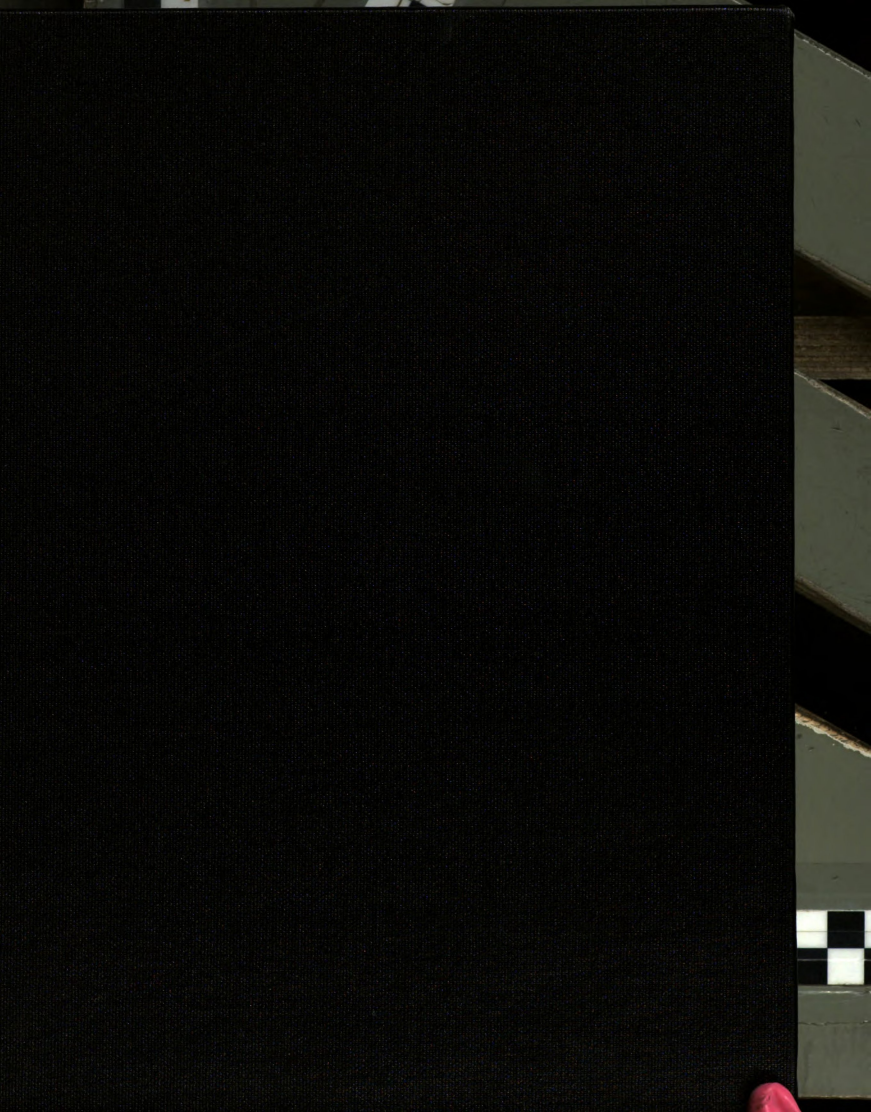






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Men in Grief: Death of a Partner

presented by

John Matthew O'Brien

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Ph.D. degree in Counseling Psychology

Linda Forrest

Major professor

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MEN IN GRIEF:DEATH OF A PARTNER

By

John Matthew O'Brien

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

DOCTOR OF PHILOSOPHY

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1996

ABSTRACT

MEN IN GRIEF: DEATH OF A PARTNER

By

John Matthew O'Brien

The literature is replete with articles about the grieving process that occurs when one loses a partner (Bowling, 1988; Feinson, 1986; Folken, 1991; Gass & Chang, 1989; Schuchter & Zisook, 1986; Zisook & Schuchter, 1991). However, men are seldom the sole focus of partner loss research (Lister, 1991) and the literature on gay grief is even more sparse (Doka, 1987; Siegel & Hoefer, 1981). The purpose of this qualitative study was to examine the experiences of both heterosexual and gay men grieving the death of a partner due to chronic illness. Although there were unique aspects of heterosexual and gay men's grief, results demonstrated that many issues relevant to grieving the death of a partner transcend the issue of sexual orientation. Key findings focused on recognizing the diversity of men and exploring the relationship between gender socialization outcomes and men's grief. Recommendations for practitioners working with grieving men and researchers focusing on men's grief are offered.

For My Wife Wanda: Love Will Never Go Away
Orville Kelly

Spring and the land lies fresh and green
 Beneath a yellow sun.
We walked the land together, you and I.
And never knew what future days would bring:
 Will you often think of me,
 When flowers burst forth each year?
 When the earth begins to grow again?
 Some say death is final
 But my love for you will never die.
Just as the sun once warmed our hearts,
Let this love touch you some night,
 When I am gone,
 And the loneliness comes-
Before the dawn begins to scatter
 Your dreams away.

Summer, and I never knew a bird
 Could sing so sweet and clear,
Until they told me I must leave you
 For a while.
I never knew the sky could be so deep a blue,
Until I knew I could not grow old with you
 But better to be loved by you,
Than to have lived a million summers,
 And never known your love.
Together, let us, you and I
Remember the days and nights
 For eternity.

Fall, and the earth begins to die,
And leaves turn golden-brown upon the trees.
Remember me too, in autumn, for I will walk with you,
As of old, along a city sidewalk at evening time,
 Though I cannot hold you by the hand.

Winter, and perhaps someday there may be
 Another fireplace, another room,
 With crackling fire and fragrant smoke
And turning, suddenly, we will be together
And I will hear your laughter and touch your face,
 And hold you close to me again.
But, until then, if loneliness should seek you out,
Some winter night, when the snow is falling down,
Remember, though death has come to me,
 Love will never go away!

DEDICATION

This dissertation is dedicated to my father

Paul Joseph O'Brien

August 20, 1931 - November 26, 1994

An Irish Blessing

May the road rise to meet you.
May the wind be ever at your back.
May the sun shine warm upon your face.
May the rain fall soft upon your fields.
And until we meet again
May God hold you in the palm of His hand.

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Finally, I would like to acknowledge the courage and strength demonstrated by participants in my research project. Without them, this dissertation would not have been possible.

TABLE OF CONTENTS

CHAPTER ONE	
Introduction.....	1
CHAPTER TWO	
Literature Review.....	9
CHAPTER THREE	
Methods.....	48
CHAPTER FOUR	
Results1.....	68
CHAPTER FIVE	
Results2.....	120
CHAPTER SIX	
Discussion.....	174
Appendices.....	200
Appendix A: Participant Data.....	200
Appendix B: Recruitment Procedures.....	212
Appendix C: Initial Letter to Participants.....	213
Appendix D: Initial Consent Form.....	214
Appendix E: Preliminary Information Form.....	215
Appendix F: Letter to Interviewees.....	216
Appendix G: Interview Consent Form.....	217
Appendix H: Background Information Form.....	218
Appendix I: Interview Protocol.....	220
Appendix J: Letters to Nonselected Volunteers.....	223
Appendix K: Follow-Up Letter to Interviewees.....	224
Appendix L: Lansing Area Bereavement Resources.....	225
Appendix M: Grand Rapids Area Bereavement Resources..	227
Appendix N: Ann Arbor Area Bereavement Resources.....	229
List of References.....	231

INTRODUCTION

This study focused on the experiences of men grieving the loss of a partner. Men have rarely been the sole focus of grief research (Lister, 1991). When they have been studied, it is usually in comparison to widows or to married men in their age cohort (Wister & Strain, 1986). By focusing specifically on men, I examined the impact of gender socialization outcomes on men's grieving. Both heterosexual and gay men were included to gain greater understanding of similarities and differences in the grieving of heterosexual and gay men.

Men in the United States are part of a society that encounters difficulty with the meaning of death (Shapiro, 1994). Death is no longer considered a normal part of the life-cycle for many Americans and has become increasingly distanced from our everyday lives. "The more we are making advancements in science, the more we seem to fear and deny the reality of death. We use euphemisms, we make the dead look as if they were asleep, (and) we ship the children off to protect them from the anxiety and turmoil around the house" (Kubler-Ross, 1969, p. 3). Death is viewed as something that occurs in old age, something associated with hospitals and nursing homes (Kubler-Ross, 1969). It is rare for someone to die at home, surrounded by family and friends (Kubler-Ross, 1969). Mainstream American society compartmentalizes death as if individuals can control when and where it occurs. "In our early adult years, we learn to

cope more effectively with loss by believing we are the exception to the rules, especially the ones about limits and death" (Schneider, 1989, p. 27). Yet, no matter how much we believe that we have conquered death, we haven't. "Death is still a fearful, frightening happening and the fear of death is a universal fear, even if we think we have mastered it on many levels" (Kubler-Ross, 1969, p.5).

Because of this seemingly universal denial, thinking and talking about death may be very difficult for many clients with presenting problems related to the death of a partner. In addition, researchers and practitioners who study and support the bereaved may attempt to avoid facing loss on a personal level, evading a confrontation with their own mortality and fears of losing their loved ones." Clinicians and grief counselors...are first and foremost human beings who struggle with (their) own cultural assumptions to live meaningful lives while facing the possibility of loss and the certainty of death" (Shapiro, 1994, p.5). If left unaddressed, their struggle with issues of grief and loss will only serve to inhibit their clinical effectiveness and/or their sensitivity when conducting bereavement research.

Researchers and clinicians must work to overcome their personal biases and become more cognizant of the complexity of the grieving process. The death of a loved one may often bring clients to therapy or to participate in a research project to understand more about their experience. Given the

aforementioned societal attitude about death, therapy or research projects may be the only place that clients feel validated for talking about their pain. I experienced this in conducting research for my Master's thesis (O'Brien, 1991) as many of the participants had not talked previously with anyone about their grief. Helping professionals in either role need to be prepared to deal with their own reactions as well as the varied reactions of those grieving individuals with whom they work.

Holmes and Holmes (1970) constructed a table of life events that correlated with stress in individuals. The death of a spouse was at the top of their list. The stress associated with this experience may result in severe depression (Zisook & Shuchter, 1991). "Spousal bereavement is often the most profoundly disturbing and disruptive event in an individual's life" (Shuchter & Zisook, 1986, p. 295). Widows and widowers may seek counseling or other services in adjusting to their new life.

The proportion of men and women who are widowed rises sharply after the age of 65, although male levels are markedly lower than those for females. "In 1981, 68.5% of all women 65 and older were widowed compared to 21.7% of men 65 and older" (Roberto & Scott, 1986, p. 498). Perhaps due to this gender discrepancy in frequency of losing a spouse, much of the research literature is devoted to examining the experiences of widows. When widowers are studied, they are usually studied in contrast to widows (Lister, 1991).

Authors rarely focus specifically on the experiences and needs of men grieving the death of a partner.

Another factor influencing the emphasis on women's experiences has been the gender discrepancy in those who enter counseling. In general, women are much more likely to seek support in a therapeutic relationship (Good, Dell & Mintz, 1989). This discrepancy may result from gender differences in socialization. "Men are socialized to be emotionally inhibited, assertive, powerful, independent, and to equate sexuality with intimacy, manliness, and self-esteem. Given this socialization, men often do not seek therapy, and when they do,...they are often fearful of disclosing or quite unaware of their feelings" (Mintz & O'Neil, 1990, p.382). Men's needs and expectations entering a therapeutic relationship may be quite different from women's, including their needs in grieving the loss of a partner. Equally so, the preconceived expectations that clinicians have of men and how they "should" grieve may inhibit their ability to work effectively with them in therapy. Many authors (Gass & Chang, 1989; Lister, 1991; Staudacher, 1991) have acknowledged some of the ways that men may grieve differently.

Since grief is often a reason that people seek psychological services, clinicians must learn about the grieving process and effective ways to treat clients. Even though men are currently less likely to experience the loss of a partner or to seek counseling services to assist them in

the adjustment process, clinicians should be prepared to work with those who do, either through traditional counseling services or through other interventions that might better meet men's needs. If clinicians are aware of the critical issues of men who have experienced the death of a partner and understand how they can be most effective in service delivery, men will be more likely to have positive experiences.

With the recent rise of the men's movement, many men are becoming more in touch with their emotional sides and their needs for intimacy (Bly, 1990). This major shift in men's view of themselves and their needs may result in their greater participation in the therapeutic process. Men may also become more comfortable with utilizing emotional coping strategies in responding to difficulty when they discover that other strategies have not worked for them.

We are living in an important and fruitful moment now, for it is clear to men that the images of adult manhood given by popular culture are worn out; a man can no longer depend on them. By the time a man is thirty-five he knows that the images of the right man, the tough man, the true man he received in high school do not work in life. Such a man is open to new visions of what a man is or could be (Bly, 1990, p.x).

However, not all men's experiences are alike. Doka (1987) studied the grieving process of individuals who lose a partner in a "non-traditional" relationship. These relationships included extramarital affairs, cohabitation, and gay relationships. "When one experiences the loss of a significant other in a nontraditional relationship, it is

more difficult to complete... tasks (of mourning). It is harder to accept the reality of loss if one is excluded from the dying process, restricted from funeral rights, inhibited from acknowledging the loss, or even receives delayed knowledge of the death" (p. 465). Lack of social support is just one of the factors that can exacerbate grieving in this type of relationship.

Although there are likely many commonalities in all men's experiences of grieving the death of a partner, there will also be points of divergence. Factors such as age of surviving partner, culture, race, ethnicity, socio-economic status, and sexual orientation are all important elements in the identity of men. Clinicians and researchers need to attend to these within group differences as these can all exert unique influences on a man's ability to grieve.

The grieving process can be differentially impacted by the mode of death of the partner, whether natural or violent, expected or unexpected. Natural or expected losses allow the bereaved to begin the process of grieving before death, anticipating their impending loss (Stroebe & Stroebe, 1987). Violent or sudden death does not allow for a period of preparation and may result in a longer period of mourning after the death (Stroebe & Stroebe, 1987). In an effort to reduce the variation in participants' experiences, this study will focus on men whose partner died from chronic illness, allowing for some period of preparation before their partner's death.

This study examined the following questions:

(1). What is the experience of men who are grieving the untimely death of their spouse/partner?

Many studies in the past have focused either solely on women in this situation or have compared men with women. The sole purpose of this study was to hear men's experiences of loss. Thirty to fifty year old men were the population of interest, making the death of their spouse/partner unexpected developmentally.

Wolfelt (1990; 1992) suggested that men's grief is "naturally complicated" by the outcomes of their socialization. Difficulties with affective expression, seeking support, focusing inward, and acknowledging their pain, as well as striving for independence, all impact the mourning process for men (Wolfelt, 1990). Men's experiences will be examined in light of these assertions to ascertain their accuracy.

(2). What is the impact of sexual orientation on men's grieving?

I recruited both heterosexual and gay men to be involved in this study. Rothblum (1994) suggested that, in studying issues in adult development, researchers should attend to gender and sexual orientation to understand how each of these variables contributes to a phenomenon. Although the primary purpose of this study was to examine the grief experience for men, some preliminary hypotheses were generated about the impact of sexual orientation on bereavement.

Gelso and Fretz (1992) outlined unifying themes that distinguish counseling psychology from other fields in the helping professions. Among these distinguishing characteristics are (1) concentrating on individual's assets and strengths, regardless of their degree of disturbance and (2) focusing on the interaction between individuals and their environment. In this study, I explored the strategies that men used to cope effectively with the death of their partner. I also examined aspects of men's environments that positively and/or negatively impacted their mourning. Clearly, the foci of this study were appropriate to the traditions of counseling psychology.

By interviewing men about their experiences of losing a partner, data were generated that benefited helping professionals working with grieving men. First, the field gained a greater understanding of the impact of the death of a partner on a man's life. The influence of gender socialization outcomes on a man's grieving process were highlighted to offer implications for practitioners working with this population. Second, grieving a death due to chronic illness was examined to learn more about the complexity of this process. Finally, the impact of sexual orientation was examined with the hopes of assisting practitioners in dealing with issues unique to gay grief. I hope that the results of this study enabled psychologists to respond in a sensitive and thoughtful manner to men grieving the loss of a partner.

LITERATURE REVIEW

Overview

This work will draw on many knowledge bases. After highlighting general grieving models and symptomatology of mourning, I explore extant literature on men's socialization, their experiences in therapy, and their grieving process. Next, issues unique to the experiences of gays and lesbians in our culture are covered, including the comparability of their relationships to heterosexual marriage. Finally, the literature on loss in heterosexual and gay partnerships is summarized and critiqued.

Grief Models

In her book On Death and Dying, Kubler-Ross (1969) articulated a five stage model of grieving developed through research with terminally ill patients. She and her students interviewed individuals who were dying to learn about their reactions and needs, as well as the responses and needs of those close to them. They discovered a commonality in the patients' attitudes towards dying. As the clients became more aware of their impending death, they moved through stages or phases of their grief process, including denial, anger, bargaining, withdrawal, and acceptance. Although developed on dying individuals, Kubler-Ross noted a similar grieving process for the patient's family, as they struggled to make sense of the loss of their loved one. In my

experience, this model is perhaps the most widely known conceptualization of mourning.

Schneider (1984) outlined a grieving model consisting of six phases including limiting awareness, awareness of loss, gaining perspective, resolving the loss, reformulating the loss, and finally transforming the loss. Schneider viewed loss in a holistic framework, claiming that it occurs simultaneously on many levels (physical, cognitive, behavioral, spiritual, and emotional). This model highlights the complexity of the grieving process by noting that it is not simply an emotional or cognitive process to master.

Schneider (1989) focused on the transformative power of grief and loss, that both natural and disruptive losses are an integral part of everyday life . "Natural losses continue throughout life, and eventually we encounter the losses of family, friends, work, and sometimes health simply as a part of the process of living...Disruptive losses include traumatic...occurrences which exceed our capacity to continue life as usual...These include such wrenching events as life-threatening illness, deaths of children, divorce, or rape. They all demand our energies for a long time afterwards just to cope and adjust" (p. 27). Schneider claimed that in situations of loss, whether natural or disruptive, individuals are confronted with a potential for growth. Transformation occurs when the person finds "strength in acknowledging...weaknesses instead of denying them, discovering new realms of consciousness and rediscovering

innocence through renewal and forgiveness" (p. 28). Since grief and mourning are an integral part of the life cycle, I would posit that the way we respond to the natural losses in everyday life influences our response to the more disruptive events, such as death, that we must confront.

Worden (1991) described his view of the four tasks of mourning. He believed it was necessary to (1) accept the reality of the loss (2) experience the pain of the grief (3) adjust to the environment in which the deceased is missing and (4) withdraw emotional energy and reinvest it in another relationship. These tasks occur over a period of months, at which point the mourner rejoins life and reinvests his/her energy in relationships.

Wolfelt (1992) believed that one is never capable of truly resolving losses, but merely becomes reconciled to their reality. To reach this point of acceptance, the mourner initially evades the impact of the loss and, when ready, encounters its existence. Some men, according to Wolfelt, avoid the encounter phase of their grieving in an attempt to shun its true impact. Ultimately, this only further complicates their grieving process.

Many models of grieving exist in the literature. One commonality to all these depictions is a clear expectation among clinicians and researchers that one who is grieving must go through a process that is phasic to ultimately resolve/reconcile their loss. A danger of relying too heavily on any conceptualization of mourning is the

assumption of homogeneity. Although these models may depict points of convergence for many people, grieving remains a highly individualistic process (Shuchter & Zisook, 1993). Grief researchers must continue to develop these models in an effort to identify both the necessary and sufficient conditions for grieving to occur.

Cultural/Situational Factors

Bolton and Camp (1987) studied the impact of funeral rituals as facilitative of the grieving process. They utilized a Chi-square design to determine the degree of association between number of rituals practiced and the adjustment of the survivor. Contrary to expectations, there was no significant relationship between these two variables. These authors concluded that the sample (who had previously been clients in a counseling program for the widowed) were, in general, active in their use of rituals, perhaps more active than others. This may have been the reason for nonsignificant findings. They concluded that more work is needed examining the impact of mourning rituals before, during and after the funeral/memorial service.

Stroebe and Stroebe (1991) examined the question of necessary grief in an effort to challenge mainstream assumptions about mourning. They interviewed 30 widows and 30 widowers at three intervals (4-7 months, 14 months, and just over 2 years) after the death of their spouse. Stroebe and Stroebe operationalized "grief work" as an individual's

confrontation with their loss (i.e., whether they avoided situations/people that reminded them of their spouse and/or chose to keep themselves busy). The Beck Depression Inventory (BDI) was used as a measure of psychological adjustment. A two-factor analysis of variance indicated that widows had slightly higher BDI scores than widowers and that both groups reported a decrease in depressive symptomatology in the two years following the death.

Hierarchical regressions did not clearly demonstrate that those confronting their loss were better adjusted (having lower BDI scores). Men who were avoiding the loss were less well adjusted than those confronting the death of their spouse. However, there was no significant difference in overall adjustment between women who avoided their loss and those who confronted people and situations that reminded them of the deceased. When all subjects were examined together, there was no significant difference in adjustment (as measured by the BDI) between those avoiding and those confronting their loss. The authors noted that the significant difference may reflect a gender difference in the extent to which loss is avoided; namely, that men would go to greater extremes to avoid dealing with grieving than women. Participants in this study were from five towns in southern Germany. This cultural context may account for differences in the grieving process that might not be similar in the United States. Its applicability to American culture is unclear. However, this work raised two important ideas worth

considering: (1) Is there a healthy grieving process? (2) What are the characteristics of healthy grief?

In a comprehensive review of the literature, Stroebe, Gergen, Gergen and Stroebe (1992) examined the idea that expectations about grieving are culturally and historically defined. They noted that the prevailing "zeitgeist" dictates how individuals view the grieving process and what differentiates "normal" vs "abnormal" grief.

In American culture, there is an assumption that to resolve grieving, one must break bonds with the deceased and move quickly back to active participation in life, including work and leisure activities (Staudacher, 1991; Stroebe, Gergen, Gergen and Stroebe, 1992). These assumptions are not necessarily true in all cultures. Yamamoto, Okoniji, Iwasaki and Yoshimura (1969, cited in Stroebe & Stroebe, 1992) found that Japanese widows, who practiced Buddhism and Shintoism, were better adjusted than British widows who were of Christian background. Buddhism and Shintoism encourage the mourner to maintain contact with the deceased. There is not a "necessary separation" so that one is always in contact with any and all ancestors. For these cultures, this is a normal, healthy approach to grieving.

Mandelbaum (1959) reported that the Hopi, a Native American tribe in Arizona, fall on the other end of the continuum. Once a person has died, they are no longer spoken about and are forgotten as quickly as possible. The mourners carry on with life as usual so that they do not become

contaminated with the spiritual world. Some Muslim cultures encourage the mourner to work through their grief by denying their pain. Mourners instead are expected to laugh and be joyful (Wikan, 1988; 1991).

Along with culture, history can play an important role in defining "appropriate" mourning practices. During the Romantic era, people believed that individuals could literally die of a broken heart because their center or soul, the source of love and creative inspiration, was permanently affected. Grieving for a loved one might continue for as long as a person lived (Rosenblatt, 1993). Even today, this may occur. Farber (1990) reported finding that "some continued emotional attachment to the lost partner seems inevitable" (p.45).

Cultural and historical milieu, as well as other individual characteristics of the bereaved, are all essential factors to consider in understanding their grieving process. Models of grieving may not adequately consider aspects of individual development. Practitioners cannot judge someone's grief process in light of their own or societal (mis)conceptions about what "normal" grief entails.

Grief symptoms

Lindemann (1944) wrote that grief occurred on both physiological and psychological levels. He based his observations on clinical work as a psychiatrist with people who were experiencing a variety of different reactions to

loss. The main focus of his study was mourners who had lost family in a traumatic event (a nightclub fire) whereas the remaining subjects had experienced death of a loved one through natural causes. Although he observed a wide variety of situations (in the mode of death of the loved one and in the mourner's grieving process) and people, he identified commonalities in the griever's experiences. Reactions that he associated with acute grief were somatic distress, preoccupation with images of the deceased, guilt feelings, hostile reactions to others, and loss of patterns of activity. Lindemann's work was anecdotally based on his work with a small sample of clients. The generalizability of the findings to all populations remains unclear.

More recently, Stroebe and Stroebe (1987) presented a comprehensive five factor model of the components of grieving. These factors included: affective reactions (depression, anxiety, guilt, anger and hostility, anhedonia, loneliness), behavioral manifestations (agitation, fatigue, crying), attitudes toward self, deceased, and the environment (low self-esteem, helplessness/hopelessness, sense of unreality, suspiciousness, interpersonal problems, attitudes toward deceased), cognitive impairments (retardation of thought/concentration), and physiological changes (loss of appetite, sleep disturbance, energy loss, bodily complaints, physical complaints similar to deceased, changes in drug taking, susceptibility to illness and disease).

Although differential diagnosis between normal and pathological grief is difficult, Wahl (1970) offered a taxonomy to assist clinicians in making such a distinction. His foci were factors related to the nature and extent of the griever's reactions. Similarly, Stroebe and Stroebe (1987) recommended making this determination by examining the severity of the symptomatology as well as the time since the death.

Middleton, Raphael, Martinek, and Misso (1993) explored the extensive literature on pathological grief, also labeled as, "absent, abnormal, complicated, distorted, morbid, maladaptive, truncated, atypical, intensified and prolonged, unresolved, neurotic, and dysfunctional." (p. 44). Although each of these characterizations may have some commonalities, they may also emphasize different views and aspects of grief. Middleton et al. stated that "where grief for a particular individual, in a particular culture, appears to deviate from the expected course in such a way that is associated with excessive or prolonged psychological or physical morbidity, it may be labeled as pathological" (p. 44).

Grief research has only begun to recognize the complexity of grieving and of defining pathological grief. Distinguishing between normal and pathological grief may be clearer to do in theory than in practice.

Men's issues

Before further exploring the impact of male socialization, I wish to acknowledge my own bias. One can view the results of gender role socialization in two competing ways: highlighting differences or highlighting similarities (Hare-Mustin & Maracek, 1988). In focusing on men, I operate from the assumption that "males and females, even within ethnic and social class variations, are socialized differently in this society" (Lister, 1991, p. 225). I highlight differences in an effort to explore how socialization outcomes may affect men who are grieving.

"The late 1970's and early 1980's will probably be known as times when men recognized that they (were) also victims of restrictive gender role socialization and sexism in their lives " (O'Neil, 1981, p. 203). Perhaps in response to the changing roles of women in our society, men have begun to look at the ways that gender stereotypes have affected their development. O'Neil (1981) noted both positive and negative aspects to being socialized as a male. In thinking about the struggles of men who have lost a partner, I look at the negative aspects of their socialization, as these are the areas that may inhibit a man's ability to handle loss.

In an extensive review of the literature, O'Neil (1981) cited four outcomes of male sex-role socialization, that included (1) need for power (2) need for control (3) competitive focus and (4) restrictive emotionality. O'Neil noted that these outcomes can affect men's interpersonal

lives, their career development/work life and their physical/emotional health (p. 68). Of specific interest in this study was the examination of the impacts of socialization on a man's interpersonal life and his physical/emotional health.

Maccoby (1990) reviewed the literature on gender differences in relationships from a developmental perspective. She concluded that differential patterns of interaction which were seen in boys and girls could be linked to interactional patterns in adolescence and adulthood. Maccoby deduced that the results of socialization put men at an advantage in groups, as they have learned to assert their needs and have their voices heard. However, they may encounter more difficulty in dyadic relationships, especially with other men, possibly because of what Maccoby calls their "restrictive interactional style." This style attempts to inhibit communication between participants by bringing the interaction to an abrupt end.

O'Neil (1981) noted that men experience difficulty with sexual and affectionate behavior. Because of their developed needs for power, control, and dominance, they can view sexual relationships more as a conquest than as intimate communication (O'Neil, 1981, p. 208). Men may separate sex from loving, affectionate behavior. If Maccoby (1990) and O'Neil (1981) are correct about these developed styles of interacting, I would posit that men socialized in these ways

encounter more difficulties than women in developing and maintaining intimate relationships.

Meinecke (1981) reviewed literature on men's health, linking socialization processes to their higher mortality rate. "It is my suggestion that hypermasculinity...coupled with acquired insensitivity to idiosyncratic needs and limitations can generate behavior patterns that eventually lead to early death in males" (p. 241). O'Neil (1981) agreed, stating that "unresolved tensions, role conflict and overload, and physical and emotional stress can contribute to the higher mortality of men than women" (p. 74). There is also a tendency for men to "be strong" and to deny when they are ill or in need of medical attention (Goldberg, 1976). The socialization process results in men being less likely to seek medical attention yet more likely to need it.

Emotionality is another area of men's lives that can be affected by strictly adhering to prescribed gender roles. An awareness and expression of one's affect is usually equated with emotional health. This is not something that most men learn how to do. Pleck and Sawyer (1974) stated:

Staying cool, no matter what, was part of what we learned growing up male. We knew that big boys didn't cry, and that real men didn't get too excited except in places like football games. Spontaneous emotion - positive or negative - was suppressed or restricted to certain settings. We learned to mute our joy, repress our tenderness, control our anger, hide our fear. (p.4)

Rather than express what they are feeling, men may respond to distress by searching for a way to resolve the current problem (O'Neil, 1981). Because their emotions may not be

acceptable socially, they learn to value intellect over affect. Men may struggle in situations where there is nothing to do but feel. If a man does express affect, it may not be received positively by others. "From a male, tears create discomfort...and even mild disgust at his inability to control himself" (Goldberg, 1976, p. 60). This would decrease the likelihood of a similar response in the future.

Although there are many benefits of white male socialization processes, such as societal status and power, there are also liabilities. Some of these difficulties cited in the literature included problems with intimate relationships and communication, mortality rates at a younger age, and restricted emotional expression. Goldberg (1976) summarized the negative aspects of male socialization processes in stating:

Unlike some of the problems of women, the problems of men are not readily changed through legislation. The male has no apparent and clearly defined targets against which he can vent his rage. Yet, he is oppressed by the cultural pressures that have denied him his feelings, by the mythology of the woman and the distorted and self destructive way he sees and relates to her, by the urgency for him to "act like a man" which blocks his ability to respond to his inner promptings both emotionally and physiologically and by a generalized self hate that causes him to feel comfortable only when he is functioning well in harness, not when he lives for joy and personal growth. (Goldberg, 1976, p. 16).

Men in therapy

Statistics about the utilization of mental health services indicate that two thirds of all clients who enter therapy are female (Good, Dell & Mintz, 1989). One in seven

men, in contrast to one in three women, receive professional counseling at some point in their lifetime (Good, Dell and Mintz, 1989). Gender socialization is often posited as one of the reasons for this imbalance (Good, Dell & Mintz, 1989).

Chesler (1972) suggested that both marriage and psychotherapy were agents of societal oppression of women. In both relationships, women were/are rewarded for adhering to gender role expectations. Chesler highlighted the ways that psychotherapists might inhibit women's development beyond traditional gender-role expectations. New evidence suggests that therapists may be recapitulating this process with men.

