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ST. STEPHEN'S COLLEGE

SILENT STORIES:  
A NARRATIVE INQUIRY INTO  
MEN'S JOURNEY WITH GRIEF IN MIDDLE AGE

by

Andrius Petras Gustainis

A thesis submitted to the Faculty of St. Stephen's College  
in partial fulfillment of the requirements for the degree of

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The undersigned certify that they have read, and recommend to the Academic Senate of St. Stephen's College for acceptance, a thesis entitled *Silent Stories: A Narrative Inquiry into Men's Journey with Grief in Middle Age* submitted by Andrius Petras Gustainis in partial fulfillment of the requirements for the degree of Master of Arts in Pastoral Psychology and Counselling.

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Date: November 3, 2014

## **Dedication**

This is dedicated to the memory of my father whose story was never told and remained veiled in the shadows of sadness and suffering.

May his spirit live on through my work and through the words of these courageous men so that one day it may touch the hearts and souls of men everywhere who grieve and struggle in lonely silence.

## Abstract

The phenomenon of men's grief during middle adulthood after a significant death has been largely neglected in the literature. This narrative study provides insight into the lived experiences of three recently bereaved men as they recounted their stories of grief and loss. Data was gathered using semi-structured interviews, field notes, and follow-up interviews. The data was analyzed and reorganized through a process of *restorying* each narrative into a common framework which was validated by the men. Further understanding of the phenomenon was gained through examination and interpretation searching for themes and commonalities in the stories. The results indicated three distinct phases were present in each grief story at the macro level, (1) The Descent, (2) The Struggle, and (3) The Expansion. Within these three phases, ten narrative themes were also evident. These phases and themes were then studied in conjunction with theoretical models of grief, male psychological development milestones and difficulties, and a spiritual dimension. The findings suggested each man's experience of grief and loss transformed the process into a personal quest for salvation, healing and meaning. The encounter of death and bereavement in middle age became catalysts in their *heroic* journey for greater self-awareness, psychological growth, and spiritual maturity. In order to better serve the bereaved male population in middle adulthood, a re-framing of the male grief experience was required. This re-positioning of grief work for men would suggest a *heroic* encounter to integrate the losses into their life stories, and make meaning in their lives and speaks to the masculine psychology necessary to attract men to counselling support.

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My gratitude also goes to Bev Berg for her assistance, support and access to essential resources.

This thesis tells the stories of three bereaved men. I am deeply grateful for your willingness to share your experiences of loss and grief as difficult and painful as it sometimes was.

I would also like to acknowledge the support of my family, friends, and colleagues without whom this achievement would not have been possible.

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## Chapter One: The Beginning

I sometimes hold it half a sin  
To put in words the grief I feel;  
For words, like Nature, half reveal  
And half conceal the Soul within.

But, for the unquiet heart and brain,  
A use measured language lies;  
The sad mechanic exercise,  
Like dull narcotics, numbing pain.

In words, like weeds, I'll wrap me o'er,  
Like coarsest clothes against the cold:  
But that large grief which these enfold  
Is given in outline and no more.

—Tennyson, “In Memorium A.H.H.”

This narrative inquiry examines the lives of three courageous men who each embarked on an uncertain and transformative journey of grief and loss. It is an account of their experiences which were filled with hardship, trials, and unexpected treasures. In these pages you will witness how each man faced an enormous undertaking after the death of a loved one and how the ordeal became the most difficult fight of their life. Yet through struggle, resolve, and faith the men persevered. As they neared the end of their journey and the path was finally clear, they discovered it heralded not a triumph, but simply a promise of peace.

This inquiry is also my story and to some degree the story of “every man.” In the stories and narratives that follow you will witness great pain, suffering, grief, and death. However, it is important to remember that it is only half of the story; the other half is filled with grace, hope, healing, redemption, and rebirth. It is my greatest hope that you, the reader will find messages of courage, strength, and inspiration so it may guide you in some small way on your great journey through life. Although the words and stories presented in this study, as in Tennyson’s (as cited in Imlah, 2004) masterpiece poem, “In Memoriam,” can only provide a glimpse and an “outline and no more” (pp. 34-35) of the true ventures of these men, it is nonetheless a journey worth taking.

### **My Story**

One of the starting points for narrative inquiry is the researcher’s own narrative of experience, the researcher’s autobiography. (Clandinin & Connelly, 2000, p. 70)

Before I begin to tell and re-tell the stories of the three men in this study, it is necessary to first position the storyteller, the researcher, in other words myself. Narrative researchers enter “prenarratives—lives in motion,” according to Clandinin and Connelly (2000, p. 63), and so it is essential that “we see ourselves as in the middle of a nested set of stories—ours and theirs” (p. 64). You can also tell much about a story by first knowing who is doing the telling, and then how they tell it. In this section I hope to answer the former by sharing some of my life story and how it relates to this study. In the end I hope it explains how it was that I found myself in my own middle adult years researching and writing a master’s thesis on men’s grief.

The first thing to know is that the currents of grief and loss have moved swiftly, deeply, and constantly throughout my life. Over the decades I have experienced many

joys, pains, setbacks, and intense grief. I am no stranger to profound sorrow and pain due to the deaths of relatives, serious illness, divorce, family suicide, and countless other losses both large and small. Consequently, there have been many moments in my life, like the three men in this study and Tennyson (as cited in Imlah, 2004) himself, where I found myself floundering in “large grief” (pp. 34–35) and despair.

**The early years.** The biggest influences in my life and my “gut understanding” and empathy for human loss and sorrow are definitely my parents. Their personal stories of loss and tragedy began at an early age in Eastern Europe when they were forced to flee their homeland due to World War II and ultimately lost everything except their lives. Their grief experience was deep and profound. Through a gradual process of transmission their sorrows eventually became part of my story as well. Sawicki (2006) referred to this transmission when she wrote,

Traumatic events do not exist only at the time of occurrence. They echo through time and space to leave wounds both obvious and obscure upon anything or anyone in their path. Imprints of trauma are also felt by those not in the direct line of encounter, but who witness its after-effects upon the landscapes of physical, human and spiritual ecology. (p. 3)

Migration, family separation, severe loss and trauma resulted from the war. There was a huge splintering of my family system on both sides. With this rupture came a long-lasting alienation and disassociation between family members. My history and genogram are therefore, a testament to multigenerational trauma, a “flow of anxiety” (McGoldrick et al., 2008, p. 15) and the ripples of dysfunction. In my childhood it was common to hear dinner table stories of a lost idyllic life, the ravages of war, personal sacrifice, and

struggles for survival. Holocaust survivor researchers describe a process where second generation survivors essentially incorporate their parents' pain and suffering into their own lives in order to relieve their distress (Sawicki, 2006). The end result is thought to generate multigenerational grief and trauma. Consequently, while my parents battled their own direct and complex grief, I coped with an inherited anxiety and grief. Only in hindsight and through deep, personal reflection was I able to see that my duty as a child within the family was to not rock the boat, and become as invisible and accommodating as possible. I must have reasoned, or received the message along the way that these people, my parents, had suffered greatly, lost everything, and were now affording me precious opportunities they never had. How could I possibly express my needs, my interests, and my hopes in the face of such sacrifice? So, I became grateful and quiet, and also a stranger to myself.

**The search for meaning.** My whole life has been a spiritual journey and a personal quest to find understanding, meaning, and purpose. From the earliest age I was a “seeker” with a keen interest in literature, philosophy, poetry, and psychology. The “big questions” in life seem to be the only ones that held any interest: Where did we come from? What is our purpose here on earth? What happens when we die? Is there a God? So I searched for the answers in any and all places. Perhaps it was my innate psychological and emotional sensitivity, or an activation of the “wounded healer” (Groesbeck, 1975, p. 122) phenomenon, but my life seemed to also gravitate to the concern and care of those who suffered where I was guided by a deep and abiding compassion for my fellow man. Unfortunately, the seeds of my budding spirituality and instinct to be of service struggled

to reach fertile soil in a familial climate focused on practical matters, prudent choices, and religious dogmatism.

Like everyone else, I was born into a specific culture, family environment and legacy, with a unique genetic makeup and particular gender. All of these inherited factors shaped the lens through which I viewed and experienced reality. The Jungians say that in the first half of life we respond to a call of what the world demands of us. Through a socialization process we create provisional personalities and generate conditioned lives based on the choices we make and according to the vision of our individual lenses. In this “first adulthood,” Hollis (1993, p. 25) described the psychological steps that are necessary to confirm adulthood. This is when “one holds a job, marries, becomes a parent and taxpayer” (Hollis, 1993, p. 25) and lives according to a conventional script and with the limited consciousness present in the first half of life. Despite many bumps, wrong turns and dead ends, my life for the most part followed this set agenda. However, under the surface of my life an uneasiness always remained, a lack of fulfillment and the nagging questions, “Is this all there really is?” and “Who am I apart from the roles I have been playing?” Once more the Jungians see these as necessary tremors in unconscious energies signaling the pending shift (the midlife crisis) into the second half of life. Sometimes this passage can be accelerated by eruptions in life, such as crises in work, health, or family.

Approximately ten years ago, during my “middle passage” (Hollis, 1993, p. 16) years, my personal life began to fragment and I found myself travelling my very own risky road of grief and loss. A life-threatening illness, the surfacing of long buried, unresolved grief and the pending collapse of a family system became my catalysts for a



long and difficult midlife journey. In retrospect, I sensed my true nature (my Jungian true Self) had lain dormant, buried inside under the outer conditioned personality I had constructed. Jung (1933) described this split as the primary cause of the “general neurosis of our time” (p. 61). I seemed to fit his description of those who are “socially well-adapted and successful, yet struggle from the senselessness and emptiness of their lives” (Jung, 1933, p. 61). Much like the three men you will meet in this inquiry, I then began my own slow and painful process of healing, spiritual expansion, and psychological transformation.

**The researcher.** All of the factors described above contributed in shaping the researcher sitting across and interviewing the men in this study. There is no doubt my life story influenced the nature of our conversations, how I heard their stories, and ultimately how I interpreted their experiences for this inquiry. Similarly, who I am also affected the men’s interview experience (consciously or unconsciously). I am certain they wondered if I could relate to their struggles. Did they feel safe enough with me to be authentic and share their stories deeply? Therefore, as a narrative researcher it was critical for me to remain “as aware as possible of the[se] many, layered narratives at work in their inquiry space” (Clandinin & Connelly, 2000, p. 70).

Before I entered the field of inquiry as a researcher with the men in this study, I realized I was “already in the midst” (Clandinin & Connelly, 2000, p. 69) of the research. As a man I was well acquainted with the “landscape” of men’s grief in middle-age. As a former student of thanatology (the study of death, dying and bereavement) and a Certified Thanatologist, I was grounded in the theories and models of grief and bereavement. Finally, as a professional grief counsellor, I had witnessed my share of tragic stories of

death and loss. It would have been impossible for me, even if I tried, to hold an objective distance from the men's grief experiences as their stories were already to some degree my story. This precarious position reflected the narrative researcher's inherent tension between objectivity and truly understanding the lives being examined.

Fortunately, having this "insider" position with respect to the co-researcher's (the three male participants in the study) permitted me some valuable "taken-for-grantedness" (Clandinin & Connelly, 2000, p. 77) during the interviews. The benefit of this stance as an inquirer vis-à-vis the men provided an immediate intimacy with the co-researchers. Quite possibly an outsider leading this study would have been taken aback by the stories or shocked to such a degree that they missed some of the subtleties and nuances or misinterpreted a critical statement. Instead I was able to "lean in" and listen more deeply to the stories of my fellow male travelers on their road of grief. Parenthetically, this is where field texts (interview transcripts in this study) are helpful to the inquirer to "step out into cool observation of events remembered within a loving glow" (Clandinin & Connelly, 2000, p. 83).

### **Situating the Problem**

Significant progress in the field of grief and bereavement research has been made; abundant quantitative studies and some qualitative inquiries resulting in numerous theories and models of grief and approaches to counselling and therapy. Over many years of research, the grief experience has been categorized into phases, stages, tasks, and even pathologized. Granted these frameworks and generalizations are worthwhile tools for explaining what may happen when we grieve, and they do provide basic maps of the grief terrain. However, in my view there is a detached quality to the information that seems to

examine the grief process at arm's length. The explanations fall short in capturing the true essence and the unique felt-experience of the bereaved as C. S. Lewis (2001) was able to accomplish in the opening lines of his classic personal grief narrative *A Grief Observed*:

*Observed:*

No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing. At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says. (p. 3)

**Men's grief.** With respect to men's grief, in particular their grief experiences in middle-age, there are few resources available. The existing research studies (quantitative and qualitative) tend to address the male grief experience as it relates primarily to other factors, such as coping strategies, self-competency after a loss, societal expectations, the feminization of male bereavement, the relationship between physical health and psychological well-being and similar research. These have no doubt been valuable in deepening our understanding of the grief landscape in general, and regards to gender distinctions specifically. However, there has been little focus on the phenomenon of men's grief during the middle adulthood period after a significant death loss.

This middle adulthood stage (45 to 65 years old) of development for men (and women), sometimes referred to as the second adulthood in psychology, is full of many concurrent and competing life transitions and developmental milestones—such as aging, physical limitations, stalled careers, empty nests, midlife anxieties, marriage difficulties, illness, retirement, aging and dying parents. Compounding the inherent challenges of this

period, males in our North American culture have historically been hampered by an “emotional constriction that has shaped current male socialization processes” (Harris, 2011, p. 97). A “socially encased emotional straightjacket” (Harris, 2011, p. 97) exists for males that dictates or limits their emotional responses following a loss. Socially sanctioned messaging often also inhibits the male grief response (Worden, 2009) and can cause what the grief and bereavement literature calls a *disenfranchised loss*. This is a loss that is not “openly acknowledged, publicly mourned, or socially supported” (Doka, 1989, p. 4). Finally, Moore and Gillette (1990) contributed a psychological perspective by stating that modern man is experiencing a “crisis in mature masculinity” (p. 7). The authors see men in North American society as dominated by a *boy psychology*, which finds expression in patriarchy, emotional detachment, and immature masculine energies.

The final result is that the stories and struggles of men in grief during their middle-aged years often remain silent. Therefore, there is a need for qualitative studies such as this one in which I focus on the lived experiences of three men in this particular age group. In this way I can lay bare the all-important and inevitable particularity of each participant’s experiences of loss and grief. However, the findings are not generalizable to all men in middle adulthood, and are specific to these three men in their particular context.

### **The Research Question**

The research question in this study was: How do men in midlife experience grief after a significant death loss? The study investigated the phenomenon of middle-aged men as they recounted their stories of loss and grief. It described how middle-aged men coped with their grief, integrated the loss, and made meaning in their lives. The inquiry

also examined how the middle adulthood, life challenges noted above can potentially derail, alter, or compound the natural grieving process and emotional responses of men.

After the death of loved ones the bereaved are challenged to find, make, and renegotiate the meaning in their lives. Author and thanatologist, Thomas Attig (2011), viewed the grieving process as “relearning the world” (pp. xxxvi–xxxvii) where individuals are tasked to experience the pain of missing those they grieve, reshape their daily lives, and redirect their life stories. Similarly, Robert Neimeyer (2001b) stated a significant loss is “a challenge to one’s sense of narrative coherence as well as to the sense of identity” (p. 263). As a result, the grief process can be viewed as a “narrative construction of the self . . . and negotiation of changed meanings” (Neimeyer, 2001b, p. 289) as a person struggles to integrate the loss into their life story.

**A spiritual journey.** The process of meaning-making and identity reconstruction after a death is also a theological and spiritual undertaking. According to existentialist theologian, Paul Tillich (1973), “The object of theology is what concerns us ultimately” (p. 12). This is similar to how Paul Jones (1992) spoke of a functional theology in his Theological Worlds Inventory in which he stated we are all functional theologians, whether we know it or not, since our life is a struggle for meaning. This aligns with VanKatwyk’s (2003) view of spirituality, which he sees “at the core of our humanity and runs through all our life experiences and our history of significant life cycle events” (p. 4). Spirituality is not an entity in and by itself, rather a “differentiating perspective” (VanKatwyk, 2003, p. 4) that promises our place in the world and connects us to all of life. Finally, Attig (2011) stated, “We grieve as whole persons” (p. xliii) and in the process engage with the “profound mysteries of life” (p. xliv) such as finiteness,

suffering, death, mortality, and the meaning of life. It is an exercise of mind, body, soul and spirit as “we find our way home” (Attig, 2011, p. xlv) and reweave new and old meanings into our life narrative. In this regard the men’s journey through grief was also a spiritual struggle for meaning and a challenge to their theology.

### **Choice of Methodology**

This study used a *narrative inquiry* research methodology. According to Neimeyer and Hogan (2001), “Such methods (qualitative approaches) are especially valuable in generating theory where little good theory exists, in revealing how people make meaning of events, and in moving toward a deep understanding of a particular phenomenon” (p. 105). Narrative inquiry was the methodology of choice because at its core “narrative inquirers tend to begin with experience as lived and told in stories” (Clandinin & Connelly, 2000, p. 128) of the people they investigate. It was, therefore, critical to hear and capture the individual stories of loss and grief directly from men to gain undiluted and true insights into this topic of study.

This form of inquiry also weaves the researcher’s own lived experiences into the telling and retelling of the stories. Central to narrative inquiry is acknowledging the narrative researcher’s own experiences, that is their narrative beginnings, which requires “telling stories of our past that frame our present standpoints, moving back and forth from the personal to the social, and situating it all in place” (Clandinin & Connelly, 2000, p. 70). I was excited by the prospect of “meeting myself” in the past, present, and the future and subjecting my own story to new meanings in the retelling.

## **A Final Note**

I am fascinated how the various strands of my life story, my passions, and purpose have come together and meshed into a research topic I believed worthy of study. When I began this inquiry it was my hope the results would contribute to the existing body of literature on grief and bereavement, and specifically regarding men's grief experiences in midlife. As a grief counsellor I believed it was imperative we find new and effective methods to engage and support men as they learn to cope with loss. From a practical point of view, the thesis would also fulfill a requirement for my Master of Arts in Pastoral Psychology and Counselling degree.

The process of researching and writing this thesis and committing myself fully to this undertaking, however, has become so much more. This project has become a very rich and meaningful chapter in my own life story, perhaps a culmination of sorts to my own struggles with grief as a middle-aged man in our western world. As I wrote and reflected about the intense encounters with grief these three men experienced, their stories began to weave into my story. Jung had a term for such events and moments in life, it was synchronicity. It is the meaningful connection of events not necessarily linked by causal factors and the expression of a deeper order or framework. It was not by sheer coincidence that I happened to bear witness to these men's journeys of grief and healing at this particular time; it was synchronicity at work. As a narrative inquirer, there can be no greater purpose than "the growth and transformation in the life story that we as researchers and our participants author" (Clandinin & Connelly, 2000, p. 71).

## Chapter Two: Literature Review

Thanatology is a relatively new discipline concerned with the systematic study of death, dying and bereavement. The word thanatology comes from the Greek word for death, *thanatos* and *logos*, a “science or organized body of knowledge” (Corr et al., 2009, p. 5). The specific topic of grief and bereavement has been a key area of research in this field. Over the last century, research has been a mix of empirical studies primarily through quantitative research, as well as some qualitative studies.

This chapter presents the key literature relating to the subject matter of the study, grief, and specifically men’s grief. Male psychological development will also be discussed briefly as it relates to the topic of men’s grief in middle-adulthood. Only current and relevant research and literature will be presented in this review.

### **What is Grief?**

Grief is our reaction to loss. Grief captures both our inner and outer reactions to the loss and can involve the physical, psychological (emotional, cognitive), behavioural, social, and spiritual dimensions. Grief is a natural, healthy reaction to losing something significant in our life (Corr et al., 2009; DeSpedler & Strickland, 2011; Hadad, 2009). Grief is a universal human experience and “its evolutionary origin can be understood in terms of a . . . mechanism for ensuring the stability of important social bonds” (Archer, 2001, p. 263). By extension grieving is the “processes of experiencing and expressing grief” (Corr et al., 2009, p. 248). The individual state of having experienced a loss of a person or thing of value is defined as bereavement (Corr et al., 2009; DeSpedler & Strickland, 2011; Hadad, 2009). Therefore, a person who is experiencing grief and is grieving is considered to be a bereaved individual, and in a state of bereavement.



Our society and language carry a number of misconceptions regarding grief and bereavement. First, grief is often considered to be only the emotional or feeling reaction to loss. Although emotions and feelings are a major and obvious part of grieving, our reactions are generally far more multidimensional. A second false impression is that grief and bereavement only apply to those who have experienced a loss through death. In fact the state of bereavement and our normal grief reactions can occur after the loss of anything in which there was a real and important underlying attachment and relationship. A pet, a job, or loss through divorce are just a few examples.

Harris (2011) explored the multitude of everyday life events involving change, loss and transition that also initiate the grieving process. These losses are more internal in nature (as opposed to the external and physical death of a significant person) when something inside of a person dies and yet may not even be consciously recognized. Harris's intention was to examine different aspects of grief and loss (from nondeath-related losses) and "the role that loss plays in human development, growth, and adjustment" (p. xviii). Her premise was that losses (of all kinds) help people learn to adapt and "are necessary because we grow by losing and leaving and letting go" (Harris, 2011, p. xviii).

Another common term that is frequently used interchangeably with grieving is mourning. Mourning is the manner in which grief is expressed by the individual. Therefore, mourning is the response to loss and grief, not the reaction. It is the "process by which a bereaved person integrates the loss into his or her ongoing life" (DeSpedler & Strickland, 2011, p. 336).

The nature of grief is highly discussed and debated. Some people see grief as a condition or disorder needing to be “fixed” and believe “grief is a problem without an easy solution” (Golden, 2000, p. 4). Still others pathologize grief and grieving, quite possibly influenced by our society’s medical model which has become “the dominant paradigm of practice in the helping professions” (De Jong & Berg, 2008, pp. 6-7). This last position has been reinforced recently by changes made to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The latest version released in 2013 referred to as the *DSM-5* has removed the *bereavement exclusion clause* which in previous editions cautioned against diagnosing Major Depressive Disorder for at least two months after the death of a loved one, unless that individual had severe symptoms such as suicidal thoughts (American Psychiatric Association, 2013). Critics of the new *DSM* argue that the psychological profession is medicalizing the normal and expected process of grieving with the result being that depression may become over diagnosed and medication prescribed unnecessarily.

### **Historical Perspective**

The theoretical analysis of grief began at the start of the twentieth century when Freud (1917) published his essay titled “Mourning and Melancholia.” He made the distinction between the processes associated with what he considered to be normal grief, or in his terms mourning, and melancholia, which he classified as depression (Freud, 1917). He stated, “Although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition” (Freud, 1917, p. 243). He went on to suggest that in order to complete the “work of mourning” (Freud, 1917, p. 244), the bereaved individual must withdraw all libido (psychic and sexual energy) and

attachments to the love object through a process called deatathesis. Once this is accomplished, the “ego becomes free and uninhibited again” (Freud, 1917, p. 245) and able to invest the mental or emotional energy in a future person, object, or idea.

The next significant and systematic attempt to study grief was done in 1944 by Erich Lindemann. In his classic work, “Symptomatology and Management of Acute Grief,” he outlined the six symptoms he believed to be characteristic of normal grief (Lindemann, 1944). They were (a) somatic or bodily distress of some type, (b) preoccupation with the image of the deceased, (c) guilt relating to the deceased or circumstances of the death, (d) hostile reactions, (e) the inability to function as one had before the loss, and (f) the bereaved developing traits of the deceased in their own behaviour (Lindemann, 1944). Although there has been some criticism of his research over the years, his observations and the grief patterns he described are still very relevant today (Worden, 2009, pp. 17–18).

Perhaps one of the most widely known and cited studies concerning death, dying, and grief was by Swiss American psychiatrist Elisabeth Kübler-Ross. Her intent was to open the discussion regarding death in our society and illustrate the psychosocial reactions and processes of persons who were dying (Kübler-Ross, 1969). Her stage model identified five distinct points in the “emotional trajectory of dying” (Hadad, 2009, p. 61) namely (a) denial and isolation, (b) anger, (c) bargaining, (d) depression, and (e) acceptance. Although not originally intended as a map of the grieving process, Kübler-Ross’s model has been appropriated as a theoretical schema to explain the stages of grief and pathway by which people grieve. Subsequently, despite widespread

recognition and usage by the public, her work has been sharply criticized by grief theorists and researchers.

Over the next forty plus years numerous theories, models, and frameworks were developed trying to comprehend and chart the human reaction and response to loss. In fact, “more than 5,000 articles on grief and bereavement have been published in the past 10 years” (Carr et al., 2006, p. 3). Researchers and clinicians now have ample evidence and resources available to comprehend and support the grief experiences of the bereaved. The following is a small, but significant sampling of the scholars and researchers who have generated some of the most notable thinking and contributions in the field of grief research.

**Four phases in mourning: Colin Murray Parkes.** Somewhat along the same lines as the work of Kübler-Ross, Parkes (1972) proposed a phase-based theory to describe the mourning process. The phases were identified as (a) shock and numbness, (b) yearning and searching, (c) disorganization and despair, and (d) reorganization (Parkes, 1972). He called the divisions *phases* instead of *stages* to indicate the steps were not necessarily linear in their progression, with the potential for forward and backward movement (Parkes, 1972). Parkes saw the phases as overlapping “elements in an overall process of realization—making real in one’s inner, psychic world what is already real in the outer, objective world” (Corr et al., 2009, p. 222).

**Tasks of mourning: J. William Worden.** Worden (2009) preferred to view the projective trajectory of mourning toward recovery in terms of *tasks*, rather than stages or phases. His task-based theory involved four tasks: (a) to accept the reality of the loss, (b) to process the pain of grief, (c) to adjust to a world without the deceased, and (d) to

find an enduring connection with the deceased in the midst of embarking on a new life (Worden, 2009). The task-based model emphasized that mourning is an active process and “is much more consonant with Freud’s concept of grief work and implies that the mourner needs to take action and can do something” (Worden, 2009, p. 38).

**Six Rs model: Therese Rando.** Therese Rando (1993) developed a theory called the Six Rs Model that divided the mourning process into three broad phases, or time periods, that take place in six steps or processes. As opposed to seeing her steps as tasks, Rando believed, “Processes better operationalize mourning because, as compared to tasks, they offer the caregiver more immediate feedback, the ability to intervene more quickly and appropriately, the specific targets for intervention, and improved assessment of the mourner’s current experience” (pp. 43–44). I will be discussing Rando’s model in subsequent chapters, however, for a summary of the phases and processes, see Appendix F.

