

**Sociology 3308: Sociology of Emotions**  
**Prof. J.S. Kenney**

**Overheads Class 17:**  
**Emotion and Emotion Management III: My Homicide Research:**

- \* My homicide study involved the collection, transcription, and analysis of:
  - (i) 32 interviews;
  - (ii) 22 surveys;
  - (iii) 108 Criminal Injuries Compensation files.
  
- \* Each respondent had suffered the murder of a loved one, mainly children
  
- \* A major focus was on gender, specifically how survivors felt that it had impacted on their experiences, choices, and emotion management
  
- \* My findings are discussed in three parts:
  - (a) Coping attempts;
  - (b) Grief cycles;
  - (c) Impact on subjects' health.

**(a) Coping Attempts:**

- \* Survivors' experiences generally shaped by coping strategies that they learned, chose or innovated. Survivors fared better who used:
  - (1) Strategies that enabled them to *balance* their focus between their own pain and that of others; and
  - (2) Activities that enabled them to compartmentalize their thoughts and deal with them a bit at a time.
  
- \* Survivors generally fared worse when they:

- (3) *Continually focused on their pain* (e.g. suicidal ideation), or
- (4) repeatedly chose *avoidance* strategies (e.g. drinking, drug use)

\* Gender differences:

- (1) Men more typically attempted to avoid pain, but took anger and frustration out on others;
- (2) Men more typically drank alcohol;
- (3) Women engaged in social withdrawal and focused on their loss;
- (4) Women more often became dependent on medication

\* Those who fared better *regardless of gender*:

- (1) Exhibited *a less predominant emphasis on self*
- (2) Recognized that they had *choices* to make
- (3) Found ways to *express* their grief when necessary to "get it out"
- (4) *Balanced* the temptation to focus on their grief in other ways
- (5) Exhibited a *practical* element

\* Subjects viewed coping as “living around it” and being able to “function”

\* Successful subjects:

- Integrated grief work into daily routine
- Flexibly worked through grief in digestible chunks
- Worked as a family unit

**(b) Gender and Grief Cycles:**

\* Above patterns/ traditional gender roles reflected in specific grief cycles:

\* Male grief cycle:

- (1) Guilt (“failure to protect”)
- (2) Need to repress upset/ “be strong for others”
- (3) Becoming busy/ avoiding thoughts

- (4) Exhaustion/depression
- (5) Further guilt/ feedback (e.g. inability to work/ fix things/ angry outbursts at family)

- \* This dynamic typically became *cyclical*, and a block to coping
- \* Can be turned outward or inward (e.g. rage at others/ suicidal thoughts)

- \* Vicious cycle:

- (1) Blocked coping
- (2) Health problems emerge

- \* Cycle implied, but not elaborated in earlier work

- \* Differs from stage models as:

- (1) Specifically linked to gender roles;
- (2) Empirically grounded in this form of bereavement;
- (3) It reflects subjects' dealings in various interactional contexts; and
- (4) Shows the impact of various choices in *inhibiting* coping.

### **(ii) The Female Grief Cycle:**

- \* Women's gender roles allow *far more flexibility in emotional expression*

- \* Coping blocked by *emphasizing* their grief and sadness.

- \* Generally, female grief cycle as follows:

- (1) Repeatedly *reviewing* the upsetting *events* of the murder/aftermath
- (2) Progressively *intensification* over time (e.g. *concentration on events in previous years*).
- (3) Ultimate sense of helplessness to change this feedback pattern

- \* Reflected in these women's relative fear/ emphasis on victim role
- \* Corroborates literature that women remain depressed/preoccupied

### **(iii) Avoiding the Cycles:**

- \* Flexibility of gender roles helped avoid cycles
- \* More flexible men:
  - Lacked element of repression/ short circuited dynamic
  - Learned consistent ways to understand guilt
  - Channeled emotions into "constructive" activities
- \* More flexible women:
  - Avoided "helpless victim" identity
  - Utilized energy of anger for "constructive" activities
- \* Both genders, when flexible gender roles emphasized balance/ avoided either extreme

### **(c) Impact on Health:**

- \* The culmination of the grief cycles discussed above was often manifested in health problems.
- \* Men:
  - Generally experienced heart problems and sudden deaths.
  - Related by professionals to the *repression* of grief implicit in traditional male gender roles.

\* Women:

- More typically reported mental health problems.
- Related by professionals to the *emphasis* on grief implicit in traditional female gender roles

\* Neither pattern apparent among survivors adhering to more flexible gender roles and adopting a balanced coping approach

#### **(4) Discussion and Conclusion:**

\* This study:

- Corroborates literature/ extends to homicide
- Elaborates grief cycles only hinted at before

\* Grief cycles:

- Obfuscated by traditional, gender-neutral medical models
- May help clarify therapist's tasks/ suggest helpful strategies
- Disorders may actually reflect these cyclical gender patterns
- Relative adherence to traditional roles may determine model applied

\* Further research needed to clarify these matters:

- In other types of victimization
- In other sudden deaths
- In suicides
- Across cultures

\* Ultimately provides integrating foundation for further research.