Robertson and Fitzgerald (1990) explored how the process of therapy may be oppressive to men by reaffirming societal expectations concerning appropriate male behavior. Counselors viewed videotapes of a depressed male client and responded at different intervals as they might if they were conducting a therapy session. At the conclusion of the tape, they rated the client using the Bem Sex Role Inventory and recorded their hypotheses concerning diagnosis and etiology of the problem. When the client was seen as nontraditional (that he stayed home with children), counselors viewed him as having more pathology and attributed his depression to his life situation. Robertson and Fitzgerald concluded that these findings may reflect the inability of psychotherapists to deal with the new roles of men, similar to Chesler's contentions twenty years earlier in regard to new roles for

women. Although the authors noted several limitations of this study, including the use of an analogue design, I believe its conclusions raise valid arguments that are worthy of further exploration.

Good, Dell and Mintz (1989) studied the relationship between help seeking behavior and adherence to the traditional male role. Undergraduate men completed paper and pencil measures of stereotypic male qualities and help seeking behavior. Results of canonical correlation and regression analyses revealed that a traditional view of the male role, as well as concern about expressing emotion and affection, were significantly related to negative attitudes about seeking professional psychological help. Good, Dell and Mintz hypothesized that more traditional men who enter therapy are more at risk for feeling uncomfortable with the process, perhaps terminating prematurely. This assertion can be further extended. A man's level of comfort/discomfort with therapy may depend not only on his level of adherence to the traditional male role but also on the theoretical orientation of the therapist. Further research is needed to answer these questions.

Barrows and Halgin (1988) summarized current issues relevant to psychotherapy with gay men. They reviewed the literature with specific emphasis on the impact of the AIDS crisis. These authors recommended that clinicians become educated about AIDS to better understand its impact and to serve as a source of valuable information to clients. They

also stated, "We urge clinicians to sensitize themselves to the complex issues that gay individuals confront in their intrapsychic and interpersonal experiences, such as issues of discrimination, feelings of being different, pressures to conceal information, and fears of being rejected" (p. 401). Although these are not new issues in psychotherapy with gay men, they are of increased importance in light of the reality of AIDS.

Wilcox and Forrest (1992) summarized the literature on men in therapy, noting that men's difficulties in counseling have often been viewed as intrinsic to them due to their gender. This results in the notion that the field either must "liberate" men or change the counseling process to create a better fit for male clients. These authors recommended utilizing a social constructionist paradigm to resolve this dilemma. "If constructing gender is viewed as a process, the fluidity of gender constructions can be acknowledged through the therapy process" (p. 302). This would free both counselors and clients from preconceived notions of appropriate male behavior.

In writing about Gender Aware Therapy, Good, Gilbert and Scher (1990) asserted that "the current goal of most therapies is to restore troubled men to their traditional gender role model of mental health (to be strong, assertive, and independent)" (p. 376). Both men and women experience deleterious effects of the process of socialization. They recommended that, through the use of Gender Aware Therapy,

counselors work to free themselves and their clients of restrictive views of gender appropriate behavior. Counselors must examine their own personal stereotypes of gender appropriate behavior so that they can encourage personal growth for individuals.

In summary, the literature indicates that gender role socialization exerts some influence on the process of therapy. Some men's restrictive emotionality and difficulties with interpersonal skills may inhibit their ability to seek therapy or, once there, to have positive experiences. However, one cannot make generalizations about all men, especially with the changing views of the male role in our society. Utilizing a social constructionist perspective allows the counselor to assist an individual in examining his experience of gender-role socialization and its influence on his current life. The impact of male norms of behavior, the ways that they are changing, and the impact on therapeutic relationships demand continued attention to gain more insight into men's avoidance of therapy.

Men in Grief

Grief literature seldom focuses solely on the experiences of men. "We have witnessed a proclivity for social gerontological research to focus on the older widow rather the widower. This impetus is not surprising given the preponderance of widows compared to widowers" (Wister & Strain, 1986, p. 205) . When research does focus on men, it

usually compares them to widows or to married men of the same age (Wister & Strain, 1986). These authors noted some of the many reasons for this phenomenon, including gender differences in life expectancy and the remarriage rates of males as opposed to females.

Lister (1991) reviewed the social work literature dealing with men in grief. He highlighted the impact of the socialization process on men's initial experiences of mourning and working through their loss. He cited evidence to suggest that widowed men, especially those who do not remarry, have a greater risk of death, especially in the first year after losing a spouse. Evidence also pointed to an increased risk in this population of suicide and use of alcohol/drugs. Lister noted that substance abuse may serve as a way for these men to cope with depression whereas their female counterparts might be more willing to receive counseling. He urged clinicians to seek out and support men who are grieving since many of them may not be aware of or willing to acknowledge the depth of their loss. This can result in repressed grieving which manifests itself in other ways. "When not dealt with, a man's grief may find outlet in dysfunctional behaviors and self-destructive activities" (Lister, 1991, p. 233).

Scully (1985) wrote about her experiences as a therapist for men mourning the loss of a child. Among the difficulties that these men faced were: (1) the assumption that women are more emotionally sensitive than men, (2) men's difficulty

experiencing and expressing deep emotional pain, and (3) the expectation that a husband be strong for his wife and other children. Scully noted the important function that counseling can serve for a man grieving the loss of a child. "Psychotherapy can be a vital part of the grieving and healing process. The therapist provides a place for the father to unleash his feelings of pain and disbelief, to share his dreams that will not come true, to open his questioning" (p. 99). This author emphasized the importance of also listening to what the man is not saying to help him clarify thoughts and feelings about which he may be only partially aware.

Wolfelt (1990) reflected on his personal experiences working with men in grief, emphasizing why he viewed the process as "naturally complicated" for men. He described five factors as the primary influences that complicate mourning in males. These include: inability to overcome social conditioning, the need to remain self-sufficient, the intolerance of slowing down and turning inward, the inability to seek support, and the inability to acknowledge pain and loss. The images that men project often make them appear to others as coping well with their loss. However, Wolfelt maintained that this facade may not match their inner world of pain and confusion. Men may avoid feeling and view the symptoms of grief as threatening, as opposed to a natural part of experiencing a loss.

At a conference on Men in Grief, Wolfelt (1992) further explored the conflicting demands placed on men who are grieving. Common masculine traits (including control, stoicism, aloofness, competence, strength, and mastery) are in direct opposition to the feelings of grief necessary to embrace the mourning process (helplessness, pain, fear, powerlessness, sadness, vulnerability, depression). Wolfelt stated that many men have not experienced giving up these stereotypically masculine ways of being and must face these issues as they simultaneously respond to their loss.

The literature on men's experiences of grieving is still in its infancy. Although many authors have hypothesized what men's grief is like and how it can be naturally complicated, the paucity of research on men's grief and mourning process makes definitive conclusions about their experiences impossible. Further research is necessary to explore the impact of gender socialization outcomes on grieving. Men have seldom been the sole focus of grief research, studied often in contrast to women. By restricting the focus of grief research to men, clinicians may gain more insight to their mourning process and ways that this experience is unique for men or perhaps unique to different men as individuals.

Gay/Lesbian Issues

"Stigmatization of gay persons because of their unpopular sexual orientation occurs throughout the life span"

(Kimmel, 1978, p.128). In 1973, the American Psychological Association changed its view of homosexuality as pathological, eventually removing it from the Diagnostic and Statistical Manual (3rd Edition) as a diagnostic category. Although the official stand of this organization changed, some practitioners and many members of American society in general continue to view the gay lifestyle as aberrant. "The tension between the needs of this group of patients and the continued insistence within many schools of psychotherapy and by a large number of psychotherapists that homosexuality is abnormal or pathological places the gay person at risk for iatrogenic damage from the very persons and approaches that are supposed to be available to alleviate their distress" (Stein, 1988, p. 88). The paucity of research on homosexuality outside the pathological paradigm makes the job of therapists working with this population all the more difficult.

Kimmel (1978) applied Levinson's model of adult development to existing data on older gays. He outlined three major concerns that are of special relevance to elderly gay persons: lack of support/understanding of bereavement, physical disability (and its impact on gay relationships) and stigmatization of older gays, both in society at large and within the youth-oriented gay subculture. Kimmel advocated for the inclusion of gay and lesbian perspectives in research examining issues of adult development.

Woodman (1989) noted that loss is a central theme in the lives of many gays and lesbians. Losses (or potential losses) can emanate from the coming out process, to both self and others. The individual may potentially lose self-esteem, family, friends, children, support of organized religion, and even a job. When there is a break up or loss in a romantic relationship, these previous losses can exacerbate an individual's reaction. "Whether the loss occurs through separation or death, often the surviving (remaining) partner is denied the traditional rights to grieve and mourn. Lack of access to such rituals and supports only intensifies stress or crisis" (Woodman, 1989, p.58).

Ritter and O'Neill (1989) also focused on the numerous losses that are a part of the lives of lesbian women and gay men.

The losses of gay and lesbian people are many and they are profound - their feelings of not belonging to the church, family, society, or the workplace; the loss of friends and loved ones to AIDS; the psychic destruction caused by heterosexual society's often projecting upon them its greatest fears and secrets; and the general loss of respectability, knowing that their very beings are unhesitatingly and unquestioningly despised by many (p.12).

These authors recommended that, as clients, gays and lesbians must continuously articulate and work through the multiple losses in their lives (by releasing anger and pain) to gain a sense of autonomy and value their individuality.

The literature suggests that social support for gays and lesbians is limited at best. They must exist in a heterosexist society that is hostile and oppressive to them,

merely due to their sexual orientation. The field of counseling psychology has much to learn about the unique perspective that gays and lesbians have in issues related to adult development, one being the experience of bereavement. Multiple losses in their lives may make gays and lesbians particularly vulnerable to complicated grief and mourning. Equally so, these experiences of loss on a daily basis may inoculate them against more severe reactions when grieving the death of a loved one.

Relationships

Societal stereotypes view homosexual relationships as based solely on sexual gratification (Isay, 1989). Lipman (1986) noted that many gays and lesbians reject the label "homosexual" as it connotes a relationship based solely on sex and ignores factors such as commitment, love, and companionship. "Homosexuals of both genders insist that homosexuality is a way of life encompassing the entire personality structure rather than merely the one dimensional facet of sexual orientation" (Lipman, 1986, p. 51). Research has begun to illuminate differences between gay male and lesbian life-styles and relationships (Kurdek, 1988; 1989) demonstrating that diversity exists between gays and lesbians as well as within each of these populations (Bell & Weinberg, 1978). Sex is clearly not the sole component of a homosexual relationship or the only factor that distinguishes heterosexual and homosexual individuals.

Kurdek (1989) examined the relationship quality of gay and lesbian cohabitating couples. Each partner in the couple completed an extensive questionnaire that assessed factors such as reasons for being involved in the relationship, shared decision-making, social support, and trust in one's partner. These measures were taken at two intervals, a year apart, in an effort to also investigate the effects of the development of the relationship.

The results of a multiple analysis of variance and univariate analyses of variance showed that lesbian couples reported higher overall relationship quality over both time periods than gay couples. Of specific interest to my study was the finding relevant solely to gay couples. The Time 2 measure of relationship quality for gay couples was predicted by the Time 1 variables of satisfaction with social support, high expressiveness, and comfort with disagreements in the relationship. Kurdek warned against overinterpreting this finding since (1) there were more gay couples than lesbian couples in the study and (2) the consistency of responses of the lesbian couples over the two time periods resulted in little variance that was unexplained. Overall, these results affirm earlier conclusions that there are many factors other than sex that influence the satisfaction of gay and lesbian relationships.

Bell and Weinberg (1978) studied gay and lesbian couples, delineating five different categories of lifestyles. These included: closed-coupled, open-coupled,

functionals, dysfunctionals, and asexuals. Of these categories, those in the closed-couple or open-couple relationships were comparably well adjusted to a comparison group of married heterosexuals.

In sum, societal stereotypes continue to promulgate the belief that gay and lesbian relationships are based solely on sex. Extant research has begun to demonstrate that there are numerous other factors, such as social support or beliefs about conflict, that impact relationship quality and satisfaction in these relationships. In fact, these variables are common to both heterosexual and homosexual partnerships. "The characteristics and functionality of long-term relationships show many similarities between homosexuals and heterosexuals and tend to transcend the issue of sexual preference" (Lipman, 1986, p.54). This indicates that studies of men's and women's relationships should incorporate both heterosexual and homosexual partnerships to gain clarity about the many commonalities as well as the potential differences that exist between them. Rothblum (1994) advocated for research that includes both gender and sexual orientation as it "allows for the examination of the relative salience of (these variables)" (p.217).

Grief in heterosexual couples

An extensive body of literature exists describing the process of mourning the death of a spouse. The literature

emphasizes the experiences and needs of widows, as this is the grieving population most often encountered by clinicians and other helping professionals. When men in mourning are studied, they are often contrasted with women in an attempt to highlight gender differences.

Many factors have been associated with the process of grieving a spouse. Stroebe and Stroebe (1987) categorized these factors as sociocultural, individual, antecedent/situational, mode of death, and circumstances after the loss. This classification of factors provides a framework for an examination of the conclusions of extant literature.

Sociocultural factors.

Much research has evaluated the impact of sociocultural factors, including social class (Bowling, 1988), gender (Bowling, 1986; Feinson, 1986; Jacobs, Kasl, Ostfeld, Berkman, & Charpentier, 1986; Sabatini, 1988), and age (Jacobs, Kasl, Ostfeld, Berkman, & Charpentier, 1986; Roberto & Scott, 1986). Stroebe and Stroebe included the variable of racial/ethnic background in this section but noted that the homogeneity of research participants makes conclusions about the importance of these variables impossible. This may be true for other sociocultural variables. A few examples will illustrate this point.

Bowling (1988) reported that "those in higher social classes were more at risk of mortality after bereavement than

those in lower classes" (p. 149) although Stroebe and Stroebe (1987) concluded that "there is a great deal of evidence to indicate that widowed of low socioeconomic status are less healthy than bereaved of high socioeconomic status." (p. 173). Similarly, Carey (1979) concluded that widows were at greater risk than widowers in grieving whereas Feinson (1986) found no differences in these two groups. Similar conflicting results can be seen about the effects of age. Few definitive conclusions can be drawn about the impact of any of these variables.

Individual factors.

Individual factors relevant to grief research include religiosity, personality, and health prior to bereavement. Stroebe and Stroebe's (1987) review of the literature did not produce any conclusive results about the relevance of these variables. Importance and frequency of religious practices and personality variables (such as level of anxiety or self-esteem) may contribute to bereavement outcome but have not been consistently significant. When mental and physical health are examined, only previous mental health problems emerge as contributing to greater difficulty in mourning.

Antecedent stresses.

Antecedent stresses include prior nonspecific life stress (as well as stress from previous losses) and quality of the relationship with the deceased (including dependency

or ambivalence). These variables have not received much systematic consideration in the literature. They could contribute greatly to bereavement outcomes in either a positive or negative direction. Stroebe and Stroebe (1987) recommended further analysis of their contributions.

Mode of death.

Mode of death, whether from natural or violent causes and expected or unexpected, is important to consider in bereavement studies. Rynearson (1986) described the psychological effects of unnatural death on the grieving process. Grievers experience not only reactions associated with all losses but also concomitant complications such as grotesque death imagery, despair, victimization, and post-trauma responses. This includes the grief associated with suicide (which has its own body of literature). If the type of death is not taken into consideration, the prolonged grieving process might be considered abnormal or pathological grief, as it may take much longer to resolve. For this reason, Rynearson recommended that, "Subjects whose bereavement is associated with unnatural dying should be treated as a separate research population" (p.275).

Gass and Chang (1989) found that "sudden death of a spouse was directly related to fewer resources which increased threat appraisal and psychosocial health dysfunction" (p.35). Similarly, Stroebe and Stroebe (1987) concluded that sudden, unexpected death is associated with

more intense grief and greater health risks. Variables associated with mode of death are important to attend to in any bereavement study. In this study, mode of death was controlled by restricting it to chronic illness.

Social support.

In recent years, there has been an increased interest in the importance of social support in assisting individuals during life transitions (Hays & Oxley, 1986). Clearly, the death of a spouse or partner prompts a period of tremendous upheaval for the bereaved. Stroebe and Stroebe's review of the literature (1987) included social support as an important factor in predicting psychological adjustment after the death of a spouse.

Doka (1987) cited lack of social support as one of the potential complications for those mourning the loss of a significant other. In a qualitative study of nontraditional relationships (cohabitation, extramarital affairs, and gay relationships), he found the mourner's grief was exacerbated since "there is no formal recognition that they are bereaved, little support or sympathy for emotional reaction, no personnel policies that cover time off from work" (Doka, 1987, p. 462).

Support systems can also have negative impacts. Morgan (1989) challenged the conception that social support of family and friends is always positive. He studied women grieving the loss of a spouse through discussion groups that

focused on positive and negative impacts on their adjustment as widows. Widows identified relationships that were facilitative of or problematic to their grieving process. Contrary to popular notions, Morgan discovered that some social support networks can produce deleterious effects on the mourner. Lack of understanding of family members, as opposed to friends, was more difficult to endure, as friends who lacked understanding could be avoided and selected out of the widow's social network.

Recent interest in social support facilitated its inclusion in models of grieving significant others. In general, these support systems were perceived as assisting the mourner in coping. However, other research has pointed to the potential harmful effects that these networks can have on the mourner. Both sources and experienced level of both positive and negative social support are important to consider in bereavement research.

Numerous factors have been associated with bereavement outcomes in heterosexual partnerships. Evidence is often inconclusive when considering the contributions of many of these variables. More work is needed to clarify and expand these findings.

Grief in gay couples

A paucity of literature explores the unique experience of gay grief. By integrating case studies and theory, Siegal and Hoefer (1981) illustrated the duality of the gay

bereavement process in that "gay persons...(must) encounter the cruelty of society's antihomosexual stigma while simultaneously mourning the loss of a lover or spouse" (p. 518). Emotions connected with their grieving can be exacerbated as they conceal the depth of their relationship with the deceased (describing him/her as only a good friend). Unresolved guilt about their sexual orientation can reemerge as the mourner feels guilty about what he/she might have done to save the deceased. Feelings of isolation can result from the exclusion of the partner from the intensive care unit, lack of mention in the obituary, and lack of acknowledgement at the memorial service. These are just some of the barriers that complicate the grieving process for gays.

Siegel and Hoefer (1981) maintained that the counseling field is ill-prepared in general to deal with the needs of gay individuals. Whenever a gay man or lesbian woman seeks support in a counseling relationship, their motives may be misunderstood by the therapist. Their presenting issue may be viewed as a symptom of the true latent problem, their sexual orientation. In fact, Haldeman (1994) noted that, "Many practitioners still adhere to the officially debunked illness model of homosexuality and may base their treatments on religious proscriptions against homosexual behavior" (p. 221).

The American Psychological Association Task Force on Psychotherapy with Gays and Lesbians (1991) examined the extent to which members' practices conformed to the

organization's stance on the clinical treatment of gays and lesbians. Their results indicated that much needs to be done to combat the prejudices against gays and lesbians that remains in the field of counseling. Some therapists still maintain that regardless of the presenting problem, the distress a gay individual is experiencing results solely from their "sexual preference" (APA Task Force, 1991). Siegal and Hoefer (1981) argued against this approach to treatment. "The general focus of grief counseling is to support the survivor through their process of mourning rather than attempt to change their sexual orientation" (p. 523).

Klein and Fletcher (1987) compared the grieving experiences of widows and gay men in traditional and nontraditional support groups after loss of a partner. Their data were drawn from a grief recovery group for men who had lost a male partner, mostly through AIDS. Lengths of these relationships varied from eight months to twenty two years. Although cause of death and length of relationship were reported, their unique contribution to the grieving process was not examined. The authors reported that the added burdens of the clients' mourning processes became obvious in their work. "Social stigma, homophobia, fear of contracting the disease or of being a carrier and special reentry and dating problems are only a few of the concerns that complicate their grief" (p. 15).

More recently, researchers have focused on the unique needs of gay individuals struggling with AIDS related

bereavement. Cadwell (1991) and Weiss (1988) focused on the emotional devastation of those suffering from AIDS, as well as their need for support and intervention. Lennon, Martin, and Dean (1990), Geis, Fuller, and Rush (1986), and Martin (1988) examined the mourning process of friends and lovers of people with AIDS.

Cadwell (1991) described his experiences working with AIDS patients as a clinician in private practice. Misperceptions about AIDS transmission, blaming the person, labeling AIDS as a gay plague, and viewing AIDS as the result of promiscuous, immoral behavior are social realities that stigmatize people with AIDS and impact their adjustment. Cadwell recommended that clinicians examine their internalized homophobia and other countertransference issues with AIDS clients before undertaking clinical work with this population.

Weiss (1988) explored the experiences of three people with AIDS through interviews ranging in length from four to eight hours. The intensive interviews covered many topics including how these individuals view their disease, the challenges of the disease, their need for supportive relationships (physician, friends, family, and support groups), the disease's effect on intimate relationships (including sex life), and other psychological issues that were deemed relevant (e.g., hope, meaning of life). This article was descriptive but not prescriptive. It was an excellent summary of the concerns and needs of clients with

AIDS but did not offer any implications for clinicians working with them.

Both of these articles offered a summary of the grief issues for men coping with the effects of AIDS. The content presented was an excellent summary of factors to be considered when working with a client who has AIDS. However, the lack of rich descriptions in this qualitative research made it difficult to determine the transferability of these impressions and recommendations to the larger gay population.

Martin (1988) used a structured interview to study 745 gay men, examining the relationship between AIDS-related bereavement(s) and their reported level of psychological distress. Participants were recruited through advertisements and referrals (from individuals previously interviewed). The interview schedule contained measures of psychological distress, substance use (beer/wine, sedatives, marijuana, other recreational drugs), professional service use (visits to a medical doctor and psychologists/psychiatrist), and bereavement episodes (number of persons subject knew who had died of AIDS). Demographic factors, past sexual behavior, symptoms of AIDS-related complex (ARC), HIV antibody status (including knowledge that one is positive), and appraised vulnerability to AIDS were adjusted for statistically to minimize their influence on the results.

Number of bereavements was positively related to psychological distress (traumatic stress response, demoralization, and sleep problems). Individuals affected by

a greater number of losses reported experiencing higher levels of distress. Similarly, the use of sedatives and recreational drugs, as well as the use of psychological services, were also positively associated with number of losses. Other variables were not significantly associated. Although this sample underrepresented specific subpopulations of the gay community (such as African American and Hispanic men, as well as non-college educated men), Martin maintained the validity of the results for these diverse populations. I do not concur with generalizing these findings to all members of the gay community. Further research should be conducted to confirm or disconfirm this claim.

Lennon, Martin, and Dean (1990) interviewed 180 gay men who had lost a lover or close friend to AIDS. They examined the relationship between the experience of grief and instrumental/emotional social support mechanisms available in the participants' lives. A newly developed grief reaction scale was utilized to assess the extent of their grief reaction. Other questions in the interview focused on the availability and adequacy of instrumental social support (assistance in caretaking) and emotional social support (assistance in dealing with the psychological pain of seeing a loved one die of AIDS). Demographic variables (including race, education, age at time of bereavement, frequency of contact with deceased) were adjusted for statistically before analyses were completed.

Regression analyses indicated that emotional and instrumental social support influenced the extent of the grief reaction of the participants. Availability of support systems was necessary but not sufficient. Effectiveness of supports, how responsive they were to the needs of these individuals, was critical to their perceived usefulness. These authors noted the implications of this finding for both formal and informal support networks. Individuals who are friends of people with AIDS or agency workers who assist in their treatment are both equally vulnerable to intense grief reactions. This study highlighted the importance of supporting the friends and lovers of people with AIDS, as well as supporting the professional caregivers, all of whom must potentially deal with multiple losses.

In summarizing issues in psychotherapy with gay men, Barrows and Halgin (1988) focused on the needs of the gay widower and how psychotherapy could facilitate his mourning process. "Gay widowers are often unable to count on the support of their biological families, their friends, or social institutions. Thus therapists are a vital-and sometimes the only-source of support for lovers of persons with AIDS" (p. 401). This highlighted the potential importance of a therapeutic relationship in the mourning experience of a gay man who has lost a partner to AIDS.

The gay community has struggled to cope with losses due to AIDS and clinicians must consider how they can most effectively respond to the needs brought about by this

disease. However, AIDS is not the only source of loss in gay partnerships. Counseling psychologists could benefit from an understanding of issues of gay grief, regardless of the partner's cause of death. Further, clinicians could also profit from an awareness of the unique issues that impact gay grief (e.g., societal stigma associated with being gay, influence of social support mechanisms), especially whether these facilitate or exacerbate their grieving process.

Summary

A variety of factors must be considered when dealing with death in partnerships. Many of the articles in the literature focus on multiple variables at once in an effort to gain as much information as possible. This methodology has only been marginally successful in clarifying the importance of many variables, as the literature is full of contradictory claims. Therefore, it is the intent of this author to examine only a few of these variables in rich descriptions available through a qualitative method.

The following is a summary of the main points brought out in the review of the literature:

1. Numerous models have been developed to describe the grieving process. The utility of these models depends heavily upon the cultural and historical context in which the mourner exists. Distinguishing normal from pathological grief may be easier in theory than in practice.

2. Men's traditional gender socialization outcomes can potentially interfere with many aspects of their intrapersonal and interpersonal life, including their ability to grieve. Adhering to stereotypically masculine behaviors may not allow them to mourn. Therapists may be as unprepared to deal with new roles of men as they were twenty years ago when responding to new roles of women.

3. Despite societal stereotypes, there are many commonalities that exist between heterosexual and gay relationships that transcend the issue of sexual orientation. Any study of men's and women's relationships could benefit from the inclusion of both heterosexuals and gays in an effort to understand the unique contributions of gender and sexual orientation.

4. As oppressed members of our society, gays and lesbians experience multiple losses. These numerous experiences with loss might facilitate or exacerbate coping with the death of their partner.

To explore these issues, heterosexual and gay men were interviewed about the loss of their partner due to chronic illness. Specifically, I investigated the influences of gender-related thoughts/behaviors for all participants and the concomitant experience of oppression for gay men to gain insight into its impact on their grieving. This highlighted the within-group variation that exists for bereaved men. Other factors that have been addressed previously in the literature (including social support, religion, rituals, and

view of the afterlife) were explored to further understand their influence. I hope that through this study, counseling psychologists became better able to understand men and the multiple ways in which their grieving process may be complicated.

DESIGN AND METHODOLOGY

Introduction

Men who have experienced the death of a partner were interviewed about their grieving process. Sexual orientation was also examined to generate preliminary hypotheses about its impact on grieving. In this chapter, I outline the specific methodology utilized in this study, including the format for the interviews. First, I clarify why a qualitative methodology was selected.

Methodological rationale

Paradigm.

In the Handbook of Qualitative Research, Guba and Lincoln (1994) acknowledged that the title of this text may be misleading. Although the term "qualitative" denotes specific methods of collecting and treating data, it does not define the set of assumptions utilized to guide the researcher's inquiry. Qualitative methods are most often associated with alternative paradigms, yet they can also be employed within a positivistic framework. Equally so, quantitative methods are tools that may be selected by researchers within the post-positivistic, critical theory, and constructivist paradigms. As Guba and Lincoln (1994) noted, "questions of method are secondary to questions of paradigm" (p. 105). The first step in developing a methodological rationale is to locate this inquiry within one of these paradigms.

A paradigm, as defined by Guba and Lincoln (1994) is "the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways" (p. 105). It is therefore critical that I outline my belief system in conducting this study. I will define my assumptions concerning ontology, epistemology, and methodology that will dictate the selection of a paradigm. This examination draws heavily from Guba and Lincoln (1994).

Beliefs about ontology describe an individual's perceptions of reality (Guba & Lincoln, 1994). Is there an objective world outside of us that can be apprehended and defined? Or is reality more of an individualistic phenomenon, something defined for and by people and their communities? My assumptions here are the latter. I believe that individuals construct their own views of the world in ways that are meaningful to them. My ontological position is one of relativism.

Epistemology defines one's position on knowledge. Are the knower and the information to be known completely separate? If so, then a knower's position must be objective. Conversely, one may believe that a knower and the known are connected, making the knower's position more subjective. I hold to a more subjectivist position as I believe that all acquired knowledge is filtered through individuals. All knowledge development is transactional, a creation for and by the knower (Guba & Lincoln, 1994).

Assumptions about methodology follow directly from one's position on epistemology. What is the relationship between researcher and subject? Does the researcher have no impact on the subject or do they impact each other throughout the inquiry? I accept the tenet that, in studying people, researchers and their subjects mutually impact each other. My position on methodology is therefore hermeneutical/dialectical (Guba & Lincoln, 1994).

At this point in my analysis, I can locate the paradigm that is consistent with these assumptions regarding ontology (relativism), epistemology (transactional), and methodology (hermeneutical/ dialectical). A constructivist paradigm captures all of these assumptions, making it my paradigm of choice in conducting this inquiry.

Schwandt (1994) described numerous frameworks within the constructivist paradigm, including the work of Guba and Lincoln (1989). Inquiry, according to these authors, involves a search for truth, defined as "the best informed and most sophisticated construction on which there is consensus at a given time. (This method)....unfolds through a dialectic of iteration, analysis, critique, reiteration, reanalysis...that eventually leads to a joint construction of a case" (Schwandt, 1994, p. 128). One of the greatest challenges of utilizing this paradigm is to ascertain a trustworthy picture of constructions so that the "consensus" construction can be realized.

Method.

In writing on the utility of qualitative methods for developmental psychology, Kindermann and Valsiner (1989) called for a redefinition of the term scientific. They noted that quantitative research has often been equated with rigorous science whereas qualitative inquiry has been viewed as "soft" science. In recent years, however, alternative paradigm researchers have developed strategies to ensure the rigor of their methods, arguing that their data and conclusions are equally valid. Kindermann and Valsiner (1989) attempted to resolve this debate by asserting that true science denotes "examin(ing) the fit between the perceivable organization of the object of investigation and the investigator's theoretical system" (p. 16). A scientific inquiry in this respect entails a careful matching between method and object of study. Toward this end, differences between quantitative and qualitative methods will be examined in light of the focus and goals of this inquiry to determine the most scientific approach to the data.

Qualitative research places greater importance on the individual's point of view (Becker, 1994). Quantitative methods often look at issues from the nomothetic perspective, relying more heavily on inference to determine the significance of a phenomenon for an individual. "Qualitative investigator's think that they can get closer to the actor's perspective through detailed interviewing and observation" (Becker, 1993, p. 5). Drawing on an extensive review of the

literature, Shuchter and Zisook (1993) noted that "grief is... an individualized process—one that varies from person to person and moment to moment " (p. 23). Since grief is such an individualized process, I believe that qualitative methods would better capture this variation, as opposed to relying on inference.