**Meaning reconstruction: Robert Neimeyer.** Neimeyer believed the existing frameworks and conventional models of grief and bereavement not only had major limitations, but were also potentially disempowering to both the bereaved and the caregiver. He suggested, “A new paradigm for grief theory, research, and practice, one founded on the postulate that meaning reconstruction in response to a loss is the central process in grieving” (Neimeyer, 2001a, p. 4). In this approach the bereaved engage in a process of *meaning making* and *making sense of the loss* that “entails a delicate interplay between explicit redefinition of our identities as spouses, parents, sons, and daughters in light of this dislodgement and an implicit reweaving of our ways of anticipating and engaging the world” (Neimeyer, 2001b, pp. 266).

**Relearning the world: Thomas Attig.** Attig (2001) viewed grieving as an involved, intricate, confused, and complex process of “relearning the world of our experience” (p. 33). This process consisted of the reactions and responses to the suffering that bereavement has presented into our lives. In this course of relearning the world, we *make meaning* as well as *find meaning*. This distinction suggests there is a conscious and deliberate aspect inherent in the process, as well as a less self-conscious, more passive or receptive dimension. Finally, Attig (2001) stressed the central challenge, and greatest reward, for the bereaved is “moving from a life where we loved them [the deceased] in presence to a new life where we love them in absence” (p. 46).

**Dual process model: Margaret Stroebe and Henk Schut.** Stroebe and Schut (2001) attempted to integrate ideas and build on the existing models when they formulated their dual process model of coping with bereavement. They saw the bereaved as coping with two main stressors: those oriented to the loss and those oriented toward restoration. Their theory stated that an “oscillation between the two types of stressors is necessary for adaptive coping” (Stroebe & Schut, 2001, p. 395). Loss-oriented processes referred to the focus on and processing of some aspect of the loss experience itself (grief work, breaking of bonds to the deceased). Restoration-oriented processes revolved around attending to life changes (doing new things, distracting oneself from the grief).

**Continuing bonds: Dennis Klass.** Based in part on the attachment theory work of John Bowlby (1980), childhood bonds with their primary caregivers), Klass (1996) believed that the root of grief was attachment and that the resolution of it was through a reformulation and continuation of the bond with the deceased. In his view, “Rather than

severing ties, grief includes a process whereby the bereaved person creates an enduring connection with the deceased” (DeSpedler & Strickland, 2011, p. 339).

An in-depth description of each of these theories of grief and bereavement is beyond the scope of this thesis. However, one of the grief models—Therese Rando’s *Six Rs Model*—will be described in some detail in a subsequent chapter. Rando’s framework was selected as a point of reference since the phases and steps of the model closely mapped to the themes present in the grief experiences of the men in this study. Finally, whether the experience of grief is described through the use of phases, stages, tasks, or processes, it is important to remember the underlying purpose is to understand and map the terrain of the grief experience, which is ultimately the purpose of this research study.

### **Atypical Grief Experiences**

A précis on the subject of grief would not be complete without a brief mention of atypical grief experiences. Distinguishing between what constitutes a normal grief experience, seen as a transitional episode, and the more complicated reactions or responses to loss has inspired much discourse in academic and clinical circles. According to Corr et al. (2009), when grief reactions go awry there is a “relatively small group of people who experience . . . an excessive form of grief that can overwhelm them in a persistent way and trap them in unproductive, maladaptive behavior” (p. 245). In these cases, they defined *complicated grief* as “grief reactions or mourning processes that are not only unusual but also abnormal in the sense of being deviant and unhealthy” (Corr et al., 2009, p. 245). Additionally Worden (2009) stated, “If a major depressive episode develops during bereavement, this should be considered a type of complicated mourning-exaggerated grief” (p. 33).

In complicated grief something is blocking the unfolding of the normal grieving process. Corr et al. (2009) suggest that the difficulties may be due to (a) the relationship with the deceased (ambivalent, dependent, or narcissistic), (b) the circumstances of the death (multiple or traumatic loss, uncertainty about the death), (c) the bereaved person's own history or personality (history of depressive illness, withdrawal, or stoic behaviour), and (d) the social factors surrounding the loss (disenfranchised loss, no social support network). Some of these factors will be featured in subsequent chapters as they relate to the losses the men in the study experienced. As a final qualifier, Horowitz (as cited in Worden, 2009) stated it is important to remember "there is more of a continuous relationship between normal and abnormal grief reactions, between the complicated and uncomplicated, and that pathology is more related to the intensity of a reaction or the duration of a reaction than to the simple presence or absence of a specific symptom or behavior" (p. 134).

Two additional terms are worth mentioning here as they relate to understanding the atypical grief experience; they are *disenfranchised grief* and *traumatic loss*. According to Doka (1989) disenfranchised grief is "the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 4). Deaths involving suicide or AIDS, for example, may lead to disenfranchised grief as they are generally associated with a high degree of social stigma (Corr et al., 2009). Doka (1989) outlined the three primary ways grief can become disenfranchised: either (a) the relationship (between the deceased and the griever), or (b) the loss, or (c) the griever is not recognized (pp. 3–7). With disenfranchised grief, survivors are not accorded the "right to grieve" (Doka, 2002, p. 5). Attig (2004)



addressed and qualified this notion of the right to grieve by stating that in disenfranchised grief it is the denial and violation of a human right. In his view disenfranchisement of grief “is not simply a matter of indifference to the experiences and efforts of the bereaved. It is more actively negative and destructive as it involves denial of entitlement, interference, and even imposition of sanction” (Attig, 2004, p. 198).

Regarding traumatic loss, Rando (1993) stated that a death or loss is traumatic when its circumstances include:

certain objective elements, such as (a) suddenness and lack of anticipation; (b) violence, mutilation, and destruction; (c) preventability and/or randomness; (d) multiple death; (e) the mourner’s personal encounter with death, where there is either a significant threat to personal survival or a massive and/or shocking confrontation with the death and mutilation of others. (pp. 568–569)

Two of the three stories in this study describe traumatic losses experienced by the men that depict elements of suddenness, randomness, and violence. As will be made clear in a subsequent chapter, the inclusion of this type of loss was not a planned component of the study, but a natural result of the selection process. This study examines these features and the ways in which they impact the subsequent grief reactions and responses of the men. Therefore, both disenfranchised grief and traumatic loss illustrate situations and conditions that may alter the grieving process and ultimately lead the person to experiencing complicated mourning.

### **Quantitative and Qualitative Grief Research**

According to Carr and her associates (2006), “more than 5,000 articles on grief and bereavement have been published in the past 10 years” (p. 3). Despite this level of

interest and energy, the resulting findings have limitations due to the conventional research approach, which has been predominantly quantitative in nature. Most researchers in this cross-disciplinary field (nursing, psychology, medicine, sociology) rely on “generic measures of psychiatric symptomatology, as opposed to scales tailored to the assessment of grief” (Neimeyer & Hogan, 2001, p. 91) and thus miss capturing the unique characteristics of grief.

Nonetheless, some researchers are trying to capture the distinctive features of grief by developing empirical measures. Currently dozens of such instruments (grief scales) are in use (Neimeyer & Hogan, 2001). For example, the most frequently used quantitative measure of bereavement symptomatology is the *Texas Revised Inventory of Grief* (TRIG), which was developed in 1981. TRIG consists of 21 questions (simple declarative statements) focusing on past behaviour and present feelings such as, “I found it hard to sleep after the person died” (Neimeyer & Hogan, 2001, p. 93), and “At times I feel the need to cry for the person who died” (p. 93).

Evidently, from the nature of these types of questions, the purpose of a grief scale such as TRIG is to track grief experiences over time. A quantitative approach like this is certainly worthwhile, especially for exploring topics such as the variables impacting grief, the diagnosis of complicated grief, or for measuring grief in specific populations or after specific types of losses. Empirical and longitudinal studies, such as proposed by Carr et al. (2006), would address questions such as “Why does grief arise after the loss of a spouse? What kinds of initial responses to the loss of a spouse are most likely to portend subsequent difficulties? What interventions best help older bereaved spouses?” (p. 4). These studies are no doubt valuable and would lead to advancements in grief and

bereavement theory, research, and practice. These types of studies and research questions, however, fail to capture the actual grief experience of the individual person struggling through a loss. That is, what is the lived experience for this particular person who is encountering grief? What does their personal grief experience look like, feel like, and sound like? Essentially, what would it be like to “stand in the shoes” of this bereaved man, as opposed to viewing the experience from an *objective* or removed standpoint?

Fortunately, there have been some qualitative studies done on grief and bereavement attempting to address these exact types of questions regarding the essence of lived experience. One of the most well-known and often quoted studies—even by the general public—was the 1969 study done by the psychiatrist Elisabeth Kübler-Ross as mentioned above. Her study of dying patients was a pivotal moment in the study of death and dying and led to one of the first theoretical models (Corr et al., 2009, pp. 137–139). Although her framework specifically addressed the stages of coping with dying and not bereavement, it was leveraged by subsequent researchers into a model or schema for grief.

Prior to her death, Kübler-Ross (2005)—with her collaborator, David Kessler—completed her final book, *On Grief and Grieving*, in which she applied her own groundbreaking 5- stage model to the process of grieving. The five stages comprised a framework—for helping people learn to live with loss—which the author’s stated had been misunderstood over the years. The stages were “not stops on some linear timeline in grief. Not everyone goes through all of them or goes in a prescribed order” (Kübler-Ross & Kessler, 2005, p. 7).

1. *Denial* is the state of disbelief your loved has died, and we may respond with shock or numbness.
2. *Anger* can manifest in many ways (at yourself, your loved one, the doctors, God, etc.) and does not have to be valid or logical.
3. *Bargaining* is the stage at which we struggle with the “What if . . .” statements desperately yearning for life to go back to what it was before the loss.
4. *Depression* places the bereaved squarely in the present moment, with empty feelings, intense sadness, and the withdrawal from life.
5. *Acceptance* is about accepting the truth and permanence of the loss.

Kübler-Ross and Kessler (2005) were clear in pointing out acceptance is not the end of the grieving process. They see it as learning to live with a new reality, a new norm, one step at a time, which moves the bereaved ever closer to forming a new relationship with the person we lost (Kübler-Ross & Kessler, 2005, pp. 7–28).

One of the most sustained efforts in capturing the phenomenology of the grief experience has come from Thomas Attig (2011). Based on over 2000 stories and 40 years of research with the bereaved, Attig has come to see personal stories of grief as “the heart of the matter” (p. xxiv) in understanding loss and grief and responding to those who grieve. In Attig’s book, *How We Grieve*, he spoke to the subtleties, the nuances and the particularities of the grieving person’s experiences that can only be reached through stories. He believed, “The most important work still to be done in developing an understanding of grief is in refining and elaborating the qualitative and descriptive thinking” (Attig, 2011, p. xxviii) regarding this subject.

This approach in the study of grief, which seeks to describe and interpret “the contours and characteristics, or family resemblances among, experiences of loss and grief” (Attig, 2011, p. xxvi) is in stark contrast to a quantitative research methodology. Attig (2011) stated the most basic and traditional scientific questions (quantitative in nature) about loss and grief have already been answered. In his view the purposes of theorizing about grief and loss is when “the best of thinking in the area is aimed at aiding the bereaved to understand themselves, and counsellors who help them understand the particularities of the experiences of those they want to help” (T. Attig, personal communication, January 9, 2014). These objectives of study

differ markedly from attempts to develop theories about grief in general, or the experiences of abstract ‘average grievers’ that have very little use in developing the kind of understanding needed for self-understanding, or counselling individuals, or theories designed to identify factors leading to complications in grieving across populations of grievers. (T. Attig, personal communication, January 9, 2014)

Another direct statement calling for the use of qualitative research in bereavement was made by Neimeyer and Hogan (2001), which gets right to the core of the qualitative versus quantitative debate:

Such methods (qualitative) are especially valuable in generating theory where little good theory exists, in revealing how people make meaning of events, and in moving toward a deep understanding of a particular phenomenon rather than a nomothetic set of causal inferences presumed to generalize across different cultures and settings. For all of these reasons, qualitative methods can provide a

useful counterbalance to the often atheoretical, objectivistic, superficial, and decontextualized study of grieving that typifies conventional studies of bereavement. (pp. 105–106)

The authors concluded by calling for methodological pluralism as it relates to bereavement research. They state that only by using both quantitative and qualitative research can investigators truly understand the subtleties and complexities of the phenomenon.

### **Research on Men's Grief**

Much of the historical research on adult bereavement has been based on women as they have been more willing to discuss their grief, and the fact there are simply more widows than widowers. The early literature identified a distinct *feminine model* of grief which captured women's experiences and was often considered the *conventional* or correct way to grieve. This model was characterized by experiencing and expressing emotions and reaching out for, and accepting support. Men's grief experiences were often compared unfavourably to this *normative* grief process (Corr et al., 2009, pp. 236–237).

This position reflected “a general Western bias in counseling that tends to value affective expressiveness as inherently more therapeutic than cognitive or behavioral responses” (Doka & Martin, 2010, p. 5). It was believed that unless a person openly expresses their feelings, “grieving cannot be successfully accomplished” (Doka & Martin, 2010, p. 5). In more recent research more attention has been given to men's grief experiences. The view toward men has shifted from being considered in a *disadvantaged* position because they were ignoring, or not expressing their emotions, to being seen as

having their own unique masculine grief experience according to the new theory (Golden, 2000).

Gender role expectations shaped by culture and the socialization process in our society impact the expression of grief for men. For example, “studies reveal that men are more likely than women to fear the consequences of emotional expression in a social context” (Worden, 2009, p. 226). This breeds a “gender role rigidity” (Worden, 2009, p. 221), which can reinforce maladaptive grieving behaviour found in less functional families. According to Hadad (2009), some of these expectations are that grieving men should “appear calm, logical, unemotional, and strong” (p. 101) while their role is to focus on being the “protector and problem solver of the family” (p. 101). This kind of preset thinking and behaviour can lock a man into a style of grieving that could be counter to his very nature.

These observations are supported by Stroebe (1998) who reported that following their partner’s death men are less likely to rely on outside resources (friends, family, or professionals) for social support or acknowledge the depth of their emotional responses (hurt, anger, and confusion) as compared to women. Stroebe also showed that men are more vulnerable to health problems (higher mortality rates, mental and physical illness) and take longer to integrate the loss than do women. Writing about bereaved fathers after the death of a child, Worden (2009) writes “fathers are given little social support, while they are expected to be a major source of support for their wives, children, and other family members” (p. 227). Hadad (2009) pointed out that a grown man is unlikely to receive much support at work or from friends based on the assumption that they can bear the loss relatively well (p. 107).

In his book, *Swallowed by a Snake*, Thomas Golden (2000) said we need to define grief for men in a different manner, and in his view the experience is comparable to being swallowed by a snake. In the book he identifies a “masculine side of healing” (Golden, 2000, p. 1) when coping with grief. He stated that both genders have access to this “gift” which tends to be “quieter and less visible, less connected with the past and more connected with the future; less connected with passivity and more aligned with action” (Golden, 2000, p. 1). However, he does imply with “broad strokes” that men tend toward this action-oriented mode in healing their grief and that “men and women have different paths in processing and healing their grief” (Golden, 2000, p. 3).

More recently this position of contrasting feminine and masculine models of grief, or using gender terminology has been expanded upon with a third view proposed by Doka and Martin (2010) that claims patterns of grieving may be related to gender but are not determined by it. They coined the terms *intuitive* and *instrumental* grieving styles in order to move beyond any labels of *feminine* and *masculine* grief respectively. An intuitive grieving style is characterized by experiencing and adapting to grief in an affective way. By contrast, in an instrumental pattern “grief is experienced physically, such as in restlessness or cognition . . . [and] . . . is typical of the way many men grieve, due to contemporary patterns of male socialization” (Doka & Martin, 2010, p. 4). Worden (2009) supported the assertion that “boys and girls are socialized differently, and many of the differences in how men and women approach the tasks of mourning may be more a part of this socialization than in some intrinsic genetic differences” (p. 64). Doka and Martin pointed out these two styles—intuitive and instrumental—are opposite ends of a spectrum and see many individuals exhibiting a more *blended* pattern to grief



drawing from both an intuitive and instrumental approach to experience, express, and adapt to loss.

Another approach in understanding and classifying grieving involves using the *Myers-Briggs Type Indicator (MBTI)* personality inventory—based on Carl Jung’s theory of psychological types—to map the relationship between grief and personality type. Early work in this area was done by Tagliaferre and Harbaugh (1990) who saw the personality types as a useful method of communicating regarding behaviour and a common frame of reference for grief work. They stated, “if those who experience loss understand their own personality traits, preferences and characteristics they will be better able to deal with their grief and recover more fully from their loss” (Tagliaferre & Harbaugh, 1990, p. 120). Similarly, Prosser-Dodds (2013) suggested that responses to grief and loss are quite orderly and consistent and can be anticipated due to basic differences in the ways individuals prefer to use their perception and judgment (*MBTI* personality functions). Her theory called *GRIEFtypes* speaks to the individual nature of grief which could potentially assist clinicians as therapeutic “interventions can be tailored to meet the individualized nature of client’s personality” (Prosser-Dodds, 2013, p. 65).

### **Men’s Grief in Middle Age**

A literature search was carried out concerning the grief experience of middle-aged men after the death of a significant person. The search results failed to identify any studies that directly investigated the lived experience of middle-aged men who were grieving a significant death-related loss without incorporating or contrasting some supplementary feature. The majority of research studies examined compared or combined the grief experiences of men with some additional and specific factors such as old age,

health, suicide death, morbidity and mortality, suddenness of death, nondeath-related loss, spousal death, and versus women (Carr et al., 2006; Rodger et al., 2006; Scher, 1992; Stroebe, 1998). There was only one study, however, that came close to addressing the unique grief experience during middle adulthood for men as this study proposes.

Daggett (2002) researched the grief experiences of middle-aged men who had faced spousal bereavement. Using phenomenological inquiry and semistructured interviews she examined the lived experience of eight men aged 41 to 54 years who had lived through the death of their spouse within the previous 8 months to 6 years. She also acknowledged the limited number of studies focusing on widowed men as a separate group, in particular the population of younger and middle-aged men experiencing spousal bereavement. She found men's grief experience to be "a journey from the realization of irreconcilable loss through themes of responding to the loss and living through the loss toward reclamation and reconstruction of a life" (Daggett, 2002, p. 625). She developed a theoretical model to describe the bereavement experience. There were "three categories of themes under an overarching theme of loss irreconcilable loss" (Daggett, 2002, p. 629). The three categories were (a) responding to the loss, (b) living through the loss, and (c) reclamation and reconstruction of a life (Daggett, 2002). This framework was suggestive of Rando's *Six Rs* approach and theoretical model (Rando, 1993).

Daggett's (2002) work did confirm many of the expected grief reactions and responses for men—such as disbelief, confusion, sadness, and especially guilt and anger—and highlighted a few unexpected findings, such as (a) a theme of "mourning rituals" (p. 631) where the men frequently engaged in private, informal rituals that were instrumental in nature (planting a tree, visiting the cemetery daily, and arranging a shrine

in the home); (b) a theme of “continued encounters” (p. 631) reported as unexplainable communication (dreams, visual hallucinations, symbolic signs) from the deceased; (c) the younger widows (versus elderly widows) had no issues assuming all of the housekeeping responsibilities as a single parent; and (d) the “widowers found few opportunities to discuss their experiences with other men their age who had faced similar challenges” (p. 633) and, therefore, “these men essentially faced widowerhood alone” (p. 633). She concluded her study by stating “their [men’s] voices need to be heard and their suffering needs to be acknowledged” (Daggett, 1999, p. 127).

In another somewhat related study, Scher (1992) wrote about the “empty nest father” (p. 195) as a man “usually in his forties” (p. 195) confronting the reality of a child leaving home permanently. Although this event is not a death-related loss, it can generate powerful grief responses such as sadness, depression, fear, and escape into work for men. He discussed how the usual social features that shape male functioning and outlook—“emotional constriction, absence of intimate confidantes, and the need to appear strong and unmoved” (Scher, 1992, pp. 195-196)—can lead to maladaptive behaviour by men during this potentially difficult transition period. He suggested that some fathers feel a sense of abandonment and loss, “loss not only of the loved child but also of the dream and history that the child represents” (Scher, 1992, p. 198). Underneath the grief responses of his participants, Scher found a despair linked to the realization of aging, loss of control, mortality, and “the implacable progress of one’s personal history” (Scher, 1992, p. 198). This event is a significant developmental stage for men which, according to Scher (1992), requires “time, support, and sensitivity (from self and others) to integrate their feelings and successfully complete the necessary transitions” (p. 198).

**Male psychological development.** According to developmental psychologist and researcher Erik Erikson (1963), there are eight notable eras (also called ages, periods or stages) across the human life course. Each stage contains a *primary psychosocial issue* or conflict that must be resolved for normative personal development. Erikson's developmental theory and framework identifies the middle-adulthood (or middle age) as 45 to 65 years of age. The predominant tension or developmental crisis during this period is one of *generativity* versus the danger of stagnation with respect to life, the self and others. Generativity is primarily concerned with "establishing and guiding the next generation and gradual expansion of ego-interests and libidinal investment" (Erikson, 1963, p. 267). According to Erikson (1963), "Mature man needs to be needed" (p. 267) and failure to secure this essential ingredient leads to self-absorption and personal impoverishment. Age categories for all the eight stages are approximations only, since the actual period is controlled by the development process, not time. Despite some limitations (application to different cultural groups, societies without equal opportunities for men and women, focus on individuals outside of familial or systemic influences), the Erikson developmental model is a useful frame of reference in the study of thanatology, and has been used as the benchmark for this research study (Corr et al., 2009, pp. 317–318).

Levinson (1978) calls the critical transition period between young and middle adulthood the *midlife transition*. In his study the onset of this stage was at 40 or 41 years and lasted about five years. According to the research, this is "a time of moderate or severe crisis" (Levinson, 1978, p. 199) for 80% of men. Levinson found that men seek to address the pressures between (a) young and old, (b) destruction and creation,

(c) masculine and feminine, and (d) attachment and separateness (pp. 191–196). This period represents a “developmental crisis” (Levinson, 1978, p. 198) for men who are asked to re-examine their life, shift directions, and “come to terms with the griefs and losses” (p. 199) of the past. An underlying impulse is to give expression to those parts of the self which have been neglected to date.

Jungian analysts view this period or phase as a transition from the first adulthood to the second adulthood. Jungian author and analyst James Hollis (1993) called this the middle passage and stated that it represents the force of the “greater Self which seeks its own realization” (p. 17). He wrote, “Awakening to the Middle Passage occurs when one is radically stunned into consciousness” (Hollis, 1993, p. 18) in such instances as when faced with a serious illness or significant death loss.

In a similar vein Jungian psychoanalyst and author Robert A. Johnson (1993) wrote that it is in midlife when “the veil between consciousness and unconsciousness grows thin” (p. 44). This period offers man (or woman) the opportunity to “touch his visionary life” (Johnson, 1993, p. 44) discover his true Self, and live to his full potential. It is a moment or period of transcendence in which man can search for and discover meaning beyond his own life and ego interests. Not only is this period the advent of greater consciousness, it is also a spiritual age. Faced with existential suffering, despair, isolation, and a distancing from beauty and truth in his life, in this phase modern man must do the necessary inner work for his spiritual healing. His challenge is to uncover the true purpose of his life, which is to serve something greater than himself.

Johnson (1991) created a map for the stages and evolution of masculine (but not exclusive to men) consciousness. Three clearly defined stages of personal growth and

psychological development lead towards male maturity and wholeness (Johnson, 1991). Through inner and outer work a man may grow through these levels to greater awareness and eventual mastery of the true self.

- Stage 1 – Two-Dimensional Man–Simple Consciousness: a man with a “direct, uncomplicated view of life” (Johnson, 1991, p. 4) but unconscious of his condition (psychic energy is instinct). There is no connection between the rich inner world and the outer realities.
- Stage 2 – Three-Dimensional Man–Complex Consciousness: the usual state of the educated Western man (psychic energy is in ego consciousness).
- Stage 3 – Four-Dimensional Man–Enlightened Consciousness: the end point of the evolution of human consciousness (psychic energy in the Self or higher consciousness called God, satori, samadhi).

According to Johnson (1991), the majority of men in our Western society find themselves stuck in Stage 2. Johnson said it is an unappealing place to be because these men are filled with anxiety and a “mass neurosis” (p. 10).

Author Charles Corr and fellow grief researchers (Corr et al., 2009) stated, “Implications of death play a prominent role in the reevaluation of life and self that characterizes middle age” (p. 406). They spoke about the prospect of personal growth and transformation through experiencing mourning, and saw bereavement as a “dangerous opportunity” (Corr et al., 2009, p. 235) where the challenges and struggles of grief can potentially leave the bereaved individual better—or worse—off. Similarly, Tedeschi, Park and Calhoun (1998) researched posttraumatic growth in the aftermath of a crisis. Their work focused on the transformative power of trauma (which included bereavement)

as a springboard to individual development and growth. And writing about illness as a catalyst for reflection and growth, Arthur Frank (2002) stated, “You are both forced and allowed to think in new ways about the value of your life” (p. 1). He sees that suffering and loss are not incompatible with life, and we must seize these opportunities for change when they appear since they have “been purchased at too great a cost to let it slip away” (Frank, 2002, p. 2).

Clearly, the death of a significant person in a man’s life in middle age is a major emotional and psychological stressor that can remind him of his vulnerability and finiteness and consequently generate momentum and urgency for the pending developmental tasks in this phase of his life. These realities make the exploration of the grief experiences of men during this critical life phase in this study particularly salient.

## Chapter Three: Methodology

The purpose of this research study was to describe how men in midlife experience grief after a significant death loss. A *narrative inquiry* methodology was used to provide insight into their lived experiences as they react, respond, make meaning from, and integrate the loss into their life story. Narrative inquiry was selected because it focuses on “the experiences as expressed in lived and told stories of individuals” (Creswell, 2007, p. 54).

This chapter outlines the research methodology used in this study, the methods of data collection and explains the rationale for these choices. Pertinent literature relating to the selected methodology will be presented and discussed. The research design will also be detailed and discussed including the process of finding and selecting suitable co-researchers, data gathering, confidentiality, and security. Lastly, the ethical issues surrounding this research are considered which include the protection and safety of human subjects, informed consent and the ethics approval process.

### Qualitative Research

To position my narrative inquiry study within the body of research literature, I will first speak to the field of qualitative research. Denzin and Lincoln (2005) see qualitative research as a “situated activity that locates the observer in the world” (p. 3). They use the metaphor of an interpretive *bricoleur* (a jack-of-all-trades, a do-it-yourself type individual) to describe the role of the qualitative researcher (Denzin & Lincoln, 2005). They see him or her tasked with piecing together a set of specific representations suited to a complex situation thereby “making do . . . [from the] . . . odds and ends, the bits left over” (Denzin & Lincoln, 2005, p. 3). This is not to say the process is not



rigorous or without value. It merely points to the interactive nature of qualitative research which is interdisciplinary and crosses the traditional boundaries of disciplines. It also acknowledges the process is influenced by the researcher's own personal history, gender, race, and social class (Denzin & Lincoln, 2005, p. 6). Lastly, the ultimate aim or purpose of qualitative research according to Creswell (2007) is "the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem" (p. 37).

