings of deprivation. Parkes concludes that, "grief is the reaction to loss, loneliness the reaction to deprivation" (p. 9).

Predictability is lost and the world becomes frightening and chaotic for the mourner. Parkes (1996) states:

All of us from the moment of birth have been building inside ourselves a model of the world, a set of assumptions on the basis of which we recognize the world that

we meet and plan our behavior accordingly. Because this model is based on reality it is, most of the time, a valid and useful basis for thought and behavior. The loss of a loved one inevitably creates a host of discrepancies between our internal world and the world that now exists for us. (p. 91) If I lose my ability to predict and act appropriately, my world begins to crumble, and since my view of myself is inextricably bound up with my view of the world, that too will begin to crumble. (p. 98)

The process of mourning from any theoretical perspective includes a great urge to regain the lost person. Tears, searching, and dependence on others for assistance carry with them an admission of weakness which is not a valued trait in contemporary United States culture. Rando (1984) points out that, “there are few, if any, realistic models of culturally prescribed roles for mourners in our society” (p. 35). Arnold and Gemma (1994) further conclude that the bereaved are made invisible in our society. They state:

There is little time to grieve and little recognition given to the bereaved. Shortly after a death one is expected to gather the pieces of life that remain and resume routines almost as though no lapse had occurred. (p. 18) It is expected that the bereaved should grieve but grieve ‘appropriately’ – that is within the specifications of socially acceptable behavior. They may cry, but only so much; sulk and stare blankly, but only for so long; feel helpless and unable to participate, but only for a short time. (p. 9)

DeVries (1996) argues:

Culture, with all its customs and rituals, is the key participant in returning a person to normal functioning by moving the person from shock to grief, and ultimately to non-bereavement. In the absence of culturally regulated processes, this reestablishment of normality is less likely to occur. (p. 400)

United States cultural norms include that grief must be worked through to completion. Here DeVries (1996) disagrees, stating, “life is real, and trauma, despite the best efforts of cultures or individuals, cannot always be worked through; its effects remain” (p. 404). This is especially true for parents grieving the death of a child. Arnold and Gemma (1994) observe:

Parents grieving a child receive inadequate recognition for the intensity and significance of their loss. There are no labels to establish the bereaved parent as someone who has experienced a significant loss. If a husband dies, the wife is a widow. If a wife dies the husband is a widower. Likewise, if a child loses a parent, the child becomes an orphan. (p. 32)

The lack of societal sanctioned recognition and support may be in part because, “the horror of a child’s death has become so frightening to us that we seek to protect ourselves, as though the germs of death could be disseminated as easily as they were in centuries past” (Arnold & Gemma, 1994, p. 19).

Bowlby (1980) focuses on the individual rather than on society when discussing the issue of sudden and untimely death. He concludes:

After a sudden death not only is there a greater degree of emotional disturbance – anxiety, self-reproach, depression – but that it persists throughout the first year and on into the second and third year, and that it leads more frequently to pathological outcome. [Also of significance is] whether the mode of death results in distortion or mutilation of the body . . . and how information about the death reaches the bereaved. (pp. 180-181)

A child’s sudden and untimely death from any cause includes many of the following grief issues that impact parents as pointed out by Parrish & Tunkle (2005) when discussing a child’s death by suicide:

For parents, a child’s suicide at any age is often seen as the ultimate failure and rejection for parents who were expected to raise, nurture, and protect their children. [The death] also represents a compound loss, with the tragedy of avoidable youthful death, the loss of a future, and the stigmatized trauma of the death being self-inflicted. (p. 98)

The stigma around a child’s death, especially through suicide, increases the complexities involved in grieving the death of a child. Grieving parents may find themselves avoided by others. They experience extreme feelings of failure as a parent and guilt for what they did or didn’t do as a parent. After a death by suicide, many parents further struggle with



the traditional religious beliefs regarding suicide. (Rando, 1984; Gutstein, 1991; Arnold & Gemma, 1994; Wickie & Marwit, 2001; Parrish & Tunkle, 2005)

Parental grief is difficult grief. Many authors (Bowlby, 1980; Rando, 1984; Johansen, 1988; Gutstein, 1991; Arnold & Gemma, 1994; Shapiro, 1994; Parkes, 1996, 2001; Holland, 1996; Stolorow, 1999; Ross, 2002; Parrish & Tunkle, 2005) have equated normal grief after the loss of a child with the common definition of pathological grief. Grieving a child includes feelings of profound emptiness, loss of self-esteem, and deep aloneness even in a crowd. This grief has no boundaries. Parents may even fear they are no longer sane.

Bowlby (1980) researched the impact of a child's death on the parents. His research did not focus on sudden death but on death resulting from long-term illness in children from one to sixteen years of age. He identified significant identifiable issues in grief and mourning the death of a child. Loneliness, so prevalent in the loss of a spouse or other long-term significant other, was not a prevalent feature after the death of a child, whereas blame, especially blaming the other parent, a surviving sibling, or someone thought to have caused the death, was prevalent. He further pointed out that parents who are even minimally able to grieve together and provide support and comfort to each other are more likely to remain in their marriage.

Bowlby (1980) points out that the loss of any child includes long and difficult grieving. He argues, however, that, "the loss of a grown child may be the most distressing and long-lasting of all griefs. [Although this grieving] was unquestionably severe it was not necessarily pathological" (p. 177). Grieving a child's death is complicated and never concluded, but identifiable chronic or disordered mourning can occur in some mothers.

This form of mourning often includes excessive anger and self-reproach that leads to long-lasting depression. There may be a significant absence of sorrow and sadness. These individuals remain stuck, unable to fully realize the death is real, and therefore are unable to move on with life. It is likely that chronic mourning leads to a variety of mental and physical illness. The absence of conscious grieving associated with chronic mourning might appropriately be referred to as Winnicott's concept of the false self. (Rando, 1984; Miles & Perry, 1985; Klass & Marwit, 1988; Applegate & Bonovitz, 1995; Parkes, 1996; Baker, 2001)

The topics included in the four sections of this literature review provide the theoretical structure and definition for the study. Existential phenomenology is qualitative research with the purpose of determining the essence or meaning of the experience of the sudden death of a young adult child to the mother of that child. Feminist theory is utilized to identify how the patriarchal defined culture impacts the participant's experience. A feminist perspective assisted in determining how cultural norms help or hinder women in the often long and difficult time after the child's sudden death. The definitions and the impact of trauma and loss, grief and mourning are the basis of the study. These final topics provided the details on what it was like to experience the loss of the child and what it was like to make sense of the experience.

An important task in developing the literature review is to identify how well the literature addresses the topic of the proposed study. Little appropriate literature on the study's focus was found. Phenomenological theory develops meaning within the context of the patriarchal defined cultural perspective; it does not focus on women's unique experience. Feminist theory does focus on how gender impacts lived-world-experience in

general but does not specifically address the issues of trauma and loss, grief and mourning from a feminist perspective. Existing literature on trauma and loss, grief and mourning has been developed and written from the patriarchal viewpoint, often by male theorists and authors, and also by women who define the lived-world-experience from a patriarchal perspective. There are clear gaps in the literature in identifying and explaining this study's topic, what the sudden death of a young adult child means to the mother of that child.

## CHAPTER III

### Methodology

#### *Research Strategy*

The purpose of the study is to describe the meaning, the essence of the sudden death of a young adult child for the mother of the child. The study asks the following questions: What is the lived experience of the sudden death of a young adult child like for the mother? What is the meaning and significance of this experience to women whose young adult children have died suddenly? A phenomenological approach was used to develop the richly descriptive meaning of this specific loss experience. This research strategy was chosen because it focuses on the lived experiences of these women. According to Creswell (1998), phenomenology searches for the central, underlying meaning, or the essence of an experience. It emphasizes the intentionality of consciousness which means it studies both the outward appearance and the inward consciousness based on memory, image, and meaning making.

Ramazanoglu & Holland (2002) and Creswell (1998) argue that women's experiences should be studied with focus on the realities of gendered social relations. This is because gender is a basic organizing principle that shapes the conditions of women's lives. This does not imply that there is a universal understanding among women

regarding the role of gender in their experience but rather that gender does have an impact on all experiences in women's lives including the death of a child. In an effort to make sense of gendered lives and experiences of these women who have lost young adult children, the study elucidated the meaning of the traumatic loss of a child from a feminist perspective.

### *Participant Characteristics*

Consistent with a theoretical or purposive sample (Schwandt, 2001) participants were chosen for their relevance to the research question. The participants include eight women who have experienced the sudden death of a young adult child, defined as a child between the ages of eighteen and twenty-five years old. Since having suddenly lost a young adult child is the only purposive requirement, participants included several ethnic groups, economic situations, and educational levels and a range of times since the death of the child occurred. All participants were verbal and capable of self-reflection especially when talking about the child's death.

Participants for the study were recruited from the Chicago area. A variety of resources to identify potential subjects were under consideration. Several Coffee and Conversation support groups for women who lost children meet in the Chicago metropolitan area and were considered but no participants were identified. Little Company of Mary Medical Center in southwest suburban Evergreen Park, Illinois, sponsors a bereavement support program for women who lost children. Compassionate Friends is a national support group system for parents who have lost children that has several ongoing groups meeting in the Chicago metropolitan area. These referral

resources were contacted and provided three participants. Colleagues and friends of the researcher identified five women that participated in the study. Initial contact with potential participants was made by the referring person.

### *Participant Informed Consent*

Each potential participant was given a copy of the consent to participate in the study form (See Appendix A). Each participant signed the form prior to the interview. Each participant received a copy of the signed consent form. The original signed and dated consent form is stored in a locked cabinet. Along with an in-depth review of the written consent form, each participant received verbal information as follows:

Purpose of the study

Procedures to be used in data collection

Possible risks associated with participation in study

Procedures for debriefing should participant experience adverse reaction:

Principal researcher will assess for the participant's level of distress throughout the participant's involvement in the study

Identified distress will be discussed with the participant

Options for identified distress

Taking a break from the interview to counsel participant

Termination of interview and referral for debriefing sessions

A short debriefing session will occur at end of session in which distress was identified for either option above

Procedures to assure participant privacy and confidentiality

Individual right to refuse to participate or withdraw from study at any time

### *Data Collection Methods*

The method of data collection was one in-depth interview with each study participant. Each initial interview began with the recording of participant demographic data and an in-depth review of the written informed consent and ongoing informed consent procedures. Informed consent information and procedures were reviewed to encourage participant understanding, comfort with the process, and ability to proceed. All interviews were open ended interviews with each participant asked to tell her story about the loss of her child in her own way using her own words. All interviews were audio recorded. During the initial story telling, the researcher seldom interrupted individual stories. Only a few participants were asked for clarification of specific information the participant related that the researcher found unclear or confusing. This helped assure the researcher understood the informant's story and the informant clearly conveyed her personal meaning.

When the participant indicated the story was complete, the researcher asked few specific questions about the participant's experience. Most had provided deep and understandable information about this personal experience. Though it was anticipated that increasingly specific questions might have been formed as the participant number increased, this did not happen. After the conclusion of the interview, the researcher wrote notes and memos on the context of the interview, her observations, and her feelings regarding the interview.

Because of the nature of the topic and the potential vulnerability of the study participants, great care was taken to assess participant well-being and emotional reactions during the interview. The interviewer interrupted most interviews at least once to allow the participant to take a break from the emotionally draining experience. Each was asked if she needed to stop the interview because of stress or inability to continue for any reason. No participant had an adverse reaction or requested to stop the interview. The researcher's clinical skills were utilized to assess the participant's ability to continue with the interview. No referral of a participant for debriefing was necessary.

#### *Data Analysis Framework: Existential Phenomenology*

The data analysis methods utilized in this research project were based on the concepts of existential phenomenology. This analysis required that the researcher clarify her own experience of the phenomenon under investigation and then bracket the information. Bracketing the personal experience meant that the researcher suspended her judgment about the meaning of the phenomenon and allowed the participants' experiences to unfold and lead to determination of the essence, or universal meaning, of the phenomenon. Bracketing of personal experience enabled the researcher to more fully understand the experience in each participant's own voice without imposing preconceived assumptions on the participant's experience. The researcher's thoughts and feelings were reintroduced through notes and memos at the conclusion of each interview. These thoughts and feelings helped form the essence, or universal meaning, of the phenomenon.



The researcher's analysis followed the phenomenological analysis steps of Creswell (1998); Van Manen (1990):

1. Verbatim transcription of the audio recorded interviews.
2. Read transcribed texts and make notes regarding content and assumptions in the margin.
3. Researcher provides a full description of her own experience of the phenomenon.
4. Find statements in the transcribed interviews about how informants experienced the topic and identified issues associated with the topic.
5. Develop list of all significant statements without assigning value or worth. This process is referred to as the Horizontalization of the Data.
6. Develop list of non-repetitive, non-overlapping statements from the horizontalization of the data.
7. Group the statements into meaning units under the fundamental existential framework categories of lived-space, lived-body, lived-time, and lived-other to develop a textural description of the experience.
8. Utilize informant experience data and researcher's own experience data to develop a structural description of the phenomenon utilizing the predetermined existential framework categories.
9. Construct the overall meaning or essence of the experience beginning with the researchers experience and then each informant's experience.
10. Write composite meaning of the experience.

As a result of the data analysis a conceptual model of women's grief over the loss of a child was developed. This model described and presented the relationship of identified terms followed by a discussion of their interconnectedness. The purpose of the model and the discussion is to inform clinicians and assist them in understanding the women and their experiences.

### *Fundamental Framework Definitions*

Lived-space or spaciality is felt space, not actual space that affects how one feels. Lived space is influenced by cultural and social conventions and gives an experience its quality of meaning. In this study lived-space looks for the meaning of how participant mothers who have suddenly lost a young adult child experience lived-space differently than before experiencing the loss.

Lived-body or corporality both reveals and conceals something about an individual. What is revealed is not necessarily conscious or deliberate but may be said to reveal in spite of oneself. In this study lived-body provides meaning as to how informants embody the experience of the loss.

Lived-time or temporality is subjective time. Temporal dimensions of the past, present, and future make up the horizons of a person's temporal experience. Through our hopes and expectations we look to life to come, or through desperation and lack of will to live we may have lost such a perspective. In this study lived-time provides meaning for how the participants experience time differently than before the loss of their children. It defines the hope and/or desperation associated with the sudden death of a young adult child.

Lived-other or relationality refers to the lived relation we maintain with others in the interpersonal space we share with them. Each individual searches through experiences of the other for the communal, the social sense of purpose, meaningfulness, and grounds for living. In this study, lived-other begins with a focus on the relationship with the child. It further focuses on changes in the relationships with others after the child's death.

## CHAPTER IV

### Results

#### The Club

It was my mother, bereft at having lost her only granddaughter, who pointed out that we were now part of the club.

“What club?” I wondered.

My mother is a woman of few words, all of them straight to the point.

“The club nobody wants to join.” she said.

It’s a depiction I’ve heard more than once since then, and it’s as good a description as any of what it feels like to lose a child. The membership requirements of this club are anything but enviable. You have to have felt the floor dropping out and the sky falling in, all in one awful, unthinkable day. You have to have wondered whether you would be able to figure out which shoe to put on which foot, and then wondered why you should bother anyway. You have to have cringed, and perhaps flared, when all those people who meant so well said such incredibly inappropriate things to you. You have to have believed you were the first person in the history of the planet ever to feel so empty.

And then later, you find out other people have felt this way, too. You find out they have survived, but they – like you – have survived only as changed people.

Like you, they know there’s no going back. You may look exactly like the old you, but you’re a different person now. Grief of this magnitude changes you. (Mehren, 1997, pp. 145-146)

### *Introduction*

The methodology employed, existential phenomenology, explores and defines the lived-world of an individual involved in a specific and identifiable experience in order to find its essence or universal meaning. This methodology focuses on the individual's unique subjective lived-world rather than on the actual real world experience. The lived-world of existential phenomenology includes four distinct yet inter-related, overlapping categories. These categories do not and can not stand alone in one's lived experience but can be superficially split to study aspects of a particular lived experience and find the meaning or essence of the phenomenon.

In this study the specific and identifiable experience is the mother's journey from the moment she learned that her young adult child died suddenly until the point in time the interview for this study occurred. Each participant was asked to tell her story in her own words, to relate what she remembers as events unfolded and to share her feelings about this unfolding experience. Data gathered from the participant interviews was recorded, transcribed, and analyzed for inclusion into the four lived-world categories.

In lived-space participants talk about several identifiable sub-categories of subjective lived-space. These include the abstract and actual lived-space dimensions. The topics under abstract lived-space are identified good and bad space, organized and disorganized space, and no-where-to-be. Under actual but subjective lived-space are where the child died, the funeral home, the cemetery, home, specific rooms, place of work, and places for help.

In lived-body participants share their personal experiences and feelings, both when they first knew of the death and later. Included are overall feelings of grief, early feelings

and ongoing feelings. Specific feelings addressed include shock, numbness, sadness, anger, pain, guilt, and fear. Also included in the lived-body category is how participants helped themselves go on with life after their traumatic experiences of the deaths of their children. Topics here include how to deal with the self in the after, things that helped, and do something!.

Lived-time categories include the personal dimensions of time: past, present, and future. Lived-time encompasses the before and after in the participants' lives, how time has changed or remained the same. This category addresses the topics of subjective time, speed of time, change in perception of time, special time, moving on, and feeling connected – or not.

