# Sociology 4099: Victimology

## Lecture Notes Week 9:

## Victims and Gender: Differential Responses to Victimization

Today we will be focusing on the topic of victims and gender. This has already come up several times in this class. For example, feminist theory was mentioned as one example of structural approaches when speaking of theoretical approaches to explain victimization (Fattah 2000; Schneider, 1999). Implicit to this is the conception that victimization reflects the power structure of society, and, since women have traditionally been denied power in patriarchial society, they have been more prone to experiencing victimization. Countless feminist writers have taken up this theme (D. Smith; K. McKinnon; etc.)

Relatedly, gender was discussed in relation to official crime statistics and victimization surveys. For example, of sexual assaults in 1997, 84% of victims were female. Unlike sexual assaults, victims of assault were as likely to be male as female. However, females accounted for more victims of common assault (53%), while males accounted for more victims of assault with a weapon and aggravated assault. Females had most often been assaulted by a spouse (43%) or an acquaintance (18%), while males were most often assaulted by strangers (39%) and acquaintances (34%). Similarly, in the 1981 Canadian Urban Victimization Survey, women were found 7 times more likely than men to be victims of sexual assault or personal theft. Men were almost twice as likely as women to be victims of robbery or assault. Of course, gender differences in reporting crimes may affect these figures even further.

Finally, gender frequently emerged as a theme throughout our prior discussion of specific findings and institutions. For example, it impacted the expression of various metaphors of loss, the various labels applied to victims, the composition of victim support and lobby groups, certain legal procedures, and the client profile of Victims' Services and the psychiatric profession.

Keeping all of these things in mind, today I want to focus on four specific aspects of gender and victimization:

(1) Physical violence and gender in the family;
(2) Differential responses to victimization by gender;
(3) How these are reflected in victims' coping strategies;
(4) The consequences of these for their overall coming to terms with victimization.

### (1) Physical Violence and Gender:

It is important to understand that violence is not confined to a few cruel or mentally ill individuals, but occurs in many "normal" families as well. So long as we continue to perpetuate this myth, and focus upon studies from shelters and other clinical sources, both our understanding of violence and our social policy responses will be inadequate.

Gender is a key factor in this regard. While studies from shelters indicate spousal assault is overwhelmingly an act of *male* violence, these sources obscure the fact that women *initiate* assaults just as often as men do (Stets and Straus, 1990). When men are assaulted, they are less likely than women to be injured, often have economic resources mitigating the need for shelters, and rarely report the crime out of gender prescriptions urging them to "handle the situation." Moreover, police tend to only record abuse where there has been an injury.

Considering the above, the question arises: how much violence takes place behind closed doors? Methodological difficulties abound. The family may be seen as a private, loving and supportive group, but these images obscure our ability to perceive its violent aspects (e.g. men and women are both far more likely to be assaulted by a family member: 20 and 200 times more likely than by a stranger, respectively). Difficulties also arise in defining and measuring violence (e.g. when defined simply in terms of physical injuries sustained underestimates by up to 95%, does not include psychological harm, and fails to differentiate unintended acts and other "legitimate" violence, such as mild spanking).

Thus, in this part, violence is defined as an act carried out with the intention or perceived intention of causing physical pain or injury to another person.

When attempting to discern just how violent families are, a National Family Violence Survey was conducted in the U.S. in both 1975 and 1985. Using the Conflict Tactics Scale to measure a variety of actions ranging from minor to severe violence, the more recent survey found that:

* 16 of every 100 partners in a married or cohabiting relationship reported a violent incident that year.

* When measured over the course of the relationship/marriage, this figure climbs to 30%.

(Both of these statistics probably far underestimate the true incidence).

* While women assault their partners as often as men do, they are the major victims of physical, economic and psychological injury.

* Frequency of assaults vary by severity. The most severe assaults are rarer, but, when the entire range is considered, there was an average of 5 assaults a year (which is quite low, considering that the shelter average is about 60).

* The substantial difference in violence between this survey and the shelter studies suggest a clinical fallacy at work: the "battered women" in this sample are not as frequently battered as the women in shelters, and it would skew the figures to generalize from the latter.

