

Sociology 3308: Sociology of Emotions

Prof. J. Scott Kenney

Lecture 17: My Homicide Research: Gender and Coping:

My homicide study, which in part related to the issue of emotion management, involved the collection, transcription, and analysis of:

- (i) 32 interviews;
- (ii) 22 surveys; and
- (iii) 108 Criminal Injuries Compensation files.

Each of these contained detailed information on the experiences of those who had suffered the murder of a loved one, the majority of whom were parents of the deceased.

A major focus was on gender and on how survivors felt that it had impacted on their experiences, choices, and emotional coping.

These data, which were relatively balanced by gender, were analyzed utilizing Q.S.R. NUD*IST over a two year period ending in 1998.

I will briefly discuss my findings in three parts:

- (a) Coping attempts;
- (b) Grief cycles;
- (c) Impact on subjects' health.

(a) Coping Attempts:

The data revealed that *survivors' experiences were generally shaped by the sort of coping/emotion management strategies that they chose*. Broadly speaking, survivors, who chose: (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, felt that they handled their grief better. Those who *continually focused* on their pain, or repeatedly chose *avoidance* strategies which appeared to prolong their feeling fully their pain, felt that they hadn't handled their grief well.

For example, many survivors who reportedly fared worse were frequently individuals who engaged in what some might term "dysfunctional" attempts to cope. These typically included suicidal ideation, drinking, and drug abuse. Often these so-called dysfunctional attempts to cope were accompanied by a tendency for such survivors to *predominantly focus on themselves*, on the one hand, and to either *avoid* or *emphasize* their loss, on the other.

There were also four clear-cut gender differences in this context:

- (1) Men more typically attempted to avoid their pain, but at times took their anger and frustration out on others;
- (2) Men more typically chose to drink alcohol;
- (3) Women were far more likely than men to engage in social withdrawal and focus on their loss;
- (4) Women far more typically became dependent on medication for anxiety and depression;

On the other hand, those survivors, who reportedly fared better in the end, chose what some of them termed "constructive" coping attempts. Several things were significant about such "constructive" attempts *regardless of gender*:

- (1) They exhibited a *less predominant emphasis on self*. Instead, they were also characterized by helping others or achieving goals (e.g. taking turns helping and accepting support; lobbying for change);
- (2) Subjects recognized that they had *choices* to make in dealing with their grief (e.g. to interact with supportive, encouraging others instead of those who "revictimized" them);
- (3) Subjects of both genders found ways to *express* their grief when necessary to "get it out" (e.g. talking; writing; crying while alone in the car);
- (4) Subjects nevertheless *balanced* the temptation to focus exclusively on their grief in other ways (e.g. working to occupy their minds with other things);
- (5) Subjects' coping exhibited a *practical* element (e.g. ordering a guard dog when afraid);

Notably, such survivors did *not* define "coping" in the sense of "getting over" their loss and "getting on with their lives" as if nothing had happened. All survivors were keenly aware that the murder of a loved one had irrevocably changed them and their lives for the foreseeable future. Rather, survivors defined coping in the sense of "*living with it*." They expressed the view that coping involved the ability to live their lives *around* their loss and *function* in their day to day lives, rather than remaining completely incapacitated with grief.

Significantly, survivors' views on coping were borne out by the data. For example, those survivors who did not continuously attempt to *avoid* or *repress* thoughts and feelings about the murder, on the one hand, or to continually *focus* on them, on the other, were those who were both *observed*, and who *stated* that they were coping better over time (i.e. relative to others). Indeed, those survivors who fared the best appeared to *integrate* time for "grief work" into their daily routines, but also engaged in a significant amount of activity that kept them busy and distracted their thoughts from their immediate source of upset (e.g. men and women who did their daily crying in the car on the way to and from work). *Learning* about their emotions from experience, they were "gentle" with themselves, and did not push either their "grief work" or their other activities too hard. Instead, they learned to *balance* these in a *flexible* way that

enabled them to work through their grief a bit at a time in more easily digestible "chunks."

As well, coping survivors did not exhibit so exclusive a focus on themselves, balanced giving and accepting support, and often picked up cues from others. Indeed, it appeared that, unlike those individualistic subjects who focused on their own issues, or on how others upset them, these subjects often were part of a familial group that operated to focus support where it was most needed.