### **Philosophical Assumptions**

Qualitative researchers bring to their work a set of broad assumptions, individual perspectives and worldviews. These factors both inform and give structure to how the researcher approaches their task. When a qualitative approach to an inquiry is first selected, there are five philosophical assumptions that underscore the particular stance of the researcher.

First, qualitative research embraces the idea of multiple realities. From the *ontological* perspective this means the researcher looks to explore and report the multiple realities of the participants being studied. Then to demonstrate these subjective realities the researcher uses multiple quotes and perspectives from the individuals in the research report (Creswell, 2007, pp. 16–18). Second, the *epistemological* assumption supporting qualitative research suggests that knowledge is derived as the researcher engages and collaborates with the participants as closely and as long as possible gathering first-hand information. The entire research process is thus focused on learning the meaning the participant ascribes to the issue being studied.

In qualitative research the researcher not only acknowledges his or her values, biases and beliefs in the study, these factors are made explicit. This third *axiological* assumption admits “the value-laden nature of the study . . . as well as the nature of information gathered from the field” (Creswell, 2007, p. 18). The researcher presence is not “hidden” in the study, rather is evident throughout the text. Denzin (as cited in Creswell, 2007) stated, “The author [of the research] admits that the stories voiced represent an interpretation and presentation of the author as much as the subject of the study” (p. 18).

As the fourth philosophical assumption, the language used in qualitative research is characterized by a literary, informal style using personal voice and qualitative terms such “credibility“ (Creswell, 2007, p. 18) and “dependability” (p. 18) versus quantitative terms such as “internal validity” (p. 18) and “generalizability” (p. 18). Other rhetorical assumptions include the use of metaphors, a chronological presentation of story, referencing the researcher by the first-person pronoun “I,” and an evolving definition of terms defined by the participants not the researcher. A *methodological* assumption is the final feature emphasized when employing qualitative research. This assumption states, “The procedures of qualitative research, or its methodology, are characterized as inductive, emerging, and shaped by the researcher’s experience in collecting and analyzing the data” (Creswell, 2007, p. 19).

Another distinguishing feature shaping qualitative research and the researcher is the paradigm or worldview which is the basic set of beliefs that guide action and inform the practice of the research. The paradigm that influenced my research is a *postmodern* worldview. According to Corey (2008), this view sees that “truth and reality are often

understood as points of view bounded by history and context rather than as objective, immutable facts” (p. 375). Creswell (2007) wrote that postmodernism consists of a family of theories and perspectives where “the basic concept is that knowledge claims must be set within the conditions of the world today and in the multiple perspectives of class, race, gender and other group affiliations” (p. 25). This outlook stands in contrast to the modernist belief in the existence of an “objective reality that can be observed and systematically known through the scientific method” (Corey, 2008, p. 375).

One of the metatheories within postmodern thought is social *constructionism*. Social constructionists believe that “it is impossible to receive an exact replica of objective reality in the mind without structuring it according to one’s cognitive structures, subjective or linguistic meanings, and unique social experiences” (Franklin, 1995, p. 396). Neimeyer (2001b) recalled the roots of constructionist metatheory when he said, “The mind actively structures experience according to its own principles and procedures” (p. 263). He sees the use of narrative, or storytelling, as one of these ordering schemes. He stated, “Human beings are viewed as (co)authors of their life stories” (Neimeyer, 2001b, p. 263) and construct a “master narrative” (p. 263) of their lives. When a major challenge to a life story is experienced, such as in the case of bereavement, an individual may seek out professional help. The therapeutic goal then becomes determining the meaning and significance of the loss, and ultimately integrating this understanding into the story of the client’s life.

## **Narrative Inquiry**

People live stories, and in the telling of these stories, reaffirm them, modify them, and create new ones (Clandinin & Connelly, 2000, p. xxvi).

In the research field there are various approaches to qualitative inquiry, for example phenomenology, grounded theory, ethnography, and narrative inquiry. The theoretical lens that I selected for this study was narrative inquiry which originated “within and across the various disciplines of the human sciences” (Pinnegar & Daynes, 2007, p. 5) such as anthropology, sociology, education, literature, and history. And during the last 15 years “the concepts of narrative and life story have become increasingly visible in the social sciences” (Lieblich et al., 1998, p. 1) which includes psychology and psychotherapy. Over time all these “different fields of study have adopted their own approaches” (Creswell, 2007, p. 54) to narrative research. Critics of the approach often state that it is more an art than a research methodology. However, supporters are quick to point out that “objective reality can never be captured” (Denzin & Lincoln, 2005, p. 5) and that we can only ever know a phenomenon through its representations.

People’s narrative accounts of their lived experiences are a natural way for people to share their stories, make meaning and understand one another. Pinnegar and Daynes (2007) stated, “Qualitative researchers are interested not in prediction and control but in understanding” (p. 4) and believed that story “is one if not the fundamental unit that accounts for human experience” (p. 4). It is through narrative inquiry the researcher tries to comprehend the inner world of individuals. According to Lieblich et al. (1998), “One

of the clearest channels for learning about the inner world is through verbal accounts and stories presented by individual narrators about their lives and their experienced reality” (p. 7).

Creswell (2007) wrote, “Narrative research is best for capturing the detailed stories or life experiences of a single life or the lives of a small number of individuals” (p. 55). The use of stories was therefore, well suited for narrating the grief experiences of the men in this study. Grief researcher and author Thomas Attig (2011) stated, “Personal stories of loss and grief are also the heart of the matter in developing general understandings of loss and grief” (p. xxv) and “real life accounts of individual stories would give caregivers invaluable practice in attending carefully to the subtlety and nuance of the particularities of grieving persons’ experiences” (p. xxv). He goes on to say that a full understanding of grieving experiences “requires both attunement to singularities and appreciation for the commonalities” (Attig, 2011, p. xxv).

Once the data, referred to as field texts by Clandinin and Connelly (2000, p. 92), are gathered in narrative inquiry the researcher seeks to gain some understanding of the stories through analysis and interpretation looking for themes and commonalities. The stories are then reorganized by “restorying” them into a common framework. In narrative inquiry, an inherent risk at the interpretation step is described by Clandinin and Connelly (2000) as “narrative truth versus narrative relativism” (p. 85). The tension arises when viewing all interpretations of events as equally valid. This is when “a disconnected sense of meaning replaces grounded narrative meaning” (Clandinin & Connelly, 2000, p. 85). The truth is when viewing the field texts—the transcripts in this study—there are “both better and poorer interpretations” (Clandinin & Connelly, 2000, p. 85) and only by

honouring the field texts can a researcher minimize this dilemma. In this study I attempted to honour the storied experiences of the men by highlighting their voices at key moments in the research document. This was achieved by my decision to display the men's words in special block quotations in a unique font (*Garamond 12, Bold, Italicized*) in order to draw attention. Apart from this one exception, this thesis strictly follows the style and formatting guidelines of the sixth edition of the American Psychological Association (APA; 2010). Although APA (2010) prefers a uniform typeface, my choice of typeface (*Garamond 12, Bold, Italicized*) is used consistently and abides by APA's recommendations to use a 12-point serif typeface with the overall goal to enhance clarity and readability (p. 228).

An important feature of narrative research is that the information and stories are contextualized. As Clandinin and Connelly (2000) stated, "Narrative inquiry entails a reconstruction of a person's experience in relation to others and to a social milieu" (p. 39). The researcher must situate the individuals within their personal circumstances (family, job, and home), their culture and history. With respect to this study and my research question, it was anticipated at this juncture of analysis and interpretation that the competing midlife transitions and challenges for the men will become apparent in their stories.

In addition to being a natural fit for retelling a person's story, there were additional attributes which drew me to narrative inquiry as my chosen research methodology. The process is not simply about gathering people's stories. Clandinin and Connelly (2000) approach narrative inquiry as much more than "look for and hear story" (p. 78). In their view, inquirers need to work towards "intimacy of relationship"

(Clandinin & Connelly, 2000, p. 78) with the participants in order to “make sense of life as lived” (p. 78). Narrative research takes into consideration the interplay between the researcher and participant in the inquiry process. Both parties bring their individual life story, assumptions, attitudes and beliefs which influence the story being told. Clandinin and Connelly referred to this dynamic as “tension at the boundaries” (p. 46), which may expose the narrative researcher to surprises, discomfort, or apprehension as the inquiry unfolds.

Geertz and Bateson (as cited in Clandinin & Connelly, 2000) pointed out, “The inquirer, along with the phenomena, is already changing because she is embedded in the changing phenomena” (p. 11). Clandinin and Connelly (2000) stated that narrative inquirers, too, “are part of the parade” (p. 61) and, therefore, affected by the story as it is told. As part of the parade, the researcher’s own personal story can be, and should be, woven into the participants’ narratives (but remain silent in the field), thereby providing the occasion to make meaning in his or her own life as well. The researcher’s own voice, however, must neither drown out nor hijack the participants’ voice in the research report. Developmental psychologist, psychoanalyst and researcher Erik Erikson (1963) agreed. Writing about his study and research of human developmental crises in his subjects, he stated,

We will never know what this life was like before it was disrupted, and in fact we will never know what this life was like before we became involved in it. These are the conditions under which we do therapeutic research. (Erikson, 1963, p. 38)

In the process, the researcher’s own stories can change as well. Clandinin and Connelly (2000) wrote, “It is not only the participants’ stories that are retold by a

narrative inquirer . . . it is also the inquirers' stories that are open for inquiry and retelling" (p. 60). The qualities of reflexivity and self-awareness are necessary and valuable in narrative research. There is an opportunity to meet ourselves (as researchers) in the past through inquiry and the "telling of ourselves" (Clandinin & Connelly, 2000, p. 61) and in the process "remake ourselves" (p. 61) in the retelling of our story.

Another quality of narrative research that was personally compelling was the inductive and organic logic. The innate fluidity and adaptability in the narrative inquiry approach allows the study to emerge and develop in an iterative fashion. For example, research questions can change in the middle of the inquiry whereas "the language of the qualitative researcher becomes personal, literary, and based on definitions that evolve during a study rather than being defined by the researcher" (Creswell, 2007, p. 19). With apparent research "freedom" in narrative inquiry it is no surprise that multiple sources of information can be used such as journals or diaries, observation notes, letters, photographs, memos, and correspondence. The primary data collection forms, however, are usually interviews and documents (Creswell, 2007, p. 79).

Clandinin and Connelly (2000) remind narrative researchers that "the way we enter the inquiry field influences what we attend to" (p. 93). In this respect I needed to be cognizant of how the questions (see Appendix A) deliberately created for the interviews—which then resulted in the transcripts and data—carried with them imbedded interpretations. This is contrary to the common notion that research data is an objective representation of the experience. In this interpretative process and during the interviews I was aware of how my responses (facial expressions, body language, asking for clarification, etc.) might have influenced the participants. Therefore, as Clandinin and



Connelly stated, “All field texts are inevitably interpretive texts,” and “What may appear as an objective tape recording of a structured interview is already an interpretive and contextualized text” (p. 94).

All of these distinguishing features are visible throughout the inquiry process and report writing and serve the research goal first and foremost which is to be true to the participants story above all else. As I began my research project I enthusiastically embraced these themes and allowed them to direct my thinking and writing. I quickly discovered the truth in what Clandinin and Connelly (2000) said that you “learn most about narrative inquiry from the doing of narrative inquiry” (p. 47).

**Narrative inquiry influence.** The narrative researchers that were most prominent in my understanding of the methodology, what narrative inquirers actually do, and consequently the design and application of this study were Jean Clandinin and Michael Connelly. They influenced my study not only in practical matters (data collection, report writing, etc.) but also philosophically. When Clandinin and Connelly (2000) began their research careers, they gravitated toward a quantitative approach and discovered “as we quantified experience, its richness and expression was stripped away” (p. xxvi). Their aim was to not only understand the essence of experience in their chosen field (educational research), but also in their own lives.

The greatest influence on their thinking and research approach came from John Dewey (as cited in Clandinin & Connelly, 2000) who believed “education, experience, and life are inextricably intertwined” (p. xxiii). They came to see that research was the study of experience and that experience could not be reduced to scores on tests or statistical devices. They believed there was more to the lives of the people they studied

which “were filled with complexities, with hopes, with dreams, with wishes, and with intentions” (Clandinin & Connelly, 2000, p. xxv). Narrative inquiry thus became their lens and “vantage point” for exploring life and a “way of understanding experience . . . experience is the stories people live” (Clandinin & Connelly, 2000, p. xxvi). These representations come in the form of first person testimony and the stories persons tell about their own experiences. Therefore, qualitative and narrative research simply relies on a variety of methods and empirical materials to bring that understanding closer.

**Narrative inquiry space.** Clandinin and Connelly (2000) created a *three-dimensional narrative inquiry space* in which to situate, define, and approach their research. It is a conceptual or metaphorical framework that addresses any research issue from the viewpoints (Deweyian) of *interaction*, *continuity*, and *situation*. The narrative research terms and criteria they consequently derived were:

1. the personal and social (interaction),
2. past, present, and future (continuity), and
3. notion of place (situation).

In this analytic framework, Clandinin and Connelly (2000) saw these dimensions as directions or avenues to be pursued in narrative inquiry. Basically, they believed “this framework allows our inquiries to travel—inward, outward, backward, forward, and situated within place” (Clandinin & Connelly, 2000, p. 49) and enabled the researcher to reduce the stories to a set of understandings. By *inward* they implied “toward the internal conditions such as feelings, hopes, aesthetic reactions, and moral dispositions” (Clandinin & Connelly, 2000, p. 50). *Outward* was “toward the existential conditions, that is, the environment” (Clandinin & Connelly, 2000, p. 50) whereas *backward* and *forward* refers

to “temporality—past, present, and future” (p. 50). It is challenging to use this framework because “being in this space is complex for the narrative inquirer because all of these matters are under consideration all the time” (Clandinin & Connelly, 2000, p. 56).

In addition to using the Clandinin and Connelly’s (2000) three-dimensional narrative inquiry space as a guiding framework for this study, a second narrative inquiry model was used. Creswell (2007) described some of the characteristics each story should contain such as a sequence to the events (a chronology), a structure (beginning, middle and end), causality, and plot (characters, setting, problem, action, resolution). Usually the main character (the participant) must address some challenge or conflict (Creswell, 2007, p. 56). Through the data analysis phase the identified themes of the story add meaning to the descriptions. Turning points and epiphanies are found and “larger patterns and meanings” (Creswell, 2007, p. 158) are derived from the stories. In the end through the relationship and meaning-making, both the researcher and the participants learn and change as a result. Therefore, my approach to narrative research in this study can be viewed as a postmodern, fluid, and intimate inquiry primarily based on the work of Clandinin and Connelly (2000). However, the research has also been influenced to some degree by a postpositivist paradigm, and the logic and structure of Creswell (2007).

### **Research Method and Finding Potential Co-researchers**

Prior to any research being undertaken or potential research participants (co-researchers) being contacted, all the required ethical reviews, permissions, and consents were obtained. This research study was designed to interview two or three men about their grief experiences subsequent to the death of a significant person in their lives—child, parent, spouse/partner, sibling, friend—when the men were in their middle

adulthood years (45 to 65 years old). In the participant invitation letter (see Appendix B) individuals were informed that the research question to be investigated was: How do men in midlife experience grief after a significant death? What constituted a “significant” death (that is death of a significant person) was determined by the invited individuals. However, the definition of significant used in grief and bereavement research “is generally taken to include personal losses experienced across the life span: the deaths of parents, siblings, partners, friends, and—against the expectations of parents—one’s own child” (Stroebe, Hansson, Schut, & Stroebe, 2008, p. 5).

The classification of the middle adulthood or middle age period was, according to Erik Erikson (1963), the developmental psychologist and psychoanalyst. Erikson outlined the *Eight Ages of Man* which described the growth and developmental crises of the human person. The principal developmental issue in the middle adulthood years (45 to 65 years old) revolves around generativity (expansion of interests and investments) versus stagnation and self-absorption and is a critical juncture in a man’s life.

The study co-researchers were selected from male participants (aged 45 to 65 years of age at the time of their loss) who had undergone some form of professional grief support after the death, such as individual one-on-one grief counselling and/or participation in a grief support group. This criterion was an ethical consideration for the safety of the participants and ensured each individual had received at least some grief support from a trained grief counsellor prior to the study.

All participants were of legal age, English speaking and mentally competent. The selection process and participation of co-researchers was not restricted by factors such as race, ethnicity, socioeconomic status, or sexual orientation. All prospective individuals

were identified through a local, well-established and highly regarded government sponsored grief counselling agency (name withheld due to confidentiality) in a major urban centre. With respect to privacy, when individuals sign up for services at this agency, they are aware they may be selected for possible research in the future. Since the researcher had been a practicing grief counsellor at the agency immediately prior to the study, there was a potential risk of pressuring or influencing past clients which I had personally counselled or previously contacted. Therefore, no former clients of the researcher were considered for the study and consequently there was no undue influence implied or exerted on any participants by the researcher to take part in the study.

The co-researchers who fit the research criteria (male, 45 to 65 years old at time of the death) were identified from the agency's grief support participant database. A database search was undertaken for the 14-month period from April 2011 to May 2012. During this timeframe there were 1,062 new client intakes to the agency (256 men or 24%, and 806 women or 76%). Of the 256 men identified, 124 (48%) met the selection criteria. This list of male participants was then provided to the grief counsellors in the agency who had counselled these particular individuals to ensure the clients had in fact completed any grief support six months prior to the interviews. The counsellors also screened the potential candidates for additional factors of concern (such as emotional and mental strength, nominal participation in grief counselling, or subsequent registration for additional services).

After the screening process, the result was a list of 66 men who were suitable potential candidates for the research. Each man was then sent a hard copy letter of invitation via postal mail to participate in the study (see Appendix B). No invitations

were sent to any man via email. The invitation briefly outlined the nature of the study, the purpose and research question, and an introduction to the researcher and research supervisor. The letter also explained how the individual was initially selected and provided assurances that any further communication or documentation would be treated in confidence to protect their identity, and that of the deceased, by removing any identifying information.

The same letter of invitation was also sent via email distribution to all registered volunteers affiliated with the grief counselling agency (total of 55 men and women) because all of them were bereaved. No selection or screening process occurred for this step. The intent was that some volunteers could self-select to participate in the study (if they met the selection criteria). No further invitations to take part in the research were sent out. The researcher was not engaged in the database search process, participant identification, or in the screening process, nor was involved in any manner with the letter or email invitation procedure. At no time was the researcher made aware of the client names or volunteers from the agency who were being contacted.

A covering letter from the manager of the counselling agency accompanied each letter of invitation from the researcher (see Appendix C). This letter was a requirement as per the ethics review board that oversees the management of agency's client information. Their concern was that the initial research contact must come from the custodian of the client contact information and clinical data, and not the researcher. Those interested clients could then make the choice to contact the researcher or not. This was an acceptable practice according to the agency's ethics review board.

## Selecting Co-researchers

In order to narrow down the potential candidates who might respond, a *purposeful sampling strategy* was established. When describing this approach within qualitative research designs Creswell (2007) stated, “The inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (p. 125). The letter of invitation asked those who were interested in participating in the research study to write a brief summary (not more than one page) of their grief and loss experience, outlining some of the key moments and meaningful memories, and to forward it directly to the researcher.

This research tactic is considered sampling at the participant level, as opposed to the site, event or process level. Those descriptions determined to be the most rich and expressive by the researcher would be identified and the individual contacted to participate in the one-on-one interview with the researcher. At that time more information regarding the interview process, confidentiality and the study would be made available.

This *Intensity* sampling approach aims to identify the “information-rich cases that manifest the phenomenon intensely but not extremely” (Creswell, 2007, p. 127). The rationale was to prescreen prospective co-researchers for their ability to communicate their experience articulately and richly and to demonstrate some prior processing (emotional and psychological) of the death event in order to have the richest data possible for the study. This subjective selection strategy also permitted the collection of some initial representative data and anecdotal material from any and all of the summaries provided. The intent was that this data could be used in the research report (anonymously) even if the specific individual was not selected for the actual interview

process. Candidates not selected to be interviewed were assured that once the study was completed their summary would be destroyed.

Of the 66 men sent letters of invitation by mail, and the 55 volunteers (both men and women) sent email invitations, a total of two men responded via email with their one-page summaries of their grief experience. A third man contacted the researcher and requested to participate in the study, but declined to provide a summary citing the emotional intensity of his experience and that it would be too challenging for him to write it down. None of the three men were volunteers at the agency; therefore, we can consider the response rate for the study to be 4.55% (3 of 66 men).

### **Initial Contact with Co-researchers**

The study was designed to make a final selection of two or three men to be interviewed after all positive responses (brief, one-page summaries) were received. It was anticipated that a *Second Invitation to Participants* would be required to be sent to those men selected (the most rich and expressive stories) via email (see Appendix D). This invitation acknowledged the selection of their story and contained a request for an interview with the researcher. Details regarding the interview process, possible interview questions (see Appendix A) and arrangements were outlined in the letter. The second letter also contained the ethical warning to ensure the well-being of the co-researchers and remind them of their voluntary participation.

As only three men in total responded to the initial invitation to participate, which was the same number the research was initially designed for, it was determined that sending a second invitation to participants was no longer necessary. All three men were contacted by the researcher and invited to participate in the interview process.



Correspondence with co-researchers was strictly via email. The initial correspondence prior to the interviews assisted in building rapport, trust, and confidence with the participants while also providing additional basic information regarding the interview process and the research study.

### **Data Collection and Recording**

A semistructured, one-on-one interview was arranged between the researcher and each co-researcher. The interviews lasted between one and two hours. Consideration was given to the location and timing of the interviews. I determined that holding the interviews in a private room at the grief counselling agency where they were past clients would provide the most suitable environment. The co-researchers would already be familiar with the location, facilities, the staff, and transportation options. Additionally, the clients could be assured their experience would be quiet, confidential and distraction-free.

In order to provide the most flexibility to the clients, the researcher arranged mutually convenient times to hold the interviews. The factors above were considered beforehand to ensure the co-researchers were as relaxed, comfortable, and worry-free as possible before the interviews. Prior to beginning the interviews, the clients signed a *Letter of Consent* (see Appendix E) and were informed that the sessions were being captured using both a digital audio recorder and a digital video camera. The audio recorder was the primary method of recording the interview, while the video camera was only used as a backup. The three interviews were then transcribed to text using a third party transcription service. Before engaging in the transcription work the transcriber signed a confidentiality agreement.

## Validation

Validation of the research are important considerations with respect to narrative inquiry. There is an ongoing debate within quantitative and qualitative research circles regarding what constitutes *reliable* or *valid* research, in particular with increasing use of narrative methods. The quantitative side argues that since they adhere to scientific rigour and use time-honoured measurements such as reliability, validity, and generalization to evaluate their research, their findings are empirically truthful. They argue that the “softer” (O’Dea, 1994, p. 162) sciences—which use such research approaches as narrative methods—are “devaluing the importance of truth by employing criteria that are not epistemically relevant” (p. 161).

On the other hand, narrative researchers such as Clandinin and Connelly (2000) argued that we have to go beyond notions such as reliability, validity, generalizability, and a language created for other forms of research. They mentioned such terms as “transferability” (Clandinin & Connelly, 2000, p. 184), “adequacy” (p. 185), and “plausibility” (p. 185) as possible alternative validation criteria for this developing mode of inquiry. O’Dea (1994) believed that “authenticity” (p. 161) is the key measurement for narrative work and it is therefore, incumbent on the researcher to accurately gather and re-story the participant’s narrative accounts to truthfully reflect their lived experiences.

The dispute between these two distinct research approaches hinges on trusting the abilities of the research participants to accurately describe their own experiences, and on the researcher’s ability to understand what they mean. The quantitative side does not trust first-person testimony (including the possibility that story-tellers may not even tell the truth as they know it, distorting, fabricating, embellishing, etc. as they go) and believing

that standardized testing instruments may reveal things about participants that they themselves didn't realize about themselves. Qualitative researchers hold that there cannot possibly be any better way to access experiences than asking those who have the experiences to give first-person testimony by telling their stories. It remains an impasse and an ongoing discussion between the two paradigms.

According to Creswell (2007), seven factors can be used to gauge the trustworthiness of a narrative research study (pp. 214–215). Did the author:

- Focus on a single individual (or two or three)?
- Collect stories about a significant issue in this person's life?
- Develop a chronology that connects different phases or aspects of the story?
- Tell a story that restories the story of the participant in the study?
- Tell a credible story in a literary way?
- Report any themes that build from the story to convey a broader meaning?
- Reflexively bring himself or herself into the study?

In addition to Creswell's (2007) qualitative factors above, this study was guided by an attitude and approach to narrative inquiry that Clandinin and Connelly (2000) referred to as "wakefulness" (p. 184). They call on the researcher to be reflective and thoughtful throughout every step of the process and regarding all inquiry decisions (Clandinin & Connelly, 2000, pp. 184-185). This wakefulness represents both a spirit and practice in a newly evolving, fluid mode of inquiry which "most needs to characterize the living out of our narrative inquiries, whether we are in the field, writing field texts, or writing research texts and wondering about what criteria to use in a particular narrative inquiry" (Clandinin & Connelly, 2000, pp. 184–185).

The measures below were taken to ensure this research study and the subsequent narratives of the men met the evaluative criteria of accuracy, truthfulness, honesty, and believability of a narrative (the extent to which a narrative appears realistic, likely, or plausible, likeness or semblance of a narrative to reality, or to the truth):

- An audio recorder was used to record the dialogue during the initial interviews. A video camera was used as a back-up recording device.
- The three interviews were transcribed to text using a professional third party transcription service.
- The transcripts were carefully reviewed, checked, and edited by the researcher using the original audio files. The video recordings were also used to ensure pauses, emotional affect, and body language were captured in the transcripts.
- After thoroughly absorbing and analyzing the transcripts, plus using the initial submitted story when applicable (the one-page email submission), the researcher composed a brief narrative account of each interview.
- A second synopsis document was created by the researcher which summarized the author's observations and interpretations regarding the similarities, themes and characteristics common to all three interviews.
- Each man was provided a copy of their narrative as well as the synopsis document and asked to comment on the accuracy and essence of the story and synopsis to determine if it is a truthful and reflective account of their experiences.
- A follow-up one hour one-on-one telephone interview was held with each man to collect their feedback and comments to ensure the written narratives

and synopses were reflective of their experiences, and to learn where their stories might differ.