In lived-other participants focus on the interpersonal space shared with others and the meaning of relationship with others. Lived-other is the subjective interaction with all in one's lived-world. This interaction forms the basis for the lived-body, lived-space, and lived-time. It shapes who we are and how we make meaning of the lived-world. The categories here include lost other, significant other, God, helpful and hurtful other, change in perception, and others moving on.

The next section is dedicated to the goal of existential phenomenology. This develops and presents the essence of this lived experience including data gathered from all of the lived-world categories or themes. This meaning of the phenomenon to women reconnects lived-world categories into the essence of the lived-world experience of the sudden death of their young adult children. The lived-world themes of lived-space, lived-body, lived-time, and lived-other that have been intentionally, superficially separated for

this study are reunited into their natural state of interrelation, of working seamlessly together to provide the essence of lived experience of the participants.

The final section is dedicated to the development of the conceptual model of women's grief over the sudden death of young adult children. This model describes and presents the interrelationship of the identified categories. The model is followed by a discussion of the model's interconnected components. The discussion includes a section on the patriarchal context and the feminist perspective that underlie the cultural expectations of grieving women and the actual experience of the women in the study.

### *Participant Profiles*

There are eight women participants who share their stories throughout the results section of this study. As is the characteristic of existential phenomenology, the researcher's experience of the phenomenon under study is reintroduced into the results after being bracketed, or set aside, during the interviews and data analysis. This researcher experienced the sudden death of her 21 year old son as the result of a motorcycle accident in 1988. The researcher's data included in the results were obtained from a journal kept for the first 6 months after her son's death and a paper written on the subject for a doctoral course at the Institute for Clinical Social Work.

The women whose experiences are included in the results were mothers to five males and four females. The reasons for the young adults' deaths include four who died of drug overdoses, one homicide, one motorcycle accidents, one automobile accident, and two from unexpected complications of previously diagnosed illnesses. The numbers of years since the deaths occurred were 2, 3, 4, 7, 9 (two deaths), 16, 20, and 21.

The women interviewed reside in the city of Chicago, in surrounding south, southwest, and west suburban communities, and in Northwest Indiana. They are the incredible women who were willing to share their very personal journeys into the new after of their lives as members of the club nobody wants to join. Each woman was interviewed once. The interviews lasted from one to three hours. It is important to introduce them as individuals. Information that identifies the women has been disguised.

Carol is a 55 year old African-American. She was divorced from her children's father many years before her son's death. She married her long-time significant other shortly after her son's homicide 16 years ago. Her son was 20 years old when he died. He was in the military and had just returned from the Gulf War and Iraq. The interview took place at a public library not far from her home. Carol did not want to bring the researcher to her home. She stated she had not been able to keep her home neat and tidy as she did before her son's death. She allowed few people to visit her home. Carol was granted custody of her grandson not long after her son's death. She expressed gratitude for having her son's son in her life. She felt she still had a part of her son with her. Though Carol was the most matter of fact in the presentation of her story she wept several times during the interview, especially when she spoke about the homicide, how her son's body was found, and the frustration of dealing with military and law enforcement personnel. She admitted she was obsessed with keeping her son's killer in jail for several years. She felt a great sense of release and healing when this quest ended. This occurred when she was told by the court that they would no longer hear her appeals but were releasing the man. Carol is convener of a support group for parents whose children have died. Carol was



referred to the study by the coordinator of bereavement support services at a suburban Chicago medical center.

Gail is Caucasian. She and her children's father divorced several years before her daughter's death. She is not remarried and did not speak of a significant other. Her daughter died suddenly 21 years ago as the unexpected result of complications from anorexia. At the time of the death Gail was 46 and her daughter was 22. The interview took place at Gail's home, a neatly kept home that didn't include many personal mementoes or family pictures. Gail was most concerned that the researcher was comfortable, offered coffee and asked what room would be most appropriate for the interview. Gail was the most anxious of the participants. She questioned what she was supposed to say many times throughout the interview. It was extremely difficult for her to focus on her own experience except from her deep Christian faith perspective. She seemed much more comfortable reporting what other family members experienced after her daughter's death. Gail's voice cracked and she wiped tears from her eyes a number of times during the interview when she talked about not being able to prevent the eating disorder that led to her daughter's death. Though Gail was extremely defended, occasionally her defense eased and feelings would come through. Gail was referred to the study by a friend of the researcher.

Jane is Caucasian. She and her children's father divorced when her son was thirteen. Jane married her long-time significant other 6 months after her son's death from a drug overdose. She was 46 and her son was 22 at the time of his death 9 years ago. The interview took place at Jane's home, which was comfortable and contemporary in structure and décor. The house fit Jane's upbeat personality and life view of live for

today. She chose the dining room table as the best place for the interview and served cold drinks before the interview began. She indicated that she takes relationship connections a little more seriously and realizes the fragility of life a little more clearly since her son died. She found strength and comfort in the first years after her son's death from the Buddhist philosophy. This helped her believe her son would return to earth to experience more life. Jane was articulate and passionate in discussing her son's death and her deep feelings of sadness and guilt as well as her anger at her son for being so stupid to get involved in drug use. Jane continues her employment in an administrative position at a Christian religious based organization. Jane was referred to the study by a friend of the researcher.

Liz is South Asian and Caucasian. She and her son's father divorced some years before her son's death. Liz was 42 and her son, and only child, was 19 at the time of his death from a heroin overdose 7 years ago. The interview took place in Liz's vintage building condo. Its simple decor was influenced by both India and United States culture. Evidence of her son's life was present everywhere including his bedroom that was maintained as he had it when he lived there. Liz, a practicing social worker, appeared to be struggling to make sense of her son's death from her social work perspective. She appeared to be an intellectual who was devastated that she could not make intellectual sense of his death. Liz seemed empty, fearful of life, and alone when she talked about her distant and unsupportive family, her lack of close friendships, and her lack of life direction since her son died. Most striking were Liz's comments about her atheism and knowledge that she would never see her son again. She expressed envy of those who could believe in a god and an afterlife. She shared her son's writing, many of his prized

possessions, his pictures, and the program from his memorial service. She wanted the researcher to hold, read, or in some way experience her son and his life. Liz's son was one of two participants' children who were cremated. Though this researcher felt an empathic connection to all the participants, Liz was the only participant she wanted to protect and make better. Liz was referred to the study by the coordinator of bereavement support services at a suburban Chicago medical center.

Laura is Caucasian. She remains married to the father of her children. Laura was 53 and her son was 20 when he died in a high-speed, fiery automobile accident 3 years ago. The interview was conducted at Laura's home, a Chicago-style bungalow. The interior was decorated with what appeared to be antiques, possibly family heirlooms, and carefully chosen furnishings and accent pieces that made each room inviting, interesting, and comfortable. The house reflected Laura's warm personality and the open, honest presentation of the experience of her son's death and her life after. Her story was profound, detailed, and extremely moving. Her words were animated with her strong emotion and equally strong body language. She dramatically grabbed tissues out of a box and wiped tears from her face often. Laura shared that she is considering writing a book about her son and her experience after his death. She wants everyone to know he lived and just how painful and devastating his death is for her. This is a book this researcher hopes is written. Laura's son had recently come home from Iraq when he died. He was scheduled to return to Iraq for another tour of duty. Laura believes he was suffering from Post Traumatic Stress Disorder, a diagnosis with which she is familiar. She has provided the family income throughout her marriage because her husband suffers from PTSD from service in Viet Nam. Laura is the CEO of a not-for-profit organization. This researcher

felt an extreme empathic connection to Laura, not wanting to care for her but share with her. Laura was referred by a chapter of Compassionate Friends, a support group for parents whose children have died.

Paula is 53 years of age and Caucasian. She remains married to the father of her children. Her daughter suffered from asthma beginning in childhood but it had always been controlled. Nine years ago she died from a heart attack induced by a serious asthma episode at the age of 25. The interview took place in Paula's office. She was concerned that her home was too far into Indiana but her office located in suburban Chicago was available. Paula brought pictures of her daughter to introduce her to the researcher. Paula expressed great fear about the interview and talking about things that were so hard for her to get into. She also expressed her desire to have her daughter's story included in what she perceived as something important to help others who lost children. As indicated in Paula's early comments, she found it difficult to focus on her daughter's death. She talked in detail about her other children, her husband, the life of her deceased daughter, her love of her job, all of which did provide insight into her after experience, along with her tear-filled personal after experience comments.

Lynn is Caucasian. She was divorced from the father of her children years ago when her children were very young. Lynn was 48 when her 23 year old daughter died 4 years ago from a drug overdose. The interview began at a picnic table in the yard of the home and later moved inside. The home was creatively designed and adjacent to a picturesque small lake. The house, garage, and landscaping showed signs of neglect but also still showed the past creativity of an owner who had given up caring for the home, both its interior and exterior. Lynn requested that the interview be conducted in the yard

because she was embarrassed for the researcher to see the state of her home's interior. Later Lynn seemed to feel safe enough with the researcher to invite her inside. Lynn's interview was the longest in duration of the interviews, just over three hours. She cried constantly as she related her story of the death of her daughter, the loss of family connections, and the collapse of her life-style, all within a brief time period. At times Lynn appeared to be very bitter. She would then appear to have great hope for the future expressed with passion and humor. Lynn has worked in sales for several years. She was referred by a friend of the researcher.

Marie is Caucasian. She was divorced from her daughter's father when her daughter was very young. She has been married to her daughter's stepfather for several years. They have no children together. Marie was 44 when her 24 year old daughter died of a drug overdose 2 years ago. The interview took place in Marie's home. The townhouse was modestly but comfortably decorated with many pictures of Marie's daughter and granddaughter displayed in rooms the researcher saw. It took substantial time to schedule the interview because it needed to be planned when her granddaughter wasn't home to hear what was said. Marie has been the primary caregiver for her grandchild since her daughter's death. She worries that the child's father may want to take the child away some time in the future. On the other hand, she expresses anger that her daughter left her with the job of raising her child. Marie expressed the most guilt of all the participants. She repeated several times that she should have known the extent of her daughter's substance abuse and should have been able to prevent her daughter from dying. Marie and her family moved to the suburbs from Chicago 3 years ago. Her hope was that life would be better for the family. Her daughter's death caused her to feel

isolated in an unfamiliar environment. Marie, who doesn't drive, recently took a job in a convenience food store near her home. Marie was referred to the study by a colleague of the researcher.

### *Lived-Space*

The Existential Lived-World category of lived-space is one of four fundamental meaning dimensions of lived-life. It is felt space that is always influenced by cultural and social conventions. Felt space is how one feels in the specific space occupied at a given time. It gives experience its quality of meaning. This category encompasses the world in which one moves about, where one finds herself at a given moment in a given experience. It refers to the nature of subjective lived-space and provides a quality of meaning for specific and particular experiences. Lived-space provides insight into the ways one experiences place in day-to-day living.

Though all existential lived-space is subjectively felt space, in this study lived-space is divided into the two subcategories of abstract space and actual space. The interviews with the participants included little optimistic data in all the lived-world categories; however, abstract space includes the topics of good space as well as bad space. It also includes organized space, disorganized space, and no-where-to-be.

The women spent time talking about their child's life and their connection to that child in life. All were proud of their children and cherished the lived space they shared with their children. Good space addresses the remembered space a mother shared with her lost child.

My son and I shared a special place. I know I wasn't a perfect mom. I know he had big problems coping with life, but our special place was ours. We could share

there and be happy. I miss that shared place. I guess if I think about it every place seems so empty since he's gone. I am so very glad that he shared my life, my space with me. While I had him, I really, really had him. (Liz)

Another perspective of good space includes what has happened since the child's death that helps the woman to find that good space sought.

So many things have happened to let me know he is still here with me, his presence is with me where I am. It's good! (Jane)

Seeing butterflies anywhere, especially in my yard, restores my hope in life and lets me know my son is still here with me. Butterflies represent new life, like a rebirth. We had a butterfly wind chime on our deck, where we got married. It was a beautiful day, quiet and very still. In the middle of the ceremony all of a sudden the wind chime chimed. I felt my son was with us. It was a warm, fuzzy feeling. (Carol)

There's never, ever a time that I don't feel she's here with us. (Paula)

Bad space was especially evident on the day the woman found out her child was dead, though bad space also encompasses how her world and space within it changes over time. Good space transformed to bad space by a child's death is exemplified by the following comments.

Even before I really knew what had happened, I somehow knew something had happened that would change my world, and not for the good. (Carol)

They came to take her body. I stood in the doorway. I remember thinking what a beautiful day it was. The sun was adding a glow to my living room. I remember thinking how much I wished she could share this with me. I kept crying, realizing she would never see her home and the beauty of the world again. Both became so much less for me that day, too. (Gail)

I was on the expressway on my way to work when my husband called me. He told me our son had been in an accident and was probably killed. He wanted to send someone to get me. I said no, I needed to drive home. I got off at the next exit ramp, turned around, and headed home. I remember that exit ramp so clearly. It became a symbol of my loss, my pain. I couldn't use it again for a year or more. (Laura)

Many of the women needed to find a way to organize their worlds. They especially needed to organize what was left of the lost child's personal world.

Everything suddenly had to be in order. His picture books had to be updated and every picture had to be in place. All of the sympathy cards and notes had to be organized and saved. (Jane)

Anything that was my daughter's needed to be looked at, carefully wrapped, and stored where it wouldn't get hurt, it wouldn't get ruined. Once I knew her stuff was safe, I felt safer. (Paula)

Those who were not able to find a way to bring organization to their space were more likely to talk about the disorganization in their worlds, often beginning at the time they found out about the death and continuing into their futures.

As soon as I knew he was dead everything around me became chaotic. (Carol)

I felt so disoriented. I had trouble leaving the house and when I did, I couldn't manage to go places alone. Driving was impossible. At traffic signals I couldn't figure out whether I should stop or go. I couldn't remember how to park the car and if I did manage to do it I couldn't remember why or find it when I returned. Nothing was right. Crying in the grocery store became a way of life, as did crying in the drug store, at work, anywhere. I often wouldn't be aware of thinking anything specific, I'd just realize tears were streaming down my face. Everything seemed confusing and chaotic for such a long time. (Vicki)

The military had a department for every little thing. It seemed none of them were connected. Talk about disorganization. The biggest problem was it made for disorganization and chaos in my world. I think this made me stuck for much too long. (Carol)

Most of the women talked about some time feeling more than disoriented and chaotic. They talked about feeling displaced in their previously comfortable and safe surroundings. These women talked about having no-where-to-be.

We went to a restaurant after the funeral. It was a nice place I guess. I remember feeling claustrophobic. I needed to get out. I needed to be some place else. The problem was I had no idea where, there really didn't seem to be any place for me. (Jane)



Nowhere is safe anymore. Ever since she died it's just been bad luck. It's like one thing after another. I wish I could find some place to be, some place to feel safe. (Marie)

On his birthday we went out for breakfast after visiting him at the cemetery. Twice in the restaurant people sang Happy Birthday to someone. I ached all over. I wanted to run away but I had nowhere to go. This was too hard. I could never make it through my son's leaving. There was no place for me. (Vicki)

Actual space is the felt experience of specific places. This space includes women's experience of where her child died, the funeral home and the cemetery. The experience of home and specific rooms in the home held great importance for many of these women. Finally, there was the experience of space that helped one feel reconnected with the world.

Not all the women saw the place of their children's deaths. Those that did experienced the specific place in different ways with different feelings.

She died in her bedroom. I went there as soon as I got home. I needed to be there. I needed to sit with her while she was still there. (Gail)

I had to go to where he died. I needed to see it. I'm not sure why or what I expected being there would do for me. I remember looking around feeling so sad and thinking about how the accident might have happened. I remember trying to feel connected to him there. It wasn't until much later that I learned the missing part of fencing was removed to take his body out from under it. I'm so glad I didn't know that then. (Vicki)

I sent him roses to welcome him home from the Gulf. They were found with his body. I used to think I wanted to go there, where he died. I never went. Now after so many years I know it's not the same. It wouldn't help me to see it. It never would have helped me to be where he died. I think it could only have made me feel more empty. (Carol)

The funeral home was the first significant place on which the women commented. They talked about the experience of going to the funeral home for the first time, about planning the funeral, about the wake, and about the funeral. The funeral home was the place where the reality of the child's death had to be faced. It was the place that brought

others into the experience. For some the funeral home was somehow comforting, but for most it brought the nightmare of the loss of a child into a numbing, confusing, frightening reality.

I tried to avoid going to the funeral home. Going there would make it all real. I'd have to accept my child was dead. (Jane)

I didn't want to go see the undertaker. It was inconceivable that I had to go there and talk to him to find a casket for my son. (Jane)

Planning the funeral was a painful experience for all the women that talked about it. Each struggled with the planning process and the reality of what it meant. Choosing a casket for the child appeared to be the most difficult and painful experience for most.