(b) Gender and Grief Cycles:

In concert with the above, data analysis also revealed that some survivors experienced gender specific "grief cycles." Inextricably related to *traditional gender roles*, these reflected the ways that survivors responded to their grief such that the same painful patterns were repeated again and again. Survivors whose circumstances, reactions, and coping choices lead them into these "traps" invariably felt that they fared worse in the end; those who managed to avoid such cycles tended to report that they were faring better.

(i) The Male Grief Cycle:

Men who felt they weren't coping well talked about being dominated by *guilt* over what they could have done. This guilt appeared to be initially rooted in a feeling of "failure" in the traditional male "protector" role.

Coupled with this, these men found it necessary to *repress* their upset in order to "be strong" for others.

Many men dealt with this need to repress by becoming very busy, throwing themselves into their work or other activities. However, this frenetic activity could only take them so far, as they could not avoid their upsetting thoughts completely.

Essentially, *these men appeared to become dominated by the situational dissonance between the male gender prescriptions "to protect" and to "be strong."* Inability to protect the deceased led to disproportionate guilt and upset flowing from this gender prescription, yet *expressing* this upset, and possibly upsetting others, represented further failure on the gender prescription to be strong.

In order to deal with this guilt flowing from their failure in the "protector" role, and the repression of grief required of men being "strong" for others, men reported feeling overwhelming anger: one emotion traditionally regarded as appropriate for men. This anger appeared to have a dynamic nature, where men reported experiencing a "vicious cycle" where they fluctuated between "hate and grief."

Last, these factors of guilt, repression, and anger led many men to recurring *depression*.

This leads to a consideration of *ongoing* factors that *feed back* into men's guilt and begin the

process over again, which were intimately related to men's traditional gender roles. For example, not only did the inability to remain "strong" represent a personal failure for many, *inability to work* and provide economic support often represented a failure in relation to the traditional "provider" role as well, and reportedly added to their guilt and depression. Many men also found their initial guilt, anger, and depression exacerbated as the result of their ongoing *inability to "help" (i.e. protect/fix) their suffering families*. Still other men found that their guilt and depression was exacerbated when they were no longer able to repress their feelings, leading to their *angry outbursts that upset loved ones (i.e. not protecting them)*.

Essentially, men adhering to strict gender roles reported that *they got caught in the nexus between guilt over not being able to protect the deceased, repressed grief over their loss, anger over what had happened, and depression over finding it hard to remain strong, protect and provide for their families - which simply fed back into their guilt to begin the whole process all over again*. This guilt-repression-anger-depression dynamic typically became *cyclical* in these men, and a block to developing other coping skills.

The ultimate response of these men to this frustrating emotional deadlock was either to turn their anger *outward* at the offender and/or others, or *inward*, and to consider suicide.

In either case men experiencing this dynamic appeared to fare worse, and remained stuck in this mode for extended periods of time. Moreover, not only did this holding pattern act as an obvious block to their resolution of grief, it frequently resulted in physical health problems, which are discussed below.

This male grief cycle is implied in literature written by survivors suggesting that men's traditional roles require many men to use much of their energy to control the emotions evoked by grief (Schatz, 1986). One of its components is seen in the literature suggesting that men see controlling their emotions as a test of masculinity (Sobieski, 1994). It is also implied, but never elaborated, either theoretically or empirically, in the double binds outlined by Cook (1988). The grief cycle elaborated here goes well beyond these earlier works, identifying the dynamic, central mechanism that illustrates why and how men's grief is blocked in the bereavement process.

This cycle also differs significantly from the psychological models noted earlier in that: (1) it is specifically linked to survivors' gender roles; (2) it is empirically grounded in this particular form of bereavement; (3) it reflects subjects' dealings in various interactional contexts, rather than simple, decontextualized observations of individual behavior; and (4) unlike the passivity inherent to the stage models and psychological disorders, this shows the impact of various choices (e.g. repression), and thereby the role of agency in *inhibiting* coping.