* 2.3% of American children suffered "very severe violence" according to this survey, and 11%

experienced “severe violence.”

Ultimately, these statistics reaffirm that the family is preeminent in violence, and that the risk of assault within the family is greater than the risk of stranger assault - particularly for women (200 times greater - and that is probably an underestimate). How can the family be both a loving and supportive group, and at the same time so violent?

There are multiple social causes of violence - particularly in families. These include:

* The family is concerned with the entire range of activities and interests of its members, and nothing is “off limits.” The greater the number of issues of mutual concern, the greater the odds of conflict;

* Gender and age differences (e.g. the battle of the sexes and the generation gap);

* Shared identity/ intensity of involvement;

* Involuntary membership (e.g. relative difficulty leaving home or marriages like in many other conflicts);

* Family privacy insulating/containing conflict;

* Stress, organizational features, and annoying attitudes

All of these produce a relatively high level of conflict, increasing the chance that someone will lash out.

But, more significantly, gender inequality plays a major role in family violence. Male dominance (e.g. economically the “head of the household”) may ultimately run up against an issue that a woman will insist on having her way. Beyond the issue at hand, the man may perceive this as a moral issue, as reneging on the implicit terms of the relationship, and respond angrily. Indeed, analysis of the above survey data shows that the further one moves away from gender equality, the greater the risk that physical force will be used to maintain the power of the dominant person. Egalitarian couples have the lowest rates of violence, while husband-dominated couples have the highest rates of spousal abuse (wife dominated couples are somewhere in between).

Third, it is important to recognize that there are a series of cultural norms that permit family violence. For example, in many quarters it is seen as legitimate for parents to “discipline” their misbehaving children. For a long time, men were also seen as having the right to “chastise” an errant wife, and police would not intrude on such a “private” matter. Despite new laws passed since the 1980's, the informal social norms have changed much less than the law. Surveys have shown that about 1/3 of American men and 1/4 of women perceived it as “normal” to slap one’s

partner on occasion. Of course, in any other context (e.g. the workplace), such behavior would not be so well tolerated.

Fourth, there is the issue of family training in violence. Over 90% of parents surveyed reported that they hit toddlers to punish them, 20% hit an infant, and 33% continued physical punishment even when their children were 15-17 years old. Most of this involved ordinary physical punishment carried out by a concerned parent. However, such actions also teach children, at a very young, formative age, that those who love you are also those who hit you. It may also be reversed to "those you love are those you can hit," and this view becomes shrouded in an aura of moral rightness. It is important for us to realize that this principle extends itself into adult life. The survey shows that the more a man was physically punished as a child, the greater was the probability he or she would assault his wife as an adult (the same was true for women).

While it is important to consider a variety of other risk factors such as alcoholism, poverty, stress, and the level of violence in society at large, we must be aware that none of the risk factors we have discussed thus far are determinative in themselves. Most adults who suffered physical punishments as a child, for example, are not violent (89%), and most male-dominated marriages remain non-violent. Rather, it takes a combination of factors to produce a high probability of family violence. For example, if one takes a checklist of all of the factors discussed above and looks at cases in the survey data where all are present, about 70% of such couples reported a violent incident in the prior year (compared to almost 0% for respondents with none). The same thing could be done for factors associated with child physical abuse.

Many of these risk factors can be lowered if society - and individuals - are willing to change. In recent decades there has been a vast campaign against child abuse and wife-beating, a proliferation of child protection services and womens' shelters, and increased arrest and prosecution of offenders. Going hand in hand with these efforts, parent education programs have been expanded, gender inequality has been somewhat reduced, and increased family counselling has aided couples in resolving some of the inevitable conflicts of married life. Nevertheless, many of these services only reach a fraction of the population, and have the least penetration in those segments of society who need them the most. This has implications for violence reduction.