When I had to plan the funeral I didn't know what to do. I mean I went there to the undertaker and felt so totally out of place, afraid. I guess I let him plan it 'cause I didn't know what to do. (Marie)

I went to the funeral home. It was unbelievably difficult. How could I put my child into one of those boxes? I tried to pick one out but I couldn't do it. I could hardly make myself look at them. I was having trouble breathing. I ran out of the building. Later I somehow managed to go back. I knew no matter how difficult it was, no matter how much it hurt, it had to be done. Choosing a casket for my son was the second hardest thing I've ever done. The first was having to live with the fact that he was dead. (Vicki)

The funeral home was so cold, so impersonal. We brought music to play, picture boards of her life, and a few of her favorite things. We were trying to make the place feel better for her, for us. You really can't make a funeral home feel very good, especially when it's your child there in the casket. (Paula)

The funeral home was the site for the wakes and for most the site for the funerals. The women spoke of the difficulty in getting through those two or three days. Some told of the importance of experiencing those days.

It was amazing how many came to the funeral. Then it was over and everyone but the family filed out. Then they started to close the casket. I think my heart stopped. I wanted to scream but nothing came out. I wanted to beg, please don't close it. I didn't want him to be gone. (Vicki)

It was good that so many people came, so many people cared, but it was so hard for me. I hated having to be there. I wouldn't have made it if so many hadn't cared. (Carol)

No one should have to see their child dead! Ever! Those days at the funeral home were horrible. I'm sure they would have been even worse if I hadn't been so totally numb. (Jane)

Two of the women did not plan wakes or funerals for their lost children. Both of these young men were cremated. Memorial services were held in special places for each.

I wanted to remember him as I knew him, alive and active. I didn't want to see his dead body so he was cremated. With the help of a lot of other people a memorial service was planned. It was really nice and I think it helped me somehow. But the best memorial service was with his friends at his college. We had a kind of little service for him. They took me out to the woods he loved. It was like the Enchanted Woods, oh no, not the Enchanted Woods, more like Winnie the Pooh, Hundred Acre Woods. There were great trees and a pond with water trickling over rocks. It was where he discovered the rock I found in his stuff when it was returned. It's the rock I now have on my piano. (Liz)

He was cremated because he was essentially halfway there in the vehicle. We had two services for him. One was in the town he grew up in and one was here where we live now. We wanted everyone to have the chance to come. The services were for them and maybe my husband and kids, I don't know. I do know they weren't for me. I had no energy for seeing people. The cost of trying to socialize was just too much. (Laura)

The cemetery was as significant as the funeral home. It was a place, much like the funeral home, where the death of the child became so real.

I was able to get a grave site close to her grandfather's. That comforted me so much. She is not alone. She has family there. (Paula)

The funeral procession went passed our house on the way to the cemetery. I whispered that he should say goodbye. It was so hot at the cemetery, 104 degrees, the hottest day in several years. Even though everyone was uncomfortable with the heat nobody wanted to leave the grave. His friends stayed the longest, sitting next to the grave or wandering slowly around. Most were quiet though occasionally someone would sob. I don't remember crying there. I don't think I was alive enough to cry. (Vicki)

One week after he died, I had an appointment at the cemetery. All I could think was that I wasn't ready for this! How can this be? This spot of ground is all I have

left of him. I hate it! I knew I needed to learn to cope. What could I possibly do to get meaning, something, anything back into my life? (Vicki)

He's now been gone a month. I go to the cemetery. There is a temporary grave marker there. It's devastating! His name is there. I really have to believe all this. His name is there! (Vicki)

Going to the cemetery as time passed remained difficult, at times devastating, for most of the women. Some avoided the experience when possible. Some found the experience of visiting the cemetery changing significantly as others began moving on in life before the woman was ready to do so.

I finally made myself go to the cemetery. The first year I would crumple to the grave and I howled, I screamed, I yelled. I'd think, yes folks, my son is dead and I need to howl and cry until it's spent for the moment or the day. No one should really expect cemeteries to be quiet places when you've buried your child there. (Laura)

It's his birthday. I bought flowers to take to him. It feels wrong. He didn't really like flowers. I wish there was something else I could do. What could it be? I felt helpless. My daughter, my niece, and several friends went to the cemetery with me. We stood and stared. We hugged and cried. I didn't want to leave. But it is as cold now as it had been hot on the day of the funeral. We finally left. Visitations to his grave that began with family and friends accompanying me weekly lessened to me alone on a less regular basis. I was there with flowers every year on the anniversary of his death and on his birthday. On one visit I buried his car keys and his motorcycle keys at the gravesite. This year I haven't been there yet. I don't seem to need to go there much anymore. His girlfriend always says he's not there, where his grave is. He's somewhere painting beautiful sunrises and sunsets in the sky. I like that thought. (Vicki)

Occasionally one of the women was able to find a glimmer of happiness and humor at the cemetery. Marie told this story.

We go to the cemetery every week. My granddaughter likes to go there to visit her mother. It seems to bring her some happiness. I feel good about going, too. It's peaceful and comforting. One of the last times we went, my granddaughter asked if we could bring a shovel next time. Oh my God, I thought and smiled a little, now this kid wants to dig her up!

Home was one of the most important subjective spaces for all the women. The importance of home was expressed beginning with the day of the death. At times home seemed to provide comfort while at other times home was an extremely difficult place for them. The home itself took on greater importance. Sometimes the importance centered on the fact that the child had lived there. At times a new home was significant and welcomed. The presence of the lost child's belongings in the home was always significant as was the need to either stay in the home or leave.

Shortly after she died, I came down the stairs and there was a guy standing in the middle of my living room. I didn't know who he was but he was wearing a brown utility jumpsuit and a baseball cap that said waste disposal on it. I demanded to know who the fuck he was but before he could answer he yelled at him to get the fuck out of my house. He said he was there to pick up the body. I yelled at him again that this was my daughter, not some waste to be removed. (Lynn)

She died at home, close to us. If she had not come home and been in a lonely apartment it would have been a whole different thing for me. (Gail)

The front porch of our house was draped in black crepe. I wanted the world to know we were grieving here. It was my public display. My husband argued with me about leaving it up, but I had to for some months. Finally I tore it down because my youngest son was graduating from high school and we were going to move. I didn't want him to remember his home in a negative way. I knew it was time to find some semblance of normalcy for my family. (Laura)

The importance of home was expressed by most of the women. No matter what home meant before the death, it was now changed for all.

I've wanted to hold on to my house because she died in it. I feel closer to her here. I can still see her coming in the door. I can hear her everywhere. I don't mean I really hear her. I'm not hearing voices or anything. I'm not nuts! But when I want to imagine her here, I can imagine her laughter, her voice. I'm afraid if I move away I'm going to lose the connection to her. (Lynn)

When I got home, I stood inside the back door. It suddenly felt strange and unknown. I had always enjoyed my home but now it hurt to be here. He was everywhere yet nowhere. I just stared at his baseball cap on the kitchen table for what seemed like forever. I couldn't move. (Vicki)

I kept waiting for her to come back home, to be at the door when I opened it. Finally I had to accept she wasn't going to come back home. She was gone. The house still feels somehow empty, less warm and inviting. (Paula)

She was part of this home in life she's still part of it. Her presence is everywhere. I work to keep her part of our household. I talk about her, keep pictures of her around. I need her presence to remain in our home. (Gail)

I always said I would never close myself in or close her out. I haven't. I haven't. I keep her in our home, in our lives always. We had been renting a house. Not too long after she died we were told we would have to move. At first it seemed so hard, so unfair at the time. When we moved her presence was still with us in our new home. I think the change of place led to us to begin moving on with life. (Paula)

Our son was still in the military when he died so there was life insurance. This money gave us the means to purchase a house on the lake we'd always dreamed of owning. It's been part of my healing. The house itself and the beauty of nature around it have been, and still are, a great source of joy. (Laura)

What to do with the lost child's belongings that remained in the house was difficult for the women. These things were sometime a joy to have as time went on but at the beginning were more often sad reminders of the overwhelming loss. The women felt strong attachment to the child's belongings that never ended. Time did not seem to change these attachments but often did allow the women to find places for these belongings.

All of her things are still here. I did put them all in boxes in the basement but then I feared it might flood so I moved them all upstairs. I haven't gone through them. I haven't decided what to do with them. For awhile I held on to them because if she came home, she'd need them. Then I thought she'd hate it if I threw all her things out or gave them away because she loved her stuff. I've heard people say they've narrowed it down to one box. I can't imagine how they choose what to keep. (Lynn)

When I arrived home on the day he died I had no idea what to do or how to do it. His things seemed to be everywhere I looked. I wanted to hug them all but I couldn't even touch them. I stared at each thing I saw thinking that this was what was left of my son in our home. Everything just stayed where I found it for a long

time. Slowly I began to find places for each item. Some things went to his sister, his friends. Many things I kept. His drawings were displayed on the walls of most rooms. His room stayed as it was when he was here for about a year. Then slowly I began to change things, move things. Many went into boxes where they've stayed since. I am having a quilt made using his clothes, I couldn't just get rid of them. I've asked my daughter and my niece and her family to donate clothing to add to the quilt. That way something of all of us will be together, at least on my wall. (Vicki)

When I got all his stuff back from his college, I put it all together in one spot and didn't look at it for years. I couldn't even go into the room it was in. (Liz)

I kept so many of his things. They're packed away some place in this house. Right now I don't even know where. (Jane)

Remaining at home where memories of the lost child were everywhere was sometimes cherished, sometimes frightening, but home seemed to be where each woman found peace and comfort over time.

It happened in this house, she died here. I guess now I feel like it was just one of those things. This is still my home. I feel safe here. (Gail)

I had such a hard time leaving my apartment. It was like I needed to be here to protect the space we shared. (Liz)

I had to leave my house for awhile. I couldn't stay there. My son was everywhere. (Carol)

I needed to be someplace else after it was all over. I went to spend some time with relatives but it just didn't feel right there. I needed my own home. I thought I might feel closer to my son there. I did but I found it easiest to be busy, to keep moving all day and then just curl up in a corner at home. (Jane)

Specific rooms in the home often held unique and special, happy and unhappy meanings for the women.

I walked upstairs to get my daughter and I opened the door to her room. I could see her on the floor in a lotus position but something was not right. Her head was flat down so low, too low to the floor. It all felt wrong. The room felt so strange, in many ways it still does. (Lynn)

Everything in her room was peaceful, so peaceful. I knew she hadn't suffered. (Gail)

For a long time I wasn't able to sleep in my room. I don't know why. It just felt wrong. I slept on the sofa. (Liz)

He's been gone one week. I walk into his room. For some reason his senior yearbook is out. Some grade school awards are out, too. There's a confusion of his clothes on the floor. His possessions are everywhere. I go in there touching, looking. What for? I don't know. I don't know what to do. There are constant thoughts but nothing makes sense. I need some answers. I need something. I walk out of his room and don't go back into it for months. (Vicki)

If I move I'll put her room back together at the new place. I don't know if that is healthy. Maybe it's not such a good idea. I have to do what's right for me, what makes me feel okay. I can only take things a day at a time. (Lynn)

It's so hard to believe, he's been gone six weeks. I walked into my bedroom today and saw his picture on my dresser. My God, he's not coming back! The feeling was overwhelming, as if I hadn't realized it before. (Vicki)

All but one of the women in the study had jobs at the time of their children's death.

Returning to work was difficult and most expressed the need to have more time away from their jobs to grieve than was provided. Their feelings about, and commitment to their jobs often changed dramatically immediately after the death. For many their feelings changed forever. At the time of the interview all were working part-time or full-time jobs.

I went right back to work. It was the hospital policy to give three days for bereavement. I guess being at my job after she died did help in some ways. It gave me someplace to put my mind and keep my body busy. I don't think I was really there and I didn't accomplish much for a long time. (Gail)

Five days after he died I had to return to work. I didn't know what to wear or what to take. Everybody there seemed distant, almost avoiding me, but maybe it was I who couldn't connect. I was there but I felt I was in a dream, numb, not knowing what to do or how to act or what to say. During our clinic session the patients' birthdays jump out at me. Two that were my son's age start telling me about their lives. God, it hurts! I want to scream. I left the clinic early. I can't seem to stay in one place very long. (Vicki)

Policy at work gave only three days off after the death of a family member. Three days! But my bosses gave me all the space in the world. If I wanted to work, I did. If I didn't want to work, I didn't. They allowed me the space to heal as much as I



could, not that I believe I'll ever heal! I don't think you can when a child dies.  
(Jane)

I have a great, what am I trying to say, organization, job, whatever. I was allowed a month off, which was great, thank goodness again. I'm not sure how I would have functioned if it were three days. What's the typical policy? I guess it's three days, maybe a week if it's something extreme. You could have parked me in a corner then, I guess, if I had to show up and be present. But I was allowed a month off and I took every day of it. I didn't work or check in. When I went back to work I would sit. I restarted with half days. It was like, okay I'm here and I can do this one thing. I'll do this okay, but just this one thing, don't ask for more. So I began a very slow painstaking going through the motions process. It was easily a couple of months, probably much longer, before I could focus or be functional.  
(Laura)

I had known for some time that my job as a clinic director was scheduled to end. The program was being cut from the hospital. The time for the cut ended up to be two weeks after my son died. I knew this was coming but it didn't seem to matter. It really didn't matter. I couldn't care. I was simply trying to figure out how to stay alive, how to regain some order in my totally disordered world. The clinic's medical director took over. We continued to hold two clinics a week for three months after the official closing date. I was told to be there so I was there. It didn't seem strange to continue working at a job that really wasn't there anymore. I didn't care. At least it gave me somewhere to be twice a week. We were picked up by another hospital. I went through the motions of working with the new administration to get everything in place. I had to talk to myself continually to figure out what I needed to do and how I needed to do it. My staff kept the program running for most of the first year. I was there but existing in a disoriented, numbing fog. (Vicki)

Places that helped in the process of learning to cope with the loss of a child were mentioned by most of the women. Few were able to reach out and seek help for the first devastatingly difficult years. Those that tried during those first years often found it impossible to continue but did return later.

I thought about going to a grief group but I couldn't imagine coming into a room where there was any more grief than my own. I knew I couldn't be in this kind of space. My own grief was too smashing, too big. After about two years I finally managed to go. It's helped. (Laura)

It took time before I could risk trying to go talk to someone about his death. At the beginning I think I was afraid the pain would have been too much. I felt I might

not live through it. I finally went to a therapist. She helped me put my life back together. (Vicki)

I tried to go back to the therapist I had seen before he died. I found I couldn't. I had nothing to say. I was finally able to go back after a couple years. (Liz)

I was raised Catholic so when I decided to try therapy I went to a priest. He was understanding and caring. He helped, I guess, but maybe I wasn't ready. Later I went to a woman therapist. I must have wanted to give both sexes equal time. I stayed with her for a much longer time. She helped so much. (Laura)

Abstract and actual lived-space was where the journey of each woman's after began. Their subjective lived-space experienced an abrupt change at the time the women were informed of the death. Some recall having premonitions before the death that caused discomfort and fear, though they did not know why at the time. During the interviews most women reminisced about the special space they shared with their children in life and their search to find that good space from the first day of the new after and extending for long periods of time. The words and feelings shared by the women indicated that good space generally turned to bad space after the child died, and that the lived-space they were forced to enter made the death too painfully real to them.

One of the greatest needs was for the women to regain order into their subjective lived-space. Those who succeeded in establishing a feeling of order were able to organize their space at some, often minimal, level. The organization did not lessen the pain of grief but did assist in lessening anxiety. Most were not able to find order in their lived-space for an extended period of time, sometimes years. These women talked about lived-space that was in a state of disorientation, disorganization, and, at times, chaos that negatively impacted their ability to function. Some referred to the devastating realization that there was indeed nowhere they felt they belonged, no safe space for them.

Some actual lived-space was specific to the child's death. These spaces were usually approached with fear and resistance, often causing extreme anxiety. The actual place that the child died was a difficult place that stirred strong feelings and, at times, ambivalence. Some needed to go there to look at, touch, and experience the place where the child left the world. Others expressed some desire to see the place of death but never quite made it there, afraid of what the experience might trigger in them. Some went to great lengths to avoid the place not wanting to have that memory added to the many devastating memories already present.

The funeral home was space that made the death too real for many. It brought tasks that, difficult for all who have experienced the death of family members, were close to impossible for many of the women who had to plan for and participate in the lost child's wake and funeral. They shared their anger, their pain, their devastation at having to prepare to bury their children. The two women whose sons were cremated planned memorial services. Both spoke about this process as difficult but the memorials were held at places away from funeral homes, places chosen as special to the woman or the lost child. These places did not seem to have the same devastating impact as the funeral home experience.

The cemetery had the same initial impact as the funeral home had. A difference noted by many of the women was that the cemetery experience did not end with the funeral. The cemetery remains the place where the child's body, or at least the name, is for the remainder of the woman's life. The grave, the headstone, the cemetery as a whole serve as constant reminders of the loss and the longing for the child. The cemetery was the place, along with the funeral home, where others entered the experience of the loss.

Unlike the funeral home where contact ended when the funeral ended, the expectation of these women was that others would continue the ritual of visiting the grave. As others moved on with their lives, most stopped visiting; although the women expressed understanding, they still felt frustration, anger, and abandonment. Over time most of the women found that they too didn't visit as often as they had, but until they were ready to visit less often, they wanted and needed others to continue.

Home, and often specific rooms in the house, was the most important of the actual lived-space the women were forced to re-evaluate in order to find renewed comfort, often through painstakingly difficult processes. The women had to continue to reside there. The child's presence was everywhere in the home as were constant material reminders of the lost child. The woman struggled to redefine the home lived-space in ways that kept the child's presence there but also released his or her personal space in the home and personal belongings.