(ii) The Female Grief Cycle:

It is significant that, unlike men, who more generally became dominated by the guilt-repression-anger-depression dynamic, women's traditional gender roles allow *far more flexibility in emotional expression* (e.g. the "nurturer" role). This typically more open approach to the expression of emotion resulted in a different blockage to coping among women: a focus on *emphasizing* their grief and sadness. Thus, women whose behavior reflected rigid gender roles, were not only more open with their feelings, they *tended to continually focus on what they have lost*.

For example, these women repeatedly *reviewed* the emotionally upsetting *events* of the murder, reporting that this concentration prolonged their upset, indeed blocked them emotionally at the point where they found out about the murder. They reported that this continuing emphasis on their losses and the events of the murder *evolved*, progressively *intensifying* over time. Indeed, some women reported how their experiences were worse with reference to the number of *years* since the murder, particularly due to *concentration on events in previous years*. These women began to feel not only helpless to change this pattern, but hopeless that things would ever be any different. As such, it was hardly surprising that these women emphasized the victim role.

Indeed, it should be pointed out that while women, like men, often felt great anger about the murder; unlike men, in addition to an *emphasis* on their grief, women in the midst of this grief cycle were more typically beset with *fear* - a natural corollary of the victim role. Sometimes this had to do with crime in general. Other times women expressed fear for their children. But perhaps the biggest fear among women was of the offender in their case. Under such circumstances, women's adoption of the victim role acted as a blockage to managing their lives.

Summing up, women reportedly faring worse became involved in a different grief cycle than did men. These women *continually emphasized their loss, the events surrounding the murder, and their grief and upset*. This significantly elaborates, in a new substantive context, the literature suggesting that women tend to remain depressed and preoccupied with thoughts of the deceased (Clyman et. Al., 1980). Such a focus prolonged their upset, which was *intensified over time through continued concentration on events in prior years*. These women expressed their powerlessness over this *feedback dynamic* and emphasized their "victim" status, particularly with regard to fear. Essentially, adopting the "helpless victim" role, and experiencing ample opportunity to focus on their feelings for an extended time, acted as a blockage to resolving their grief.

(iii) Avoiding the Cycles:

Now that the grief cycles have been elaborated, it is important to consider the relative flexibility or rigidity of respondents' gender roles, as this made a difference in the incidence of both of these cycles.¹

¹ "Adherence" to traditional gender roles was determined by the *presence of behavioral patterns* previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles (e.g. men repressing upset and remaining strong; women expressing upset openly). Conversely, "flexibility" in gender roles was determined by the *absence of behavioral patterns* previously so identified, coupled

Through adherence to more *flexible* gender roles, men who felt they fared better did not appear to become dominated by the dissonance between the male gender prescription to "be strong" and "to protect," largely because they were able to express their upset, either more openly to others, or privately when alone. Indeed, instead of the guilt-driven grief, repression and anger cycle typical of men reportedly faring worse, *these men lacked the element of continual repression necessary for such a cycle to continue.*

Moreover, men faring better appeared to learn consistent ways to understand their guilt, and to control the hatred and anger flowing from it (e.g. there's only 1 person responsible here...). By doing so, and "channeling" their emotions into what they felt were worthwhile activities, they ceased to be eaten up by their alleged "failure" to protect, and eventually moved on to actively work their way through the grief process.

Like men, women who reportedly fared better, did not adhere to rigid gender roles. For example, they did not let themselves become dominated by the helpless victim role and refused to be altercast as such.

Instead, choosing a proactive orientation towards their experience, these women, at least part of the time, utilized the energy in their anger for various activities. To give just one example, some women directed this into what they saw as a worthwhile end: changing the justice system.

Finally, before closing, the concept of *balance* must again be considered. While it was certainly the case that survivors avoiding these grief cycles tended not to adhere to strict, traditional gender roles, it must be noted that there were also survivors who *went so far in the opposite direction as to harm themselves in the same way as those of the opposite gender.* For example, there were women who repressed their grief and tried to get on with their lives until their anger exploded, or who threw themselves into activity to the point of physical and emotional exhaustion. Similarly, there were "sensitive" men who openly focused on their grief to such an extent that they collapsed into depression. Thus, it was those survivors who flexibly blended gender roles in a *balanced* way who were most successful.