Considering that these treatment and prevention programs underwent a period of significant expansion in the period prior to the survey in question, it may be hypothesized that this would lead to a reduction in child abuse and spousal violence. In fact, that is what the data show: a 47% decrease in child abuse between 1975-85. This is exactly the opposite of what agencies showed: a threefold increase during the same period. These figures are not contradictory, but simply illustrates increased reporting and intervention over this time. Correspondingly, the survey showed that intra-family homicides declined by almost 30%, and severe assaults on wives by 20%. While none of the other forms of violence measured declined significantly, this is telling since none were subject to the intensive and sustained effort focused on child abuse and wife beating.

In the end, family violence remains a significant problem despite these improvements, and the task ahead remains formidable.

Now that we have reviewed gender in relation to the *occurrence* of violence, we must shift our attention to consider victims' *reactions* to it. In the sections that follow:

(i) I will critically outline the research literature on gender, victimization, and grief in relation to the dominant medical models;

(ii) I will present relevant data from my qualitative study of homicide survivors.

Specifically, after reviewing subjects' coping attempts, relative behavioral adherence to traditional gender roles, and subsequent health problems, I will argue that an observed set of gender-specific grief cycles, along with men and womens' methods of avoiding them, may be useful in correcting, expanding, and integrating current paradigms in ways that more effectively help victimized individuals.

**(2) The Dominant Medical Models vs. The Research Literature:**

When people are victimized by a violent crime, they often deal with mental health professionals. Sometimes this is solely their own decision, in others sought out through the urging of, or avoidance by, family and friends. In yet other cases, counselling is urged by Victims' Services, or medical reports are needed for civil litigation or Criminal Injuries Compensation, and individuals are required to satisfy the need for documentation by visiting a professional.

Whatever the source of their contact, however, it is most important to reiterate the current ideas which such individuals encounter, and which are generally applied to them - at a time in which they are extremely vulnerable to suggestion, and, in many cases, not very likely to be critical.

As noted last week, recent work regarding the emotional state of victims reflects three main themes:

(i) A focus on temporal "stage models" of the grieving process;

(ii) an emphasis on the therapist's role in helping the bereaved accomplish various tasks leading to recovery; and

(iii) attempts at differentiating the "symptoms" of "post traumatic stress disorder" from other "mental disorders."

While we have already outlined many of the problems with these models, they all share a key

additional drawback: their *implicit gender neutrality*. Indeed, their implicit gender neutrality ignores a not inconsiderable literature on gender, victimization, and grief which I will now review in detail.

First of all, it has been widely noted that men are *underrepresented* in the literature on victimization (Roane, 1992; Hussey, Strom and Singer, 1992).

Similarly, it has been noted that the vast majority of information regarding parental reactions to the death of a child come from *mothers* rather than from fathers (Lister, 1991).

However, some early studies specifically compared mothers' and fathers' reactions to the death of a child, concluding:

(i) Fathers experience the loss of a child less deeply than mothers (Berg et. al., 1978);
(ii) Fathers show fewer signs of depression than mothers (Wilson et. al, 1982);
(iii) Fathers show significantly lower grief scores than mothers (Benfield et. al., 1978), and
(iv) Fathers experience a shorter grief period than mothers (Raphael, 1984).

Yet, much controversy surrounds these conclusions. For example, there is considerable evidence that women, more than men, seek help when experiencing personal difficulties (Butler, Giordano, and Neren, 1985; Shinn, Rosario, Morch and Chestnut, 1984). Males are also rejected significantly more by college students when labelled as depressed (Hammen and Peters (1977). Indeed, several studies indicate that men frequently *deny* the fact that they are grieving on standard psychological instruments measuring grief, while grieving for as long or longer than their partners (Kennel, Slyter and Klaus, 1970; Lister, 1991). Similarly, in a study of bereaved parents, Wilson et. al. (1982) have noted that fathers were less willing than mothers to *even agree to discuss* their late child.