- The comments and feedback were then incorporated into the narratives and synopses.

Through the entire research process in this study—proposal stage, interviews, analysis, interpretation, and write-up—my primary and chief guiding principle was to hear and present the stories of these men as accurately and truthfully as possible. My mission and passion was to honour the men so that their stories of grief could be heard as honestly and directly as possible. O’Dea (1994) stated that it is “the personal integrity of the researcher [which] takes centre stage in determining the merit and truth value of the particular piece of research” (p. 168). Having used these methods and evaluative criteria, it is my conviction this research has presented the authentic voices of the men and their experiences in a plausible and trustworthy fashion.

### **Confidentiality and Security of the Data**

The issues of co-researcher anonymity and confidentiality were addressed in increasing detail through the following documents which were prepared for the participants: First Invitation to Participants – Initial Screening (see Appendix B), Second Invitation to Participants – Invitation for Interview (see Appendix D), and Consent Letter (see Appendix E). Pseudonyms were used in this written report to protect the identity and anonymity of each participant, the deceased and any other people named in the interview or in documentation, such as the initial one-page summary document. All potentially identifying information was removed or altered.

All data gathered from the interviews and correspondence (audio/video recordings, transcribed text, field notes, letters, emails) were safely and securely stored by the researcher at all times. All electronic files and emails received from participants were encrypted and saved on the researcher's password-protected personal computer which was securely stored at all times. All paper documents received from participants were saved and securely double-locked by the researcher. No one except the researcher and the researcher's thesis supervisor had access to the interview transcripts, electronic files or paper documents.

As per the first ethics approval for the study received from the researcher's college, once the interview results were transcribed to text all audio (or audio/video) recording files were to be destroyed and the transcription files (encrypted) retained by the researcher. However, in order to gain access to the government agency's client data, a second ethics review approval process was required. Approval was then received from the agency's ethics review board with the condition all raw data (the audiotapes) must be retained for a period of five years from the time the study is closed. This was contrary to the research proposal and ethics approval received by the researcher's college. In subsequent discussions with the researcher's master's program chair, the college determined to comply with the external requirement of retaining the raw data for 5 years since it was a "condition" of the agency's approval, and the college's ethics approval did not say destroying of the raw data upon completion of transcription was a condition of their approval.

## **Informed Consent**

Prior to the interviews each co-researcher was told the nature and purpose of study and the risks involved by the researcher. An informed consent document (see Appendix E) was presented and explained in detail by the researcher to the participants who were then asked to review and sign it prior to the interview commencing. The document was also signed by the researcher and a witness (a staff member at the agency).

The consent form addressed specific elements concerning the study such as confidentiality and anonymity, voluntary participation, the right to withdraw, interview procedures, known risks and expected benefits to the participants. It was also made clear to each co-researcher that the interview was not a grief counselling session and was purely to gather information regarding their grief experiences. Resources were identified in the letter if participants required outside support (mental health services and/or grief support) following the interview. Finally, upon signing the consent form each participant acknowledged they sufficiently understood the information discussed about their participation in the research project and their agreement to participate as a research subject. Each co-researcher received a hard copy of the consent form to keep for their records and reference.

## **Ethical Issues and Considerations**

Prior to any research being undertaken or potential research participants (co-researchers) being contacted, all the required ethical reviews, permissions and consents were obtained.

Conducting any research study in the field of bereavement is loaded with ethical challenges and complexities (Cook, 2001, p. 119). Some of the key ethical issues in this

type of research are outlined below. This study was intentionally designed to minimize, manage, and mitigate these risks and issues. Under each potential ethical issue is the corresponding research study design feature(s) or mitigating factor(s) that was incorporated in this study.

The use of certain recruitment methods may add to the stress of bereaved individuals. The recruitment process was described in detail in sections above. Several measures were put in place to ensure that any potential stress on individuals was kept to an acceptable level:

1. All potential participants were selected from existing clients of a grief counselling agency; in this respect all the individuals had already voluntarily chosen to come forward and speak to a counsellor (either by attending one-on-one grief counselling or the 6-week grief support program at the agency) about their personal loss; this action signified at least some willingness (or at least no opposition) to be open about sharing their grief experiences.
2. All potential participants were identified through a long-standing, well-established and highly regarded government sponsored grief counselling agency ensuring they had received at least some measure of high-quality grief counselling prior to participating in the study.
3. No potential participants were currently actively engaged in personal grief counselling as agency clients.
4. Contact with all potential candidates was through the grief counselling agency (familiar to the individual) and not directly by the researcher.



5. No individuals who were past grief counselling clients of the researcher, or had been known or contacted by the researcher in the past, were considered as potential co-researchers for the study.

Timing of recruitment, which involves finding a balance between acknowledging the vulnerability of the bereaved and the goals of the researcher, is to identify factors related to the topic of study. Several measures were put in place to address this potential risk such as:

1. All potential participants were mature, mentally competent adults (45 to 65 years at the time of their loss).
2. All potential participants had completed some form of professional grief support after the death (such as individual one-on-one grief counselling and/or participation in a grief support group) at a reputable grief counselling agency.
3. All potential participants were screened by trained agency grief counsellors prior to being invited to participate to ensure the participant was not emotionally vulnerable or in acute grief or crisis.
4. All potential participants had completed some agency grief support intervention no less than 6 months prior to the beginning of the study; although the 6-month time frame is not a magic number in terms of integrating a significant loss, it does provide an opportunity for the bereaved post-loss to reflect and begin to incorporate the experience.

Circumstances related to the loss (such as a Sudden Infant Death Syndrome, homicide, or suicide death) may impact the bereaved to such a degree that their

perception of the “option” to cooperate in the study is seen more as a requirement from the authorities.

1. The invitation to participate in the study did not request or suggest that any particular type of loss was required, favoured, or desirable; individuals were able to voluntarily choose to participate, or not based solely on their willingness to share their grief and loss story.
2. Although initial contact with all potential candidates was in fact made directly by the grief counselling agency (which could possibly be considered an “authority” by the participants), the invitation to participate in the study included a covering letter from the manager of grief counselling agency clearly stating that their participation was strictly voluntary.

The capacity of bereaved individuals to give rational and voluntary informed consent for research studies is sometimes questioned because of the sensitive and often distressed mental state of the bereaved to make sense of the loss.

1. All potential participants had completed any agency grief support interventions no less than six months prior to the beginning of the study;
2. All potential participants were screened by trained grief counsellors prior to being invited to participate to ensure the participant was not emotionally vulnerable or in acute grief or crisis.

Obtaining informed consent from the co-researchers is complicated by such factors as research methodology—with the unpredictable nature of qualitative interviews, it may not be possible to accurately or completely caution participants regarding the

expected emotional impact; cultural context—various cultural norms may influence how the participants perceive the right to voluntarily withdraw from the study.

1. Prior to the start of the interview the co-researchers were informed about the potential risks of participating in the interview and study.
2. Participants were informed their participation was voluntary, they could refuse to answer any question at any time, and they had the right to withdraw from the study at any time without explanation and without risk of consequences to them.
3. Resources were identified in the letter of consent if participants required outside support (mental health services and/or grief support) following the interview.
4. The researcher was a trained grief counsellor and a Certified Thanatologist (special education in dying, death and bereavement) and was mindful of observing and assessing the mental and emotional well-being of the participants prior to, during, and after the interview process; the researcher was prepared to suspend the co-researchers' participation if their health or well-being was deemed to be in jeopardy.

### **Additional Research Measures and Standards**

The research study was also guided by the following additional measures and standards to ensure both the safety of the participants, integrity of the study, and professionalism of the effort.

**Professional standards.** An important ethical point of reference for this study was the professional standards for ethical conduct as expressed by the Code of Ethics of

the Canadian Counselling and Psychotherapy Association (2007), of which the researcher is a registered student member. The ethical principles and values of the CCPA are based on the following six fundamental principles:

- beneficence (promoting good),
- fidelity (honouring commitments and maintaining integrity),
- nonmaleficence (avoiding doing harm),
- autonomy (freedom to choose),
- justice (fairness), and
- societal interest (responsible to society).

These standards formed the foundation for the conduct of ethical research behaviour by the researcher. At no time were these standards compromised or breached during this study.

**Thesis supervision.** The role and guidance of the research supervisor (Dr. Thomas Attig) provided a further ethical benchmark for this study. Thomas Attig is a well-known grief author and has been conducting research, writing, and lecturing in the field of grief and bereavement for over 40 years across Canada, United States, and worldwide. He was available to the researcher for consultation and direction on a regular basis.

Over the years he has read thousands of detailed accounts of personal loss experiences of bereaved individuals and is keenly aware of the risks and nuances of speaking to the bereaved. He was instrumental with assisting in the design of the study and in particular the interview questions, strategies for engaging the co-researchers, and helping prepare the researcher prior to conducting the interviews. Thomas Attig is a

Fellow of Thanatology and a Past President of the Association for Death Education and Counseling (ADEC). He has also served as Vice-Chair of the Board of Directors of the International Work Group on Death, Dying, and Bereavement. A brief synopsis of Dr. Attig's credentials and accomplishments was included in the first letter of invitation to potential participants (see Appendix B).

**Academic ethics review.** After obtaining the research proposal approval for this study from the researcher's college, but prior to beginning any research or holding the co-researcher interviews, permission to conduct the study was obtained from the Research Ethics Committee at St. Stephen's College. Their mandate was to gauge the potential harmful impact and risk to participants. A separate and detailed ethics application process was submitted and approved.

**Agency ethics review.** Once the academic ethics approval was obtained, a second similar ethics review application process was required as the grief agency client information (access to the potential co-researchers) stored on the database was proprietary information and the property of a government agency.

A detailed ethics application process was submitted and approved by the Research Ethics Board. One condition was specified with the approval and that was that all raw data must be retained for a period of five years. This condition was communicated in writing (email) from the Research Ethics Board directly to the manager of the government agency, who then informed the researcher. This condition has been adhered to in the study.

## Chapter Four: Data Results

Midway in the journey of our life  
I came to myself in a dark wood,  
for the straight way was lost.

Ah, how hard it is to tell  
the nature of that wood, savage, dense and harsh—  
the very thought of it renews my fear!

It is so bitter death is hardly more so.  
But to set forth the good I found  
I will recount the other things I saw.

How I came there I cannot really tell,  
I was so full of sleep  
when I forsook the one true way.

—Dante Alighieri, “The Divine Comedy”

*The Divine Comedy*, written in the 14th century, is structured in three parts—*Inferno* (Hell), *Purgatorio* (Purgatory), and *Paradiso* (Paradise) and is a figurative vision of “the three realms of the Catholic otherworld” (Alighieri, 1982, p. xiv) and “the state of the soul after death” (p. xiv). *Inferno* is an allegorical dramatization of Dante’s—who represents mankind or the “Noble Soul” (Alighieri, 1982, p. xiv)—journey through Hell guided by Virgil, the poet of ancient Rome—who represents human reason. Much like Dante’s (1982) tale, the narrative accounts of the three participants in this study are about men in their middle adulthood years and, accordingly, midway in the journey of their life. Similarly, each story begins with a moment of crisis (the death of a loved one), an

impending turning point or a fork in the road in their life story. As can be seen, it was a time of confusion and darkness where each man was decidedly facing an ominous “dark wood” (Alighieri, 1982, p. 28) and feeling alone and lost from the straight path.

Each man knowingly walked the path through their private “dark wood” (Alighieri, 1982, p. 28) of grief, ultimately finding their way clear through struggle and sorrow, and in the end returned to share their experiences with this researcher. It will be evident through *re-storying* their individual stories below just how arduous each of their grief experiences actually was. And yet despite their prospective fears, each man voluntarily agreed to be interviewed for the research study knowing full well the retelling of their story of grief and loss could be, or likely would be a difficult and painful experience. They willingly participated in the study in order to recount the “good” (Alighieri, 1982, p. 28) they found simply because they felt compelled to share what they saw, to describe the terrors and pitfalls, and to help their fellow man so that they could more easily navigate their own “dark wood” (Alighieri, 1982, p. 28) if and when the moment came.

Lieblich et al. (1998) wrote, “People are storytellers by nature. Stories provide coherence and continuity to one’s experience and have a central role in our communication with others” (p. 7). Riley and Hawe (2005) added, “*Story* and *narrative* are words often used interchangeably, but they are analytically different. The difference relates to where the primary data ends and where the analysis of that data begins” (p. 227). And according to Frank (as cited in Riley & Hawe, 2005), “People tell stories, but narratives come from the analysis of stories” (p. 227). Therefore, “the researcher’s

role is to interpret the stories in order to analyze the underlying narrative that the storytellers may not be able to give voice to themselves” (Riley & Hawe, 2005, p. 227).

This chapter will present the primary data of the research, which are the raw, condensed natural stories as told by the participants. My intention is to first introduce the men and their individual journeys by focusing on the bare facts, chronology, characters and key moments in order to showcase the fundamental nature and *plot* of the stories. Therefore, I have intentionally excluded any in-depth mention of the men’s grief reactions and responses. Here I begin to *sketch* the lived grief experiences of the men whereas in later chapters the goal will be to interpret and present a deeper analysis of their inner worlds and grief encounters.

After the participant interviews, the three audio tapes were transcribed to text. Then using the transcripts and the initial written stories (the one-page email submissions) I composed a brief, coherent account of each interview as a prelude to each man. At this stage I did not include any interpretations, analysis, or comparisons of the research findings which will follow in subsequent chapters and be situated as the underlying narratives. The condensed versions of the stories (shown below) were provided to each man in order to validate the researcher’s synopsis of their experiences. Only one man requested some minor edits—to clarify the details of events—with respect to his story summary as presented. Pseudonyms were used to protect the identity and confidentiality of each participant, the deceased and any other people named in the interview. All potentially identifying information was removed or altered. The direct quotes from the research interview with each man were included to accentuate the storyline.



## **Gerry's Story**

Gerry is a white male, in his mid-50s, and a blue-collar worker. He is the father of grown children from a previous marriage and also a grandfather. He is currently married with step-children. During the interview the researcher found Gerry to be an articulate, straightforward, dedicated and emotionally expressive man.

Approximately 14 months ago, his sister Liz, the youngest child in his family of origin was brutally murdered. Liz was in her late 40s, the mother of grown children and a grandmother. She was also engaged to be married at the time of her death. She was living part-time in Canada and also outside the country. Her death occurred outside of Canada.

Gerry was very much the proverbial “big brother” to Liz and her children. They maintained a close relationship, and he often helped her out over the years with support (that is advice, money, assistance). Gerry has two other sisters, both in their mid-50s.

The four siblings had a turbulent upbringing with stepfathers or their mother's boyfriends. They were constantly on the move which caused interruptions in family life. Despite the turmoil, occasional estrangement, and sometimes being separated while growing up, the siblings stayed closely connected and communicated often over the years. At the time of the death they all lived geographically distant from one another.

Gerry learned about the death of Liz the morning after it happened. He said, “It was surreal . . . like standing on the earth and all of a sudden the news comes on and says—alerting a meteor is going to hit the planet—you go, what? So then you have to think about that . . . you don't even know what that means . . . and then all of a sudden stuff starts happening to you.” He was not aware that Liz was getting married in the coming spring and to a man he had never met. As the details of the traumatic death

became known to Gerry, his immediate reaction was one of remorse and somehow a failed responsibility to protect her. He expressed his regret that he “wasn’t there” and “didn’t have any control over her.”

Without hesitation Gerry then turned his attention and energy to taking action. He informed his employer he was taking time off: “I just went to work and said I’m out of here for a month” and then immediately drove to where his sisters lived. His intention was to unite the family—“Keeping the family together . . . keeping them organized”—and to establish what just happened and what needed to be done: “We just all had to calm down and focus on what was going on.”

The family then travelled to where the murder took place. Gerry saw his role as “the bridge guy . . . I kind of kept it together” while his “sisters had to be brave enough to step up to the plate.” He had a purpose and a plan because “everybody had to heal everything right away and trust each other because everybody was there to support each other. That was the only way we could get through this.”

He needed answers regarding the details of the incident and spoke to the local police, the lawyers, and also the fiancé who was there at the time of the murder. He took it upon himself as “the only male” in the family and considered that it was his duty to take charge of the situation. He remarked, “There’s no more senior males left . . . I was the guy,” which influenced him to “project myself as the senior male in the family” throughout the process.

All through the murder investigation, funeral, and a period immediately afterwards, Gerry’s concern and attention was constantly focused on others. He acted much like a caretaker for his family so that they could grieve. His self-appointed job was

“supporting all of these people . . . getting them connected . . . and then watching the grief come out of my sisters.” Speaking about comforting one of his sisters, for example, he said, “Then I held her . . . just let her go through her thing.”

Even when it came to seeking grief support at the outset, Gerry placed the family needs first. His words were,

*I had never experienced this before, so that is why I went to these counsellors. Not to talk about my sister's death but to . . . communicate clearly with my family so that they would keep their connection. So, it worked . . . they talked, my sisters talked.*

In the meantime, this mission was taking a toll on Gerry, and he said it was “draining the crap out of me.” By having “to keep on top of it,” (i.e., the family situation and grief, at all times), Gerry consequently delayed addressing his own grief experience. About six months after the death, Gerry was feeling his own grief intensely and finally sought professional help. He “was right in the middle of it . . . then I decided I had to do something. So March–April I think, I went to counselling. It was just like it wouldn't stop,” referring to the intensity of his sorrow and anguish.

He had a total of four grief counseling sessions with three different therapists. He approached his own personal grief experience and grief therapy with his customary “take charge” approach. And he was very clear regarding his intention for entering counselling, “I'm not going to hide from this stuff—I'm going to work through it—I've got to understand it.” Though painful as it was to experience this magnitude of grief, Gerry remarked about the profound positive impact it has had on his life and outlook: “It has made me give more of myself to people . . . not holding back but giving more.”

Approximately one year after the death Gerry responded to the request to participate in the research study. He believed his grief experience and personal journey could potentially help others: “I want to help people,” and “Men need to hear my story and women need to hear my story.” He enthusiastically volunteered to be interviewed and was “very grateful for doing this” and motivated to assist “other men with this type of pain, or other women.”

### **Chris’s Story**

Chris is a white male in his early 50s, and a white collar business professional. He has been married for over 20 years and has three sons. Chris has a large extended family on both his side and his wife’s. The researcher found Chris to be a soft-spoken, articulate, sensitive, and caring man, husband, and father.

A little less than two years ago Chris’s youngest son, Jeff, died suddenly and tragically. Jeff had recently graduated high school, was in his late teens, and lived at home at the time. He was not a particularly rebellious teenager, but his parents did have concerns about some of his friends. The evening he died, Jeff had gone to a small gathering at a friend’s house. The circumstances surrounding the cause of death were uncertain: “It is kind of a combination of a lot of different things and, at the end of the day, we will never really be 100% certain.” Jeff was discovered dead by his friends in a room in the home later in the evening.

Chris was at home when the police woke him up at 6 a.m. to inform him that his son had died. He said of his reaction, “It is so surreal . . . [it is like] I am in a TV show . . . and then to have to break the news and you’re just so numb.” When asked what the initial moments were like emotionally after hearing the news, Chris articulated his affective

state like this: “I mean the police came to the door and it just kind of floors you,” and “All of a sudden it kind of dawns on you . . . and then you kind of clue in.” His wife was out of town and returned later that day.

Chris described the days immediately following the loss as filled with tasks, funeral planning and coping with friends and family. Describing the scene, he said,

*Everybody’s coming back and getting together and we had close family to help us go through it and organize and deal with stuff. And you are just in that gear and you are moving forward, and I was just not right and . . . and I just say I was numb.*

At this time his actions and attention were externally focused: “Especially earlier on I wanted to be supportive of so many other people. Family and close friends that were hurting and that and needed support, and it kind of surprised me.” When Chris reflected on this approach, he insightfully remarked, “Maybe when you do that you don’t deal with your own stuff, so I don’t know what was the motivating factor but it was there and not always wanting to be so frail in front of my wife.”

Approximately one month after Jeff’s death, Chris and his wife halfheartedly decided to take a vacation that had been previously arranged. They hesitated about leaving home but eventually reasoned, “There was no good place to be . . . I mean, I don’t know if it really matters where you are.” In the end they believed that a change in surroundings might be helpful rather than sitting at home and just thinking. In hindsight Chris said, “I don’t know—right or wrong—was it the right thing to do? I guess it was the right thing to do. We had good days with our friends and we did stuff and then nights were just brutal.”

During this early period of grieving after the death, Chris's grief reaction was more cognitive since, as he said, "The emotions never really hit" and he was "just thinking about Jeff and everything tied to that loss . . . is just constantly rolling around inside the brain . . . I mean, unless you are actually engaged in doing something, it is there."

Chris and his wife, Peg, began grief counselling within a month following the loss: "Peg was kind of resisting, that it was too soon [to attend the 6-week program] but in the end she would go." They first attended three private sessions with a grief counsellor, then as a couple participated in a 6-week (one session per week) grief support program especially designed for parents who have lost a child. They had one more private session with the grief counsellor after the 6-week program ended.

Actively participating and speaking out in the grief group was difficult for Chris but he "just knew that I had to do that at that time . . . everybody's eyes are on you when you are talking and you are crying and you're breaking and you can't talk and you're saying stuff." And yet the process was rewarding. He recalled,

*Some of those sessions were, you know, quite difficult but when you leave, and most of us said the same thing . . . when you left and you're going out to the parking lot and, you know, there is some weight off of your shoulder . . . it's like . . . not everybody said it, not every time, but with the majority it was moderately consistent, right. You leave and that weight went off your shoulders and that pressure came off of your chest where you could fill your lungs a little bit, and you would go home and you would tend . . . I think I tended to have a better sleep that night.*

The outcome was similar for Peg, who also expressed a physical release and relief after a grief group session. “My wife, and there was another guy there . . . two of them talked about physical pain and grieving. My wife certainly experienced that and the other fellow . . . he definitely experienced it.”

Attending and participating in the parental loss grief group was not for the faint of heart according to Chris who said, “I think most of us looked forward to next week. Not everybody, depending on what was coming up. Some of them dreaded it and they had to force themselves to go there. I always looked forward to it.”

Chris and his wife believed the grief support group experience for bereaved parents was especially healing. For Chris, attending the support sessions was the hardest thing to do, and yet it was the most therapeutic “because you are not numb anymore. The numbness is leaving away and you’re thinking about stuff and you’re dealing with it. You’re taking those steps.” He continued this theme of being proactive with respect to his grieving when he said, “that is the positive of the program . . . that you got it out, you expressed it. You got support from others around, and to hear the commonality . . . you knew what worked and didn’t work.”

Almost two years has elapsed since Jeff’s death. In hindsight Chris said the death and grief experience have thankfully drawn him and his wife closer: “It really drew us together for support and to bond us,” which is not always the case with parents in similar situations.

A commonly held belief is that parents who have experienced the death of a child frequently divorce in the aftermath of the loss because, as Chris said, “It rips families apart.” Based on this belief Chris was grateful the secondary loss of a divorce and

compounded grief did not happen to them. He sees it as their “saving grace” and he is “just so thankful that I don’t look at her [wife] and say ‘you didn’t do’ and vice-versa” because “I don’t know how you heal that.” However, this notion of a high divorce rate after child loss is not borne out in the literature. The reason cited by many couples for adopting this viewpoint is exactly the reason that Chris expressed—a desire to avoid another devastating loss.

Chris responded to the request to participate in the research study by submitting a one-page email summary of his grief and loss experience. He stated, “We were fortunate to have a great counsellor and the grief support program to help us in our journey in grief,” and “I certainly feel the need to give back and support others.” He willingly volunteered to help others by sharing his story because, as he said, it is much needed.

### **Stan’s Story**

Stan is a man in his late 40s, is white, and works as a business professional. Stan is married and has one teenaged child who has been diagnosed with special needs. During the interview the researcher found Stan to be a relaxed, emotionally reserved, reflective, and cogent man.

Stan is the youngest of six brothers and sisters, and there is a 7-year difference between Stan and his next oldest sibling: “In some ways I . . . came out like an only child almost because everybody moved away.” Stan described being raised Catholic, in a close, loving family with devoted parents:

*Some people I know have friction with their brothers and sisters sometimes because it stems from, you know, old relationships or it stems from them really not getting support and, you know, things like that. I never had that with my family.*



Just over 2 years ago Stan's oldest brother Frank died from cancer. Frank was in his early 60s at the time and had been battling cancer for 2 years. Despite the 15 years difference between Stan and Frank, he and his oldest brother were extremely close: "He understood me." They had many things in common—such as line of work, academic background, and love of golf—and especially a special spiritual bond. Stan also felt a "kind of unconditional love" and acceptance from Frank. Frank was more than a big brother to Stan, he was a mentor, second father, and best friend: "I connected with him on so many levels," and "We were on the same wavelength."

Stan and the extended family were present when Frank died in hospice:

*We were all there . . . he was in a hospice in [location] and most of the family was there. The nurse was there and she listened to his chest and she just kind of nodded her head and my sister-in-law broke down, and I was standing there and we were all kind of hugging each other but I didn't really have tears. I just felt an emptiness. It was, like, jeez, is this really happening? Probably a bit of shock even though he had cancer for a couple of years."*

Stan was thankful his brother was not in pain anymore; however, he struggled with the fact Frank died so young.

Surrounded by family and friends, Stan and the family began planning the funeral. As they reflected on Frank's life, Stan was "telling people I didn't know how to feel," and "I just felt kind of empty." Stan found it challenging to manage the regular stresses of his life with the grief he was experiencing: "The world doesn't stop when you are grieving."

The weeks and months following the loss Stan felt empty, sad and in a depressed mood and struggled with his grief. He had a sense of confusion regarding his grief

reactions and responses and questioned, “How am I supposed to feel? Somebody tell me how I am supposed to feel here, because it is confusing, was kind of the thought that came to mind.” During this period Stan needed to return to work which posed a significant challenge; “I had to go back [to work] and try to grieve, and that was a difficult process. And there was probably a few months before I went to see [grief counsellor] . . . I was just kind of on my own and just trying to struggle with the whole thing.”

Consequently, Stan was confused by his circumstances and was searching for a strategy or plan of action to do something regarding his grief. He expressed this longing when he said, “I’m looking for a solution—just give me a manual . . . how am I supposed to feel here, and that was hard just trying to come to grips.” Stan’s busy and stressful life motivated him to try to quickly resolve his grief. This urgency and need to be proactive generated feelings of guilt for Stan due to “not having the time to grieve. It is almost like I felt that I was supposed to have myself locked in a room . . . my own retreat for two weeks to deal with this, and life wouldn’t let you do that. It is almost like I had these conflicting things going on.” Stan’s initial desire to find a “solution” to his grief reflects a common mind-set that sees grief as a problem to be solved. Over time Stan began to recognize that the grief experience “is a process, there is no end result. I may grieve until I am gone.”