(c) Impact on Health:

The culmination of the grief cycles discussed above was often manifested in survivors experiencing health problems. Indeed, relationships were suggested between gender, grief cycles, and the types of illnesses experienced.

Men were generally observed to experience heart problems and sudden deaths. These were related by professional observers to the *repression* of grief implicit in traditional male gender roles.

with behaviors noted in this literature as traditionally indicative of the opposite gender (e.g. men expressing upset openly and publicly; women "taking charge" and remaining strong for others).

On the other hand, women faring worse more typically reported mental health problems. These mental health problems were corroborated by professionals and noted to be the ultimate reflection of women's *emphasizing* their upset, frequently by engaging in activities which continually reinforced the horror of what happened.²

Neither pattern was as apparent among survivors adhering to more flexible gender roles and adopting a balanced approach to coping with their grief.

These preliminary results suggest further epidemiological research.

(4) Discussion and Conclusion:

The data in this study largely corroborated the literature on gender and bereavement while extending the scope of its application to a new substantive context: homicide. It also allowed for elaboration of a set of grief cycles that were only hinted at in earlier work (Sobieski, 1994; Cook, 1988; Schatz, 1986).

These gendered grief cycles are clearly *obfuscated* by the three traditional models of grief. *Given their implicit gender neutrality, it is possible that by framing the issues in these manners they obscure as much as they reveal.* For example, the myriad, inconsistent, and competing attempts to find temporal uniformities in the emotional states and behaviors of the bereaved, with no reference to gender, may simply be a way of restating the experiences of the bereaved while *confusing* the influence of gender. Moreover, since many of these models were generated in observations of women, these may contain a *bias* when applied to men. By reframing this issue through a gender lens, the experiences of the bereaved are not only placed more squarely in their social context, but this confusion is reduced.

With regard to the second approach, which emphasizes the therapist's role in enabling the bereaved to accomplish various tasks leading to recovery, these data add some helpful suggestions. To the extent that agency is possible among the bereaved struggling to cope with their loss, the observations with regard to survivors adhering to *flexible gender roles*, as well as maintaining *balance* between *activity and passivity*, on the one hand; focusing on *themselves* vs. *other individuals, involvements and goals* on the other, may be of considerable help to professionals seeking to assist the bereaved to cope with their loss. Indeed, it may be that individuals with more flexible gender role socialization may be most amenable to this task-oriented approach - though others may ultimately benefit more in the end.

Third, regarding the most severe cases where the bereaved are seen to be suffering from mental disorders such as "post traumatic stress disorder," the gender-specific grief cycles outlined here again make a contribution. By putting the experiences and behaviors characteristic of this

² Of course, this probably reflects the greater involvement of women with mental health professionals, as well as the predominance of heart disease and sudden heart attacks among men. Given these caveats, however, this is in line with the literature.

disorder into their social context, *it is possible that what has been hitherto seen as a uniform disorder actually reflects the separate, gender-linked grief cycles described herein.* Again, by reframing this matter through a gender lens, possible contributing factors to this persistent disorder are revealed.

Finally, it is possible that, given the degree of survivors' adherence to strict, traditional gender roles, and the extent to which they engage in a balanced approach to grief, that their bereavement and coping patterns may *more closely approximate* one of the three models of grief set out herein.

Further research needs to be done to corroborate these matters, and refine the extent to which they apply to the bereaved in general. The need for more detailed epidemiological research has already been noted with regard to gender, grief, and health problems. In addition, it would be interesting to examine the extent to which the impact of gendered grief cycles, observed in a study of homicide survivors, are apparent in other types of bereavement. Are they found in all types of bereavement, or merely in those where death is sudden and violent? Or is some element of intention also necessary, such as in suicide? It would also be interesting to conduct a study comparing the bereaved on the basis of their relationship to the deceased, and examine where these grief cycles are most likely to be found. In addition, since different cultures have different gender roles, cross cultural study seems to be warranted to examine the degree to which these grief cycles are confined to our culture, or how they may vary with respect to gender role socialization.

These are merely a few of the avenues for further research in this area. Whatever route it takes however, the grief cycles revealed in this study not only reveal a new dimension cutting across existing models of grief, they help provide an *integrating foundation* upon which they may be both coordinated and built for the practical benefit of the bereaved.