Guba and Lincoln (1994) and Becker (1993) both noted that quantitative research has been criticized for "contextual stripping" (Guba & Lincoln 1994, p. 106). This process is often undertaken deliberately to control for extraneous variables that may impact results. Rosenblatt (1993) warned against this type of approach when conducting bereavement research. "A sensitivity to cultural differences should....prevent ethnocentric assumptions that ones own culture or experience necessarily provides a valid baseline for understanding the grief of somebody from a different cultural background" (p. 104). Some quantitative researchers (Eagly, 1983; Lott, 1985) have recognized the critical role that context plays in understanding phenomena and have advocated that quantitative research must work to capture this complexity. However, a qualitative method allows for "rich descriptions" of phenomena (Geertz, 1973) that promote a more in-depth view of how context variables interact. With this in mind, qualitative methods are better suited to this inquiry as they more completely capture the contribution that culture makes to the grieving process. They also allow the

reader a vicarious experience of participants' lives in a manner unattainable through quantitative methods.

Qualitative researchers focus more on rich descriptions, on emic and idiographic elements of a phenomenon (Denzin & Lincoln, 1994). Grief "encompasses simultaneously so many facets of the bereaved's being...that attempts to limit its scope or demarcate its boundary by arbitrarily defining normal grief are bound to fail" (Shuchter & Zisook, 1993, p. 23). Qualitative methods allow me to explore men's grief without delimiting it and potentially excluding important variables.

Kindermann and Valsiner (1989) asserted that qualitative and quantitative methods each focus on a different level of analysis. Whereas quantitative methods emphasize the structure of a phenomenon, qualitative methods accent the process level of phenomena. Qualitative methods can also better capture the changes experienced through the process of development, that an analysis of past to present experiences does not necessarily indicate the present to future evolution of phenomena. In discussing measurement issues in the field of bereavement, Hansson, Carpenter, and Fairchild (1993) argued that grief research could benefit from a greater focus on the adaptational processes of the bereaved, not simply the severity of their symptomatology. A qualitative approach will allow for this type of analysis, for a focus on both the factors that facilitate an individual's bereavement and the

changes they have experienced and are anticipating in their grieving process.

Qualitative methods have been previously utilized in grief research. Balk (1983) explored how teenagers coped with a sibling's death. Interviews focused on their emotional responses to the death and difficulties talking about it, as well as the effects this loss had on relationships with parents, peers, grades and religious beliefs. O'Brien, Goodenow, and Espin (1991) examined the effects of the death of a peer on adolescents. Through in-depth interviews, they sought to determine how practitioners can be most helpful to students grieving the loss of a contemporary. Clearly, qualitative methods are germane to a study of individual's grief.

Summary.

The following is a summary of key points developed in the methodological rationale:

(1) In conducting inquiries, researchers must first locate themselves within a paradigm, based on their beliefs about ontology, epistemology, and methodology. My assumptions regarding these constructs match the constructivist paradigm.

(2) Scientific studies carefully match the object of study with the method of inquiry.

(3) Qualitative methods seem more appropriate for this inquiry because

a. grief is an individualistic process;

- b. context is critical in understanding grief;
- c. rich descriptions are needed to capture the complexity of grief and interaction of factors and;
- d. process is equally as important as content.

Interviews

Interviews were conducted with twelve men who had experienced the loss of a partner due to chronic illness. The death of their partner may have been anticipated in many respects, allowing for anticipatory grief and preparation time prior to their actual death. Originally, I intended to restrict participants to men between the ages of thirty and fifty. This age group was selected as their partner's death would likely be viewed as untimely, if considered in the context of their stage of development. When participants were recruited, some volunteers were outside this age range. Given the limitations of the participant pool, I elected to interview men age 65 or below. Even up until this age, the death of a partner is still unanticipated, especially in heterosexual relationships, as a woman's average life expectancy is currently around 80 years old. Even though the age range had to be expanded, the emphasis on men who had experienced the untimely death of a partner was maintained.

The interviews were semi-structured and explored factors that appeared most salient in the review of current grief literature. These factors included: nature of relationship with the deceased, social support for the relationship,

emotional expression in grieving, impact on religious/spiritual life, relationship with work performance, importance of mourning rituals/practices, previous experience with loss, and views of the afterlife (see Appendix I).

A pilot study was conducted with one man who had experienced the death of his wife to examine the wording and relevance of different questions in the interview format. This pilot interview was not included in the data. However, through this interview, I analyzed and improved the interview structure. Some questions were reworded, some were added, and a few questions were eliminated. Ultimately, this resulted in a smoother interview structure and better framing of questions.

Participants

Due to the sensitive nature of this topic, participants self-selected to be involved in this study. Participants were contacted in a variety of ways. First, contact was made with Elizabeth DeRath at Gorsline-Runciman Funeral Home. Dr. DeRath is a clinical psychologist who works full-time, offering individual, group and family counseling to those who are bereaved. I attended a support group for bereaved partners (both men and women) and described my research. I contacted Jerre Cory, director of Ele's Place (a children's grief counseling agency) to access fathers of bereaved children. I also contacted Liz Schweitzer, Administrator of St. John's Student Parish. Ms. Schweitzer brought my

announcement to an Interfaith AIDS Council that was forming in Lansing. I spoke with Peggy Barnes, a social worker at the Lansing Area AIDS Network and Lynn Breer, Bereavement Coordinator at Visiting Nurse Hospice of Lansing. These contacts were successful in producing a few potential participants.

Word of mouth was the second means to contact participants. I utilized personal contacts in the local community, including personal friends and therapists that I knew professionally. This was by far the most successful vehicle for contacting participants.

A third strategy implemented to contact participants involved advertising in publications in the Lansing area. Advertisements were placed in local papers in East Lansing and Mason. I wrote to John Schneider at the Lansing State Journal and he devoted part of his column on March 1, 1995 to my study. The advertisement/ announcement utilized for these contacts is in Appendix B.

Even with the time and energy I expended in the above efforts, I still experienced some difficulty recruiting enough potential participants that met my study criteria. Therefore, after receiving UCRIHS approval, I expanded my recruitment efforts to Grand Rapids and Ann Arbor and prepared resource lists for these cities (see Appendices M and N). I contacted AIDS organizations and hospices in these locations. Once I added these cities and began the process of

advertising, I recruited enough participants from which to draw an appropriate sample.

The phone number in the advertisement was my voice-mail number in the College of Education. Men interested in participating discretely left their name and number so that I could return their call. Participants were then contacted and screened through a follow-up phone conversation to determine their appropriateness for the study. In the conversation, I gave my name and affiliation, a description of the project, and the extent of the interviewing procedure (see Appendix A for topics covered). Through these conversations, five contacts were eliminated from consideration as they did not meet study criteria. Four of these were men who had lost parents and had not read the advertisement clearly. One was the mother of a thirteen year old boy who had dealt with numerous loss issues in his life (adoption, abuse). These people were thanked for their contact and sent referral information about resources in the Lansing area (see Appendix L).

The remaining individuals indicated continued interest in participating. I sent each of them a cover letter outlining the project, a consent form to participate, and a preliminary demographic sheet (see Appendix C). The cover letter outlined the process of being included in the study. Participants at this level were made aware that they may or may not be selected for an interview but that they would receive a listing of grief support services in the Lansing

area. They were instructed to review the study materials and then return the initial consent form and preliminary information form to me if they would be willing to continue participating.

Over a period of four months, sixteen men returned the preliminary questionnaire. I selected twelve participants from this group in an attempt to represent a diverse group of men. Six heterosexual and six gay, representing different socio-economic backgrounds, were picked for the study. Although I had hoped to represent different racial and cultural backgrounds, all the participants were Caucasian and did not appear to identify strongly with their cultural heritage. These men fit the predetermined criteria of age (under 65, as noted above) to represent the untimely death of a partner. Initially, I intended to restrict time since loss to at least one year. However, participant pool limitations necessitated that I reduce time since loss to six months. In two cases, volunteers were not at the six month marker. Therefore, with their permission, I waited until they reached the six month after the death of their partner before I interviewed them. Men who were eliminated from consideration were sent a thank you letter and a listing of grief support services (see Appendix J).

The men who were selected for interviews were recontacted by phone and an appointment was made for the interview (see Appendix A for topics covered). After the phone conversation, a letter confirming our appointment and

once again describing the project (see Appendix F) was sent to each participant. Included with this letter was another consent form and a more detailed demographic sheet (see Appendices G and H). Participants were instructed to bring the signed form and the demographic sheet with them to the appointment. Each participant was contacted the day before the interview by phone to reconfirm the appointment.

Procedures

Originally, I intended to conduct interviews in my office in the College of Education or another room on campus. However, through the pilot interview, I became aware that an office or classroom on campus would not necessarily be comfortable for participants. Therefore, when I set up the interview with each participant, I gave them options for a location for the interview. They could select their home, my apartment, or an office on campus. Of the twelve participants, nine requested to be interviewed in their own homes and three preferred to come to my apartment.

I began the interview by talking a little about myself and my interest in the topic of grief, including what I hoped to learn from conducting this research. I brought tissues with me to each interview and they were needed for most interviews, as the interview format accessed painful emotions for all the men.

Interviews will be audiotaped so that I could fully attend to each man's experience. Participants were made

aware of this before they agreed to participate. Complete confidentiality was guaranteed to the participants by changing their names and slightly altering some of their individual data. These strategies were used so that there was not enough information included that would readily identify any specific individual. Tapes were kept in a filing cabinet in my apartment and, once transcriptions were checked for accuracy, they were erased.

At the conclusion of the interview, I talked with each participant about the experience. Local grief resources were highlighted so that each participant was aware of opportunities to receive further support if they had reactions after the interview. The participants were also reminded of the College of Education phone number where I could be reached if further difficulties arose after the interview. Once all this information was disseminated and we talked about the interview experience, the interview ended. After the interview, I sent each participant a thank you letter to recognize their participation (see Appendix K).

Data Analysis

Interviews were transcribed by a professional secretary. I then listened to each interview, checking the transcriptions for accuracy and allowing me to become familiar with the data for analysis. Once the transcriptions were reviewed and edited, the tapes were destroyed. The data were then ready to be entered into the analysis program.

The computer program utilized to assist in data management was HyperQual2, developed by Raymond Padilla (1993) and distributed by Qualitative Research Management. This program organizes meaningful chunks of data on cards then allows the researcher to code and sort data as well as write memos. A helpful summary of this program can be found in Weitzman and Miles (1995).

The data were entered into the HyperQual2 program onto data cards organized by interview. Cards were structured to correspond with each major topic area addressed in the interview with probe questions structured as subquestions under each topic. For example, interview topic #4 dealt with emotions. The major question, "What emotions did you experience" was entered on a card as question 4 whereas probe questions addressing emotions experienced when alone and emotions shared with family were entered on cards 4a and 4b, respectively. Data processing continued until all interviews were entered utilizing the same data card structure. The data were then downloaded to a word processing program, organized by responses to questions. This allowed for the responses of all participants to each question to be easily organized and reviewed.

Data analysis then proceeded utilizing the constant comparative method articulated by Lincoln and Guba (1985). This process involves four stages: comparing incidents applicable to each category, integrating categories and their properties, delimiting the constructions, and writing the

constructions. Data matrices were utilized to summarize and analyze responses, as recommended by Miles and Huberman (1994)

In the first stage, the data were initially assigned to categories through a constant comparative method. The data were organized by units that expressed a complete thought (response to each question). Data chunks from each participant were then summarized and initially compared to each other through a step-wise process that summarized response themes into categories. This was completed on a "looks right, feels right" basis (Lincoln and Guba, 1985, p.340).

The next stage involved integrating each of the theme categories developed previously. Analysis focused on comparing incidents that were grouped in a single category with each other, forcing me to be more explicit about the decision rules utilized to place each unit in that category. This allowed for a double check on the assignment of units to theme categories and for an initial understanding of the relationship of this category to men's grief. Although no new categories were developed during this phase, themes and subthemes began to emerge from the data.

Delimiting the constructions was the third phase of analysis. A final check was made on the assignment of units to each category and in-depth analysis of each category continued. "Fewer and fewer modifications will be required as more and more data are processed" (Lincoln and Guba, 1985,

p.343). Guba and Lincoln's structure for analysis during this phase was augmented by recommendations of Miles and Huberman (1994).

After the categories of content had been developed, a series of matrices were developed to assist in the analysis process. A matrix was created for each category, collapsing the experiences of all participants for that content area. Within each matrix, responses for heterosexual and gay men were examined separately so that preliminary hypotheses about the commonalities and differences in their experiences could emerge. These matrices allowed me to more clearly examine themes that were emerging from the data concerning the impact of both male gender socialization outcomes and sexual orientation on the grieving process.

The final phase of the data analysis process involves writing the constructions. Lincoln and Guba (1985) observed that "there is no agreement among persons working in nonstandard paradigms about reporting techniques" (p. 357). Data from this inquiry are presented in two chapters. In Chapter 4, the results of the above question by question analysis are presented. Once this chapter was written, a second stage of analysis proceeded. After reading the summarized data (which included quotations from individuals to reify themes), I developed an outline of themes and subthemes corresponding to the two questions motivating this inquiry. The data were then reanalyzed to code for instances of each theme and subtheme throughout the interviews. Recoded

data were reexamined utilizing the constant comparative method noted above. Results of this analysis are reported in Chapter 5, separately addressing themes relevant to the inquiry questions. Findings are interweaved with extant literature to compare conclusions of other authors with data from the voices of participants.

Establishing Trustworthiness

Until recently, inquiry utilizing alternative paradigms was often judged as invalid because it did not meet the criteria set forth by positivism (Smith, 1990). Qualitative researchers have begun to establish criteria to judge the rigor of their research, although debate continues about what those criteria should be (Smith, 1990). Criteria as established by Guba and Lincoln (1989) were utilized in this study to ensure rigor and establish trustworthiness of results. These criteria parallel research standards of positivism and include credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity).

Credibility refers to the accuracy of "the match between the constructed realities of respondents and those realities as represented by the evaluator" (Guba and Lincoln, 1989). This criterion establishes the accuracy of the researchers perceptions and conclusions. I accomplished this through member checks and peer debriefing.

Member checks occurred both in the interviews and after a preliminary draft of the results section had been written. During interviews, I worked to be sure that I clearly understand participants' experiences. After the data had been analyzed, two participants reviewed Chapter 5 and gave me feedback about my conclusions.

I recruited a disinterested peer to assist in my research. This peer was disinterested in that he was not an active part of the inquiry. He served as a "sounding board" or consultant with whom I discussed interviews, ongoing data analysis and the conclusions drawn from the study.

Transferability is the equivalent of generalizability in positivistic terminology. In positivism, the researcher is responsible for arguing why and how his/her findings are generalizable. In qualitative research, "the burden of proof is on the receiver" (Guba and Lincoln, 1989, p. 241). He/she must decide if the participants in the study are equivalent to the population he/she serves. I addressed transferability by providing rich description of my participants so that the reader can make this determination.

The positivistic criterion of reliability is paralleled by dependability. In alternative paradigm research, changes in the design or method can occur in the middle of the implementation phase. Although a threat to reliability in positivist research, alternative paradigm research sees "such changes and shifts (as) the hallmarks of a maturing-and successful-inquiry" (Guba and Lincoln, 1989, p.242). I

addressed dependability by keeping a journal throughout the process of this study, including important decisions that are made about design or analysis and recording important thoughts/ideas/quotes. This journal is available for peer review.

Confirmability reflects an effort to be objective while conducting alternative paradigm research. Guba and Lincoln (1989) noted that this can be accomplished by triangulation of sources of information and a "confirmability audit" (p. 243). I triangulated my results by examining the consistency of respondents answers to questions throughout the interview, as well as their overall demeanor and interaction with me. A confirmability audit allows persons who are interested to review raw data, examining how results and conclusions were drawn. All of the material from my inquiry is available for this purpose.

RESULTS1

In this chapter, the results of the data analyses are examined. First, demographic data about the sample are summarized. Second, significant themes that emerged from the results of question by question analyses are reported by topic area. The chapter closes with a summary.

Sample characteristics

Aggregate descriptive data about both the participants and their partners are recorded below. More specific information about each participant is available in Appendix A. Although summary data are accurate, some individual data have been altered to protect the anonymity of participants. Pseudonyms are used for both participants and their partners as an additional safeguard.

Participants

Six heterosexual and six gay men participated in this research. Average age of the participants was 43 years; within groups, the average age of heterosexual men was 49.5 years whereas for gay men it was 36.8 years. All participants classified themselves culturally as Caucasian and did not further explicate their ethnic heritage. At the time of the interview, participants categorized their relationship status as follows: single (no relationship) (9), dating (1), living together with a partner (1), and in a committed relationship (1). Participants' level of education

was reported as: H.S. Diploma (1), some college (4), Bachelor's degree (3), Master's degree (2), Ph.D. (2). Income was distributed as follows:

<u>Income bracket (in dollars):</u>	<u>N</u>
0 -\$20,000	1
21-\$40,000	3
41-\$60,000	5
61-\$80,000	1
81-\$100,000	1
over \$100,000	1

Religious affiliation of participants was reported as: Presbyterian (2), Lutheran (2), Methodist (1), Catholic (1), Church of God (1), Spiritualism (1), Atheist (1), and own spirituality (3).

Deceased partner

Average age of the deceased partner was 46 years. The deceased women's age was 49.5 years old whereas the deceased men's age was 42.5 years old. Partner's religious affiliation was reported as: Presbyterian (1), Lutheran (2), Methodist (1), Catholic (3), Church of God (1), Spiritualism (1), Atheist (1), and own spirituality (2). Six of the partners died of cancer, five died of AIDS, and one died of congestive heart failure. Average time from diagnosis to death was 28.8 months with a range of 5 to 60 months. One partner was eliminated from this calculation as she had received her diagnosis 30 years previously. Level of education of the deceased was reported as: some high school

(1), H.S. Diploma (4), some college (2), Bachelor's degree (0), Master's degree (3), Ph.D. (2).

Responses by Question

Motivation to Participate

In the first section of the interview, participants were asked about their reasons for participating in this research project. This was done for two reasons. First, I thought it would provide a smooth transition into the interview, allowing participants to become comfortable with the process before more personal questions were asked. Second, I believed that the reasons they responded to my recruitment efforts were an important framework for understanding the results. This information might explicate why these men were different from men who had chosen not to respond to advertisements.

Two central themes emerged from the responses of participants: (1) to be of help to others (2) to have the opportunity to reflect on their own experience. These will be further explored below.

Eight of the 12 participants expressed an interest in helping others. They hoped that by sharing with the interviewer, their experiences would be useful in assisting other men in their grief process. Some also noted that they wished to be of help to me in completing my dissertation research. Here are some of their reflections:

I think there (are) a lot of day to day issues that someone in my position, having lost my wife, having three kids here to raise, day to day issues that are taken for

granted by people that are trying to help you. So I just think its an excellent opportunity to put some of the thoughts together in a form that maybe can help somebody else, to help them out. Brendan

Hoping that I could do a little good; that somebody can learn from my experiences in dealing with my grief. A friend told me about this and (it) sounded like something I would like to participate in...to be able to help other people. Andy

Half of the participants stated that they hoped to profit from reflecting on their own experience. Some felt stuck in their grief for various reasons. Steve (quoted below) acknowledged trying to sort out the differences between grief and depression. Others just wanted an opportunity to talk, as they had not recently (or ever) had a chance to talk about their loss in this great depth.

I volunteered because I'm still grieving. And I've been grieving two years...I liked the topic, I thought (the project) was insightful and I need to talk about (my grief). I need to understand my own grief. Steve

I thought, I want to go talk about it. Your friends and family after a certain period of time, it's like they don't want to hear about it any longer. And so who do you tell? Patrick

Nine of the 12 participants were personally connected with me in some way. Five had friends in common with me who had spoken to them about my research. Two were clients of colleagues. Finally, two of the participants were referred by another participant who had been through the interview process and found it helpful. I believe that knowing I was "okay" through friends/professionals was a critical element in their willingness to participate and share some of their deepest personal pain.

Relationship

This section of the interview asked participants to comment on their relationship with the deceased partner. Questions examined how they met, what their relationship was like, their common interests, and how they managed conflict. Gay men were asked if their relationship with the deceased partner was recognized by others as a committed relationship.

Ten participants did not mention physical characteristics as the source of their attraction to their partner but commented on aspects of their partner's personality. They stated, "She was extremely generous, extremely caring...she got the best out of everyone she was around, including me" (Brendan) "We had a similar outlook on life, sort of a spiritual connection with people" (Rick) "One of the things that made me love Frank was his sense of humor. He was a very funny person. He could always get me to laugh" (Andy). Two of the twelve interviewees mentioned that they were initially attracted by their partner's physical characteristics. Steve stated, "I thought she was very beautiful" and Carl acknowledged, "I like guys that are in shape and Richard was very much in shape." However, even these interviewees emphasized that what was most important was who their partner was as a person. Physical attraction appeared to have less or little to do with their reason for being together than personal characteristics. Carl commented directly on this in his interview:

I can tell you that all those (physical) things worked for me. What really works, all that could go out the window tomorrow if the person has a brain. I mean I'm absolutely moved over by intelligence...that's what has to work and I have to know...much more than the physical thing.

Length of these relationships varied from 4 to 38 years with a mean of 16.2 years. When participants are divided by sexual orientation, lengths of relationships appear quite distinct: heterosexual 24.6 years (range 12 to 38) and gay 7.8 years (range 4 to 12). Age of participants likely impacted this variable. Average age of participants when they lost their partner was 43 years old. When this is subdivided by sexual orientation, gay men (36.8) were on average 13 years younger than heterosexual men (49.5) which may account for some of the discrepancy in relationship length.

To investigate the quality of the relationship, I asked about their shared activities and their ability to resolve conflict. Although no clear themes emerged from their answers about shared activities, the couples did have varied activities that they enjoyed doing together. These activities included athletics, reading, cooking, and entertaining. With regard to conflict resolution, five of the six heterosexual men said that they had been able to resolve issues with their partner by talking through the disagreement, although their wives seem to have taken the lead in these discussions and they weren't necessarily comfortable with resolving conflict. Mark, who had been married for 38 years stated,

Of course you have disagreements. We never had a real serious one where either of us threatened to leave the other one...and I remember she'd say, don't go to sleep at night with a chip on your shoulder. Try to resolve it if you can. And we never had to seek outside help to try to help us through anything.

Danny acknowledged a similar situation:

We talked a lot. She was very good in that she would not permit disagreement to lie. If it hadn't been resolved, she wouldn't let it go. She'd say, we're not done. We haven't talked about this. And she would get very mad at me because I seemed at those times abstract.

All of the gay men acknowledged some difficulties with resolving conflict with their partner. The level of these difficulties differed. Some of the couples found it challenging to talk through disagreements, although they were eventually successful. For example, Matthew said, "I think, being an only child, that I tended to internalize a lot of my feelings and not talk about things as openly as I should." His partner helped him to become more adept at talking his way through conflict instead of shutting down emotionally. Some of the couples encountered much greater difficulty with conflict, leaving issues unaddressed. Two of the gay men said many disagreements in their relationship were often left unresolved. As Andy noted:

On the occasions that conflicts or disagreements would come up, Frank would always fly away from it. He didn't want to deal with anything...a lot of times we'd just, if there was something bothering one of us, we would mention it but basically wouldn't discuss it much. Communication for, in conflicts I'd probably say wasn't really great. Was kinda swept under the carpet.

Rick talked about a similar struggle with his partner:

Sometimes we were able to talk about (the conflict). And I was, for my own insecurities a lot of times, I needed to address things and just move on through them. He resolved things over time, more internally...and a lot of times didn't want to address things. And more than anything else, we wound up using therapy for helping us with our issues...we sort of learned how to deal with issues through that.

One possible influence on conflict is the age differences between partners in these relationships. Overall, there was a 9.58 year age difference between men and their deceased partner, with these men being both older and younger than their partners. When participants are grouped by sexual orientation, an important influence on conflict becomes more distinct. Heterosexual couples differed in age by approximately 5 years whereas gay couples differed by nearly 14 years (for four couples the age difference was 15 years or more). Many of the gay couples' conflicts may have been partially rooted in their differing developmental levels.

All of the men felt that their relationships were accepted by families and friends. The heterosexual couples had all been married to affirm their relationships and publicly commit to each other. None of the gay couples had a public ceremony but felt that their families and friends acknowledged their relationships. Some had never talked about their commitment in the relationship or the fact that they were gay but simply assumed that their families/friends understood. Although they all appeared to have tacit recognition from significant others in their lives, this

recognition would be tested later after their partner's death. Some of these couples worked very hard to gain recognition. Here are Gary's thoughts:

It took our families awhile, especially mine. It seems like Kurt's was a little more accepting and I think that's because Kurt taught them. He spent a lot of time with them and he always made an effort to be himself. He didn't hide anything. Shortly after we moved into this house, his parents offered to pay to have our chimneys relined. They said, 'You know, when your sister and brother got married, we gave them money too. It...makes sense, the fact (is) that you're a couple.'

Carl and Richard worked hard to receive recognition from their community:

One of the members of the board of trustees threw a reception and invited Richard. He didn't respond because the invitation was addressed only to him...The woman called his secretary and asked if he had gotten the invitation. And she said, 'Richard doesn't respond to invitations that don't include Carl.' She called and apologized to him and sent a new invitation. So, we always made, there were other confrontational things we did to drive home the fact that we were a couple.

Partner's Death

The experience.

In this section, I asked participants about reactions to their partner's death. Questions focused on what the experience of losing their partner was like, what they did immediately to cope, and their vegetative reactions (eating/sleeping). Relevant demographic data about their partner's death is included in this section.

Five of the heterosexual partners died of cancer and one died from heart failure. Five of the six gay partners died from AIDS while one died from cancer. However, since Gary's

partner was a young gay man, people assumed that he was dying from AIDS, not believing him when he denied an AIDS diagnosis. Gary said that some people still believed that Kurt has AIDS and treated them with the stigma associated with this disease.

All of the participants considered themselves as their partner's primary caregiver throughout his/her illness. Two-thirds of the participants brought their partners home to die and cared for them with hospice support. Four of the participants had the support of a hospital/skilled nursing facility.

When I asked interviewees what happened for them when their partner died, all twelve either spontaneously or with minimal prompting began to talk about the course of their partner's illness. Their grieving over their partner's death seemed to begin somewhere during his/her illness. Brendan commented on this directly:

Well, no I can't talk about it in terms of when she died because the dying process started right at the beginning. I knew, I'm a salesman. My job is to be able to look at people and read people and sort of get inside them without them really knowing...she was acting weird and I could see that she was uptight and scared a little bit. I said 'What's the matter?', you know, 'talk to me.' She said, I think I found a lump in my breast. And, its like, took the wind right out of me and I caught my breath.

Rick talked about his partner's decline and how it appeared that ultimately he decided when he wanted to die.

He'd been sick off and on quite awhile. He was slowly deteriorating. People around him knew he was headed toward death. He had said that he didn't want to live at the point he couldn't be creative any more, do what he wanted to do,

liked to do. He really wanted at that point to go. And he and I shared the belief that we all determine when it's time to make the decision ourselves at some point. He came home after playing for a wedding and he was in tears because he was getting neuropathy. He couldn't feel his feet and his hands were bothering him...was really discouraged. Ten days later he was dead.

In response to the question, "Who had been there when the partner actually died?", five of the six heterosexual men reported that they had the support of their families. This included their children and/or their siblings. Brendan, the young father of three, was the only man in this category who had only a family friend with him when his wife died. Mark's experience is much more reflective of the other heterosexual men:

And so I got all my kids together and went into the bedroom with her, sat with her and was with her right up to the last moment, last breath. And then we just kinda all gathered as a family and we knew what we had to do...try to cope the best you can.

Conversely, five of the six gay men were alone or with one other person when their partner died. This other person was a friend (2), a family member (1), or a hospice nurse (1). One gay man had the support of his partner's family. Matthew's experience was unique as he was all alone and only checking in with a hospice nurse as needed:

Jack was uttering in a language that was indiscernible to me. He'd periodically look up at the ceiling and raise his arms and then he'd lower his arms again. He'd look around the room as if he were seeing things or people. I held his hand through all of this or as much as possible. I was right there by his side. Eventually he calmed down and I just put my arms around him...then there was just...I guess it was kind of a feeling that I could feel, an aura or

something...and I could tell when he passed, there was a void there. It was draining, I was very distraught.

Vegetative Reactions.

All of the participants noted a disturbance in their sleeping patterns before their partner's death. This was especially noticeable when they had their partner at home during the final stage of their illness. Mark's comments reflect this:

Sleeping was disturbed because in taking care of Patty, I had a monitor in her room all the time. And I would take the monitor with me, you know, wherever I went... knew that I couldn't let her be alone...so my sleeping had to be on the light side.

All but one of the participants found that their sleep was disturbed after their partner's death. Carl was the only man who did not see a disruption of his sleep. After his partner's death, he found that he,

slept wonderfully. I hadn't for over two years. And I would say probably terribly for six months...but it was all done. He's not laying next to me getting up three times a night and he's not breathing heavy.

The other men encountered real difficulty trying to get to sleep or trying to stay asleep. Here are some of their comments:

I shifted from being a day person to a night person. Married to Victoria, I got up early in the morning. We were very active in the morning. Worked hard all day and I'd go to bed at 10:00 or 10:30 at night. Now I find it very hard to sleep. I get up as late as I can in the morning and still get to the office...and easily stay up, often pointlessly. But I have no interest in sleep. Steve

So, my whole sleeping pattern, everything in my life was disrupted long before Kurt died but it just, it got quite a

bit worse after his death. It was strange to sleep alone for a long time. I didn't want to go to bed. So I would sit up until 1,2:00 in the morning. I'd finally get so exhausted I'd have to sleep, I had no choice. Every time I would go up to the bedroom, he was always in bed. And he'd say 'Come to bed, honey.' And when I'd go up to the bedroom, I would expect to hear him say come to bed. And I couldn't stand not hearing, I guess. I just didn't go to bed until I had to.

Gary

Nine of the 12 participants acknowledged difficulties with eating either before (1) or after (8) the death of their partner (one participant reported both). These problems included not eating, eating less than they should, not eating a balanced diet (i.e., lots of candy) and overeating. Two of the participants had children to feed, forcing them to maintain a balanced diet for themselves. One participant acknowledged a connection between eating and grieving:

I don't know if it was because the nurses brought me food...I kept it together the whole time except when I was eating. Whenever I would eat, I would cry. That is when I would cry. I ate (but) I wasn't really hungry. Patrick

Emotions

Before exploring the responses that these men had to questions about emotions, I want to acknowledge the prominence of affect in each of the interviews that I conducted. All of the participants were stirred affectively by the interview, expressing both sorrow and anger. Most of the participants became choked up or cried openly in remembering the loss of their partner. Four expressed anger/irritation at the way they had been treated by their partner's family.

Emotional reactions.

Participants experienced a variety of emotions after the death of their partner. Interview questions were structured to elucidate the emotions they had experienced and how these feelings had impacted them. The most prominent emotions that emerged in their comments were sorrow (11), loneliness (11), relief (8), anger (7) and guilt (7). These will be further explored below. Other emotions that were reported less prominently included shock (3), confusion (2), fear (1), loss of control (1), and idealization of the relationship with the deceased (1).