There was known, and previously unknown, lived-space that helped in the process of learning to cope with the loss. The women discussed the difficulty in returning to jobs, and anger at the official length of bereavement leaves. Once they did return to work, they also found that the place of work brought welcomed structure and a sense of purpose, though their feelings about their work and their commitment to their jobs were temporarily or permanently altered in some way by the loss. Other places that helped were places where professionals or caring peers provided warm, friendly space for the women to find safety and understanding.

### *Lived-Body*

This lived-world category focuses on the fact that we are always bodily in the world. The lived-body of existential phenomenology is the subjective body, the felt body, not the physical body, though the feelings include and impact the physical body in striking ways. Lived-body experience is determined by who the individual is, how the world is perceived from a personal perspective, and one's attitudes about life. Lived-body includes cultural and social influences that have been developed and internalized throughout one's lifetime. Lived-body experiences are not necessarily conscious or deliberate but often occur in spite of ourselves.

In this study lived-body seeks to find how participants feel about, embody, and embrace the experience of the sudden death of their young adult children. The women spoke of early feelings immediately after the death and ongoing feelings over time. They talked about the specific feelings of shock, numbness, sadness, anger, pain, guilt, and fear. Another perspective addressed in lived-body is how to help the self go on with life when the feelings were howling or whimpering that there is no way.

At some point in the interview, each woman in the study expressed what grief was for her. All tried to define what the term grief meant to them but for some it was extremely difficult to clearly define or describe. What came through clearly was that grieving for a lost child is the most difficult and painful of life's experiences.

Grief is intensely depleting. If I was a balloon there would be a hole in me. There would be a constant whoosh and a constant effort to stay somewhat inflated so I could continue to function. (Laura)

You can't say can't anymore, you've already done can't. (Jane)

I am a very private person. I'm really surprised I'm talking to you. I grieve by myself away from everyone. I've heard about the stages of grief. They say there

are five of them, I think. I've felt every one of them. It's still so hard. I just get through the day, one day at a time. (Marie)

I could not minimize. I had to give myself over to grief. Whatever grief insists upon, I'm here to experience it. (Laura)

I think some people are uncomfortable with my expression of grief. I'm very open about it. I get it out. I push it out, get it up, get it out, whatever it takes. (Lynn)

I knew I had to make it somehow, but the pain was so great, so debilitating. I wasn't ready for him to leave, I never could have been ready. I struggled so hard, so long to figure out some way to go on. (Vicki)

Somebody said to me that I must have a hole in my heart. Yes I do, a howling hole and it's howling all the time. Even when I'm at work, even though I'm having this conversation with you, it's howling. I think it's the most extreme pain a human can possibly sustain. (Laura)

There are times when I hit what I call grief walls. I'll be having a perfectly lovely, wonderful day and out of the blue, hoompgh, that's what it feels like. It's like so heavy. It comes down on me. My eyes fill up with tears and I start sobbing. It might be a song or a TV commercial with a little girl in it. So many things are painful reminders of her. (Lynn)

I've always been a reader, so I read a lot of books as a way to understand. In one was a metaphor that said the death of a child is like having a limb cut off. All I could think of was, a limb, no it's more like all limbs and hemorrhaging out of all the arteries. It's like the most depleting, most horrific, disabling experience. There is no ability to move, no ability to do anything. It's all gone! (Laura)

I journal, so that's something I would do when I could. When I could do more than breathe though I often didn't know how I was even breathing. It's just a very good thing it does it by itself, because if I had a choice, I couldn't have summoned up the energy for it. I couldn't. I was totally, totally, totally obliterated. (Laura)

Three of the women talked about somehow knowing before they officially knew that their son or daughter was dead.

That morning I woke up at three in the morning from a terrible nightmare and a feeling of intense dread. (Laura)

We didn't know anything yet, except that her asthma was bad, but this had happened so many times. All I could think about on the way to the hospital was something was not right. I just felt very strange, not like usual. I didn't know why. It was just another asthma attack. (Paula)

The morning of the day she died, I just had a funny feeling, like something was very wrong. (Lynn)

Before I started to drive home after I knew he was hurt in a car accident, I stopped in a small parking lot. I screamed no! I cried. The entire trip home was a swing between silent shock and screaming, really, at the top of my lungs, God, no! Where are you? How could this happen? I knew he was dead. I just knew it in my heart. I just knew he wasn't alive anymore. I knew! (Laura)

Most of the women began their stories with their experience of finding out about the death. They remembered everything about the first few minutes to that first day very clearly.

I found my daughter's body and that's a visual that never leaves. Try though I might to get it out of my head, out of my mind, it never went away that day or since. (Lynn)

I remember thinking it's too unbelievable. He was my only child. He was my whole treasure. I was more devastated than I could ever have believed a person could be! (Liz)

When my daughter told me my son was dead, I dropped the phone. I couldn't think. I couldn't understand what had happened or what I should do. I couldn't talk. All I could do was stare. I didn't know what was happening. Everything was a blur. I really don't remember but I must have acted very badly. Nobody could talk to me without me over-reacting and being a bitch. (Jane)

Some of my first thoughts were that I had to call his sister and grandmother and let them know. I couldn't think about me. I didn't really cry until I called my best friend to tell her he died. As soon as I said it I started to sob. I felt devastated, frantic. I had to make this not have happened. I just couldn't, or maybe wouldn't believe he was dead. (Carol)

When I was first told I cried uncontrollably mainly because I thought it was suicide. I cried all the way home. (Gail)

I was stunned by the phone call but I knew it was true. There was no doubt in my mind. (Liz)

Some of the women described that first days with the words numbness and shock. They just went through the motions, not able to think or respond in usual ways.

The numbness, the shock provided a sense of safety. I had lost all that could be lost, nothing mattered anymore. There is a great safety in that. (Liz)

When the military showed up at the door, I asked if I needed to get someone else. When they said yes, I went numb. I didn't even cry at first. I was too shocked, too numb. I just couldn't cry! (Carol)

When I got the phone call telling me he was dead, my arms ached terribly and the rest of me felt totally numb. I couldn't talk. I could hardly breathe. On the way home I just sat in the car and thought about everything and nothing. (Vicki)

I was so numb at the funeral. I don't remember who was there. I don't remember anything that was said. I have no memory of those days. (Jane)

The day after he died I was feeling strangely calm, maybe more like numb. The day seemed to drag on forever. I kept thinking I would see him the next day at the funeral home. I want to see him but I'm so afraid. I don't know if I can tolerate seeing him in that box. I keep waiting for him to come in the back door. I know he can't be gone. (Vicki)

The early days after the death were chaotic. The women talked about the denial, the disbelief, the need to be alone, and the need to sleep.

There I was a mother looking at her dead son. It just wasn't right! (Jane)

I went inside myself. I needed to be alone. I seemed to have suddenly lost all direction in my life. (Vicki)

I'd actually never lost anyone close to me, not a parent or a brother or a close friend. The first death to experience had to be the death of my son. I was just, just blown away. (Liz)

I laid in bed most of the time. I wasn't eating, about all I could do was drink. When I got up I was just going through the motions then going back to bed. I needed so much sleep. (Marie)

I needed to keep my mind busy at first. I didn't want time to think about her death. It was out of my hands. There was nothing I could do. (Gail)

When I was alone I smoked cigarettes and thought about my son or I slept. Sleeping became my great escape that took it all away for awhile. (Jane)

I really fell apart about a week after he left, couldn't even get sentences to come out right. I had planned to finish some work stuff but couldn't. I felt totally out of



control, shaking, and confused. I have to find some way to feel alive. I don't know how. (Vicki)

I know now I wasn't crazy. I didn't know it then. I just walked around in a thick, overwhelming fog. (Jane)

It became clear to most of the women that grief was a way of life, at least for the foreseeable future. They talked about their struggles with their grief.

I didn't feel close to anyone for awhile after she died. I felt somehow removed from life. (Lynn)

It was like I kept thinking about him. He's the one who died. Grieving his loss helped me avoid grieving my own. (Liz)

I was confused all the time. (Lynn)

I struggle to take care of myself. (Liz)

There are things that still haunt me. I can't help but wonder why this happened. I guess I'll probably never know, at least not while I'm on this earth. (Paula)

They went on to focus on the specific feelings of fear, anger, pain, and sadness.

Fear was a feeling that two of the women talked about. Their comments were presented in soft voices as if speaking normally may have made fear become too real.

I was so afraid. I didn't know what to do. (Lynn)

I was afraid I would never come back from my dark place. (Laura)

Seven of the women talked about anger. They talked about anger at the death, anger at the child, or anger at the self.

I was so mad. They plea bargained my son's killer. He would be out of jail in eight years for killing my son. I was obsessed with keeping him in jail as long as possible. (Carol)

I have lots of anger. How could he have been so stupid to get involved in drugs? I feel anger at what might have caused him to do that. (Jane)

I miss her. I love her. I think about her every day. I have her pictures around me at home, at work. I'm mad she's gone. (Paula)

In the beginning I kept thinking it was all a dream that she'd just walk in the door. At some point I knew she wouldn't, and I got mad that she was gone and mad that she left me with her responsibility. She should be here to raise her child. I'm too old. This baby needs her mother. (Marie)

I've felt depressed, pissed off. I still get mad that it happened. No way should she have died! (Marie)

I'm beginning to get angry and impatient with myself. I can't think. I get so tired so quickly. (Vicki)

Pain was a word used often by the women in the study. It seemed to be one of the few words that expressed the overwhelming and agonizing feelings each experienced beginning with the news of the death and into the after of their lives.

In the first day, days, weeks, months, my experience is that I never in my life experienced pain of this kind. I didn't know it was possible. I didn't know you could survive pain like this. I did not, I did not know. I do feel language fails. I don't think there are words for it. There's no way to respond. There is no way to describe when people say it's unimaginable. I still can't imagine it and I'm living it. It's beyond expression and I wasn't sure how I'd live. I didn't have that answer. It's a good thing I had two other children because otherwise I don't know why I would live. It was clear the best part of my life was over. I was not going to be really alive again. (Laura)

I figure if I can go through this, I can go through anything. Nothing could be as bad as your child dying. (Paula)

I wouldn't wish this on my worst enemy. It's a terrible pain that doesn't go away. When I got breast cancer people said oh, my God, you have breast cancer. I would say, yeah, but it's a cake walk compared to losing my child. (Lynn)

I wish I could have stayed in a fog, coming out of it caused more pain than I ever felt before. (Carol)

To think of him as dead, to acknowledge it to myself was too painful. Though it isn't as painful now, the thought still causes me to shiver and brings brief pain to every part of my body. (Liz)

I played a mind game with myself for a long time. I pretended he was just away. He'd be back. I knew he wouldn't but it lessened the pain to pretend. (Carol)

For months I felt such heaviness inside of me. I would never see my son again. That hurt so much. (Liz)

My heart is shattered. His absence is so strong, it's like a profound hunger for something unattainable. The yearning, the aching is overwhelming. At work or visiting someone or just sitting at home it's howling. I think it's the most extreme pain a human can sustain. (Laura)

Guilt was another ongoing feeling the women talked about. Some expressed deep feelings of guilt.

There is still so much guilt. I don't usually acknowledge it, but it's there. (Jane)

I feel so guilty. Maybe there was something I could have done or should have done that I didn't. Maybe I could have prevented it. (Marie)

I feel so responsible. I hid from grieving by focusing on my guilt. I was not able to protect him, to make him safe and those are a mother's main jobs, her first purposes. (Liz)

I'm so sorry it happened. I feel a lot of guilt for not being able to stop it. I don't think I will ever get past the guilt. (Jane)

A few didn't think guilt was a feeling that fit their experience.

I have no regrets. There was no animosity. We weren't fighting or anything. I think some parents have a harder time because they argued with their child and then the child died. I think that makes for guilt, for feeling awful for a long time. (Paula)

The women talked about their sadness over the loss of their children. They expressed sadness about their personal feelings of loss.

I have gone through so much sadness since she left but sometime I think it affects her brother more than me. (Gail)

He was such a big part of my life. It makes me so sad that he's not still here. (Jane)

I don't have anyone to grieve with, my family is not close. My friends feel for me but they really didn't know him. (Liz)

They also expressed sadness for their children whose lives were cut much too short.

I feel so sad for what she will not experience, for her loss, not for me. (Paula)

It's so sad. She should still be here! (Marie)

Along with sadness many of the women talked about crying. Crying was a way to release some of the sadness for some, for others crying seemed to increase the feelings of sadness.

I figured I needed to shed the tears or carry them. They were much too heavy to carry. (Laura)

I look at his pictures and sometimes I cry, sometimes I don't cry. Sometimes I touch his face, sometimes I don't. I always feel the sadness, the pain. (Jane)

Crying in the grocery store, actually any place, became a way of life. (Vicki)

The women talked about trying so hard to find peace and to somehow get past their overwhelming, debilitating feelings. All found that the feelings wouldn't end quickly. They learned over time that the feelings wouldn't end at all. They could only hope to find ways to learn to cope. Each spoke about the transition from the first days and weeks of horror after the child's death. They talked about working through and then finally emerging out of the fog.

The transition from the total horror, the fog, began with some brief but significant realization.

There was just being smashed, I mean, obliterated, those are the words. I'm gone. The person I was is totally gone and I don't know who I will be. I have no idea, but I know I can't be who I was. I just can't. (Laura)

His life ended, and a new part of mine began. (Jane)

I was, probably still am, the walking wounded. (Liz)

All I knew after she died was that I just had to cope, there was no choice. I had to live with what life brought me. (Gail)

I knew I had to get on with life but it was really hard. (Jane)

I was lost, really lost. I didn't care about living for so long. It's taken such a long time. (Marie)

The realizations led to each woman finding her own path back to life. Some found that path to be strewn with the ongoing debris of the loss that made finding and living a life after more difficult and less predictable than before.

I used to be so organized and methodical. Since he died I can't be that way. Something is missing in me. Something is broken. I can't get rid of the clutter. I can't throw anything away, not just his stuff but anything. (Carol)

She was the person who I knew was always there for me. I didn't know how I was going to live without her. I depended on her. She depended on me. It's been very, very rough. (Lynn)

I think about death much more. Sometime I think, I feel I think about it too much. Maybe I've been driving myself crazy thinking. (Marie)

I think a turning point for me was when I finally kept trying to keep his killer in jail. It was like a great release. I was able to move, not forward but I was able to move on with my grief process. (Carol)

Sometime I guess I still think I'm crazy. I think about her too much. Sometime I'm sure I can smell her perfume. (Marie)

I was functioning better, for sure. The incredible sadness and the tears continued to arrive at times. Sometimes this was caused by seeing or hearing something that reminded me of him. Sometimes it just happened, unannounced. For awhile I found I could become quite arrogant. I finally knew I had survived the most profound loss. When others talked about problems, I often thought how insignificant, how trivial. Let them try having their child die. Nothing else will seem that important. (Vicki)

Getting to be able to say it's okay takes a long time. For most the time involved is measured in years. They didn't get over it or heal, but were able to say it's okay. I hate it! I'd do anything to change it, but I can't. So I have to say it's okay to live as the person I'm becoming.

Those of us who have experienced the death of a child are in places of darkness and shattering. It's unimaginable and indescribable. Yet somehow most of us do come back from the abyss. There is nothing to compare to the process of coming back, its intensity, its power, its mystery. (Laura)

I finally was able to concentrate more on how he lived than on how he died. (Carol)

I believe I've grown from her death. It changed my life. (Gail)

I finally figured out I have to do what's best for me. (Carol)

I guess my will to live must be pretty strong. Maybe it's my self-centeredness that has allowed me to keep going. I know I have to take care of myself because I do want to live. Life is good but it took me a long time to be able to say it. (Jane)

I knew I had to keep going. There was no other choice. (Gail)

I think I've coped pretty well, even from the beginning. I know I'll never be the same since she's gone, but I have coped. I've hated that it happened. I never dreamed it would happen. But I've just dealt with it. What else could I do? (Paula)

There is always an open wound that you somehow learn to live with, but it's always there. (Jane)

Part of the personal moving on with life was, Do Something! Some of the women needed to do something right after they knew of the death. Some talked about their need to keep the memory of her lost child alive in the world over time.

I totally freaked out and huddled in the corner. I sat there for awhile. Then I started to get hyper looking for my phone book to call family and friends, anybody. I kept saying, I don't know which to call. I have to call I don't know why I looked, I really couldn't see anything clearly. I couldn't have talked either. I guess it was just the need to do something, anything. (Paula)

For months after he died. I walked several miles every evening. Sometime I would walk slowly, thinking, trying to find some reason, trying to regain some order in my mind. I'd think about him as a baby, as a little boy. I'd think about happy times and sad times. I'd cry. Sometime I would walk fast or even run. Maybe I could get away from it all. Maybe I could make it all go away if I ran fast enough. (Vicki)

Doing something over time focused on doing and giving to keep the child's memory alive. They organized and participated in events, they gave to charity, they wrote. There were many unique and varied ways of memorializing their children.