A few months after the death of Frank, Stan attended professional grief counselling. He had four individual sessions with a grief counsellor where he says, “Then I was able to open up to (GRIEF COUNSELLOR) how I felt about Frank and how he was a good influence for my life and kind of reflect back on some things about that

relationship that were important.” His grief experience was validated and normalized when the counsellor informed Stan “that it is okay to not have tears. If that’s not your way . . . that’s fine. I may get a little teary-eyed at a sporting event or something, something that’s important to me . . . but I’ve never actually cried in years.”

Approximately ten months after the death of Frank, Stan’s mother died. She was 88 years old at the time and in the hospital suffering from dementia, a broken hip, and medical complications. As Stan stated, her loss “came when I was trying to get through a stage of grief with Frank.” Even so, Stan was more accepting of the death of his mother, “In general, there was more peace . . . and more relieved in a way . . . that she wasn’t suffering anymore. But, we still miss her.” The logic that Stan offered was, “You didn’t feel ripped off with Mom as she lived a long time . . . I felt the peace that she was now at peace and with my Dad,” and “We got 88 years . . . I had a good life with her.” Once more Stan observed, regarding his grief reaction, that “there was lack of tears because I am just not a crier but there wasn’t the same emptiness . . . feeling of emptiness when Mom died.”

Notwithstanding, the death of Frank, which created a prominent void in Stan’s life, was compounded by the grief and loss of another influential person, his mother. For Stan,

*It brought the stress out again. Immediate stress . . . was the feeling. I got this job and my Mom has died, and I have got to do this eulogy and gotta get people together. Family . . . and I remember just stress. It came up again . . . sadness and the family was together but then we would reminisce about Frank at the same time. This had brought all this emotion to my sister-in-law and my sisters again about Frank because Mom had died. So that was hard.*

Having to grieve a second family death in ten months, this time Stan was no longer a stranger to grief and loss, “It was different.” And despite the additional sorrow and suffering, Stan believed “I think it [his mother’s death] has just put more perspective on it [Frank’s death].”

Stan was eager to share his story and participate in the research study “as part of my process of grief and mourning.” He submitted a one-page email summary of his grief and loss experience. In it he alluded to the apparent variation regarding men’s and women’s innate ability to adequately process grief and loss.

## Chapter Five: Data Analysis

In the data analysis process of this research it became apparent that within the stories of the three men there existed a unique and similar pattern. After reading and rereading each transcript countless times, I determined there were three very distinct phases (or steps, stages, periods, chapters) to be found in each story at a macro level. Although the dividing lines between these three elements were not sharply defined, and the transition between the phases was neither linear nor one-directional, the stories had a definite structure. The academic and research literature abounds with numerous theories and models of grief and bereavement. Each one attempts to create a theoretical framework that captures the universal pattern of how humans respond to loss. The pattern or outline I discovered clearly centered on elements of the grief experience of each man, however it should not be confused as being yet another proposed model for grief.

Each man interviewed for this study brought with him a life story of 40- or 50-plus years. Contained within each life story was their individual struggle with the death of a loved one and the ensuing grief encounter that was recorded for this study. It was a distinct period or chapter in each of their lives, a story within a story so to speak. It was when examining each of these periods of grief and loss that I came across the common phases and qualities of their experiences. The first most recognizable characteristic that I observed in each story was a distinct sequence of events, a chronology if you will, with a beginning, middle, and an end. As with most stories, I also noticed a common causality and plot involving characters, setting, problem, action, and resolution. They each started with a tragedy and challenge which the main character (the men) needed to face. Along the way there were struggles, choices, setbacks, turning points, allies and epiphanies. In

the end the protagonist of the story (the men) through hope, grace and action was able to find a way to move forward in his life and a way to share his journey. I initially labelled or summarized these particular events or phases plainly as (a) the death event, (b) the grief experience, and (c) the understanding.

Each man was faced with the significant, and for some the shocking death of a family member in Part 1. For each it was a moment of crisis and a momentous life-changing event. Part 2 was the difficult process of each man engaging and wrestling with this painful life experience. It was an extended period of emotional turmoil, searching for answers, and struggling for peace. Finally, the result in Part 3 was the integration of the loss into their life story and assimilating the lessons learned along the way. Each man was transformed in the process of their grief experience, and in different ways each “profited” by the events. In short the model or pattern I saw was a journey of discovery and transformation.

In my analysis I also began to see how this pattern and progression of three recognizable steps was an exceptional challenge for each man in his life. It was one of those proverbial “wake-up calls” in every man’s (and woman’s) life where we are summoned to face an enormous undertaking involving pain and suffering, yet with the possibility of gaining greater consciousness. What I witnessed with these courageous men was that they voluntarily, perhaps grudgingly, but eventually accepted the ordeal before them and chose to consciously wrestle with this most unwelcome adversary in their life called grief and loss.

As a result, the basic outline I initially noticed began to gain take deeper form. Reviewing the data over and over, the chapters I originally labelled above were

transformed into much more illuminating, descriptive, and truthful chapter titles called (a) The Descent, (b) The Struggle, and (c) The Expansion. I began to see and feel their stories in new ways, while their struggles took on a larger and more robust meaning. In fact each of the men's encounters with grief and loss became more similar to a quest, a search for salvation, in short a hero's journey.

### **Researcher's Narrative Synopsis**

Another way of thinking about the container [the research document] is to think of the field experience [research data] and of how this experience shapes form. (Clandinin & Connelly, 2000, p. 155)

The stories of grief and loss these men so generously shared with me were each unique in many ways. They differed in regards to the relationship with the loved one lost, the nature of their deaths, family circumstances, and countless other factors and details. Yet despite these noticeable variations, there were many surprising, or perhaps not so surprising similarities. The following three sections capture my initial analysis and interpretation of the grief journey for each man. The themes, ideas and commonalities apply to each of the three stories I heard. In order to validate my interpretation below, I requested that each man carefully examine the synopsis and evaluate if what I understood and inferred was in fact truthful and reflective of their own story. During a follow-up one-on-one telephone call I questioned each man if what they read represented in a general sense their experiences, and where and how their story might have differed.

Without exception all men confirmed the summary did in fact accurately reflect their experiences. One man stated that he "agreed 80–90%" with what was written since it seemed somewhat "general" and thus reflected more than only his experience. Another

man said he did not yet see himself having reached Part 3 in his grief journey. He believed that since he was still grieving the loss he had not reached this juncture. I explained this phase was not about the absence of grief, rather recognition that he had reached a turning point. Once he understood it was not a resolution to the grief, rather a progression to where grief was no longer all he could feel, he fully supported the interpretive summary below. The following three part synopsis is word-for-word what I shared with the men.

**Part one: The descent.** Each story began with a moment of crisis: the death of your loved one. You were “asked” (by the universe, God, fate) to confront this most unwelcome and life-altering event. You each experienced a pain and sorrow unlike anything you have ever encountered in your life that shook you to the depths of your being. You all found yourselves in unfamiliar territory without a “map” or “compass” to guide you through your grief.

Your initial grief reaction was mainly characterized by shock, numbness and disbelief as you struggled to accept the reality of the loss. You expressed to me how you felt stuck and yet out of control facing the enormity of the challenge ahead. The emotional response for some of you consisted of tears and anger, while others struggled to “find” their feelings and wondered how you were “supposed” to feel. However, each of you experienced a sense of guilt to some extent regarding the death and above all emptiness in your life.

This ordeal was an unprecedented challenge which affected every aspect of your life: your physical well-being, thought processes, emotions, behaviours, work, and



relationships both within your family and with others. Overall it was a time of suffering, confusion and darkness.

**Part two: The struggle.** This next phase represented the middle part of your journey. You describe it as an extended and exhausting period of emotional turmoil, searching for answers, and struggling for peace. Each of you deliberately confronted the confusing thoughts, complex emotions and painful memories associated with your grief. You shared with me details of what happened to your loved ones, to you and those closest to you during this time. You wondered what it was you should do, what not to do, and what a man was supposed to do.

In the process you each allowed yourself to experience the full magnitude of the loss and begin the gradual process of surrendering your view of the world as it once was. You told me how difficult the process was of taking action to engage with your grief and learning to cope with the painful reality of this life experience. At some point each of you sought out professional grief counselling which helped you to deal with your sorrow and make meaning of the experience.

And finally within each of your stories I sensed an approaching turning point. All the grief work you did in this phase was leading to a fork in the road of your life story which represented a departure from the “old” way of being in the world to a new understanding and new worldview. On the whole it was a time of pain, struggle and effort.

**Part three: The expansion.** This phase captured the closing stages of the stories you shared with me. However, I also heard that you realized it was not really an end, but simply a new beginning. The grief over the loss of your loved one did not come to an

end, rather its intensity subsided and you no longer felt incapacitated or immobilized by your sorrow. You spoke about how you “made room” for the reality of the loss in your own life story.

It was a unanimous discovery for all three of you that your individual grief journey was a profound and life-changing experience. You all described how the event has led to personal growth and transformation shifting how you see and act in the world. All of you mentioned becoming more tolerant, growing in compassion and sensitivity and having more gratitude in life.

I heard each of you report gaining a clearer and deeper understanding of what grief is and what is most important in life. Finally, you all expressed a desire and willingness to reach out and assist others (men and women) who are suffering grief and loss so that your experience has meaning. By and large it was a period of hope, healing and change.

### **The Hero's Journey**

Joseph Campbell spent his lifetime studying, researching, and writing about the universal human myths and symbols that have existed all through history. It was Campbell (2008) who said, “Throughout the inhabited world, in all times and under every circumstance, myths of man have flourished” (p. 1). He believed “that myth is the secret opening through which the inexhaustible energies of the cosmos pour into the human cultural manifestation” (Campbell, 2008, p. 1). According to Campbell, “It has always been the prime function of mythology and rite to supply the symbols that carry the human spirit forward, in counteraction to those constant human fantasies that tend to tie it back” (Campbell, 2008, p. 7). In his highly influential book, *The Hero with a Thousand Faces*,

Campbell examined the concept of the archetypal hero found in countless myths and stories throughout history. His belief was that the *hero's journey* was a universal motif which is evident in mythologies from around the world. Campbell (2008) stated,

A hero ventures forth from the world of common day into a region of supernatural wonder. Fabulous forces are encountered and a decisive victory is won; the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man. (p. 23)

Campbell (2008) referred to this common framework as the monomyth and relates the stories of the Buddha, Moses, and Christ as representative examples of the hero's journey. He explained the pattern or journey has three basic sections, which contain 17 stages in total (Campbell, 2008; see Appendix F):

1. The hero begins in the ordinary world and receives a "call" to enter an unusual world full of strange powers and events—*The Call to Adventure*.
2. If the hero accepts the call, he (or she) must face some tests—*The Road of Trials*. The hero may have to face these ordeals alone or with assistance. At its most intense, he must survive a severe challenge, often with help earned along the journey. If the hero survives, he may achieve a great gift (the goal or *Ultimate Boon*), which often results in the discovery of important self-knowledge.
3. The hero must then decide whether to return with this boon—the return to the ordinary world—often facing challenges on the return journey. If he is successful in returning, the boon or gift may be used to improve the world—the application of the boon.

The myth of The Hero's Journey is an allegorical tale and collective signpost meant to transmit wisdom and guidance. It is an experience men and women have undertaken in various shapes and forms since the dawn of humankind. The stories and narrative accounts of the grief experiences of the three men fit the general motif and represent a contemporary version of the hero's journey. Narrative researchers Clandinin and Connelly (2000) stated, "Metaphors may be helpful in the creation of narrative form" (p. 163) and describe how narrative inquirers often use a metaphor, or several metaphors, to help them conceptualize their work. In the following sections, I use the metaphor of Campbell's Hero's Journey as a general backdrop to help shape, describe, and re-story the grief accounts of the men in this study.

Describing narrative inquiry, researcher John Creswell (2007) outlined the key characteristics each story within a study should contain: chronology, structure, participants, causality, and plot. Usually the main character (the participant) must address some challenge or conflict (Creswell, 2007, p. 56). Through the data analysis phase, the identified themes of the story add meaning to the descriptions and "larger patterns and meanings" (Creswell, 2007, p. 158) are derived from the story. In the end through the relationship and meaning-making, both the researcher and the participants learn and change as a result. It is evident the structure and elements of the narrative inquiry methodology also closely map to the framework of The Hero's Journey.

From a psychological perspective, Jungian psychologist Pedersen (2002) viewed "the hero's struggle is actually the nascent ego's struggle for consciousness" (p. 101) and an attempt to order the cosmos. He wrote about the development of modern man's masculinity, psychological and spiritual growth using myth and through a Jungian lens.

Pedersen argued that modern man's inner transformation and search for spiritual growth "is hampered because there are few remaining viable rites of passage" (p. 104), which he believes are the ritual enactments of myth.

Could the death of a loved one and the resulting grief experiences possibly be a catalyst and the impetus, possibly an initiation ritual, for a modern man to embark on his own hero's journey? Pedersen (2002) stated, "Only through an initiatory ordeal in which the less mature attitudes of the ego are sacrificed" (pp. 96–97) can a higher sense of self can be achieved. Perhaps the death of a significant loved one in a man's middle adulthood years can ultimately be seen as a defining moment in his psychological development and spiritual enlargement.

The next three chapters re-story the grief experiences of each man into narratives that parallel the three main phases of The Hero's Journey (see Appendix F). They identify and interpret themes and commonalities found in each of the men's stories. I use Therese Rando's (1993) theoretical model of grief, called the Six Rs Model, to highlight and normalize the salient features of their grief reactions and responses (see Appendix F). Along the way I also layer-in the psychological challenges and opportunities for greater self-awareness and growth the grief encounters present, especially for these men in their middle adult years. Lastly, I explore the spiritual struggles and search for meaning embedded within the experiences of each man. As this is a narrative inquiry the voice, presence and story of each man will be remain the focal point first-and-foremost of the narratives.

## Chapter Six: Narrative I – The Descent

The Divine assails the soul in order to renew it and thus to make it Divine; and, stripping it of the habitual affections and attachments of the old man . . . destroys and consumes its spiritual substance, and absorbs it in deep and profound darkness.

—St. John of the Cross, “Dark Night of the Soul”

The sixteenth century Catholic mystic, St. John of the Cross, believed the soul of man must become emptied of self and purified of all earthly matters before it can draw nearer to God. The words and spiritual message of St. John of the Cross are appropriate to begin the narratives of our three men as they begin their descent into the darkness of grief.

### Narrative Themes

Grief is our human reaction to loss. “Everyone who experiences love or who forms an attachment to another runs the risk of losing the loved person or object and suffering the consequences of loss” (Corr et al., 2009, p. 210). Bereavement and grief are therefore, the resulting condition and ordeal or, if you like, the “price” paid for the loss of someone or something who is loved. All three men in this study experienced a death-related loss and paid this price.

According to Tom Attig (2011), you can view a person’s answer to a loss in two distinct ways. First, there is the immediate, spontaneous, non-voluntary reply (like reflexes) by the person to the loss (Attig, 2011). This he terms the *grief reaction* (Attig, 2011). This is the suffering and sorrow that comes with bereavement and in the reactions

“we absorb, or take in, the realities of loss for our experience of the world” (Attig, 2011, p. xxvii). These grief reactions can be experienced and expressed by the individual in several ways, including physical, psychological (affective, cognitive), behavioural, social, and spiritual dimensions (Corr et al., 2009, p. 214). These reactions “vary with the cause of death, the closeness and uniqueness of the relationship to the deceased, and the dispositions and temperaments of the bereaved” (Attig, 2011, p. xxviii).

Then there is a more deliberate, intentional, planned reply by the bereaved individual. This Attig (2011) considers as the grieving response. He stated that grieving “is not merely what happens to us as death, bereavement, and grief reactions come into our lives” (Attig, 2011, p. xxvii), it is also “what we do with what happens to us” (p. xxvii). He contrasts the two by saying “grief reaction is passive and choiceless” (Attig, 2011, p. xxvii), whereas grieving response, “the doing in grieving is active and pervaded with choice” (p. xxvii). And since grieving response “is inherently active, the specific course of grieving response is unpredictable to the extent that it is shaped and colored by the individual grieving person’s character and exercise of freedom and choice” (Attig, 2011, p. xxix).

This was a very critical distinction when I was considering the similarities, themes, and differences between the grief experiences of the men in this study. It was therefore, important to distinguish between their grief reactions (the suffering and sorrow) and grieving responses (paying attention to the grief) in their stories. Below, the men’s initial, varied, and very much normal grief reactions and responses reveal how “grief is very much an individualized phenomenon” (Corr et al., 2009, p. 217).

Pseudonyms were used in the report to protect the identity and anonymity of each participant, the deceased and any other people named in the interview or documentation. All potentially identifying information was removed or altered.

**Theme one: Grief reactions—shock, numbness, and disbelief.**

*Gerry.* Gerry encountered grief through the unexpected and traumatic death of his youngest sister. During the interview he described his emotional, cognitive, and physical state (grief reactions) in those very early days after receiving the tragic news as a “bad dream” which was “nasty” and “surreal” and felt like “little cuts on me.”

For Gerry, his initial reaction to the news of her death was “like standing on the earth and all of a sudden the news comes on and says . . . alerting a meteor is going to hit the planet.” He simply did not have a frame of reference to process or comprehend what had just occurred. Gerry admitted he found himself in unfamiliar terrain “never been through it (such a significant death-related loss) before.”

*Chris.* Chris’s youngest son died suddenly and tragically. His immediate reactions to the news were also of shock and disbelief: “It just kind of floors you,” and “It is so surreal.” He expressed feeling “just so numb” and “just not right” after the police came to his door to inform him of his son’s death.

His grief reactions were vague and undefined and seemed to reflect his lack of comprehension or understanding regarding the reality of what just occurred. Finally, Chris commented that “the emotions never really hit” at this point, and “All of a sudden it kind of dawns on you . . . and then you kind of clue in.”

*Stan.* Like Gerry and Chris, Stan also found himself overwhelmed and confused when his influential big brother, best friend, and mentor died prematurely. Stan said,



*We were all there . . . he was in a hospice in [location] and most of the family was there. The nurse was there and she listened to his chest and she just kind of nodded her head and my sister-in-law broke down, and I was standing there and we were all kind of hugging each other but I didn't really have tears.*

Stan described his immediate grief reaction as nearly a total absence of any emotional, cognitive, or physical expression. He recalled that he did not cry and “just felt an emptiness” and questioned the reality of the situation: “It was, like, jeez, is this really happening? Probably a bit of shock even though he had cancer for a couple of years.” He also said,

*I was telling people I didn't know how to feel, really.*

He admitted in the interview that he is “just not a guy who cries” yet also recognized in hindsight that “I think that is detrimental to the grieving process . . . there is this repression . . . repression of tears and sadness.” In addition to the emptiness and lack of feeling, Stan wished, “Somebody tell me how I am supposed to feel here, because it is confusing, was kind of the thought that came to mind.” Stan was looking outside himself for some map, advice, or clues how he was “supposed” to feel.

### **Theme two: Grief reactions – anger, guilt, and pain.**

**Gerry.** Gerry's immediate emotional reactions after the loss were primarily of guilt and anger. Guilt because as the big brother he felt “I let down my sister again” and anger “because what he [murderer] did to my family.” However, Gerry confessed, “My biggest thing is the anger,” specifically citing anger at the person who had killed his sister, but also towards her fiancé who he considered a “coward.”

*He [fiancé] didn't protect my sister and brought her into that situation [and] and here's this guy . . . he's just a guy . . . he's just a guy [sobbing]. He's just*

*screwing my sister . . . he's not protecting her. I had a guy that made fun of my sister in school one time in junior high; I walked up to him and just cold-cocked him. . . . Just don't ever disrespect my sister again you prick and that was that. [She] went to the school and no one ever bugged with my sister again.*

In the following comment you get a very real sense of just how deeply Gerry was enraged by the sheer madness of the situation and unthinkable details surrounding the murder. Gerry's words were as follows:

*They had to clean her purse up—the purse was full of blood. It was disgusting. And, then, the guy, [fiancé's name], gets his apartment/condo renovated and moves back into the place. That's it . . . that's the anger . . . sorry. It's just anger, bloody anger. [He] moved back in, and I'm not even knowing why that happened to my sister and yet he is back in this . . . just the thought of him being in there with another woman . . . it's just like holy crap man.*

He was also letting this anger and rage affect him negatively and consume his waking thoughts to the point of considering irrational behaviour:

*I was letting him [murderer] because I was angry, I was pissed off, I wanted to go down to [location] buy a handgun and shoot that guy's family because what he did to my family. I'm telling you, I went through some stuff, some really whacko stuff, I thought. I've never thought like that in my whole life.*

Feelings and thoughts of guilt were also very apparent with Gerry who in some measure blames himself for his sister's murder since he "wasn't there" and "didn't have any control over her." The painful emotions of a protective big brother were made all the

more poignant when Gerry recounted family memories of his sister in the interview: “I mean I changed her diapers for Christ’s sake!”

Gerry was able to clearly articulate what it was like to connect with and discharge his anger and pain at certain times: It was “just like an inside character releasing itself.” He went on to describe it as something that “just comes out . . . non-verbal” and nothing like a well thought-out comment such as, “Well, I feel really angry today about what has happened.” He identified the source of his anger and pain as “way down in your character and it just swells and it just bellows itself out” and the composition of his anger as “it is all emotion.”

Gerry also felt the pain of his grief in a physical way:

*Yeah, pain. It hurts like a bastard. The sorrow . . . I mean I lost my Mom . . . I know what that’s like . . . I watched her die . . . but it was never like that. You know, we were happy to see my Mom go because she suffered so bad.*

And what made the suffering even more intense for Gerry was, “because I could see, I visually could see what happened to my sister.”

In a number of instances during the course of the interview Gerry was able to effectively use metaphors and images to eloquently describe his grief thereby capturing the essence of an experience that is often difficult to put into words by the bereaved.

*It was like a stick of grief . . . it was coming from everywhere; chunks came out of my eyes . . . little chunks of crap . . . little things that I carried in my mind . . . they just came off.*

Similarly, at one moment in the interview Gerry expressed what the full weight of his ordeal—the murder, the anger, the loss, the grief, the injustice—was like “I have a

spear from the back of my neck into my soul and it is being pulled . . . It was just bad I tell you.”

*Chris.* Unlike Gerry, who was first able to connect with his grief through anger, Chris and Stan did not mention being angry when they first heard the news of their respective losses. Guilt, however, was a prominent theme with Chris whose young son died tragically. At the start of our interview, he immediately mentioned guilt when I asked him a general question about his relationship with his son prior to the death:

*That sense of guilt won't go away. Do I dwell on it? No, but it is there . . . It is still at the surface. I probably think that most any parent is going to feel some sort of level of guilt . . . about what you could have, should have done. There is not a lot of point dwelling on it.*

Chris also stated,

*My wife and I recognize that and we think we understood early that there is no point dwelling on it and beating yourself up about it.*

Despite his comments to the contrary, Chris was dwelling on the guilt. His rumination was generally regarding the “should haves” and “shouldn't haves” of his actions prior to the night of his son's death. He specifically felt guilty over being “very suspicious about one or two of this group of friends and . . . and that decision about when do you let go and how much do you let go” and subsequently not acting on his suspicions. As a result, part of his grief reaction was to second guess his inaction in the situation.

However, Chris was able to find some peace of mind. During the interview, he shared how he was able to see his role as father and caregiver during the whole span of

Jeff's life, not just the decisions he made on the evening his son died. Summarizing his feelings as a father, he stated, "I did a lot of things right; I did some things wrong. At the end of the day, he was very forgiving." He added,

*I have often said that most children have the ability to forgive, they know that they are loved [crying!] . . . still he knew that.*

It was unmistakable that Chris's primary grief reaction was cognitive in nature: "stuff going around in your head. It's just there. I mean, unless you are actually engaged in doing something, it is there." All the mental activity had a physical impact on his sleep. He made the following comment regarding his bereavement support group members and their mutual parental grief,

*Some of these parents try to sleep and they can't sleep. I mean, if we didn't have [drug X] and that other stuff, I don't know how a person would have got through it. I think if you are not sleeping and you're not taking some of that stuff, you are crazy.*

Chris appeared to want "stuff" to fill his head, whether it was watching TV or something to numb it or block out, or take the space of the grief. So, the challenge became when he was not able to do that: "lots of quiet time when you are thinking about stuff. You get so fixated on it."

**Stan.** Although Stan did not mention the word anger during the interview, what he did say might be interpreted as such: "With Frank, not to put it bluntly, but I just feel ripped off, you know . . . because he was taken from my life, with cancer." He went on to describe feeling scared, a little vulnerable and "not as in control as you want to be" when he was overcome with grief early on.

For Stan, his grief reactions initially manifested as “just more anxiety than normal, or tension, and I am not a person who gets, kind of, short-tempered or irritable, so I probably internalize it in the form of anxiety I think.” And when describing his sadness at the loss, he said it was “in the form of more, not really depression, but just less zest for life so to speak.” Initially he tried to lessen the pain of his loss by reasoning, “In a way I was glad that he wasn’t in pain anymore” but it was of little comfort as he immediately continued his thought, “but he was only 61 or 62!”

*Mostly I felt a bit overwhelmed at times. Stressed. There was something more than just the regular stressed life that was happening. Obviously, it was the loss, right? Or the stress of that . . . coming to grips with that . . . so I found that difficult, it was challenging.*

Unlike Chris, Stan’s sense of guilt, stress, and internal conflict derived from “not having the time to grieve.” Stan was trying to cope with the usual challenging demands of his daily life—work, special needs child, spousal relationship—while finding the space and time to grieve the death of his brother. Stan found it difficult to juggle with all these competing demands and he commented, “It is almost like I felt that I was supposed to have myself locked in a room . . . my own retreat for two weeks to deal with this, and life wouldn’t let you do that.” He also said,

*I just felt empty after and then the compounding stress of life. It’s like they say . . . the world doesn’t stop when you are grieving.*

This emotion of emptiness that Stan was feeling, which he mentioned over and over in the interview, was from missing the “unconditional love” and support of his brother. He captured the irony of his dilemma by stating, “It would be nice to have my

best friend at a time like this, when I am grieving, but he is the guy I am grieving. That was the hard part. That was emotion.”

**Theme three: Grief responses—immediate planning and action.** A grief response (versus grief reaction) on the other hand implies a time delay between stimulus and reply and a more conscious and intentional set of actions on the part of the bereaved. The following section outlines some of the men’s initial responses and first impulses to take charge of the situation hoping to gain a measure of control. These immediate responses contrast with the more long-term grief responses, thought-out plans, behaviours and coping strategies we will see in the next chapter.