Eleven of the men acknowledged feeling sorrow when their partner died. In my opinion, the one man who did not mention sorrow likely assumed that his sadness was understood. To some degree, all participants were sorrowful about the death of their partner. They missed their partner and were still dealing with their lack of companionship. Here are some of their comments.

And when you have thirty seven years of holidays and everything like that, with a person, you're going to feel (sad) on those days, even though Christmas was seven months later, holidays like that bothered me...and they do yet today.

Mark

Sad. Sad that she's gone. You lay down in bed and there's no one there (cries). But, yeah, its sad...sad...nothing you can do to make somebody appear, you know, I'd go home from work and I always had the habit of rushing home from work. Even after she died I'd rush home from work to see how she was doing and nobody's there. Ted

Just loss, a sort of sense of losing direction from my life and my goals for the future... still look forward to getting old and doing things...(but) there's a part of my

being that's not there and I don't feel as complete as I used to. Matthew

Eleven participants acknowledged feelings of loneliness and emptiness at their partner's death. These two emotions seemed interrelated. The men felt very much alone in the world, externally and this manifested itself as a feeling of emptiness inside, a loss of meaning. As Carl noted, his language had to change.

When Richard was in the hospital, sick for the first time, I remember saying, 'We'll fight this . We'll make it. We'll do this' Well, there's no we anymore. And I feel vulnerable.

Patrick noted that his initial experience of emptiness took on a physiological manifestation.

That empty feeling. Guttural, it was a guttural pain. I had a physical stomach pain for the first two weeks after it happened. My stomach literally hurt...it was like I had the flu...the stomach is where I felt it most.

Ted and Gary acknowledged not only their feelings of loneliness/emptiness but also efforts that they made to avoid these feelings.

I'd come home and listen and there's nothing there. And you turn the TV loud, just to have it cover up the emptiness. Lots of TV, a lot of TV. Ted

Just loneliness, extremely, extremely lonely. Didn't have that person to talk to about...just coming home from work and having someone to greet you...I avoided coming home for awhile...when I could. Gary

Eight participants acknowledged feelings of relief once their partner had died. Although they still loved their partner and wanted them alive, they did not want them to suffer. Many of the partners had to deal with loss of bodily

functions, inability to care for themselves, and intense physical and emotional pain. When death came, participants viewed it as a blessing.

Just the fact that she didn't have to go through the pain. She didn't have to go through the complete agony, or physical pain, emotional pain. I was relieved and thankful that she died as quickly as she did, as the deterioration started to take over. She didn't lose her mind, she was sharp to the end. So I knew that we were fortunate. Brendan

I remember feeling inside like I wanted to say 'Hallelujah' but I looked and I remember restraining myself because the people I was with (Keith's family) were so...opposite to me, the way they were feeling. And I just felt sort of embarrassed. Rick

There was also a sense of relief for the men themselves. All of them had been the primary caregivers for their partner. Whether the partner was at home or elsewhere, they all kept crazy schedules to meet the demands of work, running a home and taking care of their partner. But this sense of relief didn't always feel comfortable. Danny's comments noted this feeling.

Relief from responsibility of taking care of her, making sure that she took her medicine. Making sure that somebody was at the house when I wasn't there. Just the pressures, the overall pressures. And one time I felt guilty about that, down the road. I don't know why but I did.

Seven participants acknowledged anger in some form after the death of their partner. The target of the anger was different in many cases. For some it was anger at their situation, others were angry at God, and still others became angry with their partner. Their reflections on anger speak for themselves:

So, yes, you do experience anger. You look at other people and you get so angry. People your own age, you see them together. They're having fun, they're laughing. And it's pretty hard to realize or understand why you're left alone here today...You're driving down the road and you see people together in a car...they're about your age...You know they've been together for awhile and...you're riding there all alone. Pretty hard to understand why you're thrown into that position.

Mark

The other emotion that has surfaced is anger. And the anger is reflected toward religion. Or toward whatever God is or was. I have changed my conception of God. And I'm no longer interested in the God that I knew before Victoria's death. That God is gone.

Steve

But I didn't have any anger at God. Then in the summer I read through her papers ...there was a sort of backlash. I was angry at her for awhile...not for dying but for not being the ideal that I had spent half a year building.

Kirk

I'd say right after he died, I was angry at him because...he gave up on life. I really felt that if he would have tried a little harder that he would have been alive for a lot longer.

Andy

Seven participants noted that they felt guilty in some way after the death of their partner. Guilt was caused by not having been a good enough partner, not doing enough for their partner, or other emotions they were experiencing. Kirk felt guilty as he reflected back on his relationship with Margaret as he realized that in some ways, he had held her back from achieving things professionally. Others experienced guilt because of the ways they had treated their partner in the past. Gary and Mark reflected these sentiments.

And there was some guilt. What could I have done to make those last few years better. What could I have done to make his life better. What are the things that I could have done but didn't do?

Gary

You have a guilt feeling...right from the start. You think 'Geez, I wish I hadn't done this...when I treated her that way.' She always wanted to do this. I wish I would have

done that with her. You're criticizing yourself for not doing these things with her when she was here with you. Mark

Emotional support.

In the next series of questions, I explored who these men had used as sources of emotional support. I wondered if there were feelings that these men had kept to themselves (as men are often socialized to do), with whom they had been able to share their feelings, and if they had been inhibited in any way from sharing their feelings.

All of the participants were able to talk about their feelings of loss with someone. The intensity and frequency of these discussions varied greatly but they had all found some source of emotional support. Yet, seven of the participants admitted that there were emotions that they shared with no one.

Oh yeah. Several things. I mean, there's no way to...express what I was really going through. The sheer terror, the horror of it all. The intensity...I tell people and I told people, I lost 80% of me that day she died. That leaves a pretty empty shell. Brendan

A lot of times, it surprised me that it was so animalistic...the grief, the pain...the cry was so guttural. You know, it's from so deep within. and I did that all private...when I would cry like that it would be all private. Patrick

With whom were they able to share their emotions? Of the seven participants who had children, five of them shared their feelings with their kids. Brendan, the father of three young children, and Carl, whose children live at a distance, were the only two who did not mention voicing their feelings

to their children to receive support (although they talked with them about feelings). Aside from their children, seven of the participants were able to share their feelings with other members of their own family, whether parents or siblings. Half of the participants were able to openly express affect to their partner's family and receive support. Nine of the participants were able to depend on their friends for emotional support. However, three of them found difficulties in sharing with friends. Their friends either became busy with their own lives:

Even people who were very close friends have gradually disappeared. And I've never been one to talk that much to people anyway....They all had their own needs. Kirk

or couldn't handle it when the man tried to be open with them about what they were really feeling:

Good friends. Some of them can't handle certain things. Richard used to say 'Nobody intimidates you'. And I think, yah, I'm not intimidated. But, all of a sudden, now, there's some chinks in the armor. I don't like that...And what I'm finding is that friends see this strong Carl who is not intimidated. So, when Carl sits there at dinner and tells them he's scared to death or he doesn't feel as strong as he used to, they don't get it. They can't handle it. Carl

To further examine this issue, I asked participants if anything had kept them from sharing their feelings with other people. Nine of the participants recounted ways that their seeking of emotional support had been inhibited. Some men did not acknowledge any difficulties with this when asked directly and yet, in their responses, they described situations when they monitored how much they disclosed based

on their surroundings. Their reasons for being inhibited could be summarized as efforts to protect others or protect themselves.

All nine men acknowledged either directly or indirectly that they did not share certain emotions in an effort to protect others. These "others" included both family and friends. Here are some of their reasons for protecting others:

I gotta be strong...for my children. And I always tried to maintain that with my boys especially. Now, my daughter and I have gotten into some serious discussions since then and I can talk (with her) emotionally. I can talk with her freer than I do with my boys because I want my boys to feel strong.

Mark

I could talk to my kids but every time you talked to them, they would be crying just as bad as I was...and it was no help...(we could) cry on each other's shoulders but I couldn't help them and they weren't helping me.

Ted

There was all kinds of opportunities to talk about emotions...and I think, we did for quite a while. But then I got to the point where I thought, 'I don't want people to hate to see me coming...so (then) there were only very few people I could really share the entire experience with. Gary

Three participants seemed to be making an effort to protect themselves. Patrick was one of these men. He admitted that he did not want others to see the depth of his pain. He felt more comfortable restricting that to times when he was completely alone.

I think it was basically because I felt it was very private. And I'm not sure the rest of the world would have understood. It was more of a private thing for me. I wasn't willing to share that with the rest of the world. I didn't want people to see that.

Emotional changes.

In closing a discussion of emotions, I asked participants how their feelings had changed, if at all, since their partner died. There was considerable variation in the length of time since their partner's death and in their ability to deal with their grief. However, all of the participants stated that they had noticed some changes in their emotions. The prominent changes noted were either in the emotions that they experienced as most salient or in the intensity of their emotions.

Seven participants acknowledged that different emotions were emerging at different times in their grief process. As time passed, other emotions would become more prominent. Here are some of their thoughts:

I think maybe the anger was prominent early. And I think that has changed. I was really angry about the way he left. I didn't have a chance to say good-bye. I didn't expect his death...I guess its just not like it is in the movies. Gary

Well, anger has left. I guess it took a long time for that to get to me. I lost or got rid of some of my anger of why, why (God) took her and not somebody else. The loneliness, when I'm alone here, (remains). Mark

Seven men stated that either their emotions had become less intense or they had become better equipped to handle them. For example, Kirk remembered:

They definitely became less...for the first few months, I had no physical control with them at all. I would have to put things down...and then the emotions would rise up...like just now...if I talk intensely about it. But then I started to be able to talk to people about her, not distantly but with calm.

For all of these men, their emotions were still changing in some ways, even after five years. Some of the differences noted in this section are likely impacted by the time since the partner's death. For example, two participants lost their partner only six months previously whereas one participant had been dealing with his grief for nearly five years. This considerable variation likely accounts for some of the differences in emotional changes over time as some participants had only recently experienced their loss.

Social Support

Questions in this section focused on the quantity and quality of social support that participants and their partners had received throughout their partner's illness and after his/her death. Friends were mentioned by all of the participants as a source of social support. Family also emerged as a very important source of social support for all but one of the participants. However, differences emerged when participants were sorted by sexual orientation and whether the source of support was their own family or their partner's.

Sources of social support.

Five of the six heterosexual men received support from their own family and the same number received support from their partner's family. Kirk and Brendan were the men who reported not feeling supported by their own family or their

partner's family, respectively. These dynamics appeared to stem from issues earlier in the relationships. Here are their comments:

My family is supportive of me. And they expressed sincere sadness at her death. But...they live alone like I live, very alone. And so their way of support has been to be just supportive of me in my present circumstance but not to talk to. Kirk

I was the (one) who took their little girl away...so I was never the favorite for that. (And) they were very bitter about not being informed about (her illness). I just flat out told them, 'She's your daughter and when she wants her parents to know what her situation is, she'll tell you.' But, it cost me big time...major, major problems with these people. Brendan

Five of the six gay men mentioned their own family as a source of social support during their partner's illness. Carl was the only one who did not feel the support of his own family. He said that his parents seemed simply incapable of helping, although they tried. But, his partner's family seemed even less invested in reaching out to him:

His parents, per Richard, knew that I was a spouse and that I'd get everything, and that I cared for Richard. They'd send us every year, some sort of Christmas gift to the two of us. Last couple of years it was a check to go to dinner. And this year I didn't even get a card from them. He died a month before Christmas...And their local paper did an obituary on him. They listed everybody but there was no mention of me. I was good enough to care for their son for two years...they did literally nothing for his care...but I'm not good enough to be in the obituary because that means he's gay.

Matthew and Andy also encountered not only a lack of social support but conflict with their partner's family after their partner died. Their relationships suddenly took a turn for the worse as the partner's family contested the will and/or

their rights to their partner's things. Andy's comments reflected the bitterness he felt in how his partner's family treated him post-mortem:

I don't understand how anyone can be that way. His father and son just said some awful things that I don't think I can ever forget. For ten years, the two families mingled well. My family and his together for Christmas dinner. Once these legal matters get settled, I'll write the letters to let his family know all the crap that they've put me through (that) I didn't deserve. In the three years from diagnosis to death, I was there for him every single step of the way and none of his family can say that.

For most of the participants, there had been a variety of sources of social support. I was curious to see who had been the most important source of support for them. Who had they relied upon most? Some of the participants gave more than one category, but their most important sources of social support had been friends (10), siblings (4), and kids (4). Most noteworthy were the responses of two participants. When asked this question, they each thought a minute and replied, "Me". Here are their reflections.

Hmm. Me. Just having faith and trying to logic my way through everything. I just relied that I had faith, that somebody upstairs is gonna be guiding me through these situations and guiding me to do the right things. So, pretty much self reliance. Matthew

Myself. That sounds strange but I never called anybody up saying I have to talk. I read, you didn't mention that but I got a lot from reading. I took a couple of courses, one in theology and two bible study courses that were very helpful to me. Kirk

I asked participants if they had chosen to become involved in a support group after their partner's death. Questions examined their reasons for/against participation

and if/how groups were helpful. Seven of the participants acknowledged having tried attending a support group. However, not all of them found the experience rewarding.

Brendan, Mark, and Ted found their support group to be helpful and were still actively involved in these groups at the time of the interview (attendance ranged from 7 months to 1.5 years). Matthew attended a time-limited six week structured didactic group and learned much about the grieving process. Danny tried attending a group before his wife died but attended the wrong group (he attended a group for people who had already experienced a loss). Given this experience, he didn't return after his wife died. Patrick and Andy tried attending a support group and did get something from the experience. Yet, both left after a few sessions as some aspects of these groups were not helpful. Andy found the information presented was helpful but wanted to receive more support and to verbalize his experience. Patrick attended one group but decided that it was not appropriate for him. When he first arrived at the support group, he heard an emotionally distraught man who had been attending for seven years voicing his experience. His reactions were as follows:

It was helpful to me...because I got there and decided I don't want to be here seven years. I am not going to dwell on this for seven years. It is a major part of my life (now) but I don't want that to be the focus for seven years.

Steve, Kirk, Rick, Carl, and Gary didn't even try to attend any meetings offered to them because they weren't comfortable with the idea of a support group. They were

convinced they "didn't need it" or were afraid of feeling out of place:

There's sometimes I feel really inadequate, just because (of) the group dynamics that I've seen on a couple of occasions (in other groups). There are people who seem to be sort of skilled at these things, groupies or something...they like to talk, they like to have an audience. To me, its sort of a personal thing that I find difficult to sit down and share with other people. Rick

Ultimately, the reasons some men chose to not pursue a support group or left prematurely seem to fall into two categories: (1) when they attended, some men were uncomfortable with the group structure and (2) some participants did not believe that a support group could be helpful to them. Additionally, some gay men acknowledged the added struggle of trying to have their relationships validated in a primarily heterosexual group.

Social world.

I asked participants how their social worlds had changed since the death of their partner. Their responses incorporated positive and negative changes. Negative changes included social discomfort when with other couples, feeling lonely, and friends not calling. Positive changes identified were dating, developing a broader social network than before, and self growth.

"Friends not calling" was the most prominent negative change in the participants' social world. Half of them saw a difference in the number of times that friends called them. After the funeral was over, many friends seemed to become

refocused on their own lives, having less and less contact with the surviving partner. For example, Carl noted that many people became uncomfortable when they saw him and didn't know what to say. He also found that some of these former close relationships became even hostile:

There were people who were friends, very close friends, who if anything now, it might be a little strong to say enemies...people just act weird. Friends we had for years and years don't call or talk or say hello.

Carl recounted that one particular friend was traveling when Richard died but wanted to be involved in the memorial service...even though she would be out of town when the service was held. When Carl went ahead and planned the service without her, she, "called me up and bitched me out and I haven't heard from her since."

Four participants commented on feeling "like a fifth wheel" when out with other couples. This feeling prevented and/or inhibited them from going out socially or made them uncomfortable when they did. Mark noted that when he got beyond the discomfort and went out socially with other couples, he was often reminded of his loneliness by being with other couples:

You go back to thinking, 'Why did this happen to me? Why am I alone here today and they're still here with each other? So, it brings back memories and its hard to deal with.

Along with Mark, four other participants acknowledged that they experienced intense loneliness from their lack of social companionship. Yet, these men did not need to be with

others to experience this feeling. Loneliness permeated all aspects of their lives.

Among the positive changes noted, six participants reported that they had dated and that this brought excitement to their lives. Rick was experiencing dating for the first time in his life:

I never dated in the gay community. I met Keith after being "out" only a couple of years. I only dated my wife during college and I only dated one woman in high school. Most of the dating I'd ever done in my life was in junior high school. So, in that sense my social life changed because I started dating.

Rick, Matthew, and Andy found that their social network of friends expanded. They realized that perhaps they had been inhibited by their partner and now they were free to be social and connect with a wider circle of friends. These same men, along with Kirk, also noted that they were experiencing a period of intense self growth, that they were learning about new parts of themselves. For example, Andy had been religious when he was younger but had fallen away from the church in college when he came out. When he was interested in rejoining a faith community, Frank was against it as he was very anti-organized religion. Once Frank died, Andy became more in touch with the spiritual part of himself and eventually joined a church. Here are his thoughts about these and other changes he'd seen in himself:

If there's any good that has come out of Frank's death, it's good that I've learned to love myself all over again, learned to depend upon myself and nobody else, and really become that much better of a person. I've really grown a lot

in past two years and I'm really pleased with what I'm all about now.

Work

In the next section, I asked participants how their job performance was impacted by their partner's death.

Initially, I was anticipating that their job would be profoundly affected after the death of their loved one, but data emerged that substantiated an impact on their employment both before and after their partner's death.

All of the participants found that their work was affected in some way. Mark was the only participant who was not employed full time. He had been retired from his job as a policeman for a few years prior to his wife's death. But, in some respects, he wished that he had been working:

I oftentimes would sit here and say 'I wish I was working.' Cause I know that would occupy my mind. I'd be occupied at least eight/nine hours a day. That would give me something to do.

Yet, even Mark saw an impact on his work life. Prior to his wife's death, he had been taking part-time construction jobs to supplement their income. His wife had accompanied him on these jobs as his assistant. But, once she died, he could not pick up with this work:

After I lost her...to this day, I have not gotten back into doing these jobs...because I can't make myself do it. I'd miss her. She was supportive of me and she loved it (too). Lots of times, she'd go to jobs with me and called herself a gopher...so, I have not gotten back into this and I don't know if I'll ever get back into it.

Ten of the remaining eleven participants acknowledged taking some amount of time off both before and after their partner's death. As the primary caregiver of their partner, they had to take days off and/or reduce hours to attend to their partner's medical needs. The amount of time taken off after their partner's death varied from three days to a month. This seemed to vary depending upon whether the man found work to be a helpful distraction or a negative energy drain. It also depended upon his employer's policies and level of support.

One of the participants did not take any time off either before or after his partner's death. Carl and Richard owned a business and Carl felt it was necessary to have one of them checking in on the store at all times.

Every day I went to the store. In fact, I think that some people were disgusted or were upset with me (for doing this).

For many of the participants, work was a helpful distraction yet, for Carl, it was a constant reminder of his deceased partner. Their desks were back to back in the office and memories of Richard were all over the place. So, work was not an escape for him:

I go to work and his desk is still right there. There's other stuff on it but it's still right there and all day long, I'm pulling out files that have his handwriting on them. You know, I can't get away from that.

All of the participant who had been working found that their concentration at work was affected in some way, either

before and/or after the death of their partner. Danny was having such a difficult time that he asked his doctor to prescribe some medication:

I had a helluva time. Then my doctor put me on Zoloft. I noticed that I could concentrate. Instead of my mind going a mile a minute with pressures at home and pressures at work, the medication helped with my concentration...A lot of people at work didn't know how I juggled everything and, to be honest, I don't know how I did either.

Yet, for some, work was an escape, a place where they could "forget" their loss...or at least try to. Andy acknowledged that he had tried this:

When I returned, I dove into it as much as I possibly could. That's when I started working ungodly hours. I was going in at 6 am and working until 9 every night. My focus or thought pattern was, the more I can think about work, the less I have to think about all my grieving and dealing with Frank and going home to an empty house.

Participants commented on the support of their colleagues and supervisors. All eleven men stated that they had received support from their work environment as they were allowed to take days off, reduce hours, and have people cover for them. Fellow employees brought in food for these men to take home to their families, took up collections for their needs, and attended services for their partner. All participants found a great deal of support from their work environment.

Two of the gay men encountered difficulty when trying to take bereavement leave. Since their partner was not considered a legal spouse, they had to take other types of

leave (i.e., vacation, sick days) and this brought different challenges with it. Here are their stories:

I buried Frank on Saturday. I'm supposed to be back to work Monday. I called my boss on Sunday and this is the only derogatory thing he ever said to me. I called and said, 'I can't come back. It's just too soon.' And he said to me, 'You've got this new job, you've gotta come back. Everything's kinda falling apart.' I said 'I'm not coming back, you gotta understand, I gotta have at least one more week off.' He said, 'If you feel its necessary, then I guess its okay. But when you come back, you're gonna have to come back at 110%. So I took another week off. I really needed another week on top of that but I couldn't do it. Andy

I was spending a lot of time during work hours arranging for his care. I was encouraged when the family medical leave act came into being, but again I still didn't fall under those criteria...because I was not married to him, in a legally recognized relationship. (After he died), I did get short changed out of a few days without pay...they granted my leave and then were investigating what their previous practices had been regarding a situation like mine. And they never got back to me. So, I felt cheated that I wasn't treated as equally as a heterosexual couple would have been but things are the way they are. So, that's just one of the things I had to accept and move on. Matthew

Rituals

In this section, participants commented on the rituals they utilized to commemorate their partner. After they described the rituals, I explored with them who had been involved in planning these rituals and if they found these services helpful in some way.

All of the participants reported having a funeral or memorial service at the time of their partner's death. Most of these services were held at churches or funeral homes and involved some religious component. Instead of a traditional funeral, Steve and his children planned a celebration of his wife's life at a local private club. Since they were not a

religious family, there was not great emphasis placed on religion as part of this service, although a religious component was incorporated:

We invited friends to speak. It was a place to remember Victoria, her sweetness, her brilliance, and her contribution to everybody...how she had affected people's lives. And people came from all over the country...and a friend who is an ordained minister, for those who felt religion would be an important way to say good-bye to Victoria, he did a nice prayer.

Carl and his friends also put together a celebration of Richard's life at a local club. They recruited friends from different parts of Richard's life to speak about him and his contribution to the arts community and the gay community. But, there was a conscious effort to distance this service from religious/spiritual practices as was stipulated by Richard before his death:

I've been to too many gay men's funerals where it was to make their parents feel good. And this wasn't going to be a compromise in any way. Richard had some language in his will...it said that the memorial service could not be held within 500 feet of a church, synagogue, or temple or anything spiritual. No rabbi, clergy, or other ordained people could speak and there could be no prayers...he and I shared those opinions so that wasn't a problem.

Seven of the 12 participants acknowledged that, together with their partner, they were actively involved in planning the funeral/memorial service. Three of the couples planned all of the service themselves. Patrick acknowledged that he and Edward preplanned services for a reason:

We went together to the funeral home. It seems kind of odd but I'd recommend it to anybody. His mother is a very strong willed woman and she usually gets her way. So, if we didn't have this planned beforehand, she would have gone and

done something that I didn't agree with. And we didn't want that.

Four couples planned the service with the assistance of the deceased's family. However, as Brendan discovered, this became a source of conflict that added to the tension at an already difficult time:

Before Eileen died, I asked her, 'What arrangements do you want your folks to handle?' She just looked at me and said, 'None'. You're my husband, you know what I want, you handle it.' But, after she died, I knew that if I didn't include her folks, it was really going to make a bad situation worse. So I called them and had them come down to the funeral home with me...Her dad does wood working and he walked right over to one of those ornately carved caskets and says, 'I like this one. This is the one we should get'. So, I turned over the card, \$35, 000! I said, 'We aren't getting that.'

Four participants planned the memorial service with their children and/or their partner's parents/siblings. They had not talked about a memorial service at all with their partners prior to their death and thus negotiated all of the arrangements after their partner died. Although this was difficult to do, it gave them something to focus on after their partner's death.

Andy and Frank had not talked about a funeral and/or services. As death approached, Frank's family began to plan services back in their hometown about two hours away. This became a source of intense conflict and ultimately resulted in Andy's exclusion from much of the mourning process:

They were (angry) that I wouldn't come over to pick out the casket, the flowers, the gravesite. My logic was, there was a lot of time to do that after he died. And the last thing I was going to do was leave his bedside while he was

still living to go pick out things for his death. I wouldn't do it. He had a very manipulative ex-wife and she and his mother took over from that point and planned the whole thing. The last thing he would have wanted was to have his ex-father-in-law give his eulogy. But I was so weak and so tired of fighting that I just gave in to all that and let his family do everything...Through the whole ordeal I felt like an acquaintance and that really (angered) me.

Patrick acknowledged that he might have been in a similar situation but that he expected recognition from other people...and that he felt full recognition as a "spouse."

I am very strong willed and I don't know if everyone was afraid to step on my toes or if they just didn't do it to be polite but the family was very supportive (of me). They let me have it the way I wanted it...I tried to include others but I knew that I was the focus. And that was nice because I knew of people who were completely shut out and I couldn't have dealt with that.

All of the participants acknowledged that they found the memorial services helpful in acknowledging their loss. Nine of the participants stated that contact with their support system was the most meaningful part of this process. They found it valuable to be reminded of all the people that cared for them and whose lives their partner had touched. Steve summarized the importance of the support:

The old rituals work...doing the ritual, having another chance to remember the person, talking about the person, hearing the person's name mentioned. Hearing people say that she was a good person...that validation of their life is very important. And its also designed to support the family and support me. And to say 'We know you've really lost somebody'...cause she was something else. And that helped.

Religion/Spirituality

In this section, participants commented on their involvement in organized religion and/or spirituality prior

to their partner's death. Questions assessed whether or not this served as a source of support during their partner's illness/death and if their religious/spiritual belief system was impacted in any way.

Five of the six heterosexual men stated that they were active to some degree in organized religion prior to their partner's illness/death whereas this was true for only one of the six gay men. Of the remaining participants, Steve (heterosexual man) talked about an active spirituality outside organized religion as did Patrick, Rick, and Matthew. Carl and Andy stated that they did not have any active religious/spiritual life or belief system at the time of their partner's death.

Seven of the participants, both heterosexual and gay men, stated that religion/spirituality did not change in importance in their lives as a result of this experience. However, for five of them, there was some impact. For two heterosexual men (Steve, Kirk), religion/spirituality became of less importance. As Steve noted:

And the anger is reflected toward religion or toward whatever God is or was. I have changed my conception of God. And I'm no longer interested in the God I knew before Victoria's death. That God is gone. No longer interested in that entity.

For Rick, a gay man, his spirituality became less important too.

I think that because of his death, that experience that I had when he died of knowing that its okay to make the transition...just that awareness that death is nothing to be

afraid of. It put to rest for me a lot of the wonder and searching that I had been through.

For two gay men (Matthew and Andy), organized religion/spirituality became more important through this experience, but for different reasons. Through Jack's death, Matthew found a new connection to a Higher Being as well as experiencing a continuing connection with his deceased partner. For Andy, however, it was not his partner's death that initiated a reconnecting with religion/spirituality. He had an active belief system in the years prior to coming out but had distanced himself from this when he acknowledged that he was gay. His partner had been very anti-religion and kept Andy from actively investing energy in religion/spirituality. Once his partner was deceased, however, Andy began to consider this lost part of himself:

About a year after Frank's death, I was really struggling to find people here that I could get along with and associate with. And there's a gay Christian group in town...I met two people in it. I was so lonely and desperate to make friends, I thought, 'Alright, I'll give this group a shot.' and it's a wonderful experience. Sundays used to be my most depressing days...now I look forward to them. I'm volunteering at the church and becoming more and more spiritual...knowing that there's someone up there calling the shots... I really believe that now.

Two thirds of the partners did not experience a significant change in their spirituality as a result of their impending death. Their belief systems remained the same as they moved toward the end of their lives. However, for one woman and three gay men, their religion/spirituality became of greater importance as their death drew near. Kirk found

that his wife prayed more and became more involved in traditional aspects of her faith than she had before. Gary noted that his partner became much more active in their faith. Patrick's partner began to talk more about God, about making peace with God, and praying to God. Matthew's partner seemed to have the most drastic change in his spiritual/religious life:

He did go for a baptism later on in his illness...in the Pentecostal church. And that evening, we had gone home, he said 'Well, did I freak you out?' I said, 'No, its just a part of your being I haven't experienced.' He said, 'I think I did this more for my family but I also know that this is the right thing I should be doing.' So, yes, his spirituality did grow toward the end of his illness. I think he believed that he was doing the right things for himself.

For eight of the participants, religion/spirituality was an important source of support during this experience. People for whom religion had been important were able to utilize the tenets and practices of their faith to support them. As Brendan noted:

We found it to be an extraordinarily strong guiding source in our lives. Frankly, our ability to work through the illness, go through the dying, and through the death, I firmly believe that the strength was handed down from God. I don't see any way we could have gone through it without it.

Yet, for four of the participants, religion/spirituality was not important and remained that way for these couples throughout the partner's illness and death. Carl's partner had reconsidered his position on religion/spirituality as death approached but did not make any shifts in his belief system nor use religion/spirituality as a source of support:

He did say toward the end one day that he had reexplored (religion) in his mind and decided that he was still right. So, we weren't spiritual at all and I'm not. I don't think that I'll ever see him again. I don't think that there's a higher place that we're going to go to. I don't think that I'll ever have contact with him again.

Previous Losses

In this section, participants talked about previous experiences they had with losing someone significant through death. After they identified who they had lost, I asked them what they had learned from these prior experiences. Finally, I asked if, in their view, these experiences impacted their ability to deal with the loss of their partner

Nine of the twelve participants had lost some significant figures in their lives. Five of the participants had lost a father or both parents. Four had lost grandparents and other relatives. Three had not lost anyone significant (i.e., a close relative/friend) prior to losing their partner. However, regardless of their previous loss history, none of these men felt prepared to deal with their grieving process when losing their partner.

Even my father's death, which was five years ago. Yes, I had had the experience with death and in working on remembering. That I thought remembering was important... saying the person's name was important. All of that was helpful to the family and helpful to me. But the intensity of losing Victoria was like, I don't know, 50 times more than losing my father. Steve

I think it was totally different. When we lost our mother, I and my brothers and sisters dealt with it collectively and it just seemed like it was an easier situation. And I had my wife at that time and I had my family to fall back on. But to lose your spouse is a much closer relationship, much, much closer. Mark

For some this experience was the first time that they truly dealt with bereavement. Gary remarked that in losing his partner, he recognized emotions of grief/loss and finally started to deal with the death of his father years before:

I don't feel that I really learned much from those other experiences. I just don't feel like I ever really dealt with them. (In Kurt's death), I was forced to, I had no choice. Just really had to face the feelings that I was experiencing and I just could not deal with it like I had in the past. I don't think that I ever really dealt with grief when my father died...And maybe that is why I was so much more intense...it all gushed out. And it takes being hit over the head to actually get to the point that I can begin to feel. Cause I've done a good job of not feeling for a long time.