Holidays are terrible! I quickly learned I needed to do something. The city I live in collects Christmas gifts for the needy. Each year I buy a gift for a teenage boy. I don't know, I guess it makes me feel like I'm doing something special for him. (Jane)

I gave Christmas presents I would have given to him to his friends. It made me feel good that the gifts helped keep him in others' thoughts. In the spring we planted a tree in a local park. His friends and I would meet there to celebrate his birthday. On mother's day I went on a pilgrimage with other moms who had children die. It was to a shrine. It helped for a while and made me feel others were remembering him, too. (Liz)

I've gotten involved in politics. I want to help get some laws changed in Illinois. I have to do this for my daughter. (Lynn)

I bought a brick with his name on it that's in a pathway. Little places that I see his name or have someone say his name feeds my hunger. (Laura)

I wrote so much during the first three years after he died. By the fourth year I was ready to do something with what I had composed. I had an article published in a magazine about my search to find his self portrait and of finding it six months after he died. I used some of my writing to develop a script and narrate a substance abuse prevention video that focused on my son's life. It was sold nationally by the production company. I formed a foundation to help young adults, using money from the video and donations from friends. I needed to do all this to work through his death. I needed to do it more to make sure he wasn't forgotten. (Vicki)

I love to write. I hope to write a book about my son and this experience. I want to share that I'm crazy, but crazy in a way any parent who has lost a child is. I want to share that it is possible to be alive again. Time will do what time does. You can't force it. It will be your own timetable, journey, rhythm. It's not linear, and it's never done. There will always be those moments, days where it will wash through your every cell, whoosh, and it will be that anguish and hunger combined. There will be times you're laughing, enjoying life and suddenly it's a full body experience of longing, of hurt, of loss. I do have days where I am not howling, and when I am, the howling is not so loud in my heart. I don't expect that there will ever be a point in my life where the wave doesn't roll through me at times. Before this happened I loved life, really, really, really very, very, very much. I grabbed it by the lapels and went for it. Now I just show up for life. I think I'm

growing, feeling somehow. I do want to make it matter that my son lived. I want to have him touch others' lives because he can't do it where he is but I can do it for him. I know that I am so glad that I'll die someday. I know that whatever is on the other side, hopefully heaven, will include my son. (Laura)

The data included in all four of the lived-world categories was provided by the women with intense feeling, with passion. The lived-body category generally included more feeling and passion than the other three. Here the women dug deeply inside themselves to share their innermost personal feelings about the death of their children. They shared the experience of their own grief, their torturous and debilitating process of trying to make sense of what happened. At times they believed there was no way of surviving the loss of their children. Not only was the child gone, most believed they themselves were gone at some level, too. They could no longer be who they had been. They had no clue as to who they might become or if they would become anyone.

The descriptions of grief experienced by the women indicated none believed they could ever have been prepared for its intensity or duration. Grief over the loss of a child was horrendously difficult and depleting. It was the most intense pain any human could possibly experience. Some attempted to deny it, to hide from it. Some realized there was no alternative to giving themselves over to grief and going where it led them. They stumbled through life trying, often desperately, to find some way to go on.

There were those who believed they knew or felt the first stabs of grief even before they knew about the child's death. They talked of nightmares and strange feelings about something not being right. They knew somewhere in their hearts that their children were no longer alive. After knowing for sure about the death, the immediate feelings and experiences were etched in their minds. Physical illness and sharp pains or dull aches were common for most of the women when they first became aware of the death. They



were exhausted, devastated, frantic, or numb. They lived in a fog, a blur of disbelief and denial. Grief was to become a way of life for the foreseeable future.

Each woman experienced her own array of feelings that could change from one to another and back again within minutes or even seconds. Some talked about fear reluctantly and quietly, as if they didn't want anyone, including themselves, to really know about it. Some assertively, even aggressively, poured out their anger at death, at others who had some part in the child's death or hadn't experienced a child's death, at themselves. They described the feeling of their ongoing pain and their periods of agony at great length. The words they chose, their gestures and expressions left no possibility of mistaking their feeling for anything but intense pain. Guilt was not universally felt. Those who experienced guilt expressed their feelings adamantly. Those who did not experience guilt expressed their lack of the feeling just as adamantly. Sadness and crying were described by all, through their words and through the tears shed during the interviews. Many reluctantly expressed the belief that they, or others, were sure they were crazy as they tried to find their way out of their grief after their child's death.

The women talked about finally regaining enough focus in their thinking to be able to function at a higher level. This allowed them to come out of the fog of confusion and chaos. None felt they were near figuring out how to go on, only that they somehow knew they could probably live through the loss. Some talked of specific experiences that gave them the ability to think past their pain to possibility. Others just evolved, not having the ability to explain how or why. At this point they began to realize they had changed, that pain of this magnitude had caused them to become somehow different than before. They struggled to learn how to continue as the people they were becoming.

The women felt a strong need to do something to enable themselves return to productive lives that included deeper meaning and some form of accomplishment. They expressed great fear their children might be forgotten. Each needed to learn to cope and grow. Each needed to make sure that her child remained remembered by others. These realizations provided the motivation to do something. Some began quests to find small personal ways to accomplish their goals. Some looked for ways to reach out into the world and touch others lives to accomplish their goals. They were convinced they needed to do something if they had to remain alive. Some expressed their willingness, even happiness, to die sometime in the future. Some hoped and some were sure death would bring them to their lost children.

#### *Lived-Time*

Lived-time is the personal dimensions of time, including the past, the present, and the future. Together they make up an individual's picture of time, where one has been, where one is, and where one is going. Lived-time defines the meaning of before and after in life. Specific events redefine before and after because of the importance, possibly the trauma, of the event. Time begins to be measured by the new before the event and the new after following the event. Lived-time includes the speed at which time passes for the individual. It includes the bargaining with time to fix events or change outcomes.

The topics under lived-time include time, the speed of time, changes in perception of time, special time, moving on in time, and feeling connected – or not. Lived-time includes the women's subjective experiences from the time of hearing about the death forward.

When I got the call I knew, I just knew, it was true. There was an overwhelming feeling that his time on earth was done. (Liz)

Every mom remembers seeing her child for the first time as a newborn. It's so exciting. No mom should ever have to face the time of seeing her child dead. It's unspeakable! You never forget this experience. That time never goes away. It's never forgotten. (Jane)

You need time to process death. There is no preparation time when the death is so sudden, so unexpected. (Lynn)

Soon after got the call, I tried to call my mom but I couldn't find her. I wanted my mom to be the first to know. Though it's really not clear, I think I called some other family and friends. I know I told them he was dead but it like there was nothing else to say. I couldn't talk. I didn't want to talk. It wasn't time to talk. (Liz)

I feared if there was ever a time I started to cry, I would never be able to stop. (Carol)

You never get over it. Time changes nothing! (Carol)

The speed of time went fast, slow, or sometime fast and at other times slow for the women. They also expressed the feeling of not having enough time.

Many of the women found that time really seemed to be moving in fast forward, so fast they couldn't remember all that happened.

When I found her everything seemed to speed up, it was all like a blur. It was so fast. (Lynn)

We made plans for the funeral so fast. I don't know but I guess I needed to be done with the horrible task of planning my child's funeral. Nobody should ever have to plan their child's funeral! Then everything was done so fast, the wake, the funeral, it was like a whirl wind, all over in a few short days. I needed more time. I didn't want my child to be gone so quickly. (Paula)

The weeks seemed to pass so quickly. (Gail)

Some of the women perceived that time moved slowly, too slowly.

It was like looking out from inside somebody else's body. I was outside my body seeing what was going on around me in slow motion. (Jane)

I needed time to get things in order, to get things cleaned up. It all seemed to take so long, like an eternity. (Gail)

It seemed like my life, everything, was on hold forever. (Carol)

Time just dragged on. (Marie)

I started to read her diary. It seemed like it took forever to read the last night's entry. (Gail)

My son was in the army when he died. He'd just gotten back from Iraq four months earlier. He was a machine gunner and was in some of the worst fighting. He came back shattered by the experience. Since he was in the service, the Army was involved in the identification of the body and the transport of the body. There was a protracted period before we were officially notified. It then took another week before they could return his remains. Until then we just had to sit and wait. It was horrible, time seemed to have stopped. (Laura)

Some women experienced time as both moving swiftly and in slow motion.

Time both stood still and raced when they told me he was gone. (Carol)

He's been gone one month. Writing the date today was so very difficult. Can it really be one month? Can it really be that all this has happened? Yet it also feels somehow like a milestone in time. I've actually made it one month. One month of pain is done. How long will it take to feel any comfort inside, to have just one day of peace, a day when I can make it through without pain. (Vicki)

Everything was in a fog, not moving, yet everything was also spinning out of control. (Carol)

The time given for bereavement leave from work was not enough time for most of the women.

They wanted me back at work in just a few days. I knew I couldn't do it even though it was stressed in the policy that needed to be followed. I took about two weeks off. I knew I was useless for a long time, but they told me I had to come back. (Gail)

I was allowed a month off from my job. The policy was the typical three days. Thank goodness I didn't need to be back that soon. They would have needed to just park me in a corner. When I did go back the best I could do was maybe one thing each day. It was a very slow, painstaking kind of going through the motions. Finally after a couple of months I was able to focus more, but I still just went through the motions for a long, long, long time. (Laura)

One woman was the exception. She needed to work.

I thought I needed to get back to work as soon as possible. Everyone kept telling me I should take more time off. I knew I needed more regularity, a place with a purpose. (Jane)

The experiences over time were defined by both desperation and hope.

Desperation filled most of the early years. Hope began only later.

There's something I call grief math. I kept track of all the days for the first year. I wrote them all down so I would know which day of loss it was. It was important to have measures, to have markers on the road of grief. (Laura)

The first three years were horrible and torturous. The first six months were worse than horrible and torturous. (Vicki)

I very much did not want to have a whole part of my life in which he didn't exist. I wasn't ready for that and I used the idea of suicide as a kind of safety valve. I said to myself, okay, I don't have to take myself out right now. I can be brave, not weak. I'm not a coward. If I want to kill myself in five years, I can. So this was kind of my magic thing and how I sometime coped. (Liz)

I do have times when I break down, in the car, in the shower, almost anywhere. I don't know if time will change these things, maybe they just won't happen as often. (Paula)

You plan for your kid's future. You have things you want for your kid. Now it's all dashed. None of it will ever happen. So much has been taken away. (Lynn)

June remains a difficult month. That's the month he died. I feel anxious all month and am always glad to see July arrive. It is an improvement, though, every day was so incredibly difficult at the beginning. (Vicki)

I try to think back when she was here and there's so much I can't remember. How it is now, I guess I would say is normal. She hasn't been here in so long, it just seems normal now. (Marie)

There's a saying, what the caterpillar calls the end of the world, the master calls a butterfly. (Laura)

The new after initiated by the child's death brings about a change in the perception of lived-time that continues to evolve.

There's a new normal since he died. It's the before and after thing. (Carol)

Life has lost its luster. Maybe there will be a time that I am greedy for life again. But whatever, I am here for now and I'll just have to keep going but yearning for him, too. (Laura)

I realize now that people can be so petty. They can have such unimportant priorities. They don't realize what's important. I've learned to look more closely at priorities. I know that life can end in a snap. (Lynn)

I've always been a live-for-today person. His death really enhanced this belief. Nobody knows what's around the corner. (Jane)

Now I feel less responsible for letting him down, for not being able to protect him. I don't blame myself so much. (Liz)

I could never feel anger toward him for dying until maybe sometime last year. The passing time changed something. I don't know what, but I can and do feel anger now. (Liz)

Time goes on. We have to go on. I think we'd all end up committed somewhere if we didn't. (Gail)

Over time I realized seeing where my son died wasn't necessary. Something changed to make me realize it would serve no purpose in my life. (Carol)

Finally enough time had passed that I could go back to my therapist. I can allow her in. I can now accept myself. I can accept my loss at some level. I don't think I'm a bad person, a bad mother anymore. (Liz)

Holidays and birthdays which were special times for all the women in the study.

Other special times were those that had special and unique meaning to individuals.

Holidays are hard, too hard! (Marie)

Christmas of the first year took away any small gain I may have made in the first six months. I found name tags with his name on them in with the ornaments. Everywhere I looked there was something that brought memories of him. Everything about that first Christmas without him was devastating. (Vicki)

For the first few years after he died, Christmas was worse than horrible. (Jane)

And then there's the Christmas thing. I haven't been able to put up a tree. I'm so afraid I'll see the ornaments she made, the special ones I got for her. It's too hard. Maybe someday, but not now. (Lynn)

I might even try to do more for Christmas this year. Since she died it's been like who cares. So far I've only some little things for the baby. She needs to have Christmas. To me, Christmas don't mean nothing and probably won't ever. (Marie)

I have my moments, Christmas, her birthday, even Halloween. The times she loved the most are the hardest for me. (Paula)

I celebrate his birthday every year by buying donuts or something to share at work or with friends. (Jane)

Most of the women were not surprised that holidays and birthdays brought extreme feelings, overwhelming sadness. The personal occasions and meaningful dates brought feelings for which most of the women were unprepared.

Trying to keep his killer in jail meant retelling the story every year for the parole hearings. It was like reliving the whole thing over and over and over. (Carol)

I find my greatest visits with my daughter are in my dreams. However, shortly after she died, I know she was in my living room. I felt her hug me. I know I did! (Lynn)

Some events are just difficult, maybe always will be. One of his friends married. I went but it hurt to see the empty spot he should have filled. His girlfriend married and had a baby. I went to the hospital to meet the baby. She was beautiful but I ached inside. He would never have children. Occasionally I meet one of his friends some place. I not only feel sadness when I see them, I feel confused. They're aging but he will always be twenty-one. It seems that I enter a time warp where nothing fits quite right. His friends are moving on, they need to and should. That does not remove the pain that he's not here to move on with them. (Vicki)

Time for moving on came slowly for most of the women. They struggled with their devastation and confusion. They struggled when others moved on before they were ready to accept it. They struggled with their feelings of moving on and leaving their lost child

behind. Finally each, in her way, began to process of moving on with life, not forgetting, not getting over it, but moving on.

I counted the days. I decided that I'd count at least the first hundred to see if I could make it that long. I wasn't sure. I wasn't sure I could live one or three or ten days. As I counted the days, I'd think that I had done this many days. See I've somehow lived another day. It's been two weeks or a month, a month without my son! It seemed impossible that the world was still turning since he wasn't here anymore. (Laura)

I just don't think you can ever get over the death of your child. It's impossible. It's just not supposed to happen. (Jane)

I was, and probably still am, the walking wounded. (Liz)

I wish I could have worn a black armband so people could see and know I was grieving. That's a tradition that's gone. I wish I could bring it back. I also knew I had to try to find a way to make living in our family more normal. I didn't want to be a broken mom for my living sons. So this became a mantra for me. So there were things I started to do to show up for life. I forced myself to do things even though the howling inside of me was resisting. (Laura)

It's the only time in my life that I felt truly helpless. It was probably not more than a year ago that I realized I still have a responsibility to make something out of my life. I let myself off the hook when he died. I really didn't care. I mean at some point I knew I wasn't going to commit suicide but I didn't care about anything. I'm not sure I know how I functioned. I just did. Now I think I'm more alive. I have some motivation. (Liz)

The length of time it should take to move on with life after the death of a child is prescribed by society. These women found that they could not meet society's norm.

Society expects you to move on in six months, two years, five years, whatever. Society wants you to find closure. There is no closure to this loss. (Laura)

Some of my friends have told me it's now over two years, I should be over it. I don't understand how they think I'll ever be over it! (Marie)

The first few years were horrible, who could think of moving on. Just breathing was too difficult at times. (Carol)

One sign of moving on was reaching out to other people. The first attempts to reach out were not always successful.



The group was helpful for awhile. But it seemed to dredge up things that maybe needed to be left undredged. The people really did try to help. Almost every time I was there some wise platitude was expressed. Like, she's in a better place now. No, she belongs with me! Or God only gives us what we can handle. So, if I were a weaker person my daughter would still be alive. Or when I developed breast cancer one of the group women stated that grieving made people more susceptible to cancer. I don't care about beliefs or statistics, I can't go there. I can't and won't put any of it on my daughter. You died. I got cancer. What's that all about?  
(Lynn)

It's good when you can share with someone that you know really understands. Only someone who has lost a child can really understand, can share your pain. There's a bond even if you don't know each other well. (Jane)

I hear people say you need closure after a death. When the death is that of your child, there is no closure as far as I can tell. Maybe there's learning to cope with it, maybe there's ways to move on with life, but closure, no way. (Jane)

Time was frozen for about five years. I guess I couldn't move on because it would be all over then. I'd have to let go of him. (Liz)

Remembering past connections with the child in life and continuing to feel connected to the child after the death was necessary and extremely important to the women. When the feeling of connection wasn't there it was devastating.