*Gerry.* We see evidence of an active, deliberate approach to grieving with Gerry who used his initial anger to fuel his responses to the death of his sister. Without hesitation Gerry turned his attention and energy to creating a strategy and taking action: “We just all had to calm down and focus on what was going on.” He informed his employer he was taking time off—“I just went to work and said I’m out of here for a month, right?”—and then immediately drove to where his two sisters lived. His intention was to bring all the family together to determine what just happened thereby “keeping the family together . . . keeping them organized” and focused on what needed to be done. In his words,

*I was the bridge guy . . . I kind of kept it together, right?*

Later, he said,

*My sisters had to be brave enough to step up to the plate.*

He also added,

*I . . . we talked, I went down there for a month and got it all organized, worked with everybody, went down to the [location], got it figured out, and*

*then my sisters came down for 3 weeks . . . so the families all sat down and worked through their issues.*

Gerry arranged for the family to travel to where the murder took place. He was looking for answers and spoke to the local police, the lawyers and also the fiancé who was there at the time of the murder. He took it upon himself as “the only male” in the family and it being his responsibility to take charge, and take action in the situation: “I project myself as the senior male in the family” and since “there’s no more senior males left . . . I was the guy, right?”

Gerry’s protective, solution-focused, and hard-line approach was evident when he spoke to his sister’s fiancé and demanded answers: “You need to tell me what happened to her” and also while speaking to the local police and prosecuting attorney, “How qualified are you to deal with this guy?” All through the murder investigation, funeral, and the period immediately afterwards, Gerry’s concern and attention were always focused on others: “Everybody had to heal everything right away and trust each other because everybody was there to support each other. That was the only way we could get through this.”

*I had never experienced this before, so that is why I went to these (grief) counsellors. Not to talk about my sister’s death but to . . . to communicate clearly with my family so that they would keep their connection. So, it worked . . . they talked, my sisters talked.*

While Gerry continued to pour his energies into managing the situation—“I had to keep on top of it”—he consequently delayed addressing his own grief experience. In the process of “supporting all of these people . . . getting them connected . . . and then



watching the grief come out of my sisters and stuff” Gerry realized it was “draining the crap out of me.”

*Chris.* Chris described the days immediately following his loss as filled with tasks, funeral planning, and dealing with friends and family. He described how “everybody’s coming back and getting together and we had close family to help us go through it and organize and deal with stuff. And, you are just in that gear and you are moving forward.”

Most of Chris’s psychic energy seemed contained in either cognitive tasks or planning activities which dictated his initial grief responses. Chris described it as “stuff going around in your head . . . dwelling and thinking about just everything that happened. It’s just there. I mean, unless you are actually engaged in doing something, it is there.” In response to his grief, approximately one month after his son’s death, Chris and his wife halfheartedly decided to go on the vacation they had previously arranged. They believed that the change in surroundings might be helpful. Chris reasoned, “There was no good place to be . . . What are we going to do if we don’t go? We’re just going to sit here and think? I mean, I don’t know if it really matters where you are.”

*Stan.* Almost immediately after witnessing the death of his brother, Stan and his family began to plan. “There were lots of people around . . . family . . . and we just started to try and reflect on his life. [We] started to get the plans going for the funeral and whatnot.” In addition, he said,

*I think there was a bit of a gap between when he died and the funeral, so I had to go back to work . . . that was hard. Then I had to go back and try to grieve and that was a difficult process. And there was probably a few months*

*before I went to see [grief counsellor], you know . . . I was just kind of on my own and just trying to struggle with the whole thing.*

### **Interpretation of Themes**

**Action and emotions.** In his book, *Swallowed by a Snake*, Thomas Golden (2000) wrote about the masculine side of healing which he saw as “quieter and less visible, less concerned with past and more connected with the future; less connected with passivity and more aligned with action” (p. 1). William Worden (2009) also viewed the process of coping with grief and bereavement as an active process comprised of four tasks outlined in his fittingly named theory *Tasks of Mourning* (pp. 39–53). For the men above, there was certainly an action-oriented and future-focused quality to their grieving reactions and responses. According to Doka and Martin (2010), this type of behaviour is characteristic of an *instrumental* grieving pattern. There is a focus on cognition and problem solving activity by the bereaved. This is plainly evident with Chris who focused his energies on cognitive tasks which typify the instrumental griever.

Rando (1993) stated that it is a common tendency for males in our society to put aside their emotions in order to “be strong or carry out particular roles” (p. 33) while caring for others. Golden (2000) perceived this behaviour as a lack of submission. The grieving person refuses “to allow the chaos of grief into consciousness” (Golden, 2000, p. 36) and in effect says no to the grief. For example, Chris commented that “the emotions never really hit,” which indicated how “often [men] have a hard time finding the inner state of loss” (Golden, 2000, p. 26). A person cannot control whether or not they will experience the loss of a loved one, but they can to some extent control if, how, and when they will respond to the grief. It is possible to hold grief at bay or exhibit only a reduced emotional reaction/response not congruent to the loss for any number of

reasons—such as overwhelming feelings at the time of the loss, multiple losses, or lack of social support. But there may be a price to pay for this course of action—it is exhausting. Gerry postponed his own grief by putting his needs last and only when he realized he was “in this nasty pit” did he turn the attention on himself. Worden (2009) referred to this type of situation as *delayed* grief, sometimes called *inhibited*, *suppressed*, or *postponed* grief reactions (p. 140).

As much as an instrumental griever seeks to master his environment through action, his emotions are not absent but rather merely form a backdrop to his thoughts. Although the men’s reactions and responses above predominantly revolved around action and cognition, their grieving also had an emotional quality. “Anger is a powerful source of energy” (Golden, 2000, p. 58) and an “important part of a man’s grief” (p. 54). Bereaved men can redirect this anger to productive outlets and activities in their lives. Expressing anger is more common and natural for men compared to other grief emotions. Golden (2000) stated that a man can find and access his other feelings through his anger “as if touching on that profound and deep feeling of anger has brought him in touch with his other feelings” (p. 55). In the act of releasing anger men are required “to take a stand, to define our ground” (Golden, 2000, p. 54). Doing so points to what Golden called the “protective mode” (Golden, 2000, p. 57) of grieving found with some men that leads to expressing anger, as opposed to the “nurturing mode” (p. 57) of grieving for some women that leads to sadness.

Guilt is another common emotion for men after a significant death-related loss. Men seem to carry an irrational belief and unjustified feeling that they were somehow at fault for the death and somehow have failed in their task or duty when in fact they were

not and did not. According to Golden (2000), “The guilt is characterized by searching for the responsibilities we did or did not take prior to the death” (p. 66). This is especially true for fathers after the death of a child as was the case with Chris. As a result, there is a great deal of self-judgment with intense guilt which can lead to feelings of inadequacy and unworthiness for the men (Golden, 2000, p. 66).

**Grief trajectory.** Grief researcher and author, Therese Rando (1993), developed a theoretical model of grief called the *Six Rs Model* (p. 43). Her schema is divided into three broad phases, or time periods, that unfold in six steps or processes in total and outlines the trajectory or course of grief after a loss (see Appendix F). The first phase is called *Avoidance* and includes only one goal, and that is for the bereaved to recognize the loss. Often in the early period immediately after a death the bereaved are in a state of shock and numbness regarding the death. Rando stated, “Like the physical shock that occurs with trauma to the body, the human psyche goes into shock with the traumatic assault of the death of the loved one” (Rando, 1993, p. 33). The mourner may be confused and dazed not understanding what just happened and often struggling to believe it has even happened at all. Denial is common once the numbness and shock gradually wear off. It serves as an “emotional anesthesia” (Rando, 1993, p. 33) and allows the bereaved to slowly grasp the reality of the loss.

This phase is categorized by numbness and shock as we can clearly see by the immediate reactions of the grieving men. It is not merely a case of cognitively receiving notification of the death, during this stage the bereaved need to incorporate the reality of the loss. Attig (2011) noted the “powerful momentum” (pp. xxx) of one’s previous reality since, “we still harbour within ourselves deeply engrained dispositions to feel, act,

interact, think, expect, and hope in continuing life as if he or she [the deceased] were still a living presence” (pp. xxx). A deeper recognition and understanding of the new reality can only come over time.

**The grieving landscape.** A common misperception is that in times of profound loss there is some universal method or model for our grieving reactions/responses. Corr et al. (2009) wrote that “because there is no universal reaction following any given loss, one person’s grief should not be construed as a standard by which others should evaluate themselves” (p. 217). Imagery, metaphors, and analogies are often used to try and express what is hard to put in words. The main premise and imagery of Thomas Golden’s (2000) book equates the experience of grief to that of being swallowed by a snake. It conveys how the bereaved person’s everyday life is immediately changed (Golden, 2000). He finds himself in a dark, restrictive environment, surrounded by grief with seemingly no way out (Golden, 2000). In another example, author and lay theologian C. S. Lewis (2001) discovered that his own personal grief “felt so like fear” (p. 3) and at other times “like being mildly drunk, or concussed” (p. 3). In another passage, parallel to Golden, he described grieving as like having a blanket between him and the world around him. As was just mentioned, Stan was struggling to find an understanding or “solution” regarding how he should feel: “I was telling people I didn’t know how to feel, really.”

C. M. Parkes (as cited in Corr et al., 2009) stated that everyone tends to live according to some “strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognizing, planning, and acting” (p. 243). Bereavement overturns and shatters this *assumptive world* and “renders useless all we have learned about how to live in the presence of our loved one” (Attig, 2011,

p. xiii). Consequently, those who are grieving stand at a threshold where the previous rules of living no longer apply while the new systems and structures have yet to be established. In this state the bereaved find themselves questioning the meaning and benevolence of their world and self-worth.

Whether the three men in the study are imagined as being swallowed by a snake, or lost in Dante's dark wood, or absorbed in a "deep and profound darkness" (St. John of the Cross, 2003 , p. 50), it is apparent they had all entered a liminal space. The word liminal or liminality derives from the Latin word *limen*, meaning a threshold. This liminal state is a barely perceptible sensory threshold that signifies an intermediate state, phase, or condition ("Liminal," 2014). It is an in-between, transitional place such as between life and death, and for Jungians throughout the solitude of the individuation process, when the old ways have been released, yet the new ones have not yet taken hold (Hollis, 1993).

**The call to adventure.** In Joseph Campbell's (2008) monomyth, *The Hero's Journey*, the first stage of the voyage is *The Call to Adventure*. Usually beginning in very ordinary circumstances, our hero embarks on his quest into the unknown after the sudden appearance of a character or the receipt of information. In the myths and folktales the call to adventure was typically heralded by any number of unforeseen events (a blunder or misfortune) and involved various creatures (a frog, dragon, or serpent). In all cases the central event signified the beginning of "a mystery of transfiguration—a rite, or moment, of spiritual passage, which, when complete, amounts to a dying and a birth" (Campbell, 2008, pp. 42–43).

In the case of the three men in this study, I propose the event, which signified the beginning of their own hero's journey was the death of their loved one and ensuing descent into grief. Much like the loss of their assumptive worlds, the men's "familiar life horizon(s) has been outgrown; the old concepts, ideals, and emotional patterns no longer fit; the time for the passing of a threshold is at hand" (Campbell, 2008, p. 43). All three men were being "called" to enter into a liminal space where "that which has to be faced . . . is somehow profoundly familiar to the unconscious—though unknown, surprising, and even frightening to the conscious personality" (Campbell, 2008, p. 46).

In the monomyth our hero "can go forth of his own volition to accomplish the adventure . . . or he may be carried or sent abroad by some benign or malignant agent" (Campbell, 2008, p. 48). Regrettably, when the hero's Call to Adventure is through personal grief and the loss of a loved one, there is no choice for the protagonist and no opportunity for a *Refusal of the Call* (Stage 2). It is no wonder that death, loss and bereavement are deemed choiceless events (Attig, 1991).

Coincidentally, the last of the five stages in part one (called *Departure*) of Campbell's Hero's Journey is called *Belly of the Whale*. Similar to Tom Golden's snake, when the hero enters the belly of the whale it represents "the passage of the magical threshold" (Campbell, 2008, p. 74) into the unknown and an apparent death. However, in the myth this is a death to time and "a transit into a sphere of rebirth [which] is symbolized in the worldwide womb image of the belly of the whale" (Campbell, 2008, p. 74).

**Potential gains and real losses.** Corr et al. (2009) spoke about the prospect of personal growth and transformation through mourning. He sees bereavement, however,

as a “dangerous opportunity” (p. 235) in which the challenges and struggles can potentially leave the bereaved better or worse off. Notwithstanding the possible positive transformative experiences, the costs may be high. Author and Rabbi Harold Kushner lost his 14-year-old son prompting the writing of his bestselling book 4 years later, *When Bad Things Happen to Good People*. In the book, he acknowledged that he is

a more sensitive person, a more effective pastor, a more sympathetic counselor because of Aaron’s life and death than I would ever have been without it. And I would give up all of those gains in a second if I could have my son back.

(Kushner, 2004, p. 147)

A bereaved individual’s grieving responses and mourning tasks imply the acceptance at some conscious level, or at least an initial acknowledgement, that the death has in fact occurred. In the case of our momomyth the hero has decided to answer the call. However, in some myths and folktales The Call to Adventure goes unanswered whereby the “refusal of the summons converts the adventure into its negative” (Campbell, 2008, p. 49). In these situations the individual forgoes an opportunity for transformation only to become “a victim to be saved” (Campbell, 2008, p. 49) and potential growth turns to probable stagnation.

It is the same with grief. Try as they might to suppress or ignore grief, the loss will not stop affecting the bereaved person as long as the relationship with the deceased was of some significance. Grief reaction is not under voluntary control. Unresolved grief will more than likely surface at a future date, even years later, and often at the time of a new loss. At that moment the current intensity of grief will seem out of proportion and excessive for the present loss. Whether the suppression of grief or the refusal of the call,



it is a desire to maintain the status quo and “one’s present system of ideals, virtues, goals, and advantages” (Campbell, 2008, p. 49) in a fixed and secure manner that eventually leads to disastrous outcomes.

## Chapter Seven: Narrative II – The Struggle

Give sorrow words: the grief that does not speak  
whispers the o'er-fraught heart,  
and bids it break.

—Shakespeare, “Macbeth”

In the seventeenth century, hundreds of years before any formal theory or model of grief was first proposed, Shakespeare understood that a person’s sorrow must be expressed and given attention. Attempting to suppress or “silence” grief overburdens the bereaved individual’s heart and causes it to break was as true then as it is now. This chapter sketches the men’s struggles with their persistent grief reactions and longer-term responses and strategies for coping with their grief. Their thoughts, feelings and behaviours are again clustered into themes and commonalities. In the themes that follow you will notice how the men differed commenting more on certain subjects than others. This is likely due to each having their own personal pressure points and grief experiences.

### **Narrative Themes**

**Theme one: Insistent emotions, troubling thoughts, and unending pain.** As time goes on after a loss the emotional, psychological, physical and spiritual impact of grief does not automatically diminish for the bereaved. In fact, once the shock of the initial news has receded, the force of the persistent grief reactions may intensify over time.

**Gerry.** Gerry reflected on what this intermediate grief period was like for him: “Just the everyday grieving, everyday thinking, everyday carrying what this guy

[murderer] decided to do to my sister, every day . . . what he did I carried every day. I've paid for it every day." The questions that Gerry constantly struggled with, "I don't know what this means to me" and "I am not letting it go because I don't know why it happened," are very common responses after a death indicating a desire to make sense or find meaning in the loss.

And anger was also still very much a part of Gerry's grief experience. His anger, aggression, and apparent need for revenge are captured in this quote:

*So, he is in a jail in [location]. He didn't have Christmas . . . he had a nightmare. He's in jail, he's not even in a complex . . . a prison . . . he is in a jail, a cell, and he is in a little cell, and that is good. Every day I think that is good. Every day I will thank you . . . you are in a cell . . . that is great. I hope they give you a bucket to piss in and then they are going to take him to court and I have got to go there on the last day and watch this guy be put into jail for the next 55 years or be put under. But, I'll be there for that.*

This quote also echoes the same sentiments:

*I was impatient, I was crying, it was crazy what this guy [murderer] was doing to me. These two guys [murderer and fiancé] were dominating my life, eh. I wanted vengeance so bad, right. I just wanted this . . . it was absorbing . . . I was going [to work] just so mad. I was so tight.*

The effects rippled through every aspect of Gerry's life—his work, friendships, marriage, and health. He described how the grief had sensitized him to other sad or tragic events and had a cumulative effect. For example, in a brief period he experienced a dear co-worker retiring, his wife leaving, children moving away, school shootings on the news and a friend's betrayal which "really affected me. And I grieved from so down deep in

my guts, it was amazing. It took me an hour to get out of there . . . I just couldn't calm myself down. It was like everybody was leaving," and "My sister was taken, everybody has gone back to their lives."

His close family recognized the toll the death was taking on him. His sister advised, "Gerry, you've got to find a place to put this." Yet Gerry did not recognize this himself and acted almost as if he could "muscle his way" through the grief:

*I didn't understand that for the longest time. It is all over me. It is like a wave that rushes through me every day. It rushes through me. It is like this . . . it is just nasty inside of me.*

As Gerry was connecting more deeply with the pain and emotions of his grief, he created powerful metaphors to touch and express the full intensity of losing his sister:

*It is a volcano on all that you are feeling of the loss. I think . . . in your subconscious, whatever, your unconscious mind . . . all the moments that you shared with your sister and you don't remember anymore . . . those things came out [such as] her dropping a toy and you picking it up . . . she's in your bedroom—"get out of here" . . . all those things that you don't remember that you know are in your head . . . because they don't go away, you just don't bring them forward. I think all those things just came up as loss and you're going . . . ohh! . . . this is so draining . . . and you just let it go and go and go.*

Gerry shared a significant moment when he felt the full and raw impact of his grief. It was when he was preparing the video for his sister's celebration of life: "I went out on the porch and I howled like an ancient dog . . . I don't know what it was . . . it was like the sound of a howl" and "that was the loss," and it came from "way down in my guts, like . . . it's like it just comes . . . it's just pure loss." This was the most powerful

moment and image from my interview with Gerry, and perhaps the most poignant statement from any bereaved person I have ever encountered.

*Chris.* Chris stated that he now believes he has a true understanding *of what it is like to go through that kind of deep loss. How devastating it is, how numbing it is, how mixed up and confused and all the things that you go through with guilt and grief and what-ifs and just the absolute rip your guts out pain and how long it's going to be.*

Whatever Chris's initial impressions were regarding the usual trajectory of grief and state of deep sorrow after a child loss they were shattered by the counsellor: "When [grief counsellor] said 2 to 5 years, I mean I could have slapped him. Don't say that to me . . . that's not what I want to hear."

During the interview Chris expressed how his grief experience was more mental anguish and disturbing thoughts than emotional pain:

*Some of the hardest things were I went on a road trip on, you know, business, and I went and did a lot of driving and I was gone for two to three nights. I didn't hardly sleep and put on (XXX) kilometers of travel for meetings and seeing people. Ach, that was brutal.*

Chris also added,

*I couldn't get any sleep and I had so much time to think. Just driving. Drive to [location X], down to [location Y], through [location Z], and back. Ahh . . . it was nasty. I don't think I took any sleeping pills with me. I finally slept on the third night . . . was exhausted . . . but lots of time to think, right? Stuff just going around and around in your head.*

Triggers for grief also happen when the bereaved are faced with everyday life events that remind them of the deceased. This was the case with Chris and a very ordinary situation he experienced:

*I have to go to a grocery store in public—I'm going to go and walk up and down the grocery store like this [motions with hand] and see our kid's favorite snack and it just, you know, knocks you right over, right?*

In the weeks and months that followed, he described living in a perpetual state of lethargy and inertia:

*You just don't want to listen to music, you don't want to play music, you don't want to . . . You just kind of put one foot in front of the other and you do a load of laundry and you sit there and stare out of the window or you go for a walk. Sometimes quiet walks by yourself and other times with somebody. And you putz around and you do some of those menial things, whether you are going to the grocery store or whatever. I had to go into work two weeks later because there were some things that only I could do . . . just part of what I do at work . . . and, so, you go in and you're not accomplishing a hell of a lot but you are taking care of some of those things that needed to get done, and I kept going in. I'd go in at 10:00 and you accomplish maybe a couple of things and you go home at 2:00. Ah, it was crazy. I don't know why I even went in.*

**Stan.** Stan's greatest challenge seemed to be living with the memories of Frank and coping with the void in his life: "I still think of him almost every other day or every day . . . and in challenging times I think of him." Stan described a time a few months after the death when he experienced the full impact of the loss in a "grief burst" type moment:

*We went to . . . when you go to his gravesite . . . it hit me there. One time, I was with (niece), and we were talking about the fact that he was gone and I said, gee, I wish I had Frank to talk to about that. You know, I just hit that feeling that he is really gone and I just felt scared kind of. Just for a short period of time—it was almost just a flash.*

To understand the deep impact of Stan's loss and, therefore, his grief, it is essential to first understand his relationship with his brother. For Stan, Frank was much more than a brother he was a role model, his protector, and mentor. In Stan's words,

*I feel lucky that way and, particularly with him, it was just whatever problem I went through, he would just listen and, you knew he was listening and supporting you. I always talked about him . . . he was always kind of fearless, in a way. Some people talk about world events like they are a big tragedy. He wouldn't get absorbed in that; he would always have a perspective on things. Like, he was compassionate but he always . . . when I left a meeting with him . . . I always felt like things weren't a big deal. Not as big a deal as I thought they were. He was comforting that way. That's part of the spirituality he had; it's part of the whole life experience. When I was 15 years old, he was like . . . anything I went through he was, like, I've been through that. It is not as big a deal as you think it is.*

As Stan struggled with his loss, he was also putting further pressure on himself questioning if he was grieving "correctly." He wanted someone to tell him how he was supposed to feel and act so he could do it "right." As Stan's mourning continued, his "education" regarding grief deepened as well. He mentioned that he "came to grips" with

a number of issues such as, “It is not the same for everybody” and that grief after a death is not an event: “It is a process, there is no end result. I may grieve until I am gone.”

*And I was not cutting myself enough slack . . . like you have a life to live and life doesn't stop when you are grieving . . . The VP still wants that report and your wife still wants you to take that therapy session with your son, and, you know, all that stuff.*

Approximately ten months after the death of Frank, Stan's mother died. She was 88 years old at the time and in the hospital suffering from dementia, a broken hip, and complications. As Stan stated, her loss “came when I was trying to get through a stage of grief with Frank.”

*It brought the stress out again. Immediate stress . . . was the feeling. I got this job and my mom has died, and I have got to do this eulogy and gotta get people together. And I remember just stress . . . [and] sadness and the family was together but then we would reminisce about Frank at the same time. This had brought all this emotion to my sister-in-law and my sisters again about Frank because Mom had died. So that was hard.*

Even so, Stan was more at peace and accepting of his mother's death because she had lived a “long and good life” and was not suffering anymore. This provided Stan with a sense of relief and a feeling of not being “ripped off” like he did with Frank. Stan remarked how he was able to view her death with the perspective of Frank's recent death behind him: “I think it [Frank's death] has just put more perspective on it.”

**Theme two: Expectations of bereaved men.** All three men described having preconceived notions and fixed ideas regarding what a grief experience was supposed to be like for a man and how he should behave.



**Gerry.** Gerry spoke of being exposed to “some kind of training I got someplace that taught me this crap, all this bullshit” and went on to describe how “some guys just go to work and they hide from it [grief]; they absorb themselves in their job or something.”

**Chris.** Chris was very forthcoming during the interview with his opinions concerning men and grief in our Western society. He believed, “Men are raised not to show emotion and maybe men are . . . generally speaking, we’re not comfortable” opening up about our grief experiences. He elaborated on this sentiment when he remarked, “Putting your grief on display? Yeah! Wow! And that is not socially acceptable in North America.”

He spoke articulately about some of the societal, cultural and gender norms regarding grieving, which I quote here at length:

*I said that our society pushes grief down across our entire society and the old days of different cultures . . . I mean, I was just having a brief chat with some neighbor, casual friends, and they are from a very different culture and she said that that was part of an overall adjustment to North American culture is that that is not how it is done the way I was raised. And whether it was a band or a shawl, or whatever, people knew that you were grieving. They could see you halfway across the mall, saying well there’s a person who I have never met before and that person is grieving. That person is going through a loss and we, in North America, tend to bury it and you’re raised to be a guy and a man and a man is supposed to be tough and be there for his wife for whatever. He is the king of the household and all that stuff. It’s not effective for dealing with grief. It has no place . . . it doesn’t support you in any way,*

*shape, or form . . . so that's what holds you back from doing any of this stuff and it, obviously, is not healthy and it is not good for you.*

When Chris recalled writing his initial one-page summary document of his grief experience for this study, he found it “very challenging to put words and expression around it and I think maybe that is common” for a 50-year-old man trying to connect to his emotions because “our brain is a little smaller in that segment” as compared to women. He elaborated on the gender differences by stating,

*I believe that in the end it is harder for the woman [with the loss of a child].*

*You know, they carried, they delivered . . . that's their child, right? They gave birth. I believe it is harder for most women.*

And when it comes to men (versus women) seeking grief counselling for support, Chris's brief one-liner sums it up, “guys . . . generally speaking out . . . not the best.” He believed men don't come for grief counselling because

*they are scared. They know that if they go there, they are going to have to spill their guts and they know what it is going to be like if they spill their guts, because it is bloody and messy and your nose is dripping. They know it is messy and they don't want to do it. They are not comfortable. It is daunting and, I mean, it's even daunting for the women.*

**Stan.** The learned behaviour of an apparent expressionless, male-model of grieving was echoed by Stan who said, “Maybe . . . that was the way I was raised . . . not in a bad way. But just to be kinda tough and go on with life and I didn't understand grief.” He articulated his own rational and more cognitive strategy of coping with grief—often attributed to men—when he remarked, “I'm looking for a solution. Just give me a

manual . . . how am I supposed to feel here?” It was Stan who specifically referenced a male grieving “deficiency” when he stated,

*I talked about, in the counselling sessions . . . He [grief counsellor] kind of told me that it is okay to not have tears. If that’s not your way . . . that’s fine. I may get a little teary-eyed at a sporting event or something, something that’s important to me . . . but I’ve never actually cried in years and I kind of noted that. That is why it is harder on men I think, in some ways. That we don’t have that release.*

Stan’s solution-focused mind-set was originally seeking “closure” with his grief experience, “I was looking for closure. Just a logical mind. This male, kind of logical approach to things was looking for closure on this.” He believed this was possible and occurred when, “you don’t have to be sad anymore, you go on with your life, and he [deceased] was important to you and you won’t forget him, but you won’t be sad anymore, you won’t feel emptiness.” Over time Stan recognized this was not realistic and that grief “just doesn’t work that way.”