Regardless of their contact with death, I asked participants what they had learned either through their loss experiences or through their life experience about how to deal with death. What had they learned from significant others in their lives about how to manage losses? Three of the participants learned something positive about coping with death whereas the other nine participants had absorbed only negative ways of dealing with loss.

Three participants acknowledged learning that support was important from others in their lives when a death occurs and that there was a reciprocity to this support. People close to the deceased needed to come together to be there for each other. Steve mentioned this in his comments:

And I simply knew it was important to be there and to be part of the family at these times...to look at old photographs and remember good times and remember the person.

The other participants recounted learning negative strategies or nothing at all about how to deal with grief. Ted and Rick said they learned to keep busy and remain focused on their lives. Ted even found this to be true when he lost his mother and father:

My parents died, I didn't grieve for them...never really. I mean I was upset that my parents had died. But, I never grieved for it because I didn't know there was such a thing as grieving. It happened, it's gone and your life goes on.

Matthew, Patrick, and Gary stated that they learned to not talk about their emotions. They learned, either directly or indirectly, to keep their affect bottled up inside. For example, Matthew had been to memorial services and had absorbed how to deal with arrangements and social customs. Yet, he had no idea how to cope with the emotions:

Dealing with the funeral yes. In dealing emotionally, no. As I said, it was more the procedural things that I absorbed. I guess there were some social things I observed too. Just saying particular kinds of things to relate to certain people. But I really don't think my prior funeral experiences helped me to deal with my loss of Jack...nothing.

Carl, Andy, and Kirk could not identify anything that they had learned from others about how to deal with death. They felt completely confused about what to do and how to handle their grief. Carl had lost many extended family members but had not learned much about grief. However, Andy and Kirk had not lost anyone significant. And thus, this was their introduction to the process of grieving Here are

Andy's reflections about how ill-prepared he felt when dealing with bereavement:

Absolutely nothing. I'd have friends' fathers die or something like that, but none of that really meant anything to me. I'd never had anybody significant die in my life until Frank. Prior to his death, I had absolutely no connection, no experience with death.

Afterlife

In this section, I asked participants questions about their views of the afterlife and if losing their partner had impacted this view in any way. Four of the men held a traditional view of the afterlife that incorporated a heaven and hell. Four other men thought of the afterlife as "a better place." Two participants believed in reincarnation or a continuation of their loved one's spirit in another form on earth. Two other participants had no beliefs about the afterlife. Kirk said that he did not have a view as he was "simply incapable of understanding what it could be like." And Carl said that he believed that there was nothing:

And that's the hardest part of the mechanics of death to understand...if you respect this guy so much, that he can just go to sleep and it all stops. I think that Christians don't want to buy that, that's just too hard to handle. It's like your computer, when you pull the plug, it goes off. When you shut the blood off, it went off. (He) just doesn't exist anymore.

Two thirds of the participants did not believe that coping with the death of their partner had impacted their view of the afterlife. Their views held constant through this experience and, for most, served as a source of support in their grief. But, four men acknowledged having thought more

deeply about the afterlife and where their loved one was through this experience. Patrick and Matthew had these thoughts:

I had a lot of different beliefs...and tried to figure it out. What is he doing now... 'Are you going to a light? Are you floating somewhere in a corner, watching me?' And I think that's why I made religion more personal after the fact.

Patrick

I might not even have this particular opinion at this point in my life had it not been for going through this experience with Jack. So, I think this has brought a spiritual awakening in a sense to me, which is good. Matthew

Coping

In this section, questions focused on strategies that participants utilized to cope with their partner's death. I also asked participants how they might cope differently now, as they retrospectively look back on their loss. The final question of this section asked them to identify the most difficult aspect of their loss.

When asked these questions about self care, four participants' first responses focused on "not deserving it" or "not being interested in it." They were so grief stricken by the illness and death of their partner, they did not want to focus on themselves. Two men ended up in the hospital themselves after their partner's death.

Steve said that cognitively he could accept the absence of his wife but not emotionally. "I couldn't adjust to it," he said. And one of the ways he coped was by considering suicide:

That summer after she died, I took one run at suicide... it was kind of feeble. I was riding my bike...I heard the train blow...and I thought, 'You know, I bet if I keep riding at this pace, I'll get to the tracks about the time the train does and then I wouldn't have to worry about a thing.' And so I kept on riding. And I kept saying, 'This is irrational...the children will be very upset', but I also kept hearing, 'I feel so goddam bad. My life is worthless now. You could get out of this pain' ...I came right up the hill and there was the train like 100 yards away and I thought, 'This is really neat, he hasn't got a prayer of stopping...I pedaled in front of the train but then across the road. That half mile I rode thinking about the train felt good. I could get out of this pain, the intensity of the pain that I was feeling.

Mark acknowledged that he didn't do a very good job of focusing on his needs, on remembering to take care of himself. And this was the result:

Even before I lost Patty, when I was taking care of her, there'd be times when I'd have chest pains and couldn't catch my breath. I wouldn't tell anybody...not my kids, not her...I didn't want anybody to know because I wanted to take care of her...then after I lost her, I didn't eat right, didn't sleep right...the grief of losing her, the stress...and that's when I ended up in the hospital.

Strategies of coping that participants implemented fell into two categories: attending to physical health and supporting mental health. Seven men acknowledged focusing on their physical health as a means of self-care. They attempted to do this by getting a physical, eating better, taking vitamins, and exercising regularly. Six of the participants attended to their mental health by seeing a therapist individually, joining a support group, journaling, and reading books.

When asked to retrospectively examine how they might cope differently, five participants stated that they would

attempt to facilitate their own grief more effectively. They would try to allow themselves more time to grieve and/or seek out better support systems for their grief. Rick acknowledged this in his comments:

I think I would have been gentler on myself...instead of trying to rush the grieving or setting a timetable for grieving, just acknowledge that its gonna take some undetermined amount of time. And I think...to be more consciously aware of the fact that I was grieving...probably gotten some help sooner about what are the signals of grief.

What was the hardest part of their loss? Eleven of 12 participants acknowledged that loneliness was the most difficult aspect of losing their partner. They missed having the other person as "an energy source," "someone to talk to," or "physical contact." Matthew had been composed through the entire interview but when asked this question, he became tearful, saying:

Wow...just actually realizing and accepting the fact that there isn't a chance that I could open the door and Jack would be there. I've just not gotten that far yet. The aloneness is the hardest adjustment...and the realization that there is no hope...I'm a very hope filled person and there is no hope that Jack will return...in the physical being. But I'm trying to shift my thought process to the idea that there is hope of a reunion in the future...in the continuum of life.

Andy was the only one who identified another experience. Although he clearly missed Frank and was lonely, Frank's family had treated him so badly that anger was most prominent for him. This overshadowed his loneliness and seemed to further complicate his grieving process:

His family, without a doubt...as painful as it was to lose Frank, I lost his whole family. He was an only

child...his mother and father are living and he has two adult children. Throughout the years of our relationship, I was supposedly seen as a loving family member, seen as their son, seen as their father...when he got sick, within the last six months of his life, his whole family turned on me and I was the bad guy. They caused me so much pain, stress, aggravation, anger, hatred, and to this day it's still going on. When I met Frank, he didn't want a thing to do with his mother and father and his kids. I was the one to foster the relationship, I was the one that went out and bought birthday presents, the Christmas presents, wrapped them...forced him into family situations and everything else. And for his family to turn on me the way they did, hurt me almost as much as Frank's death.

Advice/Reflections

In the last two sections of the interview, I allowed interviewees to offer additional information about their experiences. First, I asked participants to provide advice to professionals who work with grieving men. What was important for them to know? Second, I asked a general question that addressed unasked for information that participants felt was important for me to know in understanding their experience. There was considerable overlap in the themes that emerged from responses to these questions so the data have been aggregated into one section. Participants responses fell into two categories: individual grieving factors and the influence/response of others on a person's grief.

Four themes emerged from their reflections on an individual's experience of grief. These themes were (1) grief is individual; (2) grief is ongoing; (3) grief feels out of control and (4) a relationship with the deceased continues. These themes will be further expanded below.

Five of the participants emphasized that grieving is very individualized. Although people may compare their own grief to that of other people to discern the "correct" way to process a loss, this is a futile effort. These men had discovered that although there may be commonalities of experience, there are also unique aspects to a person's grieving that cannot be captured by models or stages. As Gary noted:

It's important to allow a person the opportunity to deal with things at their own pace rather than try to fit someone into these little steps...'You're gonna go through this period and then you're gonna go through that period.' It doesn't seem like anything I've ever felt has fit into any little set model...I think it's such a personal experience.

Gary, Brendan, and Steve noted that their grief is ongoing. They had anticipated a faster end to their bereavement, that they would get beyond their loss more quickly. Their grief did not resolve as they had expected it would. Brendan had these thoughts:

It's critically important that (the bereaved) understand that its gonna be a long, slow, hard process. You'll digest everything that happened. It's probably the most commonly occurring thing I hear (from others)...I really thought I'd be a lot farther down the road. I didn't know it would be this long, slow, and hard.'

Five participants noted that their grief felt beyond their control at many times. As much as they tried to stifle or manage their grief, their feelings seemed to have a life of their own. Their grief was unpredictable...and this was very difficult for them to manage. Patrick summarized the

ups and downs he had seen in himself and others who are bereaved:

Today they may be nice, tomorrow they may be whiny, next day they're going to cry, next they'll complain all day, then they'll be really mean and finally they'll be a sweetheart again...that can happen within one day, I found myself doing that within a few short hours.

Four participants noted that, contrary to their expectations, a relationship with their deceased partner had continued beyond their death. They talked about struggling to categorize the relationship with their partner, that they didn't want to put an end to it or pretend that it hadn't happened. Matthew acknowledged in the interview that he was still processing his relationship with Jack:

Reaffirm in the grieving person that their being is now different than it was during the relationship but to not have the fear that because the relationship is no longer that they're giving up on the person who's deceased. Memories may dwindle over time and physical remembrances may disappear, but your life has been changed by the relationship that you were in with that person and that's a good thing. That is a part of your being that no one can take away, that you'll never lose...that's something to take comfort in.

Other responses in this section reflected themes centering on the influence of others on an individual's grief experience. Seven of the participants noted that men often receive the message that they need to be strong and independent. If they follow that message, this could complicate their grieving as it would not allow them to be open to support from others. Matthew noted this in his comments:

No matter how much equal rights activity is going on, and how much particular roles are played down, the way of the world today is the man is still expected to be strong all the time, through all circumstances to be the leading force, the guiding light, to know what's going on. And (now I believe) its okay to experience things, to accept the fact that I have no idea what's going to happen next.

Four men recounted how important it is to hear from others that they will get through it. At times, they lost hope or wondered if they were going crazy, wondered if they could possibly survive. They needed reassurance from others that they can go on with their lives, that things will get better. Patrick stated:

Let them know its going to be okay...like 'I don't know what it is you're going through but if there's anything I can do, I'm there for you, and you will get better'. Somebody to reinforce that survival instinct.

Three of the men noted the importance of allowing happiness back into their lives when they were ready. They had received the message, either from internal thoughts or from other people, that it was not permissible to have fun, to enjoy themselves. When they did have fun, it was as if they had broken a rule or were behaving inappropriately. Brendan's comments reflected this struggle and how he dealt with his children around this very issue:

My daughter was feeling really guilty about going out and riding her bike. She asked, 'Can I go out and do fun stuff?' Its like (yes), do the fun stuff. We go canoeing, we always did as a family and still do...four of us instead of five. Do some of the fun things if you have the strength and energy, do it. Because there will be times you'll damn wish you could and you don't have the energy or the focus, the pain of the burden is so great you can't get out from underneath it. Its okay to try to carry on and enjoy life.

Three participants noted the influence of family members on their grief. This included both their children and extended family. Children seemed to have a positive influence on both participants that mentioned them. Their kids had kept them going during the most difficult times. Kirk noted this:

It makes a huge difference in the person's life if they have someone else depending upon them. I would think that the grieving process would be different if your spouse was your only (responsibility), if you had no children. I think that feeling that you (could) just get up and walk away, change environments totally (could) lead to something absolutely stupid. I think without something, in my case children that I was very concerned about, it would be even harder to hold it together, to find a duty, an organizing principle in your life to keep you together until you've gotten over the worst of your grief.

However, those participants who mentioned the influence of people outside the immediate family had a negative experience. These relationships further complicated their grieving process. This does not reflect the negative influence of all extended family but highlights the possibility that these relationships can make the surviving partner's life miserable. Brendan mentioned this in his comments:

I have zero support from my in-laws. Zero from that side of the family. They're all probably madder than hell because the way that we dealt with the whole issue. I dealt with (her) death and dying the way she wanted it dealt with, which wasn't the way I wanted. She excluded a lot of people...and of course they're bitter and I'm the guy left so I kinda take the brunt.

Two of the six gay men felt that their relationships were not valued, that they were not seen as equal to heterosexual relationships. This frustrated these men as

their partners were dying and after their death. Carl and Andy emphasized that gay partnerships need to be seen as committed relationships of value. Carl stated:

While we might say its so endearing to see those guys care for each other, I think as a society we haven't come to the realization of the value of (gay) relationships. And I think even among some gay people that doesn't happen. I think that we don't understand (these) relationships well.

Earlier in the interview, he had noted the reaction of others to Richard's death, that they failed to recognize the depth of loss he had experienced:

I think in some respects some of them treated it no different than if I had put my dog to sleep.

While five of the participants had lost a partner to AIDS, only one stated that he was HIV+ himself. Andy had a unique perspective to offer on the grieving process as he had processed not only his partner's death but the reality of his own mortality. He talked about feeling angry with his partner as Frank had only focused on himself during his illness and failed to recognize the difficult position that Andy would be in after Frank died:

One of the interesting things about Frank throughout the three year span from diagnosis to death was that he acted like he was the only one in this...it didn't involve me, emotionally or physically...and I've got the virus too. He only saw it from his perspective. One night we were talking about it and he was in his little pity pool., And I said, 'You know, there's one thing you haven't even said here. Chances are you are gonna die before me and I'm here for you every step of the way until you die. Who's going to be here for me? Think about me being left by myself to pick up the pieces.' I'm not gonna sweat over it now and feel today's the day but there are some issues that are very pertinent like who's gonna take care of me?

Summary

In this chapter, themes that emerged from the data in each section were identified and reified by relevant examples. Patterns of responses that differed significantly for heterosexual and gay men were highlighted. Overall, there appeared to be considerable overlap in the experiences of these men, regardless of sexual orientation. In the next chapter, these results are further integrated and compared with extant literature in light of the questions motivating this inquiry.

RESULTS2

The purpose of this chapter is to analyze the data at a conceptual level. Participants' responses have been summarized in Chapter Four and this chapter seeks to find the meanings imbedded in their responses in light of the questions motivating this inquiry. Where appropriate, current literature is compared and contrasted with results. The chapter is divided into two sections. Section One addresses the research question: What is the experience of men grieving the untimely death of a partner? After reviewing the demographics of the sample, the data relevant to this question are examined under the topics of (1) Relationships (2) Seeking help and coping (3) Self (4) Previous losses and (5) Grief. Section Two summarizes data relevant to the research question: What is the impact of sexual orientation on grieving? Data are examined in this section as follows: (1) Impact of AIDS (2) Relationships (3) Work (4) Religion and (5) Previous losses. The chapter closes with a summary.

Section One: What is the experience of men grieving the untimely death of a partner?

Demographics

Before proceeding to examine data relevant to this question, I believe it is important to first consider the participants' demographics. There may be ways that this sample is unique and therefore not representative of the

entire population of men. The reader must be aware of these differences and view my conclusions in light of these factors.

Due to the sensitive nature of this inquiry, participants were recruited on a voluntary basis. Responses from men who did not volunteer to be interviewed would likely be substantially different from those who participated. Stroebe and Stroebe (1989) compared characteristics of men who initially volunteered to participate in their research with those who did not. They discovered that men who participated in their research were less depressed than those who did not. This may or may not be an accurate characterization of participants in this research.

Equally so, men in this study possessed good social skills (were able to articulate their ideas quite effectively) and affective skills (were adept at identifying and discussing emotions). Participants' well developed emotional and social skills appear to be in direct contrast to current literature on men's issues (Brooks & Gilbert, 1995; Eisler, 1995; O'Neil, 1981). These differences may reflect unique qualities of this sample, that the type of man who is attracted to a study such as this has better social/emotional skills than men who choose not to participate. Additionally, Mattison and McWhirter (1990) found that the stages of relationships of male couples with AIDS were accelerated as compared to HIV-negative couples. Perhaps through coping with their partner's chronic illness

and death, these men became more affectively and interpersonally aware. Finally, the work of Robertson and Fitzgerald (1990) and Wilcox and Forrest (1992) may be of relevance in understanding this finding. Perhaps the lenses we use to view men may effect their interactions with us and/or our interpretation of their behavior. If men are in an environment (such as the interview with me) that invites their exploration of affect and encourages their self expression, they may demonstrate skills that are discouraged by other people/environments.

All participants were Caucasian and, aside from one participant, did not emphasize their cultural background in the interview. Although culture is an important variable to consider in the grieving process (Stroebe, Gergen, Gergen & Stroebe, 1992), these men were either not strongly influenced by differences in culture or they were unaware of their differences. Race and culture remained an invisible variable in this inquiry.

Men in this study were recruited from two cities in a large midwestern state. Therefore, data are skewed toward participants from urban/suburban areas. Additionally, nine of the twelve participants were born and raised in the state where the inquiry took place (two were originally from the Western United States and one was from a Southern state). Geography may be another factor that is skewing these results.

Relationships: Their impact on grief

In this section, I examine the nature and function of the relationships of the participants with their partners, family (parents, siblings, partner's family), children, and friends. The goal of this section is to richly describe how these relationships were impacted by the partner's death.

Partner

When asked about the sources of attraction to their partner, ten of 12 participants commented on aspects of their partner's personality or "who" he/she was as a person. Even the two participants who mentioned physical characteristics placed greater emphasis on their partner's personality. As Carl noted:

All that could go out the window tomorrow if the person has a brain. I mean I'm absolutely mowed over by intelligence... that's what has to work...much more than the physical thing.

Peplau (1991) reported that men place greater emphasis on sex in intimate relationships as compared to women. One might posit that this could lead to an emphasis on sexual gratification in intimate relationships and equating sex with intimacy, as has been noted by other authors (Levant, 1995). Shapiro (1994) reported that a psychoanalytic model of grieving emphasizes the gradual withdrawal of love from the lost "object" so that libido (sexual energy) can be reinvested in a new object. If men's experiences were consistent with this view, wouldn't they emphasize sexuality as the main source of attraction to their partner? Although

men may emphasize sexuality in their relationships, data do not substantiate the view that, when losing a partner, men can easily seek another partner to satisfy their sexual needs and in doing so, replace their lost partner. Staudacher (1991) noted that while some men may engage in excessive sexuality after losing a partner, they are actually avoiding their feelings of loss instead of expressing intimacy for a new partner.

Levant (1995) reported that men have greater difficulty with managing and resolving conflict than do women. The data are consistent with this literature. Although all the men reported varying degrees of success in dealing with conflict, more of the heterosexual men (5/6 successful) indicated that conflict was effectively resolved in their relationships as compared to gay men (4/6 somewhat successful). The heterosexual men seemed to depend on their wives to take the lead in resolving conflict. Kirk noted this in his comments:

We talked a lot. She was very good in that she would not permit disagreement to lie. If it hadn't been resolved, she wouldn't let it go. She'd say, 'We're not done. We haven't talked about this.' And she would get very mad at me because, at those times, I (became) abstract.

What implications might this have for the grieving process? In writing about heterosexual relationships Shapiro (1994) observed that "if the (pre-existing) relationship was characterized by conflict...developmental reintegration may be harder" (p. 37). Unresolved conflict has some implications for the grieving process and this has greater implications for gay men that will be addressed in the second section.

Additionally, if heterosexual men's partners do not take the lead in processing their impending death, these men may find themselves unable to start their grieving prior to their partner's death and ultimately may feel incapable to deal alone with the conflict of their partner's death.

Family

When participants were asked about social and emotional support that they received, they were asked about the importance/influence of "family". Their definitions of family varied greatly to include only their current nuclear family, their biological family of origin (including parents and siblings), and/or their partner's family of origin. In interviews, I attempted to gain insight into the quality and importance of all of these relationships. Children seemed to play an important role for those who had kids and their influence will be addressed in the next section.

Ten of the 12 participants did not experience a significant change in their relationship with their family (which included their parents, siblings, and children). Families/family members that had been supportive of their relationship were supportive of the participant when their partner died. Families/family members that had been less supportive/unsupportive were not available to the participant in his grief. Matthew noted this in his comments:

My (nuclear) family wasn't real supportive of the relationship so I didn't feel I could talk with my family very much. My grandfather had died that year so my

grandmother and I spoke quite frequently...we helped each other get through numerous difficult times.

However, two of the participants did experience a change in their relationships with their families. Brendan and Andy found that some relationships became closer as a result of their partner's illness and death. Brendan saw a change in his relationship with his brother and found that his brother became much more involved in his life:

My brother in particular, a tremendous amount of change for him. He (was) the type of guy that was a big partier and let's avoid responsibility at all costs. But he saw what was going on with Eileen and I and decided to help us in any way he could.

Andy acknowledged that during his relationship with Frank, he emphasized developing connections between Frank and his family to the neglect of his own family. Once Frank died, Andy reconnected with his own family and found that they were a tremendous source of support and affirmation:

I poured all my time and energy into Frank's family and put mine on hold for ten years. I have a lot of guilt for that but I'm making up for it in these last two years.

The data illustrated a different conclusion about relationships between the participant and his partner's family (parents, siblings, and children). Over half (7/12) of the participants experienced some change in their relationships with the partner's families and all these changes were perceived as negative. These changes varied from feeling uncomfortable around their partner's family, as

noted by Rick and Ted, to intense conflict with their partner's family, as recounted by Brendan:

The people that I wanted to share the most with were Keith's family, because they knew him...they knew him better than anyone and were there through thick and thin. But to this day they won't talk about (him). Rick

My wife has one brother and sister (living). Now that she's passed away, the brother is quite close. But the sister can't face me very well. When I come over, she's distant because it reminds her of her sister dying. So, I don't go back. Ted

Her side of the family have not lifted a finger except to throw darts (at me). But their lives go on just like they always did. Ours are totally changed forever. Brendan

Children

There are a lot of day to day issues that someone in my position, having lost my wife, having three kids here to raise, day to day issues that are taken for granted by people trying to help you. Brendan, 39 year old father of three

Nine of the participants had children involved in their relationship with their partner. Seven of the participants had children of their own and two had relationships with their partner's children from a previous relationship. The powerful influence of children on the grieving process was manifest in the data. Having children in the home versus having grown children appeared to impact the participant differentially.

Shapiro (1994) noted the influence of children in the home when a spouse dies. "Although children in the home can assuage feelings of loneliness for the bereaved parent, the demands of child rearing are likely to interfere with the

process of creating a new adult life structure" (p. 40). Two participants were left to raise young children by themselves.

Kirk's and Brendan's experiences resonated with different pieces of Shapiro's observations. Although their children were a source of support, these men were more focused on giving support to their kids as opposed to receiving it. Kirk found that having children to take care of gave him a reason to keep going. Although Brendan found that this was true, he acknowledged the effect that children had on his social life. Their comments speak for themselves:

I think it makes a huge difference in a person's life if they have someone depending upon them. If you had no children, I think (you'd have) that feeling that you could just get up and totally change environments. It would be really strong. Without something, in my case children that I was very concerned about, it would be even harder to hold it together, to find a duty, an organizing principle in your life to keep you together until you got over your worst grief.

Kirk

It's difficult for me to have a social life, it's so much work. It takes a lot of time preparing the kids, whether they're coming or not. All these things have to be done when you're married, (but) it happens a lot quicker.

Brendan

Although having children seemed to give Brendan a purpose to keep going, it kept him from developing socially.

Of the remaining five participants that had grown children, four acknowledged using them for social and/or emotional support. Carl's children were living at a distance from him and, although he may have found these relationships important, he did not seek to gain support from his kids. Mark, Ted, Steve, and Rick acknowledged the important role that their kids played in their recovery process:

I don't know how people make it without kids. I really don't know how because my kids have been real supportive, you know, and give me good support. I always say I wouldn't make it without them...they've been good to me. Mark

The children came home from school. Victoria regulated their behavior. They came as much as she wanted but she wanted them to continue their lives. But, they did come often and still do. My son was here last night just to talk. The children are very close (to me). Steve

However, there were limits to the amount of support that some of these men were willing to take from their children.

Mark noted that he made a conscious effort not to depend too much on his kids, apparently so he wouldn't be seen as an interference in their lives:

I don't think you should lean that heavily on your kids. They are there to support you and they will help you in their way if you let them. (But), I didn't ever go to my kids in a down mood and I didn't go say 'Can I stay over tonight?', I didn't do that, as lonely as I'd feel.

Ted found that although he could receive help from his children at many times, there were limits to their ability to help. He found that when he tried to talk with them, he would only get them upset. He learned to get more of his emotional support elsewhere for this very reason:

The kids, I could talk to my kids but every time I talked to them, they would be crying just as bad as I was. I couldn't help them and they couldn't help me, (aside from) crying on each other's shoulders.

Staudacher (1991) reported on observations of a men's group facilitator on the effect of children. This facilitator noted that the men felt some support from their children, but they didn't feel free to depend on them. Staudacher also highlighted the problems faced by some men in

communicating on an emotional level with their children, that instead of assisting each other in grieving, fathers and children can simply exacerbate each other's grief process.

These data demonstrate the importance of understanding the family system of the grieving person. The nuclear family of the griever, as well as his family of origin and his partner's family of origin can facilitate or complicate the grieving process. Brendan, who had experienced intense conflict with his partner's family, noted the importance of the family system in his recommendations to counselors:

It would be nice if, as a counselor, you could get into the family structure outside the immediate family that has the loss to get to some of these other folks. I offer these things because I have zero support from Eileen's family. She excluded a lot of people and of course they're bitter and because I'm the guy left, I kinda take the brunt.

Friends

Participants found friends to be an important source of emotional and social support during their partner's illness and after his/her death. As noted in Chapter Four, friends were listed by nine participants as a source of emotional support from friends and by ten as an important source of social support. Two participants did not emphasize friends as sources of support but this seemed to be connected to their personality style as opposed to the unavailability of friendships. Both Matthew and Kirk seemed more comfortable being self sufficient and preferred to serve as their own primary source of support.

Andy's case serves as an excellent example of the important function of friendships. He had been forbidden by Frank to talk to anyone about their HIV status or about Frank's health status. However, as Frank's health began to worsen, Andy was unable to carry their secret any longer:

There were two friends that I told the truth about a year prior to his death because I just couldn't keep it in anymore. And though he was really mad at me at first, (eventually) he was really relieved because he used those friends too during the last year of his life to get things off his chest. And they were there for us, almost every weekend. We did a lot of things together during his last year. We were always close but in the last year of Frank's life we had gotten a lot closer.

Gary found that he and Kurt were buoyed up by an excellent network of friendships. Contrary to Andy's experience, Gary felt that his partner had worked to develop this network so that Gary would have people to support him in his grief:

I think the only thing that really helped us through it was having an amazing group of friends, very supportive. Kurt really pulled us all together. He helped prepare the way for his death by getting all these people involved in our lives.

However, friendships were not without their problems. Five of the participants reported negative changes in relationships with friends. Participants found that some friends "drifted away" or avoided them after their partner's death. At a time in their lives when they needed support the most, participants found that these friends seemed unwilling and/or unable to be there for them.

And what I'm finding is that friends see this strong Carl who isn't intimidated. So when I sit there at dinner

with them and tell them I'm scared to death or I don't feel as strong as I used to, they can't handle it, they can't relate. They don't want to hear it. Carl

After a period of time, your very closest friends sometimes seem to depart from you. At first, you have a lot of friends. But then because you're one lone person, you're like two thumbs one hand. (Contact with them) seems to diminish and pretty soon they've just about dropped you, except for the really close friends. Mark

That's what shakes you up because...I'm alive now and a lot of people did see my wife in the hospital so it wasn't that people didn't see her when she was alive. But the illness is what brings them to you rather than friendship. Because where are they now? Ted

Staudacher (1991) stated that, "one of the most valuable sources of support a man can have following his loved one's death is the genuine friendship and companionship of another man or men" (p. 201). While some of the participants noted the importance of both male and female friendships in their grief process, three of the participants specifically mentioned the lack of support they received from some/most of their male friends. Gary and Rick noted that some of their male friends were unable to give them the emotional support they needed. Gary had this comment:

We really discovered who our friends were and most of them were women. The people that were the most supportive were the women friends. Most of our male friends just couldn't deal with it.

Rick found that many of his male friends were lacking in their ability to provide social support:

One of the things I couldn't let go unsaid (at the funeral) was that the women in (the gay) community are truly the caregivers and the nurturers. Gay men or men in general say, let me know if you need help. The women don't do that, they just do it. They know you're not gonna call. They just show up.

Although men may value the companionship and support that they can potentially receive in relationships with male friends, some of them may find their friends to be incapable of providing the support they need. Male socialization may inhibit men's abilities to deal with their own emotions or those of their friends.

Summary

"Whether bereaved individuals can rely on their families and friends to stand by them and help them in their distress is likely to be an important moderator of bereavement outcome" (Stroebe & Stroebe, 1987, p.215). Participants in this study seemed to experience adequate emotional and social support from family and friends. However, at times, they also experienced lack of support in these relationships, especially in regard to their partner's family.

Lopata (1993) found that both friends and children were the most frequently cited sources of social support for American widows but children (60%) were much more frequently identified as sources of emotional support as opposed to friends (10%), siblings (10%), or other relatives (9%). In contrast, men in this study relied more consistently on friends for both emotional and social support with some support noted from children and siblings. This difference may simply be an artifact of the participants in this study or it may be indicative of a gender difference in parental relationships with children. Future research will be needed

to examine these variables in greater depth. These relationships significantly impacted the participants grieving process/level of social support and are an important consideration in understanding participants' grieving. In advocating for a systemic approach to bereavement issues, Shapiro (1994) noted the importance of relationships in the lives of bereaved family members:

The systemic developmental model of family bereavement is meant to extend a clinician's awareness of a grieving individual's developmental stage at the time of death and the impact of death on the individual's web of life-sustaining relationships (p.18).

Seeking help and coping

In this section, I examine issues related to how participants sought emotional/social support and their coping strategies. Relationships with family and friends are not the primary focus in this section but they are examined to consider factors that may have complicated their use as sources of support. Support groups and their helpfulness to participants are explored. Strategies that participants utilized to cope are compared with predictions from extant literature.