The family was all together the night before she died. We had such a great time. I'll always cherish that night. Everyone was happy and getting along. There were no arguments, no problems. I think God gave us that time to remember. (Paula)

She was finally getting her life back on track. She wanted to study law and maybe make things better for others who had drug problems. She was a brilliant kid. She had the ability to do it all. I will always feel guilty that my last words to her were about being suspicious of what she was doing. It wasn't something like I love you, it was like what are you doing and why. I never had time to say I'm sorry or to make up for what I said. (Lynn)

The meaning of his death for me focused on his losses. I couldn't get that this was all he got. It was like cut way too short. He needed, he should have had more time. I often needed to pretend he was still here to be able to go on. It did seem somehow cheap to pretend this when he couldn't enjoy the world anymore. (Liz)

For so long after he died, I kept hoping I would see him or be able to talk to him. He never visited me as other people have reported about their lost children. But

for a long time I would see his face when I closed my eyes to go to sleep. Seeing his face helped me through the early, very scary, and rough times. I also talked to him often. I told him not to be afraid because I would be there with him soon. I planned to be with him when I was a certain age that I picked right after he died. I'm not sure what that was about but I've passed that age and I'm still here. (Jane)

For a long time, probably the first two years or so, I dreamed of him so much. In my dreams it was all a mistake, he had only gone away for awhile and he came back or was coming back soon. It's so painful to have lost him but it was such an honor to have had him in my life. He wasn't here very long, not nearly long enough, but he really lived. He loved life. It makes me so happy to think of him out in the world, appreciating the world as he did. (Liz)

The concept of subjective lived-time is probably the least clear, the most abstract of the lived-world concepts. It is not easily defined. The women did not express time in terms by itself but as a definer of what they did or didn't do, how they felt, or what they wanted and didn't want. Time had many meanings for them. They talked about the time before the death of the child and the time after the child died. Their comments spanned time in the past, the present, and the future, or where they had been, where they now were, and where they were going. The future, or where they were going, was the most difficult for the women to address or define. Most only speculated that they would probably be here in the future but had only sketchy thoughts about what that meant.

Some of the women spoke directly about the time before the child's death. They reminisced about what life was like when their children were still alive. They talked about the good times with happiness, longing for its return. Some were devastated that they had not been able to be who they now wished they could had been as a parent. Some focused on how they had been good parents with little to regret. From another perspective, the before of life was now measured by the time of their child's death. Never again would any of their lives have a stronger, more significant date from which to determine life's events before.

The time after the death of the child was the central focus of the study. The shock, numbness, sadness, anger, pain, guilt, and fear each woman spoke about with such passion centered on this time after. The new after began when each became aware of the child's death. It continued through the devastation of early grief and the period of time when each struggled to find a way to go on as the pain of grief lingered for an agonizingly difficult extended period of time. As with the before, after began to be measured from the time of the child's death. Every woman interviewed identified the date of the child's death as the date used to gain perspective on when any and all of life's events occurred. This event happened after the death. That event happened before. The new before and after was etched into all the women's minds.

Time was referenced by the word never for some. The women would often use never comments with sadness in their voices. Sometime they muttered slowly as if they were talking to themselves or were not able to speak a never comment out loud. It never should have happened was repeated by many. I never wanted to see my child dead was also stated slowly and quietly. At times the women used never when referring to the process of attempting work through the traumatic loss of the child. Comments like the pain will never go away or there will never be closure, were either said with sadness or with anger in their voices.

The speed of time was an issue addressed by the women. Time went too fast or too slow or too fast and too slow. The speed of time was stressed when speaking about the child. All agreed that time when the child was alive went much too fast. Some reminisced that the child had somehow packed so much into their brief time on earth and speculated what they could have accomplished had they spent more time in the world. Others

focused on the lack of time their children had to live and learn about life. These women expressed sadness, anger, and, at times, bitterness at the unfairness of the early, untimely death.

Special times caused anguish in the early days after the child's death. The firsts were devastating, the first Christmas, the first birthday, the first anniversary of the death, all caused the women to regress, often seeming to erase progress that had been made since the death. Other firsts initiated extreme sadness or anger including the marriage of the child's friend, boyfriend, or girlfriend, the births of babies, any moving on experience reminded the woman of what she and her child would never experience. Some referred to the time warp of seeing the child's peers aging while the image of the child remained at the age the death. The feelings experienced at special times had not ended for any of the women. Most expressed the belief that the feelings became less intense over time but none suggested these feelings would ever end.

Their own moving on in life was a difficult topic for the women. Some sadly shared that they did not believe they had moved on in life. They felt stuck in time, the abyss of sadness and longing that prevented them from finding joy in life, or even from determining what finding joy might mean for them. Some believed the best part of their lives ended with the traumatic experience of the child's death. These women suggested or stated that they just show up for life now, they don't live life anymore. Some were able to share that they had finally moved on with their lives but all were adamant that they had moved on as very different people than they had been before the child's death.

*Lived-Other*

Lived-other is the relationship one maintains with others. It is the interpersonal space we share with others, the communal experience that provides a sense of social purpose in life. Though all of the lived-world categories are important components for defining or making meaning of our experiences, the lived-other is the subjective interaction with all others in our experience that helps shape who we are, how we think, how we make meaning of our lived body, lived-space and lived-time. Interpersonal space with the lived-other begins as life begins and continues throughout life. Our lives are spent in the presence of the lived-other, face-to-face, in our memories, through the media, all of our contact with others.

The most important other to the women in the study was the lost other. The women addressed the interpersonal space they shared with the children in life. They addressed the relationships they continue to share with them. They shared the meaningfulness of the relationship with their children since it has become a relationship of memories.

It's just not right to bury someone you brought into the world. (Jane)

I just sat in the hospital and held her hand for about an hour after she was gone. I needed to feel connected to her. I didn't want to let her go. (Paula)

He was such a big part of my life. I wish he was still here. All I have are memories now. (Jane)

He will always be an important part of me. I can never let him be forgotten, never. (Carol)

I miss her! We talked. We did things together. (Marie)

If only I had been able to say goodbye. (Carol)

I so wish I could have had some kind of closure with her, like even just saying goodbye. (Marie)

I don't talk about him every day. I might not even think about him every day, but he's always in my heart. (Carol)

He's my child and he's dead, cold, dead, and that's hard. In fact, it's almost unbearable. Even now, I miss him every day of every week of every year. (Jane)

Saying I miss him is true but it's so insufficient. (Laura)

The pain of missing him is so powerful it just takes over. (Laura)

Raising his son gave me something of him to maintain a connection to him. My grandson finally went to live with his aunt. I love him dearly and I miss him, too. Though I'm not sure I was ever able to separate him from my son. (Carol)

It's only been the last few months that I have felt some real relationship, some connection to him. I still don't believe I will ever see him again but any feeling of connection is beautiful. (Liz)

Some of the women talked about the beginning of the new relationship with the lost child.

She died in her sleep. Her brother was close by. The dog was in the room, probably on the bed with her. If she'd been in pain, if she'd cried out at any time they would have known. I felt so much better knowing she moved on quietly, peacefully. (Gail)

The phone rang at seven in the morning. I didn't need to answer it to know something was really wrong. When I answered it a policeman told me he had bad news regarding my daughter. I said she's dead, isn't she? He said yes. (Marie)

In the morning before the visitation at the funeral home, we went out for breakfast. I couldn't eat. I wanted to see him so badly but I was afraid seeing him would make it real. He looked so beautiful, so handsome. He had such long, thick, blond eyelashes. Why hadn't I noticed that before? I had to keep touching him. How can I let go of him? (Vicki)

At the funeral the minister said the death of a child is not unlike childbirth in that there is profound change, it is extraordinarily painful, and there is a kind of delivery, or enduring, of this part of your child's life. Somehow this was helpful. (Lynn)

I stayed behind after the funeral before they had to close the casket. I needed to be alone with him. I kept asking him why? Why? Why? I needed him to answer. Somehow I thought if I asked enough times he would. But then it was over. (Jane)

They continued to talk about their children and their relationships with them before and after the death.

How could it have been my son? How could this have happened to him? (Liz)

He'd been in the service for quite a while. I couldn't talk to him, but now I really couldn't talk to him. (Carol)

I want you to know how handsome he was, how brilliant he was. What mom doesn't think her kids are brilliant, gifted, and funny? He had so many gifts. How can the world do without him? I don't know how the world is managing, really! (Laura)

She wanted to make a change in her life, and a change happened, a big one! (Lynn)

She could act so childish. Even when she was twenty-something I used to say, when are you going to grow up? She'd always answer, never mom. I guess she was right, she never will. (Paula)

I guess like all adolescents, he thought nothing could ever happen to him. (Liz)

I really don't think she was intending to die. I think she was just trying to dull the pain. (Lynn)

I remember thinking he must be afraid. I wanted to see him, to know he was okay. (Jane)

I had such a great desire to pretend he was still here. Keeping close to his friends helped me pretend he still was. (Liz)

I knew from the last entry in her diary that she hadn't committed suicide. She had written too much positive stuff. She was looking forward to the future. (Gail)

Four of the women interviewed for this study talked about children who struggled with addictions. One woman talked about her daughter's struggle with anorexia. All of these women expressed the belief that their children were doing better, making progress in overcoming their problems, before their deaths.

He really seemed to be doing better, then he died. (Liz)

Addiction is a bitch! You think it's under control and then he's gone. I stayed with him for awhile after the funeral. It still seems appropriate and fitting. It was the right thing to do. I remember telling him he was a bastard for doing this to his mother. I hugged him and it was over. (Jane)

I thought she had managed to get things under control. I really did. It seemed like she wasn't using much anymore, only once in awhile. (Marie)

She was making plans for the future. She was trying, and I believe she was succeeding. (Lynn)

She was trying so hard to get over this anorexia, really trying. (Gail)

Several of the women talked about significant others. Some of those discussed were the child's father; some were not.

Some of the women felt unsupported and alone.

His dad wanted me to go see our son after he died. I couldn't see him dead! I didn't want him to be a dead body in my memory. I guess his dad maybe just wanted to be there with him. I wish he could have been the dad our son needed when he was alive. (Liz)

It's not that he wasn't there, he was and still is. But I understood right after my son died why marriages fail. I had no energy, no interest, no nothing to give my marriage. (Laura)

Some found their significant others supportive.

I hear about others who have lost children divorcing. I don't know. We've been together for thirty-some years. I can't imagine ending it now when we're both so vulnerable. We need each other so much. (Paula)

My significant other and I married about 6 months after my son died. I think both of us needed more of a permanent bond. (Jane)

We'd been together for years. We decided to get married after my son died. (Carol)

Lynn has decided it might be time for a significant other and added a bit of humor when discussing it:

I'm beginning to think I'd like a relationship. Unfortunately, the only two men in my life since my daughter died have been Ben and Jerry! I've found comfort in



food. I need to get myself together and reach out to life more. Maybe I might even join a health club or something.

The women talked about religion, faith, or spiritual philosophy. Some found great peace and comfort in their beliefs. Others were not so positively impacted by their belief or lack of belief. Most did find the topic was important enough in their after experience, with or without God, to talk about it, sometime at great length.

I have a strong belief in God, and I could see His hand in all of it. I could feel His guidance throughout it. I feel such comfort from God. I know He continues to walk with me through my experience. It was His plan. He eased my sorrow. Without God I would not have been able to accept her death. Without God I'd have nothing. I know others who have lost children and have had a very different experience from mine. I can't judge other people or their sorrows but I felt so touched by the Lord, so led by Him. I just don't know how people deal with it if they don't have the Lord, I really don't but I guess some manage. (Gail)

I'm a Christian. I've been a member of several different churches, I mean, Catholic, Baptist, Presbyterian, non-denominational, but being a Christian from any point of view is so comforting. I don't know how anyone can go on after losing a child without faith in God. (Paula)

I'm from a religious perspective that talks about forgiveness. I believe my son's killer needs to go on with his own life and I need to go on with mine. My husband and I disagree about this but that's okay. (Carol)

Buddhist philosophy about death includes the many channels or steps that you have to go through. Before you've learned all your lessons you have to come back and keep being reborn. I knew my son hadn't learned all his lessons so he would be coming back as a bird maybe, or a Chinese man or a Japanese woman. The idea that he could be back in some form was very comforting for a long time. I don't know if I buy it now, but why not? (Jane)

I've always considered myself an Atheist. I don't believe in a personal, hands-on god. I don't believe in an afterlife. I don't believe I will ever see my son again. I remember a mom who had lost a child saying that the child was with Jesus and she'd see her again in time. I really feel that if you need that coping mechanism, you're in a different ballpark. However, if I knew, if I really believed, I'd see him again a huge weight would be lifted from me. It would be so comforting. (Liz)

When I hear people talk about God, I always substitute the word life. I do have a sense that there is something larger than those differentiated organisms that come into being and then die. All the energy has to go back to something. I know I will

never see my son again but it's the idea that we are all part of a universal flow. It helps me somehow. (Liz)

Two women talked about the part God played in the child's death.

The Lord gave me time to talk to her before she died. He gave me the opportunity to say what I needed to say. I find my acceptance mainly because of all the Lord did, the work up to her death. He was there for her and for me. I know it. Only God could have taken her so peacefully. It was a real blessing and only God could have done that. It was God's will, he meant it to be. (Gail)

I believe in God. I'm not so sure God caused my son's death, but I do think God knows when you are coming to this world and when you're leaving this world. (Jane)

Two of the women talked about pleading or bargaining with God make their child safe, to bring the lost child back.

I found myself pleading with God to please make her live. I said something like just please make a miracle, you can breathe life back into her and make it all okay. (Lynn)

I wonder if God is punishing me for something. I don't know. Just makes me wonder why things happen as they do. But if I am, I want to plead with God to take me and bring my daughter back. (Marie)

If I could bargain with God I'd say I'd have breast cancer again, in both breasts, I'd give up anything to let her live. I'd trade places in a heartbeat. I'd be sliced, I'd be diced, and I'd be tortured just to get her back here. I want her back here, alive. God, go ahead and take me but let her come back, let her live! (Lynn)

Some also added comments about life after death.

I wanted to anoint her body with peppermint, rosemary, and Dead Sea salt. This was the closest thing I could think to do that is Christ-like. I do believe in God, in an afterlife. I know she is with God, but I did want to do something while I still had her physical body. (Lynn)

Her death was God's timing. Maybe He put her through so much because she was a Christian. Anyway, she was a Christian and I know where she is now. She's in the hands of God. (Gail)

I know she's really not there in that cemetery. I know God has taken her spirit to heaven to be with Him. That's what I believe and it helps so much. In so many ways I believe my daughter is more blessed. She doesn't have to put up with the

world and all its stuff. Yes, she has missed out on a lot but who's to say it's not the rest of us that are missing out. She's with God in heaven. (Paula)

I feel like if there is life after death that she is real sad because she's not here. I don't think she's at peace. I really don't. She left her daughter here. I really do hope there is a life after death because at least she'll be able to see her again. She'll be able to see her daughter again. (Marie)

The women expressed gratitude for all the others who were there for them after their children died. The most important others were their families and friends. They were also grateful for the professionals who were there to help and the strangers who cared.

My other children did so much to help with the funeral. I was so proud of them. They made picture boards of her life. I have them on my wall at home. These pictures mean so much to me but the fact that my other children out them makes them even more meaningful, more special. If something happened and I could only save one thing from my house, there's no doubt it would be those pictures. (Paula)

My extended family was all there wanting to surround me with love. Now I'm grateful they were. At the time I didn't want any human interaction because it cost something I didn't have – attention, energy, rational responses, a sentence that would make sense. I couldn't offer any of these things to anyone. (Laura)

Beginning with the first birthday after he died, I needed to spend at least a part of his birthday with his sisters. I've needed them to talk with me about him. They've been there every year. It's so very good. (Jane)

I don't know where I'd be, what I'd be doing if I didn't have my granddaughter. I'm so glad I got her! (Marie)

Friends provided the most consistent support for most of the women, but sometime it was more than the women could tolerate.

I have so many good friends that helped me so much. I don't think I could have continued to live if not for them. They were there when I needed them. They asked what I needed and when I said nothing, they understood. They were just there, understanding, waiting to see what they could do. If I needed to talk, they talked. If I needed to go to bed, they understood and stayed to see if I needed anything when I got up. These special people were the first to come to my house. They were some of my best friends though I really couldn't tell you who was there. (Jane)

The warmth of people that came, the warmth they showed me was heartwarming. (Carol)

So many people wanted to help. I talked and listened to them as much as I could in the early days and weeks. I know they cared but I wanted nobody. I couldn't live with the pain, much less have a two sentence interaction. It cost too much. It cost too much! (Laura)

After she died it was like people were coming out of the woodwork. People I hadn't heard from in years were calling, stopping over. It was nice. But after a while it was like enough. I wanted everyone to just give it a rest. (Marie)

For some, strangers provided help.

I know the person who called to tell me hated making the call. I know he wanted to help, and he tried, but I didn't know what I needed how could I tell him what I needed. (Liz)

There was a woman police officer in her room with her. I asked if I could come in, she said of course and asked if I needed anything from her. She was really helpful and nice. (Gail)

A few months after my son died I talked to a woman who had lost a child. It was wonderful to talk to someone who understood. She told me it was possible to feel joy again after awhile. I asked how she managed to go to the cemetery. She said that she could never go because she was afraid she'd start digging. (Laura)

The women shared comments about the many people who were here for them, who were helpful when they were having difficulty after the child's death. Some also shared comments about those who were not helpful. Many were not trying to be unhelpful but the women interpreted it that way, because of their sadness, shock, anger, or guilt.