**Theme three: Sorrow-friendly practices and self-care.** Despite the gender grieving “disadvantage” the men mentioned above, they each discovered their own personal techniques and strategies for coping with grief. Some methods were discovered by sheer luck, others through trial and error while some manifested because of utter desperation.

**Gerry.** Gerry displayed the classical behaviour of an instrumental griever in his grief response, which is more cognitive in nature, revolves around problem-solving activities and is action-oriented. He referenced three specific elements in his life (activity-based) that were pivotal in his healing (a) his role in the family, (b) his career,

and (c) exercise. Amongst numerous responsibilities Gerry described helping manage his sister's belongings and business property after her death and then organizing a memorial service for her: "I was lucky to have a role that I was able to fall into. I think that is what saved me."

Second, staying "grounded" was essential for Gerry in his grief. Staying grounded for Gerry was,

*where I am responsible . . . 'cause I have got a really responsible job. I make good money, I have a good career, it is awesome. So I have to protect that . . . I have to keep grounded, I have to keep organized. So, sometimes I wasn't able to do that so I just own up and say I can't [work] today . . . I'm just grieving too hard. And they would pay me for that . . . the company was amazing because it was un-natural circumstances.*

Finally, another technique Gerry used to "keep myself grounded" and deal with the grief was to exercise on the treadmill:

*I treadmilled lots . . . walking on a treadmill, very fast, very steep . . . just walking on a treadmill and talking and allowing it to come out. I think the treadmill made me the most honest ever in my life about myself. It just brings the chemicals out, it brings the effort out, it brings oxygen in, it makes you think clear.*

He was adamant this last coping technique of his be specifically mentioned in the study in order to help other men. Over time, however, Gerry was able to move beyond his existing paradigm of grief responses (cognitive and behavioural in nature) and express his grief in new ways and in challenging situations:

*I worked with men and they're redneck men of [location] . . . I just broke down one day . . . I was out in the parking lot and just started to cry. Just broke down . . . that guy supported me [name], right. So, that is why, you know, he's a good guy, the guy that retired . . . right, sad for him to go because he was there for me.*

As Gerry wrestled in his grief, he was able to connect with his own needs and articulate to his spouse and others exactly what it was he did and didn't require. He colloquially referred to this practice as "getting something back." He added,

*Sometimes you just don't know how to communicate what is happening with you, with all this stuff going on. So I just told her [spouse] this is what is going on with me . . . I just need to relax and get your support here . . . I need your comforts, I don't need no crap from you right now to work through all this stuff, right.*

In his unremitting state of grief, he became very aware when his emotional and mental energies were being drained by a person or situation. He realized he needed to stop the "outflow" and increase the "inflow." For example, Gerry's grandchildren were a big source of comfort: "I'm getting something back to help me heal through this" and "I'm just loving my grandchildren . . . the smell of them, every day I see them." He also actively reached-out for grief support, and to "get something back" from healing professionals, his employer and connection with old friends.

*Chris.* Initially Chris put off addressing his own grief for the following reason:

*Especially earlier on I wanted to be supportive of so many other people.*

*Family and close friends that were hurting and that and needed support, and it kind of surprised me. Maybe when you do that you don't deal with your*

*own stuff, so I don't know what was the motivating factor but it was there and not always wanting to be so frail in front of my wife.*

To avoid his grief, Chris coped by filling the time and dulling the experience through menial chores, TV, alcohol, and prescription medications.

*At night I never watched so much TV in my life and it was probably two stiff shots of rum and cokes and I watched four bloody hours of TV and it is just filling up your head so you are not thinking, right? It's just filling up your head, so you don't think.*

In Chris's words,

*[Drug X] and some sleeping pills and we would alternate . . . we weren't using them every night . . . just being conscious of not having that as a total crutch. One night with, maybe one night without, or a couple of nights, and then a couple of nights without. And just use that crutch when you really need it. At the end of the day, you have got to get a decent night's sleep . . . you've got to get some sleep. Otherwise, I think it just makes your waking hours even harder.*

Over time and due to the hard work of actively facing their grief, especially through the "child loss" grief support group, Chris and his spouse realized they needed to make changes in their life. They began to slowly take "chances" such as seeing friends, attending parties, and being more socially engaged again. He said,

*So you take those smaller steps . . . the small step forward and maybe it is two steps backward, but eventually you will be going forward instead of treading water. You can't . . . standing still is going backwards. You can't tread water . . . life moves on. If you don't move with it, you'll just be left behind and*

*pretty soon you isolate yourself. So, I guess, I mean its common sense . . . it doesn't mean that you can handle common sense at that time . . . but it just seemed intuitive.*

**Stan.** Stan felt alone and isolated in his grief. He was not supported by his wife as “my wife was busy,” and “I have a different relationship with my wife, so I talked to her about it but it wasn't the same.” He added,

*I have friends but, you know, not friends that I can talk to on that level [emotional/spiritual]. I have different kinds of relationships. Most of my buddies are not spiritual. Guys you could say, so I'm not going to talk about Tolle [Eckhart] with them and, so, there was kind of a gap there with people.*

So Stan forged a spiritual bond with Frank's daughter, “which is nice . . . she keeps that part going [of his past spiritual relationship with his deceased brother], which is good. On a fairly regular basis we would try to get together. So, she was helpful.” Stan also leaned on his spiritual awareness and practice to cope with his grief: “I think just the spiritual themes . . . were good tools, so to speak, in coping with grief and loss and trying to accept that he died. Accept that it is okay to grieve and the sadness.” He practiced mindfulness and focused on the present moment, used breathing techniques and a general attitude of acceptance of what is.

He recalled reading about a technique where “rather than think the emotion, feel it, just let your body feel it. Cut your mind off and then just let your body feel it. I hadn't done that in a long while but I felt that actually helped.” He believed this practice was healing:

*I couldn't cry for some reason so that would be the next best thing. Just let the emotion happen rather than resisting. Rather than thinking about it . . .*

*rather than trying to resist the emotions through your mind . . . let your body just try to react.*

**Theme four: Professional grief support.** Most people are able to cope with the natural process of grieving on their own and thereby successfully accommodate the loss in their life. Others require specialized support to navigate their powerful grief reactions and less than fully effective responses to ultimately adapt to the loss. All three men sought outside expertise in the form of individual and/or grief counselling (also a sorrow-friendly practice) to assist their mourning tasks.

**Gerry.** Gerry recognized the onset of this deepening period of grief. About 6 months after the death of his sister, Gerry was beginning to feel his own grief intensely and sought professional help. He decided he had ignored his own sorrow and pain long enough by focusing on family and others. He described his grief response as, “It is all over me. It is like a wave that rushes through me every day. It rushes through me. It is like this . . . it is just nasty inside of me.”

Gerry was ready to face his own grief reactions/responses head-on and even sensed that there was something to be learned in the process: “I’m not going to hide from this stuff . . . I’m going to work through it . . . I’ve got to understand it.” He approached his grief work with his usual “take charge” attitude and attended a total of four grief counselling sessions with three different therapists: “I decided I had to do something . . . that was right in the middle of it . . . so March/April, I went to counselling. It was just like it wouldn’t stop.”

**Chris.** According to Chris the grief support sessions specifically geared to parents who have lost a child were “the best thing . . . I mean [counsellor’s name] is right . . . there is nothing better than that.” Chris and his wife began grief counselling within a



month of the loss. They first attended three private sessions with a grief counsellor, then as a couple participated in a 6-week (one session per week) grief support program for bereaved parents. About this, Chris said,

*Some of those sessions were . . . quite difficult, but when you leave, and most of us said the same thing . . . when you left and you're going out to the parking lot and, you know, there is some weight off of your shoulder, right. You leave and that weight went off your shoulders and that pressure came off of your chest where you could fill your lungs a little bit, and you would go home and you would tend . . . I think I tended to have a better sleep that night.*

Chris also added,

*The next day is a new day and you're thinking about what happened last night, who said what and what you said, and maybe what you wish you would have said, and what you are going to say the next time, and now you've got your homework for next week and you're starting to think about that again and I think most of us looked forward to next week. Not everybody, depending on what was coming up. Some of them dreaded it and they had to force themselves to go there. I always looked forward to it.*

For Chris attending the support sessions was the hardest thing to do,

“Everybody’s eyes are on you when you are talking and you are crying and you’re breaking and you can’t talk and you’re . . . spilling your guts.” And yet they were the most healing “because you are not numb anymore. The numbness is leaving . . . you’re dealing with it . . . you’re taking those steps.” He talked about the positives of the

program saying “that you got it out, you expressed it. You got support from others around, and to hear the commonality . . . you knew what worked and didn’t work.”

*Stan.* A few months after the death of his brother, Stan went for professional grief counselling at the suggestion of his wife and family. He attended four individual sessions with a grief counsellor. Here he was “able to open up to [grief counsellor], to talk about how I felt about Frank, and how he was a good influence for my life, and kind of reflect back on some things about that relationship that were important.” Stan acknowledged it was therapy and the counselling sessions that helped him overcome his emotional challenge and allowed him to feel and generate an affective grief response. He recognized that he “was probably trying to repress it [grief emotions]. I’ll move on . . . get on with your life” but in the end realized that “you’ve got to address it.”

Stan continued learning and exploring the topic of grief by attending local workshops and information sessions. It was an additional avenue for him to gain perspective, validate his feelings and in his own words realize “you’re not going crazy . . . and yeah, it is a normal thing, grief.”

### **Interpretation of Themes**

**Adaptive coping strategies.** Once the initial shock, numbness and confusion regarding the death has passed, and to some extent the reality of the loss is apparent to the survivor, the real “work” (coping with the grief and relearning the world) of the grief journey begins. As Thomas Attig (2011) reminded us, “Accepting the reality of death and suffering can only be the beginning point of effective grieving response, not the end” (p. xxxv). This middle period of the grief journey becomes an opportunity for the bereaved to *befriend their sorrows* by mindfully and fully opening to the grief encounter.

Conversely, the grief stricken may attempt to shut down or block out their sorrow thereby “rejecting” the grief experience. Fortunately for the men in this study they chose the former course of action.

In the sections above we saw how each man found his own effective and creative ways to befriend his sorrows. The adaptive strategies each man used were a reflection of his personal grieving pattern (instrumental and/or intuitive) and life circumstances. Nonetheless, for each man it was a conscious process of deciding to actively and with intent face his grief. For example, Gerry’s approach was a blend of both the action-oriented, cognitive approach (instrumental) as well as the affective style (intuitive). When he needed to release the energy of his emotions, he vented his anger and sorrows like a howling dog. He also discovered his own preferred method for discharging the physical stress and energy through the act of treadmilling. Chris and Stan were both considerably more cerebral in their general grief responses and strategies.

The coping strategies that are sometimes used are not necessarily the most healthy or adaptive. Determining what works or what is required can be a process of trial and error or even an act of sheer desperation. It may involve the use of medication when needed. At times an effective strategy might simply be to put one foot in front of the other as Chris noted. Or a “good” day might be just to get out of bed and take a shower!

**Men and women in grief.** The expressions of grief and adaptive strategies for men in the western world are limited by social convention. Each man was very vocal during the interviews alluding to a prevailing male view towards loss and bereavement, and how boys and men acquire a conditioned attitude during the course of their lifetime. Two of the men also commented on how they see women more suited to the tasks of

mourning almost suggesting a clear natural advantage. Their opinion seemed to suggest men have been shortchanged somewhere during the evolutionary process or due to gender conditioning and therefore, not properly equipped to deal with grief when it arrives. This view is supported by Harris (2011) who saw North American men trapped in “emotional straightjackets” (p. 97) due to the male socialization process that dictates or limits their emotional responses to a loss. This dilemma can lead to *gender role strain* for men that refers to “the conflict between a male’s reactions when it is inconsistent with the dominant masculine ideology” (Doka & Martin, 2010, p. 159).

The reality is our society has a strong bias toward an affective response to grief. We are also reminded by Doka and Martin (2010) that the “instrumental pattern is typical of the way many men grieve, due to contemporary patterns of male socialization” (p. 4). This puts bereaved men in a serious bind; we are conditioned by society not to express emotion, yet judged for the very same lack of affect when it comes to our grief response. The cognitive and action-oriented strategies used by instrumental griever (as we saw primarily with Chris and Stan’s grief responses) may even be discounted by family, friends and professionals. And instead of building on the natural strengths and strategies for these men, the focus becomes our perceived “weakness.”

**The grieving landscape: Emotional pain and suffering.** Intense emotions were still very much a central feature in the grief responses of the men at this juncture. New, deeper and altered emotional responses and experiences were recognized by the men. For example, after initially looking for a solution to his grief, Stan tried a new approach which was “rather than think the emotion, feel it, just let your body feel it.” It was a time of experimentation and desperation searching for ways to ease the pain.

Most grief theorists advise in one way or another that bereaved persons must work through the painful emotions associated with the loss. For example, William Worden's (2009) second task of mourning is *To Process the Pain of the Grief* (p. 43). In Therese Rando's (1993) Six Rs Model the second phase of mourning is *Confrontation* and the first task is *React* to the separation and to feel the emotions (p. 34). This process is when the bereaved fully engage with the thoughts, feelings and memories associated with their loss. They allow themselves to experience the magnitude of their loss and begin the gradual process of surrendering the old view of their assumptive world. The academic literature is filled with sterilized terms and explanations trying to express what this "task" of processing the pain of grief might feel like. However, if we wish to grasp what it feels like to work through the pain of grief, we can look to Gerry's words when he stated, "I went out on the porch and I howled like an ancient dog."

"Like an ancient dog!" In these few words Gerry captured the depth, rawness, and primitive source of his pain and sorrow like none other I have ever heard before. He found his own expression to describe his struggle with the dark wood and being swallowed by a snake. In a moment Gerry had touched that place within himself that was the fountain of his grief, internalized the death, and to some degree accepted it emotionally.

In each narrative above we also see examples of how the grief response unexpectedly burst through the daily routines and was experienced especially intensely. One term for this phenomenon is Subsequent Temporary Upsurges of Grief (STUGs), and they are "brief periods in which the grief for the deceased is experienced afresh, as if the bereavement had occurred very recently" (Hadad, 2009, p. 60). For Chris the memory

that triggered the surge of grief was walking into the grocery store and seeing his son's favourite snacks. For Stan the surge happened while visiting the gravesite of his brother. These bursts can be upsetting, awkward (especially for men), and disconcerting for the bereaved who feel their grief is as raw as it was initially.

**Professional support.** The suddenness or unexpectedness of a loss and violence or trauma are two of the *mediators of mourning* that influence how a bereaved person reacts and responds to a loss (Worden, 2009). Studies have shown these factors indicate survivors will have a more difficult time coping with the loss. Struggling with why it happened is a common response in any death, however "in the case of sudden death there seems to be an especially strong need to find meaning" (Worden, 2009, p. 189). Here the bereaved are seeking *mastery* of the situation (especially when the death has been traumatic), to assign blame and determine the cause.

Clear examples of this phenomenon can be seen in the grief responses of Gerry ("I am not letting it go because I don't know why it happened") and Chris ("stuff just going around and around in your head") after the sudden deaths of their loved ones. Worden (2009) made a distinction between grief counselling and grief therapy where grief counselling "involves helping people facilitate uncomplicated, or normal, grief to a healthy adaptation to the tasks of mourning within a reasonable time frame" (p. 83). Grief therapy requires specialized techniques "to help people with abnormal or complicated grief" (Worden, 2009, p. 83). While we cannot determine with any certainty whether the grief experiences of the men in the study were complicated or normal, each one did seek the support and guidance of a grief professional as part of their overall healing strategy. And it is unknown whether the men were supported through their individual counselling,

or in the groups, in their instrumental grieving, or if they were encouraged and supported in adopting a more intuitive style.

Golden (2005) stated, “Bereaved men seem considerably less inclined to attend grief support groups than their female counterparts” (p. 1). The research and theories vary as to the reasons why, pointing to such causes as cultural factors and gender role socialization, male biological responses to stress, a “natural” instrumental grieving style, and the widespread intuitive grieving dynamics found in most grief support groups. Whatever the reason, the situation may create “dissonant grievers . . . who experience grief one way, but because of constraints fail to find compatible ways to express and adapt to their loss” (Doka & Martin, 2010, p. 159). Fortunately for the men in this inquiry they reached beyond any real or imagined restraints and availed themselves of professional support (counselling and/or therapy). Although I cannot be absolutely certain, given the fact that I had worked as a grief counsellor in this same agency, and was familiar with the overall therapeutic approach of the counsellors and the program, it is likely the men received encouragement and support that catered to both the instrumental and intuitive styles.

**The road of trials.** Looking at Campbell’s (2008) monomyth, The Hero’s Journey, this middle period of grief would correspond to the start of part two of The Hero’s Journey (called *Initiation*) and in particular the first stage, *The Road of Trials*. In this part of the journey, the hero must face and survive a series of tests and trials in order to reap the benefits and discover the lessons that must be learned (the *boon*). For the hero and the modern man, it is a hazardous journey “into the crooked lanes of his own spiritual labyrinth” (Campbell, 2008, p. 84).

Gerry must have intuitively recognized his coping with the loss of his sister and almost crippling grief might somehow contain a deeper purpose and meaning. Perhaps he sensed his “heroic” struggle held the possibility of personal transformation and growth on a personal road of trials. He recalled that in past times of crisis and loss generally “I would use my ego to compensate for . . . like, bandaging over . . . I’m not doing that stuff . . . I’m (XX) years old . . . I’m not doing that stuff.” This time it was different, he was not going to run from the pain or cover it up. Thomas Golden (2000) described this moment as “standing in the tension of your grief” (p. 3) and “consciously and willingly experiencing your pain” (p. 3).

Gerry was seeking understanding when he said,

*I’ve got to know what this really means . . . how to deal with this . . . it affected me differently, right? I’ve got to feel out the wisdom of this. I’ve got to mature with this. It’s not like she [Gerry’s sister] died in a car accident or cancer like my mom . . . this was frickin’ murder with a [weapon], right? It was different, different than my mom.*

In this stage of the hero’s journey, there is a “purification of the self” (Campbell, 2008, p. 84), which entails a “process of dissolving, transcending, or transmuting the infantile images of our personal past” (p. 84). It was Gerry’s words, “I’ve got to feel out the wisdom of this . . . I’ve got to mature with this” that seemed to resonate with his heroic mission and ambitions.

Gerry was consciously surrendering to his grief experience. Some men on the other hand refuse the encounter with grief and turn away, suppress or reject the tests and trials that must be faced. Thomas Golden (2000) saw this response as a lack of submission. The grieving person refuses “to allow the chaos of grief into [your]



consciousness” (Golden, 2000, p. 36) and in effect says no to the grief. For Campbell’s (2008) hero it is on The Road of Trials where “one by one the resistances are broken. He [the hero] must put aside his pride, his virtue, beauty, and life, and bow or submit to the absolutely intolerable” (p. 89).

This interpretation parallels a Jungian point of view:

The hero’s journey is a form of initiation that attempts to provide access to a higher level of awareness by challenging the initiate with some task that involves eventually sacrificing different levels of ego dominance. The journey ultimately helps form a more healthy sense of masculinity. (Pedersen, 2002, p. 94)

**A spiritual odyssey.** According to Pedersen (2002), “The primary purpose of this myth [The Hero’s Journey] is to facilitate a further development of consciousness” (p. 96) and to demonstrate the “archetypal patterns of masculine development” (p. 96). Campbell (2008) saw “the testings of the hero . . . were symbolical of those crises of realization by means of which his consciousness came to be amplified” (p. 101). The Jungians believe it is through the tests and trials of life (loss, grief, despair, anxiety, doubt, loneliness) and wallowing in “swamplands of the soul” (Hollis, 1993, p. 107) that a person grows in wholeness. It is unquestionably not a triumph of the ego. There is meaning to be found if we are courageous enough to live through these states and wade into the swamp of our own psyche.

Even though this journey is not a triumph of the ego, this does not mean ego consciousness is not involved and performing a vital function. It is simply not the master of the process (ego-driven functioning), which is usually the case in our daily waking lives. We see this clearly in the case of Gerry who initially focuses his energies on

problem-solving activities and action-oriented duties (an instrumental grieving style) requiring strong conscious attention and effort (ego). However, he also recognizes his situation and grief experience is beyond his conscious control. Gerry submits to his “absolutely intolerable” encounter and allows the chaos of grief into his consciousness. When he states he must “feel out the wisdom” of his situation he is allowing a different (deeper) force or energy (intuition) to guide him.

The archetypal patterns found in *The Hero’s Journey* “act as metaphorical models of certain life experiences that need to be lived and integrated by individual men to facilitate the development of their consciousness and, eventually, a greater spiritual relation to life” (Pedersen, 2002, p. 96). At no point in the interviews did any of the men explicitly mention or use words alluding to a spiritual struggle or dimension to their grief experience. However, as I’ve noted above the search for meaning after a loss is a spiritual undertaking and I believe a call to enlarge consciousness.

In the case of the men in this study, each man’s story of grief was also their journey of expansion toward wholeness, greater consciousness, and without question a spiritual quest as well.

## Chapter Eight: Narrative III – The Expansion

The doves that remained at home, never exposed to loss, innocent and secure, cannot know tenderness; only the won-back heart can ever be satisfied: free, through all it has given up, to rejoice in its mastery.

—Rilke, “Dove that Ventured Outside”

In the above quote the 19th-century German poet Rilke refers to an individual’s “protected heart” when he speaks of doves. He believes that only through experiencing loss, suffering, and grief can a person fully own their heart. In the remainder of the poem (not shown) Rilke wrote that only those individuals who dare to venture far from the safety and protection of the familiar, and face “endangerment and rescue” (Rilke, 1995, p. 211), can know tenderness, serenity, and freedom.

In this final chapter of our narratives, the personal inner transformation of the men and the integration of their losses are examined. While it is not a termination of the grief experience for our three men, it is a homecoming after the long and difficult Hero’s Journey.

### Narrative Themes

#### **Theme one: The harvest of grief.**

*Gerry.* Even after all the pain and suffering Gerry endured he remarked, “I am glad I have travelled the journey I have.” He was very forthcoming regarding some of the personal characteristics and attitudes he believes positively shifted due to his grief and loss experience. He articulated new or expanded qualities of openness, confidence, integrity, authenticity, and maturity and summed up his reasoning by stating, “The world

has made me responsible to change my way.” He said, “I am braver now than what I used to be,” then he added, “I step forward.” Gerry expanded on this by saying,

*Now if I see something . . . that I am not liking . . . I'll go, no, that is not correct and you can't do that to me and I won't tolerate it. So, you need to change your behaviour or else we are not part of this relationship anymore. You know, so I give them the opportunity.*

Through his process Gerry became very cognizant of how other people, external events, and his own actions are constantly either adding to his pain (and happiness) or not. He saw we are all ultimately responsible for our actions and end state and said,

*I have learned not to impose myself because I don't like people imposing themselves on me unless they are giving me something.*

In addition, he said,

*No matter what happens in your life, no matter how horrific it is, devastating . . . if you do anything back at that in a negative way . . . the same type of energy back . . . it affects the people that are already affected by what happened and what I have learned is that you must project mercy . . . you must show mercy.*

**Chris.** Chris also spoke about how his grief journey profoundly and fundamentally changed him. He believes people living through a significant loss and with deep grief “can't not be changed.” Much like the other two men in the study, Chris spoke about how his personal ordeal was a concentrated learning experience regarding the phenomenon of grief.

Chris now believes he has a truer and deeper understanding “of what it is like to go through that kind of deep loss. How devastating it is, how numbing it is, how mixed

up and confused and all the things that you go through with guilt and grief and what-ifs and just the absolute rip your guts out pain and how long it's going to be."

*Stan.* By his own admission Stan "didn't understand grief" before his brother died. It was a difficult and confusing time for Stan who protested, "Just give me a manual . . . how I am supposed to feel here," and "It would be nice to have my best friend at a time like this, when I am grieving, but he is the guy I am grieving." But as these options were not available, he went ahead and did the necessary grief work as best as he could. Through the course of this journey he learned about what grief is:

*I just know a lot more about grief now than I did two years ago and I just understand more about it . . . wish I knew then what I know now. I mean, it is hard. In the first 6 months I was looking for closure with Frank and it was creating more frustration.*

He summed up his current understanding of the grief process by stating, "It's all these thoughts are getting in the way of the process . . . the grief . . . or the process of acceptance. I think grief is the process of acceptance."

Stan's worldview also changed on a number of levels after Frank's death: "His death has made me be able to put things in perspective" where "things are not quite as big a deal as they seem." In addition Stan has discovered a new gratitude for life and said, "When people don't die and life goes on and there are relatively few challenges, you are on auto-pilot . . . and you don't appreciate life." Consequently, Stan stated he is making an effort to focus on what he believes is important and be grateful.

**Theme two: Accommodating loss into a life story.** A common misconception in our society that the bereaved need to find closure or some measure or moment of finality after a death in order to "move on." The truth is there is no such thing as closure or

resolution after death. However, there is room to integrate the loss into a life (Rando, 1993, p. 40).

**Gerry.** Gerry's willingness to be questioned for the study and eagerness to potentially help other men highlights the degree to which he has incorporated, and perhaps moved beyond this loss event in his life. He said, "I am very grateful for doing this because if this helps other men with this type of pain, or other women." Gerry continued by saying,

*I'm just in here doing this [participating in the interview] and it hurts. I'm talking about it but look how I am. I am feeling good about it . . . empowered. So, that is what has transpired. The pain is out there.*

Gerry's sense of empowerment was evident when he stated, "I'm not going to let this bitterness of this bastard [murderer] control my life . . . he already did something to my sister . . . he's not going to have any more of my family."

There was also a genuine sense of joy and perhaps even pride during the interview, because he had found the inner strength and managed to survive a devastating tragedy and "get to this point where I can sit here and talk to you, a stranger." Gerry spoke these words,

*I think by just coming in here and bringing this up again and talking about it, I think I am very brave and I think that I want to help people.*

There was one particular statement Gerry made during the interview that captured just how far he has travelled integrating the loss—"If that [expletive] was loved more, he [murderer] probably wouldn't have done this to my sister. Who knows what happened to this guy?" For Gerry to find even this shred of compassion after all his anger and pain is remarkable and indicates the extent of the healing and growth he has experienced.

*Chris.* By way of a number of statements Chris demonstrated how there is now some distance between him and his son's death: "Anything . . . will pass, I know it will." This displayed a maturity and sophisticated wisdom that can come after a profound personal experience and time. Chris has also begun the transition of holding the memories of his son's life as a precious treasure, rather than simply experiencing the loss as a hole in his heart.