Emotional support

Participants acknowledged that children, other family members (i.e., sibling, parents), and friends served as important sources of emotional support. However, some obstacles remained in the ability of these men to seek and

receive social support: (1) they experienced some emotions that they were not able to share with anyone and (2) some people/situations kept them from sharing.

Seven of the participants acknowledged that there were some emotions that they were not able to share with anyone. Matthew, Kirk, Gary and Patrick noted that it was the intense emotions of grief that there were not able to share with others. Patrick was often surprised by how overwhelming his feelings of loss were and he wanted to experience those when he was alone:

A lot of times it surprised me that it was so animalistic...the grief, the pain, the cry was so guttural. You know, it's from so deep within...and I did all that private...when I would cry like that it would be in private.

Rick, Brendan, and Carl identified specific feelings that they chose not to share with others. Rick did not talk about intense guilt he felt around the circumstances of his partner's death. Brendan could not talk about the intense loneliness he experienced since Eileen's death. Carl could not share the intensity of his feelings of vulnerability. No one was able to support them in dealing with the above feelings.

Nine of the participants talked about intrapersonal/interpersonal dynamics that appeared to inhibit their ability to seek/receive emotional support from others. All nine men indicated that they were in some way protecting other people from their grief or from other aspects of their lives. Ted's

comments are an example of this. He talked about protecting his daughters from the intensity of his grief:

I could talk to my kids but every time you talked to them, they would be crying just as bad as I was...and it was no help...(we could) cry on each other's shoulders but I couldn't help them and they weren't helping me.

However, three of these men also seemed invested in protecting themselves and the ways they were perceived by others. Patrick's comments are representative of this:

I might not be as frank as I would like to be or I don't feel quite at ease to speak what I'm truly feeling. Perhaps for fear of pushing...as far as my family goes, they are somewhat accomodating of my lifestyle, somewhat not. And I'm afraid that if I say too much, I might push them farther away and right now I need to be careful because my family is all I've got.

Pollack (1995) and Eisler (1995) noted that the results of gender socialization likely inhibit men from expressing emotions and seeking emotional support, especially when experiencing "emotions of warmth, caring, sadness, and pain" (Pollack, 1995, p.44). Staudacher (1991) and Wolfelt (1990) asserted that many men will encounter difficulty in both experiencing and expressing emotions of pain and vulnerability after the death of a loved one.

Although the men in this study were adept at expressing their emotions, many of them still encountered some difficulties when attempting to seek emotional support from others. Pollack (1995) and Wolfelt described how social influences shape young boy's experiences to discourage the expression of affect. According to these data, social

influences still assert a powerful effect on these men and their ability to gain emotional support.

Social support

Men in this study were able to access numerous sources of social support. Family and friends as well as community support groups aided participants in their adjustment. However, these sources of social support were not all perceived as positive influences. These dynamics are described below

Family and friends.

Participants reported that they had received social support from children, other family members (siblings/parents), and friends. When asked to identify the most important source(s) of social support, nine named friends, five identified family, and two replied "self." Yet some problems did exist in their support system and could be identified as (1) negative changes in relationships (2) inadequate support system.

Brendan and Andy experienced intense conflict with their partner's families after their partner's death. At a time when these people could have been tremendous sources of social support, these family members became antagonistic and even disruptive of these men's lives. When asked what had been the most difficult part of his loss, Andy stated:

His family, without a doubt. As painful as it was to lose Frank, I lost his whole family. And throughout the ten years of our relationship, I was supposedly seen as a loving family member, seen as their son, seen as their father. When Frank got sick, his whole family turned on me and caused me so much pain, stress, aggravation, anger, and hatred.

Shapiro (1994) described the importance of attending to the changes that occur in family relationships after the death of a loved one. These men's negative experiences with their partner's family highlight the importance of a systemic perspective in understanding their grief. Instead of being a source of support, the relationship with their partner's family was a factor that complicated their grieving.

Matthew, Danny, and Kirk did not have a very large support system but for different reasons. Matthew and his partner, Frank, seemed to have focused mostly on each other during their relationship to the exclusion of other people. This left Matthew without much support when Frank died. Danny and Kirk appeared to depend upon their wives for making social connections and developing friendships. Once their wives were gone, their connections with the social support network were tenuous at best. Kirk saw friends moving away from him but didn't seem interested in pursuing these relationships or gaining their social support:

Even people who were very close friends have gradually just disappeared. And I've never been one to talk to people anyway. There are (just) a couple of people that I can talk to at work every now and then.

Wolfelt (1990) reported that socialization encourages men to be self-sufficient and discourages them to seek or

simply accept support from others. Staudacher (1991) acknowledged that widowers who depended upon their wives for social contacts often become reclusive and engage in a variety of solitary, passive activities to structure their day. Wolfelt's and Staudacher's observations seem accurate for these three participants.

Support groups.

Three patterns emerged from these men's experiences around seeking and becoming involved with a support group. There were men who attended a support group, felt buoyed up by this experience, and continued to attend. Brendan, Mark, and Ted found this to be true. Brendan commented on what he found helpful about the group:

(I valued) the support you get from sitting in a room with a dozen people who are in the same hole you're in. We're all at different depths in that hole, based on time and our various tools that we have to help pull us out...When you watch people who are really suffering every bit as much as you are, right to the very core of their being, get stronger, get better and actually say, 'I don't need this anymore, I can go on by myself....you go, 'dammit, I'm next or its gonna be me pretty soon.

Some participants had tried attending a support group but did not stay for a variety of reasons. Matthew attended a time limited didactic grief group, finding it full of valuable information. But when he tried to locate an ongoing support group, he couldn't identify one that would fit his needs (at age 27). Danny, Patrick, and Andy all tried attending a group but left after a few weeks. Danny found

the group "too cliquy" and that it was not appropriate for him. Once his partner died, Andy responded this way:

I just felt like, 'Now that I've lost my partner, I need to go to this bereavement group. I just thought it was something I was supposed to do. I only went a couple of times because it was more of a lecture and I don't like sitting in a room getting lectured to about bereavement and grief. So, I only went twice.

Patrick said that when he arrived at his first group meeting, he heard a man speak who had been attending for seven years and who still appeared to be emotionally distraught. He never returned to the support group, but noted:

It was helpful to me...because I got there and decided that I don't want to be here in seven years. I am not going to dwell on this for seven years. It is a major part of my life (now) but I don't want that to be the focus for seven years.

There was also a group of men who did not feel motivated to join a support group. Their reasons for not attending a group seemed to be that either they believed that the group couldn't offer them anything ("didn't need it"/ "wouldn't benefit from it") or they would not find people similar to themselves in attendance ("wouldn't fit in").

I felt like I didn't need it. I thought I was getting a little bit of support (from friends). Looking back on it, I probably should have or could have gained something from being in a support group.

Gary

Kirk noted that he felt as if he could get just as much from reading, journaling, and studying by himself. He didn't feel the need to go and share with other people. It was

beneficial to know that assistance was available if he really needed it.

I think I'm able to take comfort in the offer itself. And that alone is enough not to feel totally isolated.

Several factors seemed to influence the reactions of these men to participating in a support group. Premorbid personality, structure of the support group, meeting activities, and composition of group membership were among the factors that seemed to be influential in determining if a man pursued a support group and if he stayed with it. This highlights the within-group differences that were present in the participants and likely reflects differences in the larger group of men. Wilcox and Forrest's (1992) recommendation to view gender issues flexibly seems particularly pertinent when considering the idea of appropriate interventions for men in grief.

Alexander and Parsons (1982) identified three interpersonal styles that vary on their need for both contact with and independence from others. They labelled the three styles as engaging, midpointing, and distancing. Participants in this study appeared to reflect each of these styles, influencing whether they chose to attend a support group and the type of support they sought. Lieberman (1993) noted that although grief support groups do share some common elements, there are unique elements to each group that influence the group process. This highlights the importance of attending to different interpersonal styles and different group structures

when practitioners are referring to or designing support groups or other grief interventions.

Coping

Participants were asked about their coping strategies for dealing with the death of their partner. Five participants reported that they were not interested in self-care when their partner died. For some, these feelings remained for nearly a year whereas for others these were acute, transient feelings that waned within a few weeks. Two of these men ended up hospitalized themselves shortly after their partner's death. Mark's story typifies the attitude that these men brought to self-care. When asked what he had done to care for himself, Mark responded:

Well, I guess I didn't do a very good job. Even before I lost Patty, I felt these heart problems starting to develop. In fact, there'd be times when I'd have to lay down because I was having some chest pains and couldn't catch my breath. I wouldn't tell anybody..not my kids, not her. I didn't want anybody to know cause I wanted to take care of her. So, I did. And then after I lost her...as the weeks went by...it finally got to me. That's when I ended up in the hospital.

Coping strategies utilized by these men (eventually) and other participants targeted physical and/or mental health. Nine of the participants engaged in ways to take care of physical health including getting a physical, eating a balanced diet, taking vitamins, and exercising. Seven of the participants pursued support for their mental health through

participating in individual therapy, joining a support group, journaling, reading books, and listening to/playing music.

One third of the participants acknowledged additional coping strategies: that they had been/were currently on medication to help them cope with the death of their partner. They reported needing the medication to help them deal with the stress, anxiety, and/or depression that they were experiencing. Danny noted why he was put on medication:

As for depression, the doctor has put me on medication for that...it seems to help. He put me on it about a year and a half before she died because I was dragging rock bottom and I needed something so I could cope with day to day pressures at home and at work, get my rest at night, and maintain my sanity.

Danny was interviewed six months after his wife's death and he was still taking medication at that time. Two of the other participants stated that they had a drink just after their partner died to "try to calm down a little bit and relax." Although they seemed to be using alcohol to self-medicate during a stressful moment, this did not appear to be a consistent pattern. None of the participants acknowledged using alcohol/illegal drugs excessively.

Many authors highlight men's difficulty with nurturing both themselves and others (Brooks & Silverstein, 1995; Fanning & McKay, 1993; Wolfelt, 1992). Wolfelt asserted that men often are incapable of self-care or self-nurturing. Brooks and Silverstein recounted men's "physical self abuse" that results in an increase in use of alcohol/tobacco, an increase in accidental injury, and a lack of attention to

preventive health care. Although these statements reflected the experience of some of the participants initially, all of them eventually came to recognize the importance of some aspects of self care, both physical and/or mental health. This may indicate that the type of man attracted to a study such as mine is good at self-care. These data may also reflect how men's views of self-care are changing for the better.

Summary

Differences existed in participants' abilities to seek help and cope. Some men were more adept than others at utilizing family and friends and community groups to receive support. Although the men utilized different coping strategies, none of the participants acknowledged using "dark sided" male coping strategies (Brooks & Silverstein, 1995), such as drugs/alcohol or excessive sexuality, as ways to manage their grief.

Self

Both positive and negative changes in the sense of self were noted by participants. Schneider (1994) reported that changes in "self" are a consequence of losses in our lives. "We may find ourselves saying, "This is the new me. I've never thought about myself (in this way). Such statements reflect our struggles with defining and sometimes losing who we are" (p.47). Yet, in his model of grief, he also asserts

that losses can produce transformations in our lives and in our identity. "By admitting what no longer is, we can find out what remains and what can grow from it" (p. 267).

All participants reported dramatic changes in their sense of self as a result of the loss of their partner. These changes seem to parallel aspects of Schneider's model of grief. Some of the men focused on a part of themselves that was no longer (what is lost) while others emphasized ways that they had grown positively since their partner's death (what is possible). Some men identified changes in their identity that incorporated both of the above.

Two thirds of the participants reported negative changes in their sense of self after their partner's death. These changes included feeling as if they had lost an important part of themselves, losing their self-confidence and/or reporting that they lost their sense of direction in life. These changes were intensely painful for these men and all of them appeared to still be struggling to deal with the "void" or feeling of being an "empty shell" left by their partner's death. Here are some of their comments:

(Friends) have this persona (of me) in mind and what they don't realize is that a lot of it was Richard. It wasn't just me. Because when I opened my mouth, Richard was there too. And they're attracted to this person...Richard used to say 'Nobody intimidates you.' And I don't get intimidated in situations where people would. But all of a sudden there's some chinks in the armor a little but and I don't like being intimidated. Carl

Just a sense of losing direction for my life and my goals for the future. I still look forward to getting old and doing things but there's an emptiness there. There's a part of my being that's not there and I don't feel as complete as I used to. Matthew

R: I remember feeling depressed when he died that I had lost my sexual partner...and not just any sexual (partner)... but in terms of a deep and intimate feeling...somebody who I just know and who knew me so we could just let it all hang out. I have in some ways filled the void.

I: How have you filled the void?

R: I've been very busy...part of that's my nature..I'm just an active person...but part of it is avoidance...filling the void is avoidance. Rick

Seven participants noted positive changes in themselves since their partner's death. They have discovered new parts of "self" now that they were alone or when they were dating new people. They also reported becoming more self reliant and learning to be comfortable being alone. Although they all noted that they would prefer to have their partner back, they were able to identify positive changes that had resulted from their loss. Patrick, Kirk, Andy were among the men noting these changes:

And I want to go on and make that a part of my history. I think that the whole process I went through made me a stronger person now. And there had to be a purpose. I think there's a purpose to everything. I needed that strength and so that's why I went through it. Patrick

But I worked really hard at the relationship, especially as her career evolved. And there I lost some parts of me that I don't mind reclaiming now. And so at this point, I'm discovering a little bit (about) who I am alone, apart from supporting another individual or a couple that I was a part of. Kirk

Since he's died, its been two years, for the first year after his death I didn't know anybody in town. Then a year ago I started meeting people and having a vast amount of friends. If he had been alive and we were living here, I wouldn't know any of these people I know today. And those friends have said we are so lucky to have you in our lives. and we know that if Frank was here, chances are we wouldn't know you. Andy

Changes in identity seem inevitable in adjusting to the death of a partner. These changes can be either identifying aspects of the self that no longer exist or becoming aware of personal strengths that had previously gone unrecognized. The data demonstrate the importance of attending to both the positive and negative impact of partner loss on a person's identity.

Previous losses

Stroebe and Stroebe (1987) reviewed extant literature on the impact of previous bereavement(s) on a current loss. They concluded that a past loss can either predispose the individual to a "poor grief outcome" (more depressed than others without such a past loss) or "facilitate a good outcome" (less depression) (p.201). These authors noted that the age at which the loss is experienced and the time between losses seem to be pivotal in understanding their impact on the current death of a spouse.

Nine of the 12 participants in this study had previously lost significant people in their lives including parents (five) and grandparents or other significant relatives (four). However, none of these men felt that these prior experiences prepared them to deal with the intensity of their current loss. Steve's and Ted's comments addressed this issue directly:

Even my father's death, which was five years ago. Yes, I had had the experience with death and in working on remembering. That I thought was important...saying the person's name was important. All of that was helpful to the

family and me. But the intensity of losing Victoria was like...50 times more than losing my father. Steve

I was upset that my parents died and I've had lots of deaths in the family like everybody else has had. But I've never grieved for (them) because I didn't know there was such a thing as grieving. When it's your own companion, they you say 'What is grief? What am I doing? Where am I at?' Ted

The data do not demonstrate that these previous experiences with loss facilitated or exacerbated the current grief of these men. Patrick experienced numerous losses concurrent with the death of his partner. Since he is a gay man, his reactions will be addressed in Section Two of this chapter. Three participants did report learning positive ways to deal with grief from these previous experiences. These included learning to "just be there" and learning to "be part of the family to be supportive." The other six participants (with prior significant losses) acknowledged learning nothing from previous experiences or learning to cope by avoiding their grief. They acknowledged avoidance strategies of "keeping busy" or just not talking about their emotions.

The results of my study are inconclusive about the impact of previous loss. I agree with Stroebe and Stroebe's (1987) assertions about the importance of time between losses and age of the individual when the loss occurred. Additionally, I would emphasize that how effectively an individual copes with the previous loss is an important consideration in understanding its impact on current bereavement. Who the individual lost through death (parent/child/grand)parent/uncle/aunt) will have different

levels of impact on a person. Individual personality characteristics appear to play an important role as well. More research needs to be done to determine the intricacies of the impact of prior bereavement on a current loss.

Grieving

Participants' comments on grief clustered around two main ideas: their initial reactions to their loss and observations about the grieving process. Data relevant to these main ideas are examined under these two headings.

Reactions

Participants experienced both physiological and emotional reactions to their partners' illnesses and deaths. Their reactions produced consequences for these men and these effects will be explored in greater depth.

Sleep patterns were disturbed for all participants before their partner's death and continued to be problematic for almost all of them (one exception) after their partner died. Appetite and eating patterns were disturbed for nine participants as some reported initially not eating, eating less than they should, not eating a balanced diet, and overeating. These "symptoms" of grief are also recognized in DSM-IV as vegetative signs of depression. Given the depression/sadness experienced by many of the participants and their physiological reactions, many could be misdiagnosed as clinically depressed. DSM-IV criteria utilizes two months

as the time marker for differentiating bereavement from the development of a Major Depressive Disorder, although the authors warn that culture must be taken into consideration in making a differential diagnosis. Stroebe and Stroebe (1987) offer a different perspective:

In our view, grief becomes clinically relevant when the depressive reactions are excessively intense and when the process of grieving is unduly prolonged. A diagnosis of clinical depression may be based on the criteria of both intensification and of prolongation...If symptoms are still present after a couple of years, then clinical depression is likely to be diagnosed. (p. 24)

In future studies, researchers must work to clarify how long these disturbances continued to identify effective strategies to distinguish grief from depression.

A variety of emotional reactions were acknowledged by participants. Affects that emerged most consistently in the data were sorrow, loneliness, anger, guilt and relief. What effect did/might these emotions have on these men and members of their support system? Although all these emotions have been regarded in other sources (Schneider, 1994) as part of the grieving process, I have grouped them into categories as (1) facilitative of grief or (2) inhibitory of grief.

Sorrow, loneliness, and, at times, relief seemed to be emotions that facilitated grief. When participants experienced sorrow and loneliness, they were confronting the reality of their partner's death and their lack of companionship.

Sad that she was gone. Lay down on the bed, there's no one there (cries). Nothing you can do to make that person

appear. I'd (still) rush home from work to see how she was doing and nobody was there. Ted

Every time that I'd go up to the bedroom, Kurt was always in bed before me. And he'd be half asleep and he'd say, 'Come to bed, honey' And when I'd go into the bedroom, I would expect to hear him say 'Come to bed.' And I just couldn't stand not hearing (that). So, I just didn't go to bed until I had to. Gary

For many participants, these emotions seemed interconnected with relief. When they were the most depressed, they would remind themselves of their partner's gradual deterioration and suffering as they approached death. They would then realize that, although they wanted their partner back healthy, they would not want their suffering to continue. Part of the grief process was to move back and forth between sorrow/loneliness and relief as evidenced in Danny's remarks:

Just tears. (Then) the feeling that in a sense I was glad that her suffering was over. I know that she's at peace now but on the other hand I wish that she was still here...but not suffering. And a lot of times, I wish that she was still here, even if she was still suffering but I can't keep her earthbound because that's not good either.

Other emotions reported, although still part of the grieving process, seemed to be inhibitory of the person's adjustment. Anger, guilt, and, at times, relief were blockades to dealing with the sadness of losing their partner. Some authors have articulated connections between anger/guilt and the griever's adjustment. Schneider (1994) wrote that, "Guilt usually serves two purposes: It deflects our awareness of what we lost by focusing on ourselves and it allows us to believe that events are controllable."

Staudacher (1991) believed that, "Anger sets up a barrier, a defense between yourself and the deeper, more painful feelings of loss" (p.33). Perhaps anger and guilt were a way for these men to take control of situations that gave them no control or ways to defend against the unpleasant reality.

Here are some of their comments:

Immediately after losing her, you do experience anger. You wanta know why her? Why did I lose her when there's a lot of other people you can think about that maybe would be better off. You can't understand why (God) took her when he did. Mark

I have one item of guilt. And the guilt is that maybe Victoria would be alive today if instead of staying locally we went to the Mayo Clinic or where leukemia specialists are found. We decided not to...but I wonder if maybe some other doctor in Seattle could have cured it. Steve

Rick also talked about anger and guilt in a decision he made as his partner was dying. Although Keith had previously decided that he did not want to be resuscitated, at the last moment he changed his mind and said that he did want this.

Rick acknowledged:

I was so angry because everything we had talked about was flipped around. Here's this guy dying, I mean his body was shot. So, I made the decision and even now, there's still some guilt. And I remember talking to him, he was in a coma but I felt like he could understand, before I signed the papers. And that was the hardest thing I've ever done in my life. It was probably the single biggest issue that I had to process...cause I was grieving, what I felt emotionally when he died, and then there's this huge thing being crammed on me too.

As noted above, relief served as an emotion to facilitate the adjustment of the mourner as a counterpart to their sorrow. However, relief also brought some complications to the grieving process. Some participants

acknowledged being uncomfortable with the feeling of relief from responsibility (as noted by Danny) or that feeling relief was out of line with what other grievors were experiencing (Rick and Matthew):

Relief from the responsibility of taking care of her, making sure she took her medicine...just the overall pressures. At one time down the road, I felt guilty about that. Danny

I remember feeling inside like I wanted to say "hallelujah" but I remember restraining myself because the people I was with were so opposite to me, the way they were feeling. I felt sort of embarrassed. Rick

Although Matthew had experienced intense sorrow immediately when Jack died, he also began to feel a sense of joy for Jack, relieved that his suffering was over. Because he was outwardly demonstrating this relief, he ran into problems with Jack's family:

Like I said, I was still in a state of being happy and jubilant in a way. Some of (his) family members accused me of inappropriate behavior. I shouldn't be light hearted, I shouldn't laugh. This should be a very sorrowful time. But I think there is a lot to celebrate and I still feel that way.

Participants did acknowledge that their emotions changed in two major ways over time: (1) different emotions emerged over time and (2) the intensity of these emotions gradually declined to a more manageable level. Although these observations are not unique to men's grief, the changes in emotions of grief over time does substantiate models of grief that demarcate processing through different emotions and that these emotions can vary in their intensity (Kubler-Ross, 1969; Schneider, 1994).

All of the emotions noted above are part of the grieving process. However, the data suggest that some served to assist the bereaved with defending against the reality of the loss (inhibit grief) whereas others seemed to promote an awareness of loss (facilitate grief). These observations are consistent with Schneider's model (1994;1989) of grief. Anger and guilt are emotions that assist the griever with limiting their awareness of loss and sorrow/loneliness are emotional aspects of the awareness of loss.

Process

Participants were asked to make observations about their own grieving process and identify what they had learned about grief. Data from their analyses of grieving (and my observations of them) resulted in assertions about: (1) the time course of grief due to chronic illness (2) the universality of grief reactions and (3) the relationship with the deceased. These conclusions will be compared to current literature.

Time course.

Stroebe and Stroebe (1993; 1987) suggested that mode of death (whether a sudden or anticipated loss) differentially affects the grieving process. They noted that anticipated losses are associated with less of a risk for "mental and physical debilities" (1993, p.220) as the mourner has more time to adjust to the reality of the death. However, as

Schneider (1994) noted, some grievors may not utilize this time to begin processing their grief, remaining defended until their loved one dies when they can no longer avoid the reality.

As noted in Chapter Four, when participants were asked about their reactions to their partner's death, all of them either spontaneously or with minimal prompting talked about the course of their partner's illness until his/her death. They began to address the reality of their partner's impending death and began grieving at this point. For example, Carl noted that his most severe reaction to Richard's illness occurred at the beginning:

When he first became diagnosed, I used to sit in here on the sofa at night when he was in the hospital and talk to Max and cry. And I lost lots of weight...So, the maximum amount of impact happened when he was first diagnosed. I mean, it was ugly.

Three of the participants observed that, for them, grief was an ongoing process. Brendan had lost his partner approximately one year prior to the interview whereas Gary and Steve had lost their partners nearly two years prior to the interview. All of them acknowledged that the grieving process was actively ongoing. Even Rick whose partner had died nearly five years prior to the interview verbalized a conflict about whether his grief was resolved and whether it "should" be:

And now, I don't know. Am I grieving now? Am I not grieving now? Should I be grieving? All of these are questions I have.

In his model of grief, Wolfelt (1992) asserts that grief is never truly resolved, that we merely become reconciled to the reality of our loss to cope as best we can. Shapiro (1994) noted that it may take two to three years for the bereaved to return to a "reasonable level of successful external functioning" (p. 23). Participants' experiences seem to resonate with these observations and highlight the ongoing adjustment of the bereaved. Gary's comments summarize this point:

I guess that I'm not expecting (an end) anymore. For awhile, I was thinking it should come to an end. But I don't think that is gonna happen. I think it is really just an ongoing part of life. I don't have to say, 'Okay, you're dead, you're not around anymore.' He's always going to be there, there's no doubt about it.

Universality.

Five participants observed that grieving is an individualized process. This is consistent with the perspective of some authors that grief remains "an individualized process- one that varies from person to person and moment to moment" (Shuchter & Zisook, 1993, p. 23). Shapiro's (1994) perspectives on family bereavement also give credence to this viewpoint. Although models of bereavement give us an understanding of the commonalities of the experience, grief remains a phenomenon that is unique for everyone. Brendan eloquently expressed this idea:

Everybody goes through (grief) differently. I know there are some real commonalities (but there are) various levels of grief, various ways of expressing yourself through grief. I use this analogy. I can line up ten people here that all have black hair, but when you line them up, you can

see that all those black hair colors are a little different. And that is the way (grief) is, its different for everybody.

Relationship with deceased.

Although the expectation still exists within our culture that "healthy" grief results in the letting go of the lost love (Shapiro, 1994), some authors are beginning to assert the belief that a severing of this relationship is not a necessary part of grieving (Farber, 1990; Schuchter & Zisook, 1986). As Farber (1990) stated, "Some continued emotional attachment to the lost partner seems inevitable" (p. 45).

In their observations about grief, Steve, Matthew, Kirk, and Gary asserted directly their belief that they would always have an ongoing relationship with their deceased partner, that this was an expected part of grief. Data also demonstrate that, while not acknowledging this directly, five other participants believed that their partner was still actively "alive" in their lives in some way, that their impact and influence still existed even though they were no longer physically present. One participant spoke quite poignantly about how he reconciled his partner's death and their relationship. As he sat in his living room surrounded by pictures and memories of his partner, Matthew shared these observations:

I feel that Jack is always with me and that rather than being in my presence or being my forward focus, he's now moved to a position where he is at my side and we're progressing forward in different worlds- he's in the spiritual world and I'm in this world here. But, I still feel his presence, there are certain days that I feel his presence very heavily.

Later in the interview, Matthew extended his belief further:

The deceased person is still present in some degree. Your life has been permanently changed by the relationship that you were in with that person and that's a good thing, a part of your being that no one can take away from you and you'll never lose.

For the majority of participants, an ongoing relationship with their partner was present. Their experience is not reflective of cultural stereotypes but more consistent with those of Shapiro (1994). "Grief does not require the relinquishment of the lost love but the reestablishment of a new relationship, still vital and enduring but now internalized" (p. 42).

Summary:Section One

Men's experiences of grief are much more diverse than current models would suggest. Data from this inquiry have demonstrated that some men are adept at seeking support and processing their emotions. Yet, there were some ways that their experiences were complicated by both internal and external factors. In the next section, I will examine issues that seemed relevant to the experiences of gay men's grief.

Section Two:What is the impact of sexual orientation on grieving?

Lipman (1986) stated that "the characteristics and functionality of long-term relationships show many similarities between homosexuals and heterosexuals and tend

to transcend the issue of sexual preference" (p. 54). In conducting interviews and analyzing the data, I became increasingly more aware that there was a significant amount of overlap in the experiences of the heterosexual and gay men, that the obstacles/difficulties these men faced were men's issues, regardless of sexual orientation.

Some examples will reify this observation. There were no differences noted between the heterosexual and gay men in these ways: (1) the sources of attraction (personality) between partners, the perceived quality of the relationships or the depth of their loss (2) serving as their partner's primary caregiver and taking great pride in nursing their partner until his/her death. (3) possessing a similar level of awareness of their emotions and communicating effectively about them. (4) being somewhat capable of seeking and obtaining social support. (5) receiving support from their work environment (6) utilizing similar coping strategies to deal with their grief. Lipman's observations depict accurately the manifold parallels between gay and heterosexual men's experiences that emerged from the data.

In writing about explorations of gender issues, Hare-Mustin and Maracek (1988) acknowledged that authors may take a position of highlighting differences or emphasizing similarities. In this section, I will be focusing on the unique aspects of grieving for the gay men in this study. Yet, as noted above, considerable overlap existed between

heterosexual and gay men. I will now turn to an examination of those differences.

Impact of AIDS

All participants in this inquiry had lost a partner due to chronic illness (cancer, AIDS, or congestive heart failure). Although many commonalities existed in the experiences and grieving process of all participants, AIDS presented a unique set of issues in the chronic stages of the illness and, ultimately, in death. Martin and Dean (1995) noted that death due to AIDS is unique in that (1) it primarily strikes young to middle aged adults in the prime of life (2) it can be deeply stigmatizing for the person who is sick and those close to him and (3) those most involved in trying to control the epidemic and care for the sick are often at high risk of contracting the disease themselves. Some of these issues were highlighted in the experience of the gay men who had lost their partner to AIDS. Patrick talked about his personal struggle with Edward's illness:

If anyone asked me questions or approached me directly, I'd give them an honest answer...about my sexuality or about us being together. But, when it came down to the disease of AIDS, that stigma was a terrible black cloud that hung over. You aren't allowed to tell anybody about it for fear of losing your job or fear of being closed out of a group of friends or just people not wanting to see you anymore. And when you need the support the most, people are running from you. For the first few years, I was very self-conscious about (this)...(People) aren't gonna come over. Oh my word, they're afraid to drink out of my dishes or they're afraid to eat off that plate. They don't want to eat any food that we've prepared. I (didn't) want to invite anybody to dinner in case I (might) offend them. So, that was hard. Patrick

Other participants struggled with the ramifications of this disease. Andy was the one participant who acknowledged that he was HIV-positive himself. His grieving process was unique in that he mourned his partner's death as well as his own current health status and the uncertainty of his own future. Gary, a gay man whose partner died of cancer, found that others still assumed that Kurt was dying of AIDS and did not believe them when they denied this diagnosis.

Although much can be learned from this inquiry about the experience of gay grief, five of the six gay men had lost their partner to AIDS. The stigma of this disease likely impacted the ways these men grieved and mourned. Gary's experience is an important counterpoint to that of the other gay men, especially noting that he and his partner were still impacted by the negative valence associated with AIDS. In future inquiries, I would recommend that authors work to explore gay grief in situations of loss other than due to AIDS to more effectively separate the process of gay grief from the stigma of AIDS.

Relationships

In this section, I examine dynamics that were unique to the relationships of the gay men. The recognition that their relationships with their partners received and the conflict present in these relationships are explored. I also described the importance of relationships with friends and how these some of these relationships changed over time.