Furthermore, and with particular regard to victims of violent crime, researchers have noted that: (i) men are far less likely to report or disclose their victimizations; (ii) women are more likely to engage in social withdrawal; and (iii) men are far more likely than women to engage in aggressive behaviors (Janoff-Bulman and Frieze, 1987). Although sexually victimized girls are frequently blamed for their victimization, blaming is an even greater problem for boys, who are expected to "fight back" (Rogers and Terry, 1984); and who face their parents' denial and minimization of the event, along with revulsion and fear of its effect on their child's sexual identification (Nasjleti, 1980).

Considering these matters, the very plausible argument is made that a male *disinclination to report* personal difficulties accounts for many of the apparent differences noted above.

Given this dilemma, some researchers have attempted to indirectly get at the issue by examining differences in *coping* between men and women. For example, among the bereaved it has been observed that:

(i) Men exhibit a desire to get on with life while women remain depressed and obsessed with thoughts of their dead child (Clyman et. al., 1980);
(ii) Fathers utilize activity-based coping styles after the loss of a child (Mandell et. al, 1980);
(iii) Many fathers note the buffering effect of the social support they receive from their employment activities (Littlewood et. al, 1990);
(iv) Fathers revert more quickly to "normal" patterns of coping than mothers (i.e. suffering a less general reduction in coping capabilities than mothers, with a tendency to keep busy and take on additional workloads in order to cope with their loss) (Littlewood et. al, 1991).

Yet, it is important to stress that such apparent differences in coping strategies do not necessarily mean that there are differences in the *intensity* of men's grief. It is equally possible that men *mask* their pain *through these coping patterns* in order to *conform to male gender roles* and be quietly supportive of other family members (Schatz., 1986). Indeed, it has been noted that such conformity may result in:

(i) Unwillingness to seek out help;
(ii) Inappropriate anger stemming from using most of their energy to keep busy and control the emotions evoked by grief;
(iii) Drinking and drug use, especially because of guilt after angry outbursts;
(iii) Resentment over the need to be strong and postpone their grief; all of which
(iv) Impede the successful resolution of grief.

Similarly, it has been argued that men in our culture are taught to protect their families. Since they are responsible for fulfilling their family's needs, they must be in control, strong, and able to fix things. As such, showing emotions is labelled as weak or pitiful. Hence, men often see death as a challenge, even a *test of masculinity (*Sobieski, 1994). Thus, they tend to remain silent, engage in solitary or secret mourning, focus on physical or legal action, become immersed in activity, and develop addictive behaviors. In contrast to women’s more visible grief, these coping behaviors may actually *prolong* and *deepen* men’s grief.

Finally, since individuals are *socialized*, directly or indirectly, to perceive and experience death and loss, as well as to express their grief about it in particular ways (Lister, 1991), *it may be inappropriate to judge one gender from the perspective of the other*. Some have asserted, for example, that men's emotional lives have to be understood on their own terms rather than in comparison to an implicit female model of affect (Cook, 1988). Using concepts originally developed in studies of women may have an *implicit bias* when used to study men (e.g. is fathers' grief really less intense, or does it only appear that way because we are conceptualizing and measuring it from a female perspective?)

Indeed, it has been argued that men experience a set of *double binds* as they attempt to cope with the death of a child. These involve two dynamics: (1) men’s unexpressive style conflicting with their partners’ needs for emotional openness; and (2) conflict between culturally and medically idealized notions of how to cope with grief through emotional expressiveness and

men's personal and societal needs to strictly control such expressions. Insofar as men's emotional life consists of the tension between the need for expressing unhappy feelings and fear of the consequences of doing so, then each of these two binds is likely to be encountered.

Cook (1988) observed that these gender restrictions generally result in coping strategies that involve ways of handling upsetting feelings without disclosing them to other people (e.g. cognitive strategies such as thinking about something else, and reason/reflection vs. active approaches such as doing something else and engaging in solitary expressiveness).

Summing up, it is evident from a review of the literature that the implicit gender-neutral universality of subjects' experiences advanced by the psychological models is untenable. Rather, attention must be paid to how male and female experiences are both *similar* to and *differ* from one another in the wake of victimization.

## (3) My Homicide Research:

My homicide study 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 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 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 were not 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]

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 "channelling" 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.

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[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 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).

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.

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:

[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.

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 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.