The policeman came up to me and started talking. He was telling me she was dead. I was shaking my head like, no, no, no, don't let those words come out of your mouth, please don't say this to me. But of course he did. It was so hard to hear! I asked if I could hold her but the he said I couldn't tamper with evidence of a crime. I wanted to scream that my daughter wasn't evidence of a crime, she was my daughter. (Lynn)

I believe some people passed judgment on me because of how I behaved at the funeral. They never lost a child. They can't know. (Lynn)

I think sometime people look at me funny, that they judge me. My kid died of drugs. What was wrong with me? What was I thinking? Wasn't I watching what she was doing? Of course I was but there was so much I didn't know. I know that now. (Marie)

I needed to see her body when she got to the funeral home. I was told I couldn't see her because of the autopsy. I made it clear I needed to see her, to check all of her. I was stunned when I found her naked on a slab without even a sheet over her, people walking by the door could see her there. Maybe they thought they were doing what I asked but she didn't seem to get any dignity in death! (Lynn)

My family told me I had my God and my friends. I didn't need them and they didn't plan to be there for me. (Lynn)

When they came to the door, the only thing the military would tell me was that he had been killed. They added they couldn't give out any other information. Nobody in the military seemed to be willing to care about me or my son's death. They were just businesslike. I just lost my son. They told me it was none of my business what had happened. He was military property, government property, not my son. I had no right to expect anything. I had nothing to do with it. When they did tell me anything, they usually changed their minds. First they told me to get everything ready they were shipping his body immediately. Then they called and said it might be weeks before they released him. I was struggling to understand he was gone. They made everything much harder. (Carol)

I called the Red Cross to have them tell my daughter her brother had been killed. They told me they had a process to verify the information. They added that it would probably be days before they told her. They seemed so matter of fact. There was no human caring involved. (Carol)

The police weren't very helpful when I finally found who I needed to talk to. The military didn't provide them with my information. They didn't even know I existed. By the time I talked to them they said there had already been a plea bargain. The man who killed my son got only 8 years! It was too late for me to try to do anything. (Carol)

There was a change in how the women perceived the others in their lived-world after the death of their children.

People go through tough stuff and whine so much about their misfortune. All I can think is they have no idea how blessed they are, how blessed they are. They haven't had a child die. (Lynn)

I'm convinced that the parents who can't bear the howling pain kill themselves or become depressed for life after the death. (Laura)

Anyone who has not gone through the death of a child does not, can not, understand the extraordinary, disabling, disassembling experience. (Laura)

They became more protective of their other children.

I know I'm more protective of my other children. I need to know where they are all the time. I'm happiest when they're with me. I know then that they are safe. (Paula)

My concern for my daughter's wellbeing was almost overwhelming. I needed to know where she was at all times. I needed to know what she was doing. (Vicki)

Some found a great need to increase their connections with others. Some found it more difficult to connect with others.

My relationships with my family and friends have become closer since he died. I so need connection to others. (Jane)

My advice to everyone is that if you love someone, show it, live it, embrace it! (Lynn)

Everyone in the family was so affected by her death. I find I want to help them feel better, to cope, but I can't. (Gail)

When others move on, the women in the study understand they must, but it's often extremely difficult for them.

I know people have to keep living but it's been so hard for me. (Liz)

The world keeps turning but sometime I can't image why. (Laura)

The most important other was the lost other, the child who died long before it was time, who didn't outlive parents. Each spoke of the relationship she had with the child. They told of their love for the child. They talked about the child's attributes. Each child was handsome or pretty, bright and talented, successful or working at succeeding. For most the child and the relationship they shared was idealized. No matter what problems may have existed between them or in the child's life, the women remembered most

clearly and with fondness the good that was there. Their sadness accentuated the longing for the life they shared that was gone and would never return.

They searched for words that could express more meaning than the words: I miss my child. These simple words seemed so incredibly deficient in defining the deep feelings they were trying to explain. When speaking of the first days after the death most talked about the difficulty of seeing, but also the necessity to see, the child. They needed to be close to them and touch them one more time. They needed to say the goodbyes they hadn't had the chance to say. Others knew there was no way they could see their child dead. This would be a memory that would be much too devastating to hold but impossible to release and forget.

Four of the lost children had struggled with addictions that were ultimately the cause of their deaths. These women expressed the same feelings about their children and the relationships they shared as the women whose children died from accidents or illnesses. They loved them as deeply and had numerous hopes and dreams for them. Though most of the women questioned their parenting skills and their inability to protect their children, these four women experienced more guilt regarding perceived deficient parenting and their inability to protect their children from life's problems and from death. All four women believed their children were coping better with life and were making progress in overcoming their problems at the time of the death.

The women talked about significant others in their lives. Some were sad, angry or frustrated that they felt unsupported by significant others after the child's death. They talked of feeling very alone even when the other was there. Their expressed feelings were often similar to those of the women who had no significant other at the time of the loss.

Some realized that they, themselves, were incapable of participating in a relationship with their significant others for extended periods of time after the death. Some expressed sincere gratitude that their significant others supported them especially in the first very difficult months. Two married long-term significant others after the child's death, speculating that they needed more permanent relationships and more stability for the future than they previously needed.

The women talked about a relationship with a higher power, the role the higher power played in their lives before and after their loss, and some significant changes to their previous faith and beliefs. Most identified themselves as life-long Christians. Some found tremendous peace through their faith in God. Many of these women questioned if they would have had the ability to keep going if God hadn't been there to help them and guide them. Others found their previously strong beliefs and faith challenged by the loss. These women expressed anger with God and questioned how He could have allowed this to happen to their child and to them. Comments from some indicated they searched their own and other religions or spiritual philosophies to help them makes sense of their devastating experiences and to find some assurance that their children were safe, that they would indeed see them again.

One woman identified herself as an atheist. She indicated she had always been comfortable with her beliefs and doubted she would ever change them. The difficulty she experienced was that she knew she would never see her son again. She expressed envy for those who could believe in a hands-on higher power and a life after death. They had the hope of seeing their children again. She didn't have that hope. She did speculate that all life continues in some form of energy in nature. This, she said, did help her.



There was deep gratitude to others that were there for them after the death of the child. Some referenced family as a source of support for them but added that other family members were struggling with their own grief and not always available. More indicated they didn't know how they would have survived those first days, months, years without the caring and understanding of friends. They could be who they needed to be with their friends. They could talk or be silent, could ask for help or need nothing. Their friends were there for them. Several talked about the need for those who were so supportive to let go and let them be alone. They spoke of the lack of strength to respond to others and their need to be alone to sort through the horror of and the void in the new life after.

The women talked about strangers who helped them. Most of the strangers were those who brought the news of the death or were involved in making plans for funerals and burials. These were brief encounters that helped take away at least a bit of the struggle to deal with the pain and the chaos of the first days after. Other strangers appeared later when the women were hungry to know how, or if, other women actually managed to live after their children died. These women generally spoke with thankfulness that others had managed to stay alive. It gave them hope that they too might survive.

Just as some found others helpful and supportive, other women did not. Those who did not were often more passionate in the recollection of their experiences. They felt angry, sad, frustrated, devastated by others who could not understand their need for compassion, their need for understanding. Several questioned how anyone could respond uncaringly and unhelpfully to their overwhelming grief, their inability to think clearly that remained after the child's death. The response to other's perceived inappropriateness

became less strong over time but didn't go away. The women told of others who three years, ten years, or more after the death seemed so insensitive, so stupid, and so hurtful.

The women talked about changes in their perception of the other and their relationship with the other after the child's death. Many were more compassionate while others found themselves less patient and more judgmental. They generally were more concerned about their remaining children. Many talked about needing to know where they were and what they were doing every minute of every day, at least for the first few years after their sibling died. They may have learned to be less concerned about their living children's day to day lives but the anxiety and fear that something might happen to another child remained strong.

Some became closer to others in their lived-world. They needed to maintain close contact with others and valued those in their lived-world experience more greatly. Others found themselves less connected, unable to maintain long-standing relationships as they did before. They had less in common with family and friends. Their lives had changed so dramatically; others' lives had not. They felt pain, anger, sadness, desertion as others moved on with life when these women were not able to imagine they would ever be able to move on. They only hoped they might survive, at least for the foreseeable future.

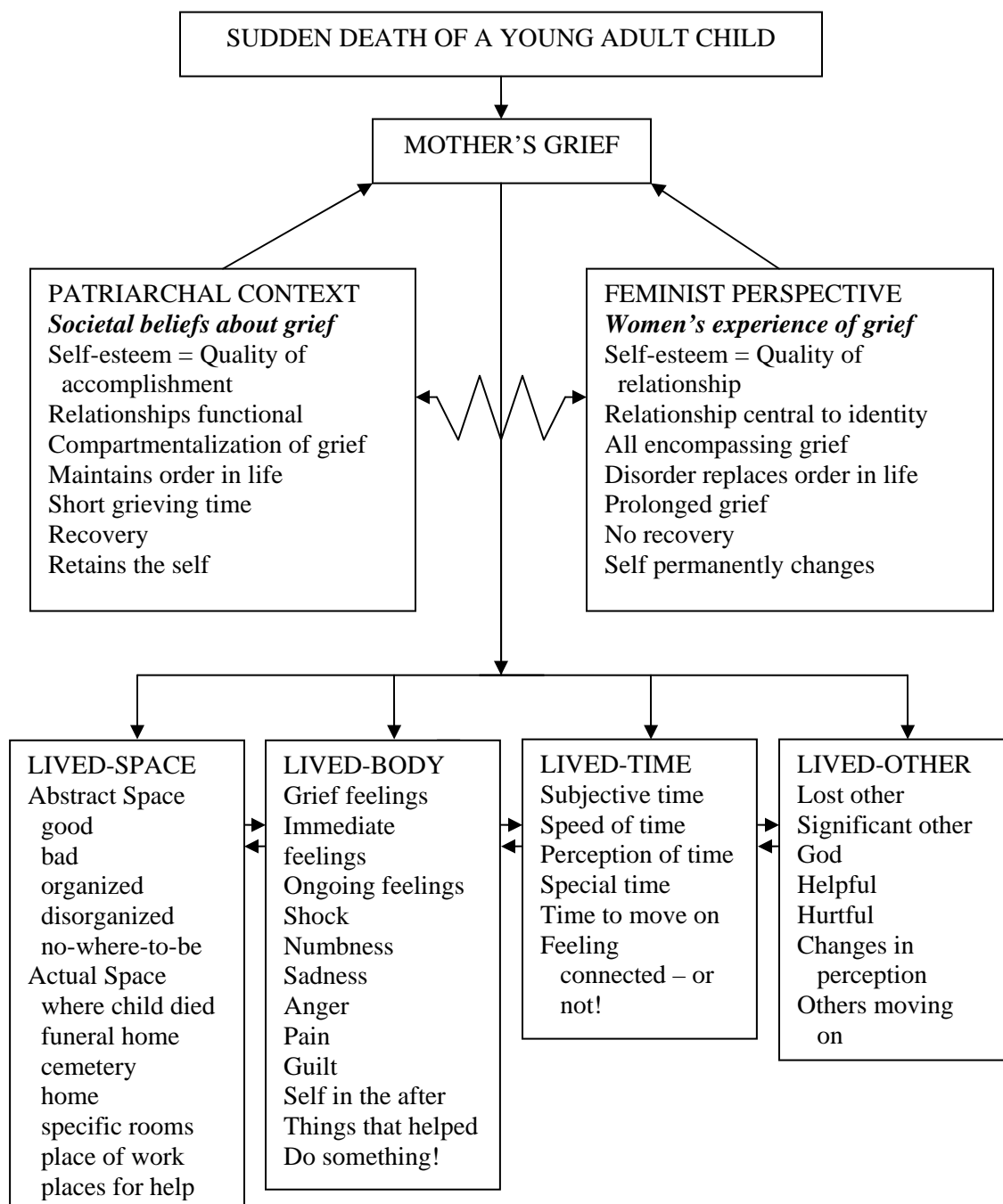
### *Essence of the Experience*

Existential phenomenology seeks to find the universal meaning or essence of a phenomenon. This essence is defined as a description of a phenomenon through which a lived-world experience is shown in a way that one can comprehend the nature and

significance of the experience. (Creswell, 1998; Stewart & Mackinaws, 1990; Cohen, Kahn, & Steeves, 2000; Gubruin & Holsteine, 2000) This existential phenomenology study develops and presents the essence of the lived experience of the mothers from the time they first knew about the death of the young adult child through the time of the interview for this study.

The Essence: The lived-world of the woman whose young adult child suddenly dies is abruptly and permanently changed. There is a new before and after time line. Before becomes the cherished time when the child was here. After begins the day the child dies and is forever tinged with sorrow and longing. Grief is a way of life. This grief is a blur, a fog, intense, painful, desperate, depleting, heavy, angering, obliterating, devastating, and fearful. There is never closure. None ever gets over it but only learns to cope at some level. These women know how they must grieve but the message from society tells them how they should grieve.

Figure 1. Conceptual Model



## CHAPTER V

### Discussion and Conclusion

#### *Study Data Related to Cited Literature*

The study begins with the sudden death of a young adult child. According to the women who participated in this study, the loss of a young adult child is life's most difficult and painful experience. This definition is supported by Bowlby (1980), who points out that the loss of any child includes long and difficult suffering. He adds that the reaction to, "The loss of a grown child may be the most distressing and long-lasting of all griefs" (p. 177). The intense difficulty and devastation of the experience are not only due to the external loss of the child but also the internal loss to the concept of self.

The young adult child's sudden death is undeniably traumatic for the mother. The death of a loved person is painfully and often traumatic on its own, but the fact that it is an off-time loss increases the devastation. Weenolsen (1988) concluded that, "one reason for the traumatic effect of off-time losses is that they compel us to question the predictability" of our lives and the world around us (p. 23). Parkes (1996) adds, "if I lose my ability to predict and act appropriately, my world begins to crumble, and since my view of myself is inextricably bound to my view of the world, that will begin to crumble"

(p. 98). The women in the study talked at length about and agreed with both authors' conclusions.

The women talked about the loss of predictability and the challenges they faced because of the feelings of unpredictability in their lives after the death. They spoke about a world that had become frightening and chaotic, sad and disorganized. The loss of predictability and its negative impact on the women's lives changed them forever. The women talked about not being the same person they were before the death. Many suggested they didn't know who they would become or if they would ever become anyone.

A contributing factor to the changed subjective lived-world experience after the death is a loss of self regulation resulting from the individual's response to the trauma. van der Kolk (1996A) states that, "traumatized people tend to lose their capacity to utilize their feelings as guidelines for assessing available information and taking appropriate action" (p. 187). Traumatic experiences are unlike any other, causing distrust in the self and the ability to process the lived-world. The results may include a loss of impulse control, rage, anger, sadness that can last for long periods of time. Regression is not uncommon. The regressed coping methods may be expressed through excessive dependency that impacts the ability to make thoughtful or autonomous decisions. Many of the women in the study talked about their inability to think clearly, to focus, or to function, inhibiting their ability to navigate effectively in their lived-world experience.

When the child's off-time death is sudden, the mother experiences an even more debilitating response to the trauma. Bowlby (1980) concludes that when there is a sudden traumatic loss, "it causes the world to become disordered" (p. 46). This was certainly

affirmed by the women in the study. The words used by the women indicated there was overwhelming disorder in their lived-world experience after the death. Most added that their usual ordered lives ceased to exist and have not, or have not fully, returned.

From a different perspective McFarlane & Yehuda (1996) conclude that trauma, “can become a powerful source of motivation for some individuals” (p. 164). This was true for the women in the study. They spoke of needing to do something – something big or something small, something far reaching or something very private and personal, something right after the death or something later in time. Most indicated that doing something helped them find peace and often lessened the chaos of their subjective lived-world. More importantly for the women, doing something helped assure their children would not be forgotten.

McFarlane & Yehuda (1996) discussed the reassessment of life’s meaning and purpose after a trauma. They stated that trauma can cause, “. . . many people go through a process of readdressing values and priorities” (p. 173). These were important tasks for the women after the child’s death. They spoke of the changing relationships with friends, family, and significant others. They spoke about their revised commitment to jobs or careers and to life in general.

McFarlane & van der Kolk (1996) further suggested that, “Religion fulfills the critical function of providing a sense of purpose . . . by affirming the commonality of suffering across generations, time, and space. Thus, religion can help transcend the embeddedness in their individual suffering” (p. 25). The women in the study talked about readdressing and reassessing their faith in God and issues of spirituality. Some found their faith in God deepened. These women concluded that this faith provided peace and

strength that they would not have experienced without their deep faith in God. Some lost faith or searched for other religions and philosophies from which to gain understanding, peace, and strength. Without faith in God and an afterlife, working through the grieving process was thought to be close to impossible. This was a topic that every woman addressed during the interview, sometimes at great length.

Rando (1984) defined grief as, ‘the process that allows us to let go of that which was and be ready for that which is to come’ (p.17). According to Parkes (1996) the work of grieving is the creative activity that Freud termed grief work. This is the process of coming to terms with the death of a loved person. The women in the study might disagree with Rando and Parkes. They saw their experiences after this loss as ongoing debilitation, depletion, and pain that humans can hardly survive. These women may agree with Parkes (1996) who further concluded that, “The pain of grief is . . . perhaps the price we pay for love, the cost of commitment” (p. 6). They may also agree with Piers (1998) who stated that, “over time a traumatic experience leaves its mark in a different manner from other experiences” (p. 19). The women in the study were sure they will never recover from the loss or find closure. They will at best learn to cope at some level and the pain might, or has, become less intense over time.

### *Conceptual Model Developed*

The conceptual model (Fig. 1) presents a concise picture of the phenomenon under study. It describes how the lived-world experience develops and progresses and how the categories involved in the experience are interrelated.