PartnerRecognition.

Doka (1987) identified the impact that lack of social support of a "nontraditional" relationship can have on the bereaved. Doka asserted that it can be "more difficult to complete the tasks of mourning" (p. 465) if the bereaved does not receive recognition of his relationship with the deceased in the dying and/or mourning process. Lack of recognition of gay relationships could put gay men at risk for difficulties with grieving.

All six of the gay men who participated in this study asserted that, prior to their partner's death, their relationship was recognized and validated by friends and family, although family recognition varied greatly from complete acceptance to tolerance. Those men whose families seemed to be closer to acceptance of their relationship with their deceased partner remained supportive after their partner died. For Matthew, Carl, and Andy, relationships with family, especially their partner's family, became conflictual after their partner's death. Although they thought their relationship had been recognized, this recognition changed after their partner's death. Here are some of their comments:

(Richard's family) understood intellectually that I was his spouse and that I took care of him. But when the local paper did an article on him and asked his parents who his family was, it listed everybody but me. I was good enough to take care of him but I'm not good enough to be in the obituary because what that means is that his long time companion was a man and that means he's gay. Carl

Throughout the whole ordeal, I felt like I was an acquaintance and it really pissed me off. (His family) wanted me out of the picture. Going to the cemetery with the casket, there was one limo. I was assuming that I would get to ride in that limo with the casket. No, his parents, ex-wife, and ex-wife's current husband rode in that limo. I ended up getting a second limo for myself, his cousin, and other family members. But that's the way they treated me and it was just like I was this little friend that he has had. Nobody ever acknowledged (our) relationship. Andy

His mother is a strong Pentecostal and the morning when he died, she came in and was just wailing all over the place and she was, of course at various periods, suggesting that Jack should ask forgiveness for his sin, for his sexuality for his being, for me being his partner, and things like this. Matthew

Carl and Matthew also noted that although their families were not as hostile or dismissing of them as were their partner's families, their own family failed to recognize the profound impact that their partner's death had on their lives. Families were not the only source of lack of recognition, however. Carl noted that some heterosexual acquaintances treated Richard's death "like I had put my dog to sleep". They too didn't understand or recognize the impact of his loss.

What is the impact of being overlooked and/or unrecognized on grief? Did lack of recognition exacerbate the grieving process for these men? This is difficult to determine. At a minimum, it brought more conflict into their lives at a time when they were trying to deal with their grief. These men didn't have as much social support from their partner's family at a time when it was most needed. They also seemed to have anger and resentment about the way

they were treated by their partner's family. These feelings may have inhibited their ability to deal with their sorrow or perhaps extended the grieving process, as described previously in this chapter. Additionally, their attempts to move beyond their anger may have extended the duration of their grieving process.

Conflict.

Another important aspect of the gay relationships in this inquiry was the significant difference in partner's ages (that potentially produced greater conflict) and the impact of these differences on participant's grief. When participants were grouped by sexual orientation, gay couples had differed in age by nearly fourteen years (for four couples, the age difference was 15 years or more) as compared to heterosexual couples who had differed in age by approximately five years. In Levinson's (1978) model of adult male development, gay partners would be in vastly different developmental stages (early vs. middle adulthood), likely resulting in different needs and greater conflict. Conversely, McWhirter and Mattison (1984) asserted that large discrepancies in age (as well as other variables) are common in gay couples and determine who in the relationship has the power. McWhirter and Mattisons's observations might be construed as indicating that there is less conflict in the relationship because one partner is clearly in control.

Data in my inquiry are more reflective of Levinson's model. As compared to the heterosexual men, the gay men seemed to have experienced more difficulty resolving conflict in their relationships. While age differences may establish who has more control in the relationship, these same differences may bring about greater conflict as partner's are likely to be at such different developmental levels. Equally so, the seemingly greater difficulty of gay men in resolving conflict in their relationships may simply be an artifact of having two men in a relationship. Their gender socialization outcomes may complicate their ability to connect in relationships as they may be competitive and independent while also needing to avoid affect and be in control. The impact of the greater conflict in these relationships on participants' grief is not clear. More research is needed to explore the impact of age differences on relationship dynamics and the resultant grieving process.

Friends

In designing the interview protocol for this inquiry, I assumed that "family" and "friends" fell into separate and distinct categories. However, in working with these gay men, I learned the importance of including both the biological family and networks of friends that "replace or supplement the biological family" (Kimmel & Sang, 1995, p. 205). I became more clear about this distinction and the important

role that these social networks played in the lives of these men.

All of the gay men noted the pivotal importance of friends throughout their partner's illness and death. Although friendships were important sources of support for all of the men in this inquiry, friends seemed particularly important to gay men as their biological families and their partner's family were not always sources of support and affirmation of their relationship.

Why were friendships so important? For the gay men, their friends could respect the value of their relationship with their partner and therefore more fully understand the impact of their loss. Gary noted this when asked who had been the most important source of social support:

Friends, definitely friends. We didn't actually hide anything from our families but in terms of common experiences, our friends were certainly closer and it was easier to talk with them, the lesbian and gay friends, because they understood our relationship at a more basic level.

Carl also noted the importance of friends in understanding and validating his relationship with Richard. Yet, he noted that although gay friends were better able to comprehend what Richard meant to him, some gay friends still did not completely understand.

While we may say its so endearing to see those guys care for each other, I think as a society we haven't come to the realization of the value of (gay) relationships. And I think even among some gay people that doesn't happen. I think that we don't understand these relationships well.

All participants in this inquiry who were employed received support from their work environments. Their employers allowed them to take time off, reduced their hours, and found other employees to cover for them. Fellow employees were also sources of support in providing meals, take up collections, and attending the funeral/memorial services. No differences were apparent in these types of support that heterosexual and gay men received from their work environment.

However, what distinguished the experiences of some of the gay men (Andy and Matthew) from their heterosexual counterparts were the ways that they were allowed to take time off and the effort necessary to be allowed to take leave time. Since their relationships were not legally recognized, these gay men were not entitled to family medical leave or bereavement leave like their heterosexual counterparts and instead utilized personal days and vacation to attend to their dying partners' needs and mourn their deaths. Matthew acknowledged his frustration with this situation:

I was encouraged when the family medical leave act came into being but again, I still didn't fall under those criteria...because I was not married to him, in a legally recognized relationship. (After he died), I did get short changed out of a few days without pay...so I felt cheated that I wasn't treated as equally as a heterosexual couple would have been but things are the way they are. So, that's just one of the things I had to accept and move on.

In becoming aware of this inequity, some large corporations (Apple Computer, Disney) and universities (U-Cal

Berkeley) are offering partner benefits to same-sex couples and unmarried domestic partners. Many Fortune 500 Companies have begun to include sexual orientation in their nondiscrimination policies (Marino, 1996). Initiatives such as this will allow gay men and their heterosexual counterparts to receive similar treatment in being able to take leave. However, currently this inequality permeates many work environments and is a source of frustration for many members of the gay/lesbian community.

Religion/Spirituality

Shapiro (1994) highlights the important role that organized religion can play as individuals and families cope with the death of a loved one. "For many families, a religious community offers an important source of support following the death of a family member, both in instrumental support and offering a sense of meaning for the place of death and grief in the continuity of life" (p. 285). For gay men, active membership in a faith community is less available as a source of support. Comstock (1993) noted the struggle that gays and lesbians encounter when considering active involvement in a church. "To have power, to be a leader, or to be employed by the church requires heterosexual identification or at the least no overt homosexual identification" (p. 25). Since organized religion in general has been condemning of homosexuality, many gays distance themselves from organized religious communities.

Data in this inquiry support these assertions. Only one of the six gay male participants was active in a church, finding this community to be a source of spiritual and instrumental support. Three other gay men spoke about an active spirituality in their lives as an important guiding force. The two remaining gay men did not consider themselves to be spiritual or connected with a higher power. In contrast, five of the six heterosexual men were active in organized religion and the remaining man had an active individualized spirituality. Organized religion appeared to be more available to the heterosexual men as a source of support than to gay participants. Patrick, a gay man, commented on his views about organized religion:

We weren't members of a church. We didn't attend on a regular basis. I would say we were religious in our own respect, knowing the difference between good and evil...(but) I don't think the religious family and structure would accept us if we walked in. It wasn't a major part of our life (that) we wanted to be involved in.

When asked if their religion/spirituality was an important source of support during their partner's illness and death, five heterosexual men found this to be true whereas religion/spirituality was important for only three of the gay men. Participants seemed to be considering the ways that tenets of their faith and the process of prayer brought meaning and support during their partner's illness and death. However, all of the men active in religious communities also alluded to the instrumental support they received from other

members of their church (including cards, visits, attendance at the funeral/memorial service and prayers).

As Shapiro noted above, places of worship can be avenues of social support and make meaning of life and loss. Although attitudes of many churches are changing in regard to homosexuality, organized religion remained conspicuously absent in this inquiry as a source of support to gay men.

Previous Losses

Although demographics of HIV-positive persons and persons with AIDS are changing to include a much higher percentage of heterosexual people (Keeling, 1993), AIDS has been a disease that has decimated the gay community, resulting in the untimely death of many homosexual men (Martin & Dean, 1993). In including gay men in this inquiry, I believed that they would have more experience with/exposure to death and grief. While this might result in a more severe grief reaction, I asserted that these men might be "innoculated" by multiple losses against a more severe reaction to the death of a partner.

The gay men in this study (with one exception) had not experienced multiple losses or more losses than the heterosexual men. For most of the gay men, previous experience with loss did not (in their estimation) impact their current experience of losing their partner. Patrick was the one exception. He had experienced the deaths of grandparents and other relatives but reported that these

losses seemed to have little impact on his coping with his partner's death. However, he experienced the death of seven other close friends/relatives during the time that his partner was dying from AIDS. In the interview, he described that time and the impact these multiple losses had on his ability to cope with Edward's death:

P: So in all I went to 8 funerals within a four month period, one of them being my lover's. So I was just like frazzled on funerals and the whole grieving process, the death processs. I was surrounded by death...so it was awful.

I: How do you think this impacted dealing with Edward's death? Did it make it worse or better?

P: Probably better. I knew it was coming. I was worn out at the time when he died, physically and mentally exhausted. So, it was kinda like a relief. I had been reading about AIDS and about death and dying, I was educating myself about the whole process. And death became a household word.

Although past losses had not impacted him that significantly, these concomitant losses seemed to propel Patrick to deal with the reality of AIDS/death and forced him to become more aware of the grieving process. As noted in his comments, Patrick believed that being surrounded by death prepared him for Edward's death and helped him deal more effectively with his grief. Was he "innoculated" against a more intense grief reaction? This was not clear. But at a minimum, Patrick was more motivated to seek out information about loss and grief than some other participants.

In writing about bereavement due to AIDS, Martin and Dean (1993) distinguished between multiple and chronic losses, examining the impact of both on responses to grief. Multiple losses included more than one death within the past year whereas chronic loss pertained to experiencing a death

within the last year and another death 12-48 months previously. Gay men with multiple or chronic losses differed significantly from gay men with only a recent loss in measures of (1) traumatic stress (e.g., symptoms of stress such as numbing, nightmares, and physical symptoms) and (2) subjective threat (how much an individual believed that he might contract HIV/AIDS).

Martin and Dean's results focus on the negative outcomes of previous losses without acknowledging their potential beneficial impact. Data from my study indicate the importance of attending to the deleterious and advantageous effects of multiple losses as Patrick was both "frazzled on funerals" but actively seeking knowledge to prepare for his loss. More research is needed to expand and clarify the differential impact of multiple versus chronic losses.

Summary: Section Two

Considerable overlap existed between the experiences of loss for heterosexual and gay men. Differences that did exist often involved external forces (such as family, friends, and church) and their impact on these men. Within-group differences highlighted the importance of attending to variables other than sexual orientation in providing assistance to gay men.

Chapter Summary

In this chapter, the data have been examined at a conceptual level and compared to the conclusions of current literature. Many of the experiences reflected in this inquiry were consistent with predictions from extant research. Yet, I believe that much more is to be learned about men's grief and the experiences of grief for gay men.

DISCUSSION

In this chapter, the purpose of the study and characteristics of the participants are examined. The practical meaning of results are discussed in light of the study's limitations. Recommendations for future research and implications for practitioners are then reviewed. The chapter closes with a summary.

Purpose of the Study

The purpose of this study was to explore the experience of men grieving the untimely death of a partner due to chronic illness. Twelve men were interviewed to obtain rich descriptions of their grieving process. Data were transcribed and then analyzed utilizing methods recommended by Lincoln and Guba (1985) and Miles and Huberman (1994).

Characteristics of the Participants

Of the twelve men interviewed, six identified themselves as heterosexual and six reported that they were gay. Average age of participants was 43 years. When subdivided by sexual orientation, average age of heterosexual men was 49.5 years whereas for gay men it was 36.8 years. Participants were evenly distributed on socio-economic and religious demographics. However, the sample lacked adequate representation on certain variables that are important consider.

All participants were Caucasian and did not seem particularly connected to their cultural background. Yet, Rosenblatt (1993) asserted that, "grief is shaped by the social context in which it occurs" (p.102). Although culture likely impacted the experiences of participants, their level of cultural identity did not allow for an exploration of these variables. Because all participants were Caucasian, I was not able to explore the impact of racial factors on grief.

Regional and residential (urban/suburban/rural) variables likely influenced the results. Participants were recruited in two midsize cities in a large midwestern state. Nine participants were born and raised in this state. Values or other variables of the midwestern United States may have influenced the results. Additionally, as participants came from midsize cities, gay men that were interviewed were less likely to have experienced multiple/chronic losses due to AIDS that are well documented in larger, urban gay communities (Keeling, 1993; Martin & Dean, 1995).

Limitations of the Study

Aside from demographic variables highlighted above, there are other limitations to this study that are important to highlight for the reader. Results must be viewed within the context of these limitations. The following are important factors to consider: sample size, participant recruitment, interview protocol, and participant disclosure.

Sample size

Qualitative research is often designed to provide "rich descriptions" (Geertz, 1973) of participants' experiences. Qualitative methods allow the researcher and reader to gain an in-depth understanding of the phenomenon being studied but these methods do not allow for a broader based analysis of variables in a larger population. Although the sample size in this inquiry has allowed for an examination of relevant themes and aspects of individual's experience, the number of participants limits my ability to make assertions about the larger population of men. As noted previously, the onus for determining transferability of these results lies with the reader.

Participant recruitment

Volunteer participants were used for this inquiry due to the sensitive nature of the topic. Although demographics indicate that participants were diverse on numerous variables, the sample underrepresented the influences of racial, cultural, and regional variables. Other important variables that I am not considering may also have exerted influence on these results.

Additionally, this strategy of recruiting participants does not allow for an exploration of differences between those men who chose to be interviewed and those who did not. As Stroebe and Stroebe (1989) discovered, these populations can be quite distinct in important ways. As noted in Chapter

Five, participants may have possessed better social and emotional skills than men who did not volunteer.

Interview protocol

In developing the interview protocol for this inquiry, I selected content areas from those articulated in the literature as well as ones I had utilized in previous research (O'Brien, Goodenow, & Espin, 1991). There might be factors that were not included in the protocol that are important in understanding the experiences of grieving men. Although all participants reported that the interview seemed to assess the major aspects of their loss, other factors/areas that are germane to the topic may have been overlooked.

Participant disclosure

At the beginning of the interview, I assured participants that their identity and comments would remain confidential. Even though participants had this assurance, I observed two men hesitating to disclose some aspects of their experiences due to the sensitive nature of the topic. Although nine participants had a personal connection with me in some way, they still may not have trusted my ability to completely obscure their identities and therefore, censored their comments accordingly.

The Researcher as Participant/Observer

Janisek (1994) stated that, "Qualitative research requires the researcher to become the research instrument...(and) incorporates room for the description of the role of the researcher as well as a description of the researcher's own biases and ideological preference" (p.212). In writing about the importance of identifying subjectivity, Peshkin (1988) wrote, "If researchers are informed about the qualities that have emerged during their research, they can at least disclose to their readers where self and subject became joined." I believe that it is important to identify aspects of my subjectivity that exerted an influence both on my interactions with participants and my interpretations of the data.

To locate where and when my subjectivity may have exerted its impact, I reviewed my research journal and reflected on the process of conducting this inquiry. Through this analysis, I identified five "subjective I's" (Peshkin, 1988, p. 18) that emerged for me in studying men's grief. These "I's" include (1) the clinician-I (2) the researcher-I (3) the male-I (4) the spiritual-I (5) the grieving-I. Each of these I's will be further explored below.

The clinician-I appeared in interviewing participants and in assessing their current level of functioning. My clinical training helped me to effectively structure the interviews and keep participants topic focused without making them feel rushed or ignored. At times, I found it necessary

to stifle my clinician-I as I wanted to intervene in participant's thoughts or give them feedback during the interview. In a few cases, I did offer participants some feedback but waited until the end of the research interview. Additionally, my clinical training was invaluable in determining if a participant needed a referral for therapeutic services after the interview. Although I referred all participants to local grief support services, I more actively suggested referrals for counseling for two participants who appeared in need of services. The clinician-I was very helpful in conducting smooth interviews and monitoring participants' mental health.

I discovered the researcher-I in aspects of my research journal. During interviews, I had become frustrated with some participants who wanted to explore aspects of their loss experience in great depth, resulting in long and detailed interviews. The researcher-I wanted all interviews to be completed in two hours! Luckily, I had the clinician-I to temper the goal-directed stance of the researcher-I. Conversely, the researcher-I mediated the wishes of the clinician-I to engage the participants therapeutically. I had to keep reminding myself that although I would likely have an impact on participants, I was not their therapist. Additionally, many participants had some personal connection with me and my perspective as a researcher enabled me to keep professional distance. The researcher-I and the clinician-I

acted together in assisting me with determining appropriate boundaries with participants.

The male-I was an obvious part of my identity that emerged in interviews and in data analysis. As a member of the group that I was examining, I believe that participants knew that I would not pathologize them or focus only on their weaknesses. They likely felt that I would make fair judgements of their experience and be invested in determining how men can be most effectively assisted with grief. Because I do not adhere to traditional male gender roles (in that I am interpersonally focused and affectively aware), I may have allowed participants to more openly acknowledge and experience aspects of themselves that they might not freely share with others. The male-I gave me credibility in my work with participants that might not have been available to a female interviewer or a male with a more traditional approach to gender roles.

I identified the spiritual-I in the development of this project and in data collection/analysis. In formulating this idea, I was not sure if this was the right focus for my dissertation. Yet through prayer and reflection, I concluded that men's grief was the right topic. The spiritual-I finds great meaning in death as it forces us to make the most of the time that we have in this world. I also encountered the spiritual-I during interviews and data analysis about mourning rituals, the impact of religion/spirituality, and views of the afterlife. I struggled when my beliefs did not

match those of participants, especially men who did not believe in an afterlife or who were scornful of organized religion. Although I worked to accept participants from other viewpoints, I could not possibly imagine how someone could effectively cope with such a great loss without a spiritual belief system to provide a context for the experience.

Finally, there was/is the grieving-I. Less than a month after the proposal for my dissertation was accepted, my father died unexpectedly. Although I had researched and read much about the topic of loss, the grieving-I taught me more about grief than any books or theories that I had read. I shared the grieving-I with participants and found that this likely gave me further credibility. Losing a parent is not the same as losing a partner, but my disclosure seemed to allow participants to begin disclosing at a very deep level

I probably possess other personal characteristics that exerted an influence on this project. However, the I's noted above appeared most clearly in my analysis of how subjectivity impacted this research. The reader can now view the results of this inquiry with a better understanding of how I served as the tool that produced these data and the emergent conclusions.

Discussion of Results

In Chapter Five, themes that emerged from the data were integrated with extant research on grief, men's issues, men's grief, gay issues, and gay grief. Although space limitations do not permit me to comprehensively review this analysis, I will summarize the major findings that emerged for me from this exploration of men's grief and gay grief. First, I will comment on how my findings compare to perspectives offered by extant models of grief.

Grief models

Many aspects of the participants' experiences are consistent with models of grief that exist in the literature. The following observations are reflective of current models: (1) physiological reactions to a loss. Sleep and appetite disturbances were seen in many participants and are an expected part of grief (Schneider, 1994; Shapiro, 1994) (2) a variety of emotions. Participants experienced diverse emotional reactions to their loss as would be predicted by Kubler-Ross (1969) and Schneider (1994). (3) changes in emotions over time. As time passed, many participants found their emotions becoming less intense and that different emotions emerged at different stages (Kubler-Ross, 1969; Schneider, 1994) (4) anticipatory grief. All participants noted that their grief began during their partners' illnesses (Kubler-Ross, 1969; Schneider, 1994) and (5) grief is individual. Although there were many commonalities in their

experiences, many participants acknowledged the uniqueness of their grieving (Shapiro, 1994).

Some new perspectives emerged from this inquiry that expand/extend current models of grief. These ideas include (1) the emotion of relief and its impact, (2) systemic perspectives on grief, and (3) relationship with deceased continuing. Each of these will be further explored below.

Two thirds of the participants mentioned relief as an emotion that was central to their grieving process. But depending upon the context, relief resulted in different consequences. When processed internally, this emotion gave the mourner a way to move away from the intensity of their sorrow. However, when it was shared with others, relief could result in anger/rejection from others, leaving the mourner with other emotional reactions such as guilt and shame. Current models do not depict the positive and negative aspects of experiencing relief.

Until recently, grief was viewed only as an individual experience. However, Shapiro's (1994) model of grief from a family-systems perspective highlights the importance of attending to ways that individual grief is impacted by others in one's family. Additionally, I would assert that the bereaved are part of other systems that exert influences on their grief. Networks of friends, work environments, and places of religious worship also impact the adjustment of the mourner. Grief models need to take these influences into account.

Shapiro (1994) acknowledged that a continuing relationship with the deceased is to be expected. Nine of the participants in this study indicated that they anticipated an ongoing connection with their deceased partner. These data lend credence to Shapiro's observations and demonstrate the importance of incorporating this perspective as a possible outcome of the grieving process.

Men's grief

Although there were many unifying themes for the experiences of the men in this study, data analysis also revealed considerable variations of men's experiences. Men are clearly not a monolithic population but a heterogeneous group that differentially adheres to traditional gender-role expectations. Lister (1991) emphasized the importance of culture as a framework for understanding differences in men's grief. Although cultural variations were missing from the sample, my study supports Lister's recognition of within-group differences.

Some grief researchers have focused on men's inability to express emotions, especially pain and loss (Lister, 1991; Wolfelt, 1990). Although they did experience some difficulties with affect, participants in my study seemed adept at expressing and labelling their emotions. They did not experience "alexithymia" in the interview (Levant, 1995, p.238) but perhaps more accurately dyslexithymia in trying to understand their grief.

Authors have recognized how men's emotional expressiveness is related to societal expectations (Lister, 1991; Scully, 1985; Wolfelt, 1990). Men in my study were clearly impacted by others in expressing their feelings in the hopes of receiving support. Nine participants admitted to monitoring their disclosure of emotions in an effort to protect others from discomfort. Although only three of these men admitted to protecting themselves, all nine were likely unwittingly insulating themselves from the negative reactions their emotional expression might receive.

Extant research on men's grief highlights men's "need to be independent" (Lister, 1991) and "inability to seek support" (Wolfelt, 1990). Some men in my study did experience difficulties in seeking social support or maintaining preestablished support systems once their partner died. Yet, others were able to remain involved with friends/family and seek out new networks of friends. These assertions about men's poorly developed social skills were not reflective of the majority of participants in my study and, at a minimum, do not reflect the experience of some men in grief.

Grief researchers have noted that the consequences of men's difficulties with grief are often (1) a greater risk of physical illness/morbidity (Lister, 1991) (2) increased rates of alcoholism (Lister, 1991) or drug use (Martin, 1988) (3) increased rates of depression/anxiety (Wolfelt, 1990). Some participants' experiences were consistent with these

observations. Two participants admitted that their lack of self care resulted in hospitalization within a few months after their partner's death. Four participants acknowledged that they had received prescriptions for anxiety/depression from their doctor either during their partners' illnesses or immediately after their deaths. Two participants reported the use of alcohol immediately after their partner's death to help them relax. However, in general, my results diverge from extant literature on men's coping styles. Although these men experienced some difficulties adjusting to their loss, all eventually developed more adaptive coping strategies that alleviated some of their symptoms without relying heavily on alcohol or nonprescription drugs. Overall, the participants in the study were better at coping than current literature might indicate (Brooks & Silverstein, 1995). My results may differ from current literature for several reasons. Other studies have asked directly about use/abuse of drugs and alcohol (Martin & Dean, 1993) whereas in my study participants were not asked directly about substance abuse. Some researchers have utilized a questionnaire to assess substance use (Martin & Dean, 1993) that may create greater anonymity than an in-depth interview, allowing the person more freedom to acknowledge alcohol/drug use. Additionally, some participants did use prescription drugs to manage their affect, eliminating the need for self-medication with other substances. These factors may have influenced the findings of my study as compared to previous research.

Gay grief

Research on gay grief indicates that the societal stigma associated with being gay complicates bereavement (Klein & Fletcher, 1987; Siegel & Hofer, 1981). Some authors have further proposed that losing a partner can force someone to openly acknowledge their sexuality for the first time (Siegel & Hofer, 1981). The gay men in this study did not appear to be unduly inhibited by the effects of homophobia or by having to openly acknowledge their sexuality.

However, homophobia can result in a lack of recognition of the commitment in/value of gay relationships, especially in understanding a gay man's loss or recognizing it publicly (Doka, 1987; Siegel & Hofer, 1981). After their partner's death, half of the gay participants in my study found that the depths of their relationships were not truly recognized by family and friends. Carl noted that others seemed to equate his loss with "putting my dog to sleep". Participants reacted to these perceptions with anger and irritation, likely inhibiting their expression of sorrow and loneliness.

Siegel and Hofer (1981) asserted that gay men grieving the death of a partner can be affected by the reemergence of guilt associated with their sexual orientation. Although some of the gay participants acknowledged experiencing guilt surrounding their partner's death, this guilt did not appear to be related to their sexual orientation and was not differentiated from the guilt experienced by their heterosexual counterparts.

Barrows and Halgin (1988) asserted that many gays experience a lack of support from both family and friends during grief and often turn to therapy as their sole source of support. Gay men in my study did not experience rejection that was this extreme. However, some did experience a lack of support from their partner's family, from their own family, and from some friends. They were able to make adjustments in their support systems (widening their network of friends, attending a support group) that allowed them to receive greater support without necessarily relying solely on therapeutic relationships.

Consistent with the literature on men's grief, extant research on gay grief often points to the increased use of drugs and alcohol as a way to manage grief (Martin, 1988; Martin and Dean, 1993). Gay male participants in my study did not admit to an increase in substance abuse and did not have a greater incidence of prescription drug use as compared to their heterosexual counterparts. This finding may be an artifact of the type of man drawn to my study or may indicate that findings from other studies do not accurately reflect the majority of gay men's coping abilities.

Recommendations for Future Research

This study was designed as an exploration of men's experiences of grieving the death of a partner due to chronic illness. Results generated observations about grief in general and the experiences of bereaved men. Suggestions for

research strategies to expand upon these findings will be made.

Grief

There has been a growing recognition in bereavement literature of the importance of attending to system/contextual factors in understanding an individual's grief (Shapiro, 1994). Data in this inquiry demonstrated both the positive and negative impacts of interpersonal relationships on men's grief. I would recommend that future research attend more closely to systemic variables

One limitation of this study emanated from the lack of diversity among participants on variables such as race, ethnicity, and culture. Authors have highlighted the importance of these variables in providing a context for understanding grief (Rosenblatt, 1993; Stroebe, Gergen, Gergen, & Stroebe, 1992). Whenever possible, grief researchers should incorporate an analysis of these variables into their research design.

Shapiro (1994) highlighted the importance of considering characteristics of the premorbid relationship between the bereaved and his/her deceased partner in understanding an individual's grief. Extant research has demonstrated that ambivalent (Parkes & Weiss, 1983; relationships marked by love and hate) and dependent relationships (Lopata, 1993) are associated with more problematic bereavement outcomes. Relationships between partners in this study appeared to be

intimate and caring although conflict resolution seemed difficult, especially for the gay men. Future research would likely benefit from a more systematic exploration of relationship variables.

Many authors have highlighted the importance of mode of death on the grieving process (Schneider, 1994; Shapiro, 1994; Stroebe, Stroebe & Hansson, 1993; Stroebe & Stroebe, 1987). Although all participants in this study experienced the death of a partner due to chronic illnesses, some had lost their partners to AIDS, a disease that often stigmatizes both the person with the disease and those close to him/her (Martin & Dean, 1993). Researchers should continue to acknowledge the differential impact of this type of loss on grieving. Additionally, research on gay grief could benefit from an examination of the untimely death of a gay partner due to circumstances other than AIDS. Limited data in this inquiry suggest that if a gay partner dies from any chronic illness, he and those close to him may still be stigmatized with issues associated with AIDS.

Men

Men's grief is a topic that has received relatively little attention in bereavement research (Lister, 1991). When men have been studied, researchers often compare them to widows of the same age (Wister & Strain, 1986). My study allowed for an in depth examination of issues relevant to the experience of men without the need to compare and contrast

their experiences with widows. Much more could be learned about aspects of men's emotional and social support systems by focusing inquiries solely on men's grief. Within-group differences can also be identified to prevent researchers and clinicians from viewing men as a homogeneous population.

Stroebe and Stroebe (1989) demonstrated that differences existed for individuals who chose to participate in bereavement research when compared to those who did not. Future research could benefit from attempting to gather data from men who choose not to engage in interviews. Measures of adherence to traditional male gender roles, social/emotional skills, and stage of grief would provide useful typologies for understanding how grief research participants may or may not be a unique population.

Rothblum (1994) asserted that relatively little extant research examines mental health issues of lesbians and gay men. She recommended that researchers include both heterosexual and gay participants in inquiries to explore, "the relative salience of gender versus sexual orientation" (p.217). This study endeavored to follow this recommendation by examining both the similarities and differences that existed in the experiences of these groups of men. I would encourage future researchers to continue this line of inquiry.

Some work environments have begun to recognize the importance of offering partner benefits to same-sex and unmarried couples to address the diversity of their work

force (Marino, 1996). Data in this inquiry highlighted the difficulties faced by gay men attempting to take time off to care for dying partners or mourn their partners' deaths. I would encourage future researchers to examine the impact of these efforts on an individual's grief adjustment by comparing individuals' experiences in environments that do/do not offer such benefits.

Implications for Practice

As the interviews in this study were drawing to a close, participants made recommendations to clinicians working with grieving men. Some of their comments were relevant to clinical work with (1) the bereaved in general (2) grieving men (3) grieving gay men. I will address each of these areas by reviewing important themes that emerged from the data, along with my own observations.