*I have had a couple of times where I'm vacuuming upstairs and I'm dusting some of the pictures, and I haven't cried. It took me a year and a half to get it together but I've managed to vacuum and dust a few of those pictures upstairs and get through it. It'll be an interesting place when you can sit down and watch all those family photos and sit there and laugh about it and not cry. That is probably a ways down the road but that will be a great place to be. But it will happen. We're making progress.*

*Stan.* Stan said his grief journey has affected his "life as a whole" and "is making me think more about what is important in life." In the process he learned just how important family was for him: "not that they weren't important but I've learned how important they are to me." It appears that Stan has deeply incorporated the meaning of the old expression, "You don't know what you've got till it's gone." He said,

*It doesn't occur to you as you are just going through life with someone. You just kind of take for granted the support . . . the things like that.*

During the interview he recalled an incident involving the death of a young man he knew. Stan marvelled how this young man had lived his life to the fullest before he died. This seemed to inspire Stan even more to "focus on the things that are important in life . . . your friends, your family." He came to realize that "career is not as important as I

thought it was,” which has since opened the door for Stan to explore other work possibilities in his life. He sees that he is “evolving as a person” after this experience. He cited evidence from his work where he was able to take on a more leadership role in the company but also demonstrate “less anxiety in challenging situations.”

When Stan’s brother died so did his spiritual mentor, which left a gaping void in his life. Stan had always looked up to him in this regard and wanted to “be like him.” Since the death Stan has moved to a place of self-reliance where he has “tried to delve more into the spiritual side of things, more on that sense . . . to be more self-sufficient so to speak . . . because I couldn’t go to him for that kind of stuff.” This behaviour is just one sign of how Stan is *relearning his world* in the absence of his beloved brother.

**Theme three: Emotional ripples and residue.** As a result of their grief experiences, the men have become more aware and responsive to emotions, those of others and their own. Perhaps a deeply emotional and impactful experience such as coping with a significant death has opened a door to an emotional world previously unknown or untapped. They spoke of discovering hidden strengths and a deeper compassion, in addition to an altruistic reflex to assist others in pain.

**Gerry.** Gerry described himself as more sensitive now to people who are suffering, “I feel people’s pain like that lady” referring to a woman in the news whose 20-year-old son was also murdered. He stated, “I am pretty sensitive to murder . . . even if it is a stranger” because in his mind’s eye he has “seen the picture” of his sister’s tragic murder.

Using the “spear” metaphor once again to describe his grief and the emotional ripples in his life, Gerry commented that it (spear) was still sticking in his neck, but “it is



calm, it is calmer now. It's just calm." Only when the fate of his sister's murderer is known, Gerry believes "the spear will be released, like, be pulled and released out of my centre."

*Chris.* This emotional "sensitization" was very apparent with Chris who stated, "I think I have always had somewhat of a sensitive side to me . . . [but] I am hypersensitive to emotion now." He also worries this hypersensitive state may be creating awkward situations for him:

*I hope it passes fairly soon because it can be a little bit inappropriate. I just hope it is not as common or is that permanent because sometimes it is just not appropriate. Sitting there in a staff meeting with everybody and somebody says something and something just really hits you . . . when that happens . . . too frequent and it happens all over the place.*

For Chris the energy of his newfound understanding and sensitivity went further than his own experiences, it also became outward focused. He mentioned a number of examples in which his impulse now is to reach out to friends and family who have also suffered a loss. His words were,

*I know that if somebody close to me and anywhere inside my circle suffers this kind of loss I will not sit back. I will not side-step it. I will take that step and maybe it is part of giving back, but for those people that couldn't support, didn't know how to, didn't pick up the phone . . . there are probably a lot of people, you know . . . don't pick up the phone, don't know what to say . . . that is not the right way.*

Chris stated that he is "much more empathetic" and has witnessed through his struggle that grief and loss is universal, "because sooner or later it will happen to them"

(his social network or neighbours). Due to his new found understanding, he will never again sit back and not respond, offer assistance or support,

*That doesn't mean that you have got to be in their face. If you want to support somebody . . . it is the simplest stuff. You know, it's, hey, it's Chris your neighbor down the street . . . is there anything I can do, you know? Do you need me to go get groceries . . . I'll go and get groceries for you . . . that is the stuff that is really powerful and meaningful and it's on the ground supportive.*

He is looking for “ways to give back. You have empathy, you have an understanding, and how could you walk away when now you have understanding? I don't think too many people could walk away.” Chris's continued healing has taken on an altruistic component:

*I'd like to go through the program [the 8-week grief support program for parents] and be a volunteer, we'll see, you know. We'll see what it is like. I mean, obviously [program facilitator] has done it for many, many times over and it is working for him and he gets value out of it. I think there's some selfishness involved. I don't mind.*

Chris continued by saying,

*A generous selfishness. I mean, you hear that all the time. Oh, volunteering is the most selfish thing you can do. What are you talking about—you're crazy. Yeah, it is the best, I mean, and I know that I strongly expect to get a lot out of it and yet have a lot to give, so it is a two-way street. Life is a two-way street.*

**Stan.** For Stan, his grief and loss story was a roller coaster of emotions and a learning curve of understanding. Over time his predominately cognitive, problem-

solving, instrumental approach to grieving transformed into a multifaceted approach and understanding of the grief experience. He presented a very philosophical and spiritual explanation regarding what he believes the experience has taught him and how he has changed, “It’s helped me accept certain things in life, I think.”

Stan reflected on both his losses and how his mother’s more recent death reinforced what he has learned, “Those were two important people taken from me . . . there is nothing permanent about it, you know, things just change and very important things, two very important people to you leave.” In the process he recognized that grief and loss is not an event; rather, “it is a process, there is no end result. I may grieve until I am gone.” Notwithstanding “I think I have gone on pretty well, given that a big part of my life has left . . . here I am . . . mom and Frank.”

In one of his final comments during the interview Stan thoughtfully captured both the optimism and the ambivalence of surviving the significant death of a loved one: “So, it is not all negative, so to speak . . . maybe.”

### **Interpretation of Themes**

It takes courage to grow up and become who you really are.

—E. E. Cummings, “Unknown Source”

**Psychological and spiritual expansion.** After a significant death in life, it is hard to imagine that our initial thoughts would gravitate to our personal improvement or a possible “pay off” that might eventually accrue after the loss. However, the perspective of viewing “bereavement as an opportunity for growth” (DeSpelder & Strickland, 2011, p. 373) difficult as that may be, “can promote gradual movement toward accommodating the loss”(p. 373). Tedeschi et al. (1998) referred to this phenomenon as *posttraumatic*

*growth* and saw it as both a process and an outcome (p. 1). This growth was not just another coping mechanism, but manifested in profound changes in “perception of self, changes in interpersonal relationships, and change in philosophy of life” (Tedeschi et al., 1998, p. 10). A reframing and transformation of the loss occurs when the bereaved free up the psychic and creative energies previously focused solely on the past and the death. Therefore, I labelled one of the narrative themes above *The Harvest of Grief* to designate the constructive changes and development that are possible following a loss.

During the interview Gerry pinpointed an exact moment when he believes he experienced a profound transformation. It was about ten months after the loss and he was feeling the death of his sister especially intensely when his grief was magnified by some current non-death related losses and grief in his life. Gerry described a cathartic moment on the side of the road where he “grieved from so down deep in my guts, it was amazing. It took me an hour to get out of there . . . I just couldn’t calm myself down.” He saw this as a turning point in his grief process, his epiphany in a sense. This striking realization was captured in his statement: “That was it . . . this day . . . I have changed today. I have changed today. I’m not going to let this . . . I’m not going to let this kill me.” From that moment forward he comprehended his grief experience and the death from a new and deeper perspective.

The Jungian school of thought has much to say regarding the growth of consciousness and positive personal changes that are possible when coping with severe life challenges. Hollis (1993) spoke about the “tectonic pressures” (p. 19) of the psyche and personality that begin to naturally ripple and erupt during the middle adulthood years. Often a life event, such as a divorce, death or illness can accelerate this process of friction

and explosion where the person can be “radically stunned into consciousness” (Hollis, p. 18). Pedersen (2002) stated that a higher sense of self can be achieved “only through an initiatory ordeal in which the less mature attitudes of the ego are sacrificed” (pp. 96–97). It is at these moments when we ask ourselves the profound and difficult questions such as, “Who am I, apart from my history and the roles I have played?” (Hollis, 1993, p. 19).

Jung (1933) said, “Every problem, therefore, brings the possibility of a widening of consciousness—but also the necessity of saying good-bye to childlike unconsciousness and trust in nature” (p. 96). Jungian author and analyst Marion Woodman and poet Robert Bly (1998) labelled this psychic phenomenon *the descent* which was “the period during and after a powerful event in which the ego has been overwhelmed by a wave from the unconscious” (p. 177). Periods such as “mourning for a loved one lost through death or separation” (Woodman & Bly, 1998, p. 178) create the conditions where an old phase of life must die in order to be reborn into the new. Therefore, for Jung the core of every loss, problem, and struggle contained the seeds for an “illumination of the self” (Jung, 1933, p. 109). In the narratives above we witnessed a growth in self-awareness in each man. The death of their loved one became the trigger and catalyst to an enlargement of consciousness for their “afternoon of life” where the truths and ideals once held no longer serve the future (Jung, 1933, p. 108). Their grieving process thereby became Pedersen’s (2002) “rite of passage” (p. 104) or “initiatory ordeal” (p. 104) required for inner transformation and spiritual growth.

**The meaning of suffering.** Author C. S. Lewis (2009) was no stranger to both grief and suffering. He said, “But pain insists upon being attended to. God whispers to us

in our pleasures, speaks in our conscience, but shouts in our pain: it is His megaphone to rouse a deaf world” (Lewis, 2009, p. 91). He believed that individuals are like blocks of stone and the blows of the sculptor’s chisel (in other words our pain and suffering) ultimately help make us perfect (Lewis, 2009). This message is similar to what spiritual leaders, mystics, and gurus have been preaching throughout history. It states that pain and suffering in the human realm are the foundational teachers for our potential transformation. According to Yancey (1996), this is only possible due to “the singular ability of pain to break through [our] normal defenses and everyday routines” (pp. 64–65). In these moments, many people who are suffering respond with the backward-looking question, “Why?” Yancey (1996) believed the key is found in the Bible, which addresses a very different, forward-looking question, “To what end?” (p. 78). The Christian belief is that “we are here on earth to be changed, to be made more like God in order to prepare us for a lifetime with him” (Yancey, 1996, p. 88).

We saw the same motif of suffering and perfection earlier in a quote by St. John of the Cross. In it he stated the soul of man must be emptied of self and purified of all earthly things before it can draw nearer to God (St. John of the Cross, 2003). In his famous work, *Dark Night of the Soul*, he wrote in great detail about the nature of the spiritual purgation and cleansing the soul must endure. He described the varieties of pain and affliction of spirit and senses during this “dark night” (St. John of the Cross, 2003, p. 46), which he envisioned as a union with Divine wisdom and an illumination by Divine light. As we suffer in our moments of grief and torment, it is only due to our weak understanding and lack of “talent of the soul” (St. John of the Cross, 2003, p. 47) that we

fail to comprehend the heavenly and restorative forces at work in our life; “just as, the clearer is the light, the more it blinds and darkens the pupil of the owl” (p. 48).

Loss and suffering are generally viewed in our society as a whole as an enemy or burden and something undesirable. However, Franciscan priest and author Fr. Richard Rohr (1995) stated, “Suffering is the necessary feeling of evil” (p. 209). He believed it is God’s way of connecting us to our human condition (Rohr, 1995). Unless we experience pain, human frailty, and death, “We stand antiseptically apart from it, numb” (Rohr, 1995, p. 209). When we touch the pain of humanity through our own suffering, we are no longer isolated, we become “a true member of the universal Body of Christ” (Rohr, p. 209) and learn to know God. It becomes our channel and means to that which is larger than us in this life.

Like Rilke’s doves, the men in the study have “won-back” (Rilke, 1995, p. 211) their hearts. By suffering through the tragedy of their losses they learned to connect to their human condition in a deeper, more tender way.

**The grieving landscape.** This last component of the men’s grief journey approximates the *Accommodation Phase* of Therese Rando’s (1993) grief model (pp. 40–43). It is a period of readjustment and reinvestment when the grief reactions are not as acute or the bereaved as fragile. The bereaved begin the process of socially and emotionally reintegrating into their daily routines once again and making the necessary internal and external changes in a world that is now without the deceased. They also reinvest their energies into new ventures, outlets and relationships and adopt new ways of being in the world. It is at this juncture when the bereaved develop a new relationship with the deceased. Attig (2011) described the process of maintaining a meaningful

connection with the deceased as “learning how to continue loving in separation” (p. 1). Neither the loss nor the deceased are forgotten and the bereaved continue to love the person who died. The deceased are loved not only through the sorrow and memories, but as a genuine person who can still touch and influence their lives. I saw evidence of this ongoing connection with all three men. For one example, Stan described the special bond he had shared with his brother regarding golf. After Frank’s death, he inherited his brother’s prized golf clubs and books. Now, whenever Stan plays a round at the same course they played together on countless times, he can’t help but recall the special memories and feel touched by their relationship.

In the process of accommodating the reality of loss and adjusting their life accordingly, the bereaved establish a new identity and revise their assumptive world. The new person carries a psychic scar from the loss and the resulting changes can be either positive or negative. It is here Rando (1993) believed the bereaved have a crucial choice to either accept the loss as an inescapable reality of life and grow from the experience, or remain bitter because of what was lost. It was Ernest Hemingway (2003) in *A Farewell to Arms* who eloquently captured this dilemma and the potential consequences: “The world breaks everyone and afterward many are strong at the broken places. But those that will not break it kills. It kills the very good and the very gentle and the very brave impartially” (p. 249).

An interesting coincidence occurred during the interview with Gerry when he explained how his coming to the research interview was like paying a bill. He matter-of-factly stated, “When I came here . . . when I decided to do this with you, as an adult guy, I just relaxed about it and just opened about it and it is like going to pay a bill. So, I did it.



I'm just going to pay a bill." Gerry was undeniably broken by the experience of losing his sister. But he healed and grew "strong at the broken places" so much so that he had the strength of character to give back. Thomas Golden (2000) also used the metaphor of paying bills to describe the process of acknowledging and expressing grief. The more one ignores the "bills" piling up on the counter, the more one "would feel a heavier responsibility, a louder voice, or a more nagging sensation of needing to pay those bills" (Golden, 2000, p. 25).

**Return of the hero.** The third and final portion of Campbell's (2008) monomyth. The Hero's Journey, is *The Return*. Here our adventurer consciously chooses to return to the ordinary world with the ultimate boon or realization of his quest. The aim is to share the transcendent prize with his fellow man for the betterment or renewal of his people, the community, or the world. According to the myth, there is a risk the hero will refuse the return and simply continue enjoying the fruits of his labours alone.

This step in the monomyth can be seen to parallel the grief journey for our three men. All three men were changed by their ordeal and were looking for ways to share their hard-earned bounty from the quest. By agreeing to be interviewed for the research study and by freely and intentionally sharing their stories each man had accepted the hero's responsibility. Gerry was very clear regarding his intentions. He felt empowered and wanted his story and difficult grief journey to mean something and benefit others (men and women). Chris spoke of finding ways to volunteer in grief support both formally and informally. Chris's question clearly demonstrated both the hero's dilemma and duty:

*You have an understanding, and how could you walk away when now you have understanding?*

This urge to contribute and help their fellow man corresponds to the primary psychosocial developmental need Erik Erikson (1963) identified for men in middle adulthood. His theory identified the predominant tension or developmental crisis during this period as one of generativity versus the danger of stagnation with respect to life, the self, and others. He saw generativity as primarily concerned with “establishing and guiding the next generation and gradual expansion of ego-interests and libidinal investment” (Erikson, 1963, p. 267). According to Erikson, “Mature man needs to be needed” (Erikson, 1963, p. 267) and failure to secure this essential ingredient leads to self-absorption and personal impoverishment. It is clear our returning “heroes” in this study also needed to be needed and were more than eager to share their treasures.

## Chapter Nine: Postscript

The will to be oneself is heroism.

—Ortega y Gasset, “Meditations on Quixote”

A life story never really comes to an end. Even when a man or woman dies, their story carries on and ripples through the lives of the people he or she touched and left behind. In the case of the three men in this study, we have seen how through the deaths (and lives) of their deceased loved ones it has caused more than ripples, but rather significant waves of change and transformation in their life stories. It is also conceivable that in the telling of their stories for this research study, their experiences and self-understanding will very likely ripple through their lives as long as they live. Therefore, this narrative inquiry does not, and cannot in actuality have a conclusive or definitive end point. After you, the reader, have digested the words in this paper, whatever the affects might have been on you—inspiration, fear, aversion, hope, or curiosity—it is my hope they may continue to echo and ripple through your life, and the people in your life as well.

### **Significance of the Research**

This study began with the question, “How do men in midlife experience grief after a significant death loss?” The objective was to investigate the phenomenon of middle-aged men as they recount their stories of loss and grief. The inquiry sought to describe how some middle-aged men cope with their losses, grieve, integrate the losses into their life stories, and make meaning in their lives.

In terms of the primary research objective above, I do believe this inquiry has done precisely what it set out to do. Through the telling and retelling of their stories and

interpretation through narrative themes, I had an intimate glimpse into the grief experiences of these three men and how they eventually made and found meaning through the losses they encountered. I, as well as the reader, was able to witness how each reinvented himself and relearned his world in the process of coping with his bereavement and grief and ultimately integrated and accommodated the loss into his life story.

### **Limitations of Study**

The co-researcher selection process was a limitation of the study. Only men who had previously accessed some form of professional grief support (individual and/or group counselling) were included. This identification procedure therefore, only chose men who were capable of and willing to (having already done so) discuss their grief experiences in a non-private setting. Men who had experienced a significant death-related loss in their life in middle adulthood, but did not avail themselves to formal grief support interventions were not included. An opportunity to hear their unique voices and examine their stories of grief was not available.

Also, the men in the study had completed the grief support interventions no less than six months prior to the beginning of the study. This time frame was selected to permit the individuals some opportunity post-loss to process and reflect on their experience and continue to integrate the loss. Therefore, the men relied on the memory of events that were months, if not years prior. The participants of the study were similar in socio-economic status which may have limited the diversity of themes and data that could have emerged from the research study. The lack of published research in regards to men

who had experienced a significant death-related loss in their life in middle adulthood provided limited sources of literature and research for this study to build upon.

### **Areas of Potential Application**

The three men in this study each found their way through their dark wood of grief via trial, error, and effort to eventually discover their own individual path towards healing. There is much to be learned and applied by closely examining the narratives presented here. As we carefully study the words and themes from each man's journey, we can see how they created clear signposts, messages and markers for other grieving men (middle-aged and others) to follow.

For example, messages are imbedded in the narratives that I would call "reality checks" that described the possible range of grief reactions and responses for a man in our western society who is mourning deeply: "I have a spear from the back of my neck into my soul and it is being pulled" (Gerry). Others were more cognitive explanations of what grief is, and is not: "It's all these thoughts are getting in the way of the process . . . the grief . . . or the process of acceptance. I think grief is the process of acceptance. On a certain level" (Stan). This paper presented heartfelt suggestions from the men regarding how to approach the tasks of mourning:

*You have got to find an honest way of dealing with it [grief] . . . so that it doesn't take you over . . . it doesn't get you drinking, and drugs, and acting stuff out, and being stupid. (Gerry)*

The men also offered coping strategies and healthy grief responses throughout:

*So you take those smaller steps . . . the small step forward and maybe it is two steps backward, but eventually you will be going forward instead of treading water. Standing still is going backwards. You can't tread water . . . life moves*

*on. If you don't move with it, you'll just be left behind and pretty soon you isolate yourself. Its common sense . . . it doesn't mean that you can handle common sense at that time. (Chris)*

This research provided a necessary and in-depth look into the lived experiences of men as they struggled and coped with their loss allowing their own voices and stories to be heard above all else. Clandinin and Connelly (2000) stated narrative inquiry is about “experiencing the experience” (p. 80) and the aim is “understanding and making meaning of experience” (p. 80). As the men found and made meaning in their lives from their personal grief experiences, the goal of this research was to “experience their experience” as honestly and truthfully as possible. Narrative relativism (all interpretations of events are equally valid) and a disconnected sense of meaning were avoided by honouring the men’s voices (*field texts* as per Clandinin & Connelly) and being faithful to their stories during the interpretative process. Therefore, a “grounded narrative meaning” (Clandinin & Connelly, 2000, p. 85) was possible. Future readers would benefit, whether they are fellow researchers, therapeutic professionals, or men in grief themselves, to carefully integrate the wisdom and guidance contained herein. It is my hope that this valuable knowledge and insight contributes in some way to the existing body of literature on bereavement, and specifically regarding men’s grief experiences in middle adulthood.

### **Unforeseen Outcomes**

It is common, given the fluid and “unbounded” quality of narrative studies, to see the primary research question being investigated migrate into unexpected territory and generate fruitful results (Clandinin & Connelly, 2000). Research can sometimes also lead to apparent “dead ends” as was the case in this study in one particular aspect. You will recall the study was initially guided by this supplementary qualification: This middle

adulthood stage (45 to 65 years old) of development for men, sometimes referred to as the second adulthood in psychology, is full of many concurrent and competing life transitions and developmental milestones—such as aging, new physical limitations, stalled careers, empty nests, midlife anxieties, marriage difficulties, illness, retirement, aging or dying parents. We currently have a limited understanding of how these midlife male challenges can potentially derail, alter or compound the natural grieving process and emotional responses for men.

Although the impact of these specific life factors on the grief encounters of the men were definitely touched upon during the interviews, they were not mentioned as significant factors with respect to altering or complicating the overall grief experiences as first anticipated at the beginning of the research. The degree of influence of these factors has been elaborated in the three narratives previously presented.

However, there were additional, surprising and rich insights gained from the study that were not initially anticipated. For instance, participating in the research interviews and the study were significant events in themselves according to the three men. This phenomenon suggests narrative inquirers are “shaping the parade of events as we study the parade” (Clandinin & Connelly, 2000, p. 87). Consequently, the experiences became a meaningful and I believe healing feature in each of their grief journeys. But this was far from an uncomplicated act for the men; the risk of further pain by sharing old memories required a great deal of personal courage. Yet the simple act of sharing their story in the presence of an “insider” third person, out loud and in their own words was a validating experience. It became a mechanism to externalize their experiences, make them more real, and create a means to give back.

To say Gerry was motivated to participate in the inquiry and contribute his story would be a huge understatement. Gerry drove all night through a snowstorm to attend the initial interview. His intent was primarily altruistic as he was “very grateful for doing this (because) if this helps other men with this type of pain, or other women.” Gerry’s first words as he sat down were as follows:

*I am going to be really honest, and I am going to be very forthcoming, and I am going to be . . . because it is what I went through. If other men are going to go through it then . . . anything to help [them] because it’s pretty nasty.*

Chris also spoke about being changed because of his ordeal and gaining an “understanding” and “a lot to give.” He was actively looking for ways to give back to those bereaved “because sooner or later it will happen to them” (his friends, family, or neighbours). He saw it almost as his duty to volunteer, “How could you walk away when now you have understanding? I don’t think too many people could walk away.”

### **The Hero’s Journey**

Myths are the masks of God through which men everywhere have sought to relate themselves to the wonders of existence. (Campbell, 2003, p. xv)

The most promising insight from this narrative study came by way of mapping Joseph’s Campbell’s (2008) monomyth, The Hero’s Journey, against the grief stories of these middle-aged men (see Appendix F). This connection first occurred to me in an “aha” moment when I sensed there were obvious overlaps and parallels between the two subjects. This was exciting not only because there was an inherent and elegant symmetry with Campbell’s existing framework of myth, symbolism and imagery which closely paralleled the men’s bereavement experiences. This discovery was gratifying mainly for



the future application of the metaphor (The Hero's Journey) to potentially reach an audience of bereaved men who are currently not being supported (voluntarily or involuntarily) in their grief (Golden, 2005).

The use of the metaphor will, I believe, connect with this underserved audience for a number of reasons. First, The Hero's Journey uses language, symbols, imagery and a plotline that could be considered more masculine in nature. For example—The Call to Adventure, Belly of The Whale, The Road of Trials, The Meeting With the Goddess, Woman as Temptress, The Magic Flight, Rescue from Without, The Crossing of the Return Threshold, Master of Two Worlds, Freedom to Live—are motifs that could be repurposed and re-presented into a grief model or approach for working with men they could perhaps more naturally relate to and gravitate towards. Second, the monomyth taps into the collective unconscious of archetypes (Jungian) that are universal and timeless. Some men may discover an innate resonance with the overall themes, trajectory and purpose of the myth (moral of the story).

Finally, applying the monomyth as one template for grief support for men would situate the bereavement experience in an action-oriented and problem-solving fashion reminiscent of an instrumental grieving style. We recall Doka and Martin (2010) who concluded the “instrumental pattern is typical of the way many men grieve, due to contemporary patterns of male socialization” (p. 4). This shift in perception would reposition grief as a personal challenge (Call to Adventure) in a man's life. It is a new and different, possibly radical vision, for what bereavement might mean to a man. Consequently, it becomes a noble undertaking worthy of their attention and effort, and not an inconvenience or problem to be denied, ignored, or repressed. I envision that some

men would migrate to this message and therapeutic approach to grief work. It is a decidedly different format from what might be considered the “norm” for present grief support groups which tend to adopt a more intuitive grieving philosophy—sharing experiences, expressing emotions, seeking validation (Doka & Martin, 2010).

### **The Ultimate Boon**

José Ortega y Gasset (1961), the Spanish liberal philosopher, believed that we are all heroes to some extent and that the seeds of heroism lie dormant in everyone. A “real act of the will” (Ortega y Gasset, 1961, p. 152) was the foundation of heroic action and required a movement away from “custom, tradition, or biological instincts” (p. 152). The hero was fundamentally unsatisfied with the current reality and refused to allow his actions to be determined by environment or heredity. In short, heroism was the call to be oneself.

Ortega y Gasset (1961) certainly was not referring to the popular Hollywood version of the male protagonist; the emotionless, superhuman action hero leaving death and destruction in his wake. Rather his definition of hero (as male, heroine as female) was the person who displayed courage and self-sacrifice in the face of danger and opposition for the greater good of all humanity. It was a generative, selfless, and potent hero. This same hero type exists in Campbell’s (2003) monomyth whose goal is not narcissistic or self-serving, but rather to return from his journey with the boon to transform his life and reform reality.

This same directive is stipulated in Jungian circles. Whether it is called