The methodology utilized in this study was existential phenomenology. This methodology studies specific life experiences and attempts to uncover internal meaning structures or the essence of the experiences. This methodology doesn't make assumptions about what is real and what is not real, but begins with the participants' contents of consciousness as the source for investigation. Van Manen (1990) states, "phenomenology makes some aspect of our lived world, our lived experience, reflectively understandable and intelligible" (p. 125). The author further defines lived experience as, "immediate, pre-reflective consciousness of life: a reflective self-given awareness which is, as awareness, unaware of itself" (p. 35). Lived experience, the author concludes, is not immediately grasped but is always reflected upon as a past experience.

Existential phenomenology uses pre-determined themes or categories. These categories provide control and order to the research process as it searches to define the essence of the experience. Van Manen (1990) concludes, "phenomenological themes [are] metaphorically speaking . . . more like knots in the webs of our experience around which certain lived experiences are spun . . . . Themes are the stars that make up the universe of meaning we live through" (p. 90).

Each theme or category does not, can not, exist on its own. They can only be superficially separated in order to study a phenomenon and then reunited to find its universal meaning or essence. The lived-world categories include lived-space, lived-body, lived-time, and lived-other. All are subjectively felt lived-world categories not actual real world experiences. Each is a distinct subjective category for the study but all overlap, are interrelated, and interact with each other. The data analysis became cumbersome, at times confusing, with attempts to split out each category from one briefly

reported event in the experience that included data appropriate for some or all of the categories.

In this study each theme or category was further divided into sub-categories that focused on distinct aspects of each theme. Each sub-category added a specific part to the subjective lived-world experience of each woman. These categories and sub-categories provided a deep, meaningful description of what the experience was like and what it meant to the women in the study.

Existential phenomenology methodology was well suited for the study. The pre-determined themes or categories provided a structure that fit the deeply rich and personal experience each woman provided. It allowed the women to freely relate their stories without interruption and without guidance from the researcher. The women were only asked to tell the story of their experience beginning with learning their children had died until the present. They were not instructed on how to tell the story or what specific components of the experience should be included.

The experiences they chose to share were remarkably similar. During the interview each woman told her story of the sudden death of her young adult child, how it happened, where it happened, when it happened. Each related their experiences since that moment of knowing. Though the stories and the storytellers differed, the essence of the experience was clearly present as the data were analyzed.

For most women the interview was an extremely difficult process. All cried at some time during the interview; some cried throughout the interview. Some maintained a defended composure for part, or all, of the storytelling, possibly not wanting their emotions to overtake them. Some were greatly animated in words and gestures,

seemingly needing to forcefully instill their story and their strong feelings into the researcher. Occasionally one would suggest that the researcher had to know what she was feeling since the researcher had been there as well. Though this was very true, the researcher would nod and allow the woman to continue her story.

### *Patriarchal Context and Feminist Perspective*

It is necessary to include a discussion from a feminist perspective to assess how gender is experienced by these grieving women. None specifically spoke about issues of gender but these issues were present throughout the data collected in the interviews. Flax (1990) wrote that gender impacts women's lives even if they are not consciously aware of its impact. This author concludes that a feminist perspective, "explores how gender is constituted and experienced and how we think about it – or – equally important – do not think about it" (p. 20).

The United States is a patriarchal culture. This patriarchal defined lived-world regards those who are not male, and therefore female, as the other that is not as human as the male self is. Jack (1991) discusses the impact of the status of other has on women. As early psychological theories were developed, the patriarchal point of view was used to, "assert that women are inertly weak, dependent, masochistic, passive, and limited in their capacity for independent thought" (p. 87). The ongoing effect of male defined theories has been to, "reconcile women to their subordinate role by presenting it as an unalterable one, but also to plant the belief that it represents a fulfillment that they crave" (p. 88).

Several differences have been identified between the patriarchal context that forms societal beliefs about grief and the feminist perspective of the women's experience of grief. From a patriarchal cultural perspective self-esteem is measured by the quality of one's accomplishments. For women self-esteem is defined by the quality of one's relationships. Women generally need to have good, deeply held relationship connections to build and maintain healthy self-esteem. The death of a child shakes a woman's beliefs about herself and her value in the lived-world. The end of this important relationship with her child causes a woman to feel guilty, depressed, or lost. Not only her world but her self-esteem is thrown out of order. Marie, a participant in the study concluded, "I'm her mother. My job was to keep my daughter safe. I don't think I'll ever forgive myself for not doing my job!" Similar thoughts were expressed by many of the women. The loss of self-esteem influenced some of the women to have thoughts of suicide. Liz stated with conviction that, "I used thoughts of suicide as a safety valve." Jane quietly shared, "Maybe I'd kill myself in five years. I gave myself time to see if I could stay alive."

Relationships are functional in life according to the patriarchal societal view. Relationships are central in the world of women. Chodorow (1978) agrees with the concept that women's role in a patriarchal society is relational with mothering in the central position. Women are socialized to experience themselves as less separate than men but are criticized when the loss of a relationship, especially that of a child, causes extreme and prolonged anxiety and depletion. Jack (1991) comments on the subject, stating relationships in a patriarchal society are functional but not central to identity, and, therefore, "the loss of a particular relationship should not strike the individual to the core" (p. 9). Lynn's anguished comment, "I'd have breast cancer again, in both breasts,

I'd give up anything to let her live," expresses the deep commitment to and central position of the relationship with her child experienced by the mother.

Western society defines grieving the loss of a relationship in a patriarchal context that stresses separation-individuation with functional relationships. Grieving, therefore, is to be quickly compartmentized then quickly and quietly resolved. Parkes (1996) sees grief from a patriarchal context as, "treated as a weakness, a self-indulgence, a reprehensible bad habit instead of a psychological necessity" (p. 9). Arnold & Gemma (1994) add, "It is expected that the bereaved should grieve 'appropriately' – that is within the specifications of socially acceptable behavior. They may cry but only so much; sulk or stare blankly, but only for so long; feel helpless and unable to participate, but only for a short time" (p. 9). Feminist theory stresses self-in-relation where relationships are central to identity and grieving, especially the death of a child, takes on primary significance in the life of the grieving woman, generally for prolonged periods of time. The many lived-body grief feelings expressed in the study are culturally defined as weakness that is not a valued trait in a patriarchal society.

Grief is depleting. (Laura)

The pain was devastating. (Lynn)

I had to hand myself over to grief, whatever grief insists upon, I'm here to experience it. Sometime I don't know how I keep breathing. It's good it does it by itself because I wouldn't have the energy to make it happen. (Laura)

I sometime hit grief walls, like hoompgh, it's heavy. It comes down on me.  
(Lynn)

Having a child die is like having all your limbs cut off. (Laura)

Patriarchal cultural norms include that grief must be worked through to completion.

There must be recovery from the loss in a society's sanctioned time and order must be

maintained in one's life. Arnold & Gemma (1994) observe that in a patriarchal society. "There is little time to grieve and little recognition given to the bereaved. Shortly after the death one is expected to gather the pieces of life that remain and resume routines almost as though no lapse had occurred" (p. 18). DeVries (1996) disagrees, stating, "life is real, and trauma, despite the best efforts of culture or individuals, cannot always be worked though" (p. 404). The women in the study agree with DeVries and the decidedly feminist perspective that there is no recovery, that disorder can be overwhelming and of long duration.

Society expects you to find closure, to move on. It doesn't happen. (Lynn)

I won't ever heal. I don't think you can when it's your child. (Jane)

People say you need closure after a death. When the death is that of your child there is no closure as far as I can tell. Maybe there's learning to cope with it, maybe there's ways to move on with life, but closure, no way! (Jane)

Society expects you to move on in six months, two years, five years, whatever, society wants you to find closure. There is no closure to this loss. (Laura)

Since relationships are functional and not central, the patriarchal cultural context contends that the self must be maintained and retained throughout relational circumstances and crises. The women's experience did not support this cultural view. They experienced a loss of what was. They were no longer their former selves after the child's death. They spoke of not knowing who they might become or if they would become anyone.

I'm gone. The person I was is totally gone and I don't know who I will be. I have no idea, but I know I can't be who I was. I just can't. (Laura)

I struggle to take care of myself. (Liz)

As soon as I knew he was dead everything around me became chaotic. (Carol)

It's the first time in my life I felt truly helpless. (Liz)

Life has lost its luster. (Laura)

Societal institutions along with the concept of functional relationships are also determined through the patriarchal point of view. There were three patriarchal society institutions about which these grieving women talked. These included places of employment, law enforcement, and the military. Not all found that contact with these institutions extremely difficult or disorienting but those who did talked about the less than humane, non-empathic treatment they received.

All discussed their work place policies on bereavement leave. None were able to comply with the standard policy. The requirement to return to work after three days was stated as being unbelievable, impossible, angering, frustrating, out of the question. All were provided differing amounts of extra time off or simply took extra time off. They stated this was usually because of empathic responses from their supervisors who took responsibility for approving the increased bereavement time. Most of the women did find they needed to return to their jobs before they were physically or psychologically ready. Some faced dismissal if they didn't return. Lynn talked about her experience with bereavement policies:

I was told I had 3 bereavement days. Though my boss advocated for me, where I worked tried to hold firm on 3 days. I was sure I'd need a minimum of three months to be able to work. It was actually more like 6 months. My boss let me work part-time and when I could for all that time. I don't think where I work knows this.

Three had difficult experiences with law enforcement and the military. Lynn talked about her experience with the police after her daughter died of a drug overdose:

From the very beginning the police said I had no say in what happened. They told me it wasn't about me or my daughter, this was a crime scene. But my daughter

was dead there in her bedroom. I needed to be with her. They threatened to arrest me if I didn't leave my daughter's room. They didn't care about a mother's needs or my dead daughter, they only cared about stuff, evidence, and protecting themselves.

Two of the young men died while in the military. Carol shared her experience:

The military kept telling me this was none of my business, that I had nothing to do with it. He was military property, the government's property, not my son. They were so business like, so uncaring. I just lost my son. They kept telling me it was none of my business what happened. Nobody in the military seemed willing to care about me or my son. They wouldn't answer my questions. Then they first told me to get everything ready, you know, for his funeral. They'd be shipping his body that day. While in a total daze I tried to make arrangements. Then they called and said to cancel everything. They didn't know when they'd be shipping him. It was horrible!

Even the Red Cross didn't seem human. I called to ask them to notify my daughter who was also in the service. They're real close. They're twins. The people were so matter of fact. They told me it would take days to tell her. They couldn't take my word for it. They had to make sure he was dead. Well, maybe I could have been lying, but to lie that my son was dead. Why? It felt so cold, so cruel! No condolences! No human caring!

Laura shared the following:

Though my son didn't die in Iraq, I think he is still a casualty of war. He will never be included in a future wall of names. He came back. He couldn't cope. He lived with nightmares. He couldn't turn to the mental health system because of what that meant in the service, the prejudices about mental health counseling. He didn't have enough time to see if he could get past the prejudices. When the flag was presented at his gravesite on behalf of a grateful nation, woo, it was so hard to hear those words!

The experiences of the women in the study indicate that the patriarchal culture in which they live did not support them. It did not provide validation of their feelings. Nor did it understand the self-in-relation lived-world of these women and the all consuming grief they experienced. Society wanted these women to compartmentize their grief, find closure, and move on. The loss of self they experienced was determined to be unhealthy, even pathological. Many were told it was time to move on, that they should be over it by



now. The women were clear that they couldn't conform to society's demands but did suffer from feelings of isolation. Many reported feeling as if they were crazy.

### *Limitations of the Study*

As a qualitative research project there are limitations inherent in the design. This is especially true if this project were held accountable to issues of reliability and validity relevant to quantitative research projects. Factors that limit this study include the narrow age range at the time of death and the limitation of sudden and unexpected death as the reason for the death. Though the researcher attempted to include diversity in the participants, this study was limited to a very small population of women all of whom reside in the Chicago metropolitan area. This study, therefore, does not meet nor attempt to meet the requirements for generalizability. Since the researcher conducted and transcribed participant interviews and the researcher compiled personal notes and memos, there may be views or points of interest that were missed that may have impacted the results.

### *Implications for Social Work Practice*

The review of the literature identified few resources on the sudden death of a young adult child. There were numerous resources that theorized on grief or explained the overall process of learning to cope with loss. No research addressed the impact of grief for women whose relationships are central, not functional as is advocated by United States cultural views and many psychological theories. These psychological theories were

developed mainly by male scholars, and whether male or female developed, they were defined by the societal patriarchal system.

Though the loss of a young adult child is undoubtedly one of life's most difficult experiences for mothers, little attention has focused on the population and the subject of this study. The literature does not provide clinicians with information about the experience or what specific issues these women might be facing; further, most women who present for treatment after this traumatic loss may not be capable of verbalizing their needs.

This study provides the essence of this traumatic experience of loss through personal stories from women who have survived the sudden death of their young adult children. This study increases the theoretical knowledge base on grief in general and on the specific trauma of the off-time death of a young adult child to the mother. It provides extensive information that should enable clinicians to develop a broader yet more defined assessment of the issues faced by these grieving mothers.

There are several possibilities for future research on this and related topics. Women grieving the sudden death of a young adult child could be studied utilizing attachment theory, role theory, or trauma theory. Existential phenomenology the research design of this study could be utilized to find the meaning of the sudden death of a young adult child for the father or siblings of the child. Related studies could focus on the deaths of children of other ages and from deaths after long-term illnesses. Religion, faith, and spirituality were important components in the grieving process for the women in this study. Future research could focus on the long-term impact of these beliefs on grieving parents over time.

Further, the study revealed pertinent information regarding the impact of this traumatic loss for women from a feminist perspective. It is hoped that the information gleaned from the study may form the basis for research that will lead to a feminist theory of grief. This could provide women grieving the loss of a young adult child with feelings of normalcy and hope.

### *Concluding Comments*

This study was an incredibly profound endeavor for this researcher. All aspects of the project were completed from both head and heart. There were several times when this researcher was sure she should have listened to those who said she was too close to the subject and that it would be too difficult for her to focus so intently on the subject and remain objective. There were many times throughout the process when this researcher found the need to set work on the project aside for hours to days to allow herself time to regain necessary composure and objectivity. There were times when there was a need to wipe tears from her eyes to clearly see the text and continue. This was especially true during the data analysis component when the focus on the participants' thoughts and feelings was so intense. This researcher's commitment to the project and the integrity of the research process guided her through the difficulties she experienced. She found excitement, at times even feelings of joy, in the process of objectively searching for the essence of a most significant life changing experience that initiates and maintains membership in the club nobody wants to join.

There was certainly a wealth of profound comments from all the women interviewed for the study. There were few that focused on moving on in life. Few

believed they had accomplished this task as yet. Many were sure they might never move on. It is possible that the focus on the incredibly difficult experience may have led them to be less likely to talk about moving on. This researcher will close the discussion with excerpts from a paper written on the subject of her experience after her son's death. The paper was written seven years ago but remains accurate. Her son has now been gone twenty years.

Have I, in fact, recovered from my son's death? Not a chance! I have learned to cope, most of the time anyway. I think of him at least once a day. I sometimes feel overwhelming sadness or find tears welling up in my eyes. I sometimes feel guilt for the things I did or didn't do for my son. I know I'm not the same person I was before he died. The horror of the process of surviving his death and the years that followed forced me to change. I have a deeper love for life. I no longer assess the severity of a problem by comparing it to the loss of my child. I can get wonderfully angry over life's little difficulties. I am more aware of the world and its beauty. But will I recover? No, I never will!

APPENDIX A

PARTICIPANT INFORMED CONSENT

**INSTITUTE FOR CLINICAL SOCIAL WORK****Consent to participate in the study “The Meaning of the Sudden Death of a Young Adult Child to the Mother of that Child”**

I, \_\_\_\_\_, agree to be interviewed for the study “The Meaning of the Sudden Death of a Young Adult Child to the Mother of that Child.” This work will be done by Vicki Grunnet-Alden, LCSW. Neil Vincent, Ph.D., will supervise. The work will be conducted under the auspices of the Institute for Clinical Social Work, 200 N. Michigan Avenue, Suite 407, Chicago, Illinois 60601, (312) 726-8480.

**PURPOSE:** The purpose of this study is to find the meaning of the sudden death of young adult children to the mothers of those children. This study will collect information about the impact of this loss to women. It will also explore how they cope with the loss.

**PROCEDURES USED IN THE STUDY AND THE DURATION:** The study will interview women who have had a child die. The information will be used to find the commonly shared meaning of this experience. This information will be collected in one three hour interview. A brief second interview may be scheduled if needed. The time to complete the study will depend on the time taken for interviews and the amount of information each participant provides.

**BENEFITS:** Predicting benefit to the study participants is difficult. Some may benefit from being able to tell the story of their loss and grieving. Some may find support just in the experience of participating. Some may experience no personal benefit. They may take part for what the study may provide to other women facing the same loss. This study may enable social workers to better understand the needs of these women in order to better assist them.

**COSTS:** There will be no cost associated with participation.

**POSSIBLE RISKS/SIDE EFFECTS:** The experience of thinking about and discussing the loss of the child may result in sadness, anger, or other troubling reactions. Should a participant experience difficulties, one to four sessions will be scheduled to talk about the problems experienced. These sessions will be provided under the supervision of Neil Vincent, Ph.D.

**PRIVACY/CONFIDENTIALITY:** Information provided from interviews will be used to complete dissertation requirements. The entire dissertation or parts of it may be published in the future. Audiotapes made during interviews will be stored in locked cabinets. These audiotapes will be destroyed no more than one year after the completion



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