Grief

All of the participants in this inquiry reported feeling unprepared to deal with the loss of their partner. Some had never lost a significant figure in their lives and had no idea what grief was or how to deal with the affects associated with bereavement. Equally so, some participants who had lost significant figures in their lives reported that they had never grieved before or had not learned anything from previous experiences. Clinicians who work with the bereaved must be prepared to take an active role in educating

clients about grief and models that describe the process. Yet, clients must also be educated about the individuality of grief and that their experiences will incorporate unique issues.

Many authors have hypothesized that previous losses can negatively impact an individual's ability to deal with a current loss, especially if a previous loss has remained unresolved (Martin & Dean, 1993; Raphael, Middleton, Martinek, & Misso, 1993). Conversely, in undertaking this inquiry, I believed that previous losses would prepare men in some way for the loss of their partner. However, data did not support this assertion. Practitioners should be aware that in the view of the bereaved, prior bereavements may or may not impact a current loss.

"The ability to anticipate a loss and prepare for both the emotional and practical consequences of the loss is generally considered protective with respect to the development of pathological grief reactions" (Martin & Dean, 1993, p.320). Death of a partner due to chronic illness allows the surviving individual to do some anticipatory grieving in preparation for their loss. The grieving process of participants in this study reflected this assertion as they all began to prepare for their partner's death prior to the actual event. Yet, Schneider (1994) noted that some griever's do not utilize time prior to their loved one's death to begin grieving. Practitioners must be prepared for either possibility.

Schneider (1994) outlined the differences between grief and depression, noting that these terms are often used interchangeably. Although grief and depression have many commonalities (vegetative signs, affects), they are distinct in many respects and require different therapeutic approaches. "Grief requires validation, support, safety and encouragement to trust onself. Depression, on the hand, requires intervention and treatment" (Schneider, 1994, p. 305). Practitioners must become aware of these distinctions and develop effective strategies to differentially diagnose them.

Societal expectations continue to promote the belief that the severing of the relationship with the deceased is a necessary part of grieving (Shapiro, 1994). More recently, authors have begun to recognize that healthy grief may incorporate an ongoing relationship with the deceased (Farber, 1990; Schuchter & Zisook, 1986). Three quarters of the participants in this inquiry acknowledged directly or indirectly that they expected to maintain a relationship with their deceased partner. Practitioners should be cognizant of this shift in thinking so that they do not view their clients' emotional attachments to deceased loved ones as necessarily pathological.

Men

Seven participants acknowledged that men often receive the message from others to be strong and independent,

impacting their ability to seek support from others. Although men's difficulties with affect have been identified as an internal experience of alexythymia (inability to identify and describe one's feelings in words: Levant, 1995), external forces appeared to be equally powerful in exerting pressure on men not to discuss affect. Clinicians should be aware of the impact of culture on men in both developing and maintaining their difficulty with affect.

Additionally, men in my study outlined the positive and negative influences of family members (both their family and partner's family) and friends on their grief. For some participants, these relationships were an ongoing source of conflict that impacted their ability to focus on their loss. Morgan (1989) outlined ways that family relationships can have negative influences on a widow's grief, noting the utility of friendships to fill the void created by unsupportive family. Morgan highlighted an important distinction in this regard: the bereaved can selectively invest energy in friendships that are more supportive (than others) whereas they cannot choose family relationships. Practitioners should be aware that all social support networks are not necessarily positive and that grieving clients may need to make adjustments in their networks of friendships to ensure that they receive the support they need.

Lieberman (1993) reviewed the literature on bereavement support groups and identified common elements in these

groups. He also acknowledged that unique processes may be present in these groups that ultimately affect their utility for individual members and the adjustment of the bereaved. Thus, different groups will be effective for different types of people. These differences were evident in reactions of participants in my study to support groups they attended and their interest in remaining involved in these groups. Practitioners need to be aware that different support groups may be effective for different personality types of men. Equally so, different support strategies may need to be developed for different groups of men (i.e., personality styles, gay men) to adequately address the diversity that exists within the population of male griever. Some men may respond more readily to didactic groups whereas others may feel more comfortable in affectively-based therapy groups.

Brooks and Silverstein (1995) identified "dark-sided behaviors" of men that are often utilized as coping mechanisms (p. 280). Although some men in this inquiry reacted initially to the death of their partner by rejecting notions of self care, all eventually engaged in some adaptive coping strategies to deal with their grief. Yet, many seemed to have underrecognized the importance of self-care or the numerous strategies that could be used toward this end. This highlights the important role that clinicians can play in educating men about the importance of self-care during stressful times and ways to address their physical and emotional needs.

Gay Men

Current literature suggests that gay relationships are similar in many respects to heterosexual relationships (Kurdek, 1995; Lipman, 1986). However, the American Psychological Association Task Force on Psychotherapy with Gays and Lesbians (1991) demonstrated that prejudice still exists within the therapeutic community against gays/lesbians and their relationships. Results of this inquiry support the assertions of the literature and demonstrate the need for therapists to view heterosexual and gay relationships as of equal value.

Although all of the gay men in this study believed that their relationships with their partners were accepted and affirmed by their families, some found that this was not true once their partner died. Counselors can be influential in helping gay men make a realistic assessment of their support systems. They can encourage these gay clients to broaden their social networks as needed to supplement the support they may/may not receive from their family of origin.

As predicted by Shapiro (1994), organized religion was an important source of instrumental support for most of the heterosexual men in my study and provided a sense of meaning in death/loss. However, only one gay man found support in a church community. Given the rejection that gays and lesbians experience in organized religion (Ritter & O'Neil, 1992), they often are not active in a church and are unable to utilize a community such as this as a source of both

spiritual and instrumental support. Practitioners must be aware of the spiritual void that these experiences may create in some gay clients and work with them to establish a vehicle for meeting spiritual needs that may emerge from the loss of a partner.

One of the gay men in this study lost his partner to cancer whereas the others lost their partners to AIDS. Yet, Gary reported that he and his partner still experienced the stigma associated with AIDS. Although the demographics of AIDS are changing to include more heterosexual people, AIDS is still viewed as a gay disease and associated with gay men who are seen as "carriers of the plague" (Geis, Fuller & Rush, 1986, p.43). Clinicians who work with gay men should be cognizant of these pervasive stereotypes and aware that the stigma related to AIDS may be associated with the death of any gay man due to a progressive illness, regardless of actual cause.

Summary

Results of this study demonstrated that much is yet to be learned about the grieving process for men. Although some data in my study were consistent with Wolfelt's (1992; 1990) and Staudacher's (1991) observations of men's grief, other data demonstrated a very different grief experience for some men. My results illustrated the within-group variation that is present within the larger population of men.

Participants indicated some difficulties with grieving that appeared linked with outcomes of their gender socialization. Yet, other data elucidated the effect of others' reactions on these men in maintaining their difficulties with emotional expression and seeking of emotional/social support. These findings lend credence to the observations of Robertson and Fitzgerald (1990); that mental health professionals and society in general may have a subtle influence on keeping men in their traditional gender roles. More research is needed to explore the interactions between men and their environment.

The data demonstrated the manifold parallels in the experiences of heterosexual and gay men. Although I had anticipated that some commonalities would exist in their experiences, I was surprised by the level of convergence in the positive and negative influences on their grief. Data supported Lipman's (1986) observation that the dynamics of long term relationships "tend to transcend the issue of sexual preference" (p.54).

I hope that through this research counselors become more sensitive to the strengths and needs of men grieving the death of their partners. My research has demonstrated that men are willing to talk about their experiences. We must be ready to hear them in both our personal and professional lives.

APPENDICES

APPENDIX A

PARTICIPANT DATA

Participant

Pseudonym: Brendan
Age at time of interview: 39
Current relationship status: single/no current relationship
Educational level: Bachelor's degree
Present annual income: \$41-60,000
Occupation: Professional
Geographic region of childhood: Midwest
urban
Religious/spiritual affiliation of childhood: Catholic
Current religious/spiritual affiliation: Catholic
How often attend place of worship: 1 x week
Length of relationship with deceased partner: 14 years
Children from this relationship:
3 2 boys, ages 10 and 4
1 girl, age 7

Partner:

Pseudonym: Eileen
Age at death: 31
Religious/spiritual affiliation of childhood: Catholic
Religious/spiritual affiliation in adulthood: Catholic
Educational level: High school diploma
Most recent occupation: Homemaker/mother
Geographic region of childhood: Midwest
urban
Cause of death: Breast Cancer
Length of illness: 14 months
Time since death at interview: 11 months

APPENDIX B

RECRUITMENT PROCEDURES

Advertisement used in recruitment:

Doctoral student in Counseling Psychology at MSU is interested in contacting men who have experienced the death of their partner due to chronic illness one or more years ago for a confidential interview. Through this research, the counseling community will develop a greater understanding of how to be helpful to men in their grieving process. If you would be willing to consider participating in this project, please call 353-9685 and leave a voice-mail message for John, including a number where you can be reached and convenient times to call. Thank you.

Phone conversations with participants:

First phone contact

Cover: My name and affiliation
Description/importance of the project
Questions they have about project
Get their name and address
Outline steps of the process

Second phone contact

Cover: Their selection for further participation
Extent of interview and audiotaping
Date/place to meet for interview
Remaining questions they have about the project

APPENDIX C

INITIAL LETTER TO POTENTIAL PARTICIPANTS

March, 1995

Dear (Name of Participant),

Thank you for your willingness to consider participating in my research on men's grief. As I mentioned on the phone, I am interested in interviewing men who have experienced the death of their partner. Psychologists could benefit greatly from hearing directly from men about their needs at a difficult time such as this.

I will be interviewing a small number of men from the larger group who have responded to my advertisements. I am seeking a diverse group of individuals. Please know that if you are not selected to participate in the next step of this research, this has nothing to do with you but reflects the financial constraints of a graduate student. I value your willingness to share your experience and hope that you can understand this limitation. Whether or not you are interviewed, I will send you a list of grief support services that are available in the Lansing area. I hope that you will find this list helpful.

Enclosed you will find a consent form for participating in this research project. You will also find a sheet which asks for some preliminary information about you and your deceased partner. If you are willing to participate in this research, please complete these forms and return them in the enclosed stamped envelope before March 31, 1995. I will call you within one month if you are to be involved in the next step of this study. Otherwise you will receive a notice from me by the end of April.

Thank you very much for your willingness to assist with my dissertation research. I look forward to hearing from you.

Sincerely,

John M. O'Brien
Doctoral Candidate, MSU
Counseling Psychology
353-9685

APPENDIX D

INITIAL CONSENT FORM FOR PARTICIPANTS

Consent to Participate

The Counseling Psychology Program at Michigan State supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in this study. You should be aware that even if you agree to participate now, you are free to withdraw at any time.

The goal of this study is to explore the grieving process of men who have experienced the death of a partner. A two hour interview will be conducted with a limited number of participants to gain some understanding of the factors influencing their mourning process. Even if you are not selected for an interview, you will receive a list of grief support services available in the Lansing area.

This work is my dissertation. In writing up my dissertation results, identities of the participants will be concealed to ensure confidentiality. If quotes from or details about individuals are used, names will be changed to protect their identity.

Your participation is strictly voluntary and is greatly appreciated. Psychologists and other professionals who provide therapy will benefit from the knowledge of how to best meet the needs of men who are grieving the loss of a partner.

Thank you for your willingness to consider participating in this study. If you have any questions about the study, please contact me at the number below. I look forward to receiving your information.

Sincerely,

John M. O'Brien, M.A.
Doctoral Candidate
Principal Investigator
353-9685

Sign here if you agree to participate

Date

Sign here if you do not agree to participate but would like the listing of bereavement resources.

APPENDIX E

Preliminary Information Form: Men in Grief Study

About you:

Name: _____

Age: _____

Cultural/ethnic background: _____

Current relationship status : ☐ single/no current
relationship ☐ dating
☐ living together
☐ committed relationship
☐ married/commitment ceremony
☐ other (please explain) _____

Education: ☐ some high school ☐ Bachelor's degree
☐ high school diploma ☐ Master's degree
☐ some college ☐ Doctoral degree
☐ Associates degree

Present annual income: ☐ less than \$20, 000 ☐ \$61-80,000
☐ \$21-40,000 ☐ \$81-100,000
☐ \$41-60,000 ☐ +\$100,000

Your religious/spiritual affiliation:

About your deceased partner:

Sex: Male/Female

Age at death: _____ Date of Death
(Month/Day/Year) _____

religious/spiritual affiliation: _____

What was the cause of your partner's death?

**Thank you for taking the time to complete this form.
Please return it in the enclosed envelope.**

APPENDIX F

LETTER TO INTERVIEWEES

April, 1995

Dear (Name of Participant),

I am writing to confirm our phone conversation on I appreciate your willingness to participate in my research. As you know, I am interested in studying men who have experienced the loss of a partner. Clinicians may overlook some of the specific needs of men in this situation as there is not a great deal of research to guide their thinking. This study will inform counselors about how they can be most helpful to men who are grieving.

The interview in which I am inviting you to participate on at will take approximately two hours. I realize that it may be difficult to reexperience your thoughts and feelings about your partner's death and I am grateful for your willingness to take part in this study. We will take time after the interview to talk about this experience. I am prepared to discuss referral options for further counseling if that is something you are interested in pursuing.

Your identity will be protected in this process. You may wish to use a different name in the interview (which will be audio taped with your permission). When the results are summarized in my dissertation or in a research article, your experiences and perceptions may be reported, but your real name will not be used to ensure complete confidentiality.

Enclosed is a consent form that I would like you to read. Please sign the form and bring it to our appointment. I have also enclosed a background information form for you to complete and bring with you to our meeting.

I hope that you will feel free to contact me if you have any questions at this time or if you need to reschedule our appointment. I will call you one day in advance to confirm the interview time. I will look forward to meeting you on at pm at.....

Thank you very much for your willingness to assist with my dissertation research.

Sincerely,

John M. O'Brien
Doctoral Student
Counseling Psychology
353-9685

APPENDIX G

INTERVIEW CONSENT FORM

Consent to Participate

The Counseling Psychology Program at Michigan State supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in this study. You should be aware that even if you agree to participate now, you are free to withdraw at any time.

The goal of this study is to explore the grieving process of men who have lost a partner. An interview will be conducted with each participant to gain some understanding of the factors influencing his mourning process. Results will be analyzed to examine similarities and differences in individual's experiences.

Interviews will be taped so that the interviewer can fully attend to you and your comments. These tapes will be kept in a file drawer at the home of the investigator. John O'Brien and the transcription assistant will be the only individuals with access to the tapes. Once the interviews have been transcribed, the tapes will be destroyed.

This work is my dissertation. In writing my results, identities of the participants will be concealed to ensure confidentiality. If quotes from or details about individuals are used, names will be changed.

Your participation is strictly voluntary and is greatly appreciated. Counseling psychologists will benefit from the knowledge of how to best meet the needs of men who are grieving the loss of a partner.

Thank you for participating in this study. If you have any questions which have arisen since our phone conversation, please contact me at the number below.

Sincerely,

John M. O'Brien, M.A.
Doctoral Candidate
Principal Investigator
355-8502

Sign here if you agree to participate

Date

Sign here if you do not agree to participate

APPENDIX H

Background Information Form: Men in Grief Study

About you:

Name: _____

Date of birth: _____ Age: _____

Place of birth: _____

Geographic region of childhood: (please check two)

☐ Northeast	☐ urban
☐ Midwest	☐ suburban
☐ Michigan	☐ small town
☐ South	☐ rural
☐ West	
☐ other country (specify): _____	

Current relationship status : ☐ single/no current relationship
☐ dating
☐ living together
☐ committed relationship
☐ married/domestic partner

Date of current marriage/commitment ceremony (if applicable) _____.

Do you have any children? _____ Any from this relationship? _____.

If yes to either question, please give first name and ages:

Work history: Current occupation: _____
years in current job: _____
previous jobs: _____
In what areas? _____

Religion:

Religious/spiritual affiliation of childhood: _____
Current religious/spiritual affiliation: _____
How often do you attend your place of worship? _____

How long were you in the relationship with your deceased partner? _____

Did you live together? _____ If so, for how long?

How did you meet?:

About your partner:

First name: _____

Date of birth: _____

Occupation: _____

Religion:

Partner's religious/spiritual affiliation of childhood: _____

Partner's adult religious/spiritual affiliation: _____

Geographic region of childhood:

☐ Northeast	☐ urban
☐ Midwest	☐ suburban
☐ Michigan	☐ small town
☐ South	☐ rural
☐ West	
☐ other country (specify): _____	

Partner's educational level:

☐ some high school	☐ Bachelor's degree
☐ high school diploma	☐ Master's degree
☐ some college	☐ Doctoral degree
☐ Associates degree	

What was your partner's most recent occupation? _____

What was the cause of your partner's death? _____

When did your partner receive this diagnosis? _____

Who was the primary caregiver for your partner during this illness?

Thank you for taking the time to complete this form.

APPENDIX I

INTERVIEW PROTOCOL

Interview Questions:

This interview is being conducted to understand more about the grieving process for men who lose a spouse or partner. I hope that you will be comfortable expressing your feelings and views, knowing that all personal information gathered about you will be kept confidential. When I report these results for my dissertation or share them with other professionals, I will do everything possible to ensure anonymity of participants. This whole interview will take about two hours. If you have any questions about issues we are talking about or you want to go on to another topic, please tell me. This interview is being taped so that I will not have to take notes and I can concentrate on what you're saying. If you would like to choose a different name for us to use on the tape, please do so... Since we will only see each other today, I'd like to talk with you at the close of today to make you aware of available grief support services . Is there a name that you would like to use on the tape? Okay , ready to begin? Okay.

Name:

What prompted you to volunteer for this research project?
Probe: reasons for participating?

Relationship

Describe for me your relationship with How did you meet? What attracted you? What was your relationship like?

Probe: How long were you together?
What were some of your shared activities?
How did you manage conflict/disagreements?
gay men: Were you and an acknowledged couple?
A public ceremony?

Partner's Death

Tell me about what happened for you when died.

Probe: What did you do immediately after 's death?
What were your sleeping patterns like?
What were your eating patterns like?

Emotional expression

People may experience a range of emotions during the grieving process, including anger, depression, anxiety, guilt, shame, fear, detachment, heightened needs for control, and other emotions as well. Tell me about the feelings you experienced immediately after died, in those weeks and months that followed, and now?

Probe: What emotions did you experience when alone?
 What about with family?
 What emotions did you share with your best friend/other?
 What is it like to talk with me?
 What has kept you from sharing much?
 How have your emotions changed over time?

Social support

Describe the support you felt from others before became sick, during his/her illness, and after his/her death through to the present.

Probe: Any support from your family or your partner's family?
 Who did you rely on most...Friends, children, parents, siblings?
 Did you seek out support groups? If so, why?
 If not, why not?
 What type of support was helpful/not helpful?
 If no support, what kept you from seeking this or getting this?
 How has your social world changed since's death?

Work

Did 's illness and death effect your work? If so, how?

Probe: How much time did you take off?
 How soon did you return to work? Take more time off?
 How well were you able to concentrate when there?
 How did you colleagues respond?
 How did your supervisor/boss respond?

Rituals/practices

To facilitate the process of grieving, some people choose rituals such as a funeral, a memorial service, or a ceremony to commemorate their loved one. Where there any rituals/ceremonies that you or others used to remember? If so, please describe.

Probe: Who was involved in planning these events?
 What were the rituals like...were they helpful or not?

Religion

Was religion/spirituality an important part of life for you and/or you partner? Has it changed in importance in your life? Did it change in importance in your partner's life?

Probe: Did religion or spirituality help you and/or your partner in this experience? If so, how?

Previous losses

Prior to this experience, what did you learn in your life about how to deal with death and/or loss?

Probe: From family? Others?
Do you think your current loss was impacted by this?

Afterlife

Do you have a belief about what happens after death?

Probe: How did this experience affect it?

Healthy/unhealthy

During a stressful time like this, people often make an effort to take care of themselves. What were somethings that you did immediately after died to take care of yourself?

Probe: Did you use time alone to reflect?

Did you read books?

Did you write in a journal?

Creative arts?

Exercise?

Of course, the other side of the question can be true too...sometimes people do things that may hinder their adjustment or that may not be good for them. Looking back now, are there things you might have done differently?

Probe: What has been the most difficult part of your readjustment?

Advice

What advice would you give to professionals who are working with grieving men?

Unasked

Sometimes when I do interviews, I find that I have not asked people about something that they felt was extremely important. You may have been sitting there saying, "I wonder if he will ask me about this?" If so, I invite you to ask this unasked question.

Probe: How might you respond?

SHUT OFF TAPE

How have you felt about this interview?

Was there anything difficult to discuss?

Other reactions?

Present with list of Lansing Area Grief Resources.

APPENDIX J

LETTER TO VOLUNTEERS NOT SELECTED FOR INTERVIEWS

April, 1995

Dear (Name of Volunteer),

Thank you for responding to the request to participate in my study of men who have experienced the death of their partner. There were many responses to my advertisement and I was grateful to hear from so many willing volunteers.

Unfortunately, I will be unable to speak with you about your experience. As I mentioned in my previous letter, I was seeking a group of diverse individuals and have attempted to represent men with many different life experiences. In doing so, I hope to make the results of my research useful and relevant to as many people as possible.

I wish that I had the opportunity to speak with everyone who responded. Each person brings his own unique perspective to an experience such as this. I am grateful for your willingness to share that with me.

Enclosed you will find a listing of grief support services available in the Lansing area. I hope that you find this list to be a helpful resource.

I wish you peace of mind and heart.

Sincerely,

John M. O'Brien

APPENDIX K

FOLLOW-UP LETTER TO INTERVIEWEES

May, 1995

Dear (Name of Participant),

I want to express my gratitude to you for participating in the interview about your experiences of grieving. I appreciated your willingness to trust me with such an important part of your life. Your input to the study was greatly appreciated. It is my hope that the results of my study will inform clinicians about how to respond sensitively to the needs of men who are grieving.

It has indeed been a privilege for me to hear about your experiences. I wish you peace of mind and heart.

Sincerely,

John M. O'Brien

APPENDIX L

Lansing Area Bereavement Resources

While every effort has been made to include up-to-date information about grief support in the Lansing area, this is only a partial listing of services. However, by contacting the organizations below, you will learn about other opportunities that are available.

Information

Widowed Persons Service, AARP, 601 E. Street, NW,
Washington, DC, 20049 (202) 434-2260

Theos Foundation, for the widowed and their families,
Room 306, The Penn Hills Mall Office Bldg, Pittsburgh,
PA 15235

Michigan Hospice Organization, Suite 101-C, 900 Third
St. Muskegon, MI 49440 (800) 536--6300: information
about hospice care in MI and referral to hospice
programs for hospice care and bereavement support.

Michigan Self-Help Clearinghouse: (800) 777-5556 .

Information resource for local support groups on a
variety of topics.

for more specific details about other national, state,
or local information resources or grief support services
in Lansing, contact:

Cendra (Ken'dra) Lynn, Ph.D., Rivendell Resources P.O.
Box 3272, Ann Arbor, MI 48106-3272 (313) 761-1960
E-Mail: rivndell@msen.com

Bereavement Support Groups

The Widowed Persons Group, Susan Zimmerman: (517) 339-4675

Ele's Place, 809 Center Street, Lansing, MI 48906: Jerre
Cory, Director- children's groups are the primary focus,
adult group for parents who have children involved.
(517) 482-1315

Lansing Area AIDS Network (LAAN)- 855 Grove East
Lansing, MI 48823 information, testing, support groups
for people who have lost someone to AIDS. (517) 351-0303

Grief Recovery and Education Center: services available
to individuals and families who have suffered a loss
through death. Referral information is available and a
resource library. (517) 333-3636

Hospice of Lansing: 6035 Executive Drive, Suite 102,
Lansing, MI 48911-information, support groups (517) 882-4500

Greater Lansing Visiting Nurse Service Hospice, 4801
Willoughby Suite 7, Holt, MI 48842 hospice services,
information, support groups. Contact: Lynn Breer
(517) 694-8300

Licensed Psychologists/Psychiatrists/Social Workers in Private Practice

Selecting a therapist is an important task. You need to consider numerous things: (1) Do you have insurance that covers outpatient mental health services? (2) Does a certain therapist take your health plan? (3) Do you feel comfortable with this person? Some clinicians will slide their fee for those who do not have insurance...or you can pursue an outpatient mental health facility where rates may be lower based upon a person's ability to pay. After you have found a match on your insurance status, you have the power to find a therapist that fits with your personality. Find out if they will do a consultation session and how much that costs. You should also ask about their experience and training in working with clients around grief and loss issues. Check the Yellow Pages under Psychologists, Psychiatrists (under Physicians), and Social Workers.

Clinics

Community Mental Health

Referral Office--will determine where most appropriate services are for you that are currently available through CMH (517) 374-8000

CRISIS- Emergency Services- (517) 372-8460

MSU Family and Child Clinic: sees individuals, children, and families. Therapists are doctoral students who are supervised by licensed clinicians. (517) 336-2271

MSU Psychological Clinic: (517) 355-9564

MSU Psychiatry Clinic: (517) 353-3070

Samaritan Counseling Center: (517) 337-2338

Catholic Social Services: (517) 372-4020

Lutheran Social Services: (517) 321-7663

Child and Family Services of Michigan: (517) 699-1600

If you need more specific information, contact John at (517) 353-9685.

APPENDIX M

Grand Rapids Area Bereavement Resources

While every effort has been made to include up-to-date information about grief support in the Grand Rapids area, this is only a partial listing of services. However, by contacting the organizations below, you will learn about other opportunities that are available.

Information

Widowed Persons Service, AARP, 601 E. Street, NW,
Washington, DC, 20049 (202) 434-2260

Theos Foundation, for the widowed and their families,
Room 306, The Penn Hills Mall Office Bldg, Pittsburgh,
PA 15235

Michigan Hospice Organization, Suite 101-C, 900 Third
St. Muskegon, MI 49440 (800) 536--6300: information
about hospice care in MI and referral to hospice
programs for hospice care and bereavement support.

Michigan Self-Help Clearinghouse: (800) 777-5556 .
Information resource for local support groups on a
variety of topics.

for more specific details about other national, state,
or local information resources or grief support services
in Lansing, contact:

Cendra (Ken'dra) Lynn, Ph.D., Rivendell Resources P.O.
Box 3272, Ann Arbor, MI 48106-3272 (313) 761-1960
E-Mail: rivndell@msen.com

Bereavement Support Groups:

Widowed Persons Service: (616) 451-2446

AIDS Resource Center, 1414 Robinson Rd. SE, Grand
Rapids, MI information, testing, and support groups for
people who have lost someone to AIDS. (616) 459-9177

Hospice of Greater Grand Rapids, 750 Fuller NE, 5th
floor, P.O. Box 2427, Grand Rapids, MI 49503
(616) 454-1426

Grand Rapids, Visiting Nurse Services Hospice Program,
1401 Cedar NE, Grand Rapids, MI 49503 (616) 774-2702

Licensed Psychologists/Psychiatrists/Social Workers in Private Practice

Selecting a therapist is an important task. You need to consider numerous things: (1) Do you have insurance that covers outpatient mental health services? (2) Does a certain therapist take your health plan? (3) Do you feel comfortable with this person? Some clinicians will slide their fee for those who do not have insurance...or you can pursue an outpatient mental health facility where rates may be lower based upon a person's ability to pay. After you have found a match on your insurance status, you have the power to find a therapist that fits with your personality. Find out if they will do a consultation session and how much that costs. You should also ask about their experience and training in working with clients around grief and loss issues. Check the Yellow Pages under Psychologists, Psychiatrists (under Physicians), and Social Workers.

Clinics

Community Mental Health

Assessment and Referral Services-will determine where most appropriate services are for you that are currently available through CMH (616) 336-3909

CRISIS- Emergency Services- (616) 336-3535

Catholic Social Services: (616) 456-1443

Lutheran Social Services: (616) 532-8286

Pine Rest Christian Mental Health Services: 300 68th, SE Grand Rapids, MI. Offers outpatient services to both families and individuals. (616) 455-9200

West Michigan Guidance Center, 3351 Claystone SE, Grand Rapids, MI. (616) 954-1991

If you need more specific information, contact John at (517) 353-9685.

APPENDIX N

Ann Arbor Area Bereavement Resources

While every effort has been made to include up-to-date information about grief support in the Ann Arbor area, this is only a partial listing of services. However, by contacting the organizations below, you will learn about other opportunities that are available.

Information

Widowed Persons Service, AARP, 601 E. Street, NW,
Washington, DC, 20049 (202) 434-2260

Theos Foundation, for the widowed and their families,
Room 306, The Penn Hills Mall Office Bldg, Pittsburgh,
PA 15235

Michigan Hospice Organization, Suite 101-C, 900 Third
St. Muskegon, MI 49440 (800) 536--6300: information
about hospice care in MI and referral to hospice
programs for hospice care and bereavement support.

Michigan Self-Help Clearinghouse: (800) 777-5556 .

Information resource for local support groups on a
variety of topics.

for more specific details about other national, state,
or local information resources or grief support services
in Lansing, contact:

Cendra (Ken'dra) Lynn, Ph.D., Rivendell Resources P.O.
Box 3272, Ann Arbor, MI 48106-3272 (313) 761-1960
E-Mail: rivndell@msen.com

Bereavement Support Groups

Grief Recovery Groups- regularly scheduled. Call Hospice
of Southeastern Michigan. (810) 559-9209

Children's Loss Support Group: for elementary age
children who have lost a parent due to death. Parenting
group available at the same time. (313) 764-9466

Child and Family Services: volunteer widows and widowers
reaching out to support the newly widowed.
(313) 971-6520

Reconnect: a community of support for children and their
families. (313) 994-0561

Wellness Networks- Huron Valley- AIDS and HIV groups,
grief and loss group, referrals: (313) 572-WELL.

Ann Arbor Hospice, Suite 200, 3810 Packard Rd. Ann
Arbor, MI 48108. support groups, resources.
(313) 677-0500

Hospice of Washtenaw, 806 Airport Blvd. Ann Arbor, MI
48108. support groups, resources (313) 741-5777

Individualized Hospice, 3003 Washtenaw, Suite 3 Ann
Arbor, MI 48104. (313) 971-0444

**Licensed Psychologists/Psychiatrists/Social Workers in
Private Practice**

Selecting a therapist is an important task. You need to consider numerous things: (1) Do you have insurance that covers outpatient mental health services? (2) Does a certain therapist take your health plan? (3) Do you feel comfortable with this person? Some clinicians will slide their fee for those who do not have insurance...or you can pursue an outpatient mental health facility where rates may be lower based upon a person's ability to pay. After you have found a match on your insurance status, you have the power to find a therapist that fits with your personality. Find out if they will do a consultation session and how much that costs. You should also ask about their experience and training in working with clients around grief and loss issues. Check the Yellow Pages under Psychologists, Psychiatrists (under Physicians), and Social Workers.

Clinics

Community Mental Health

Referral Office-will determine where most appropriate
services are for you that are currently available
through CMH (313) 971-2282

CRISIS- Emergency Services- (313) 936-5900

Catholic Social Services: (313) 662-4534

Lutheran Social Services: (313) 823-7700

If you need more specific information, contact John at (517)
353-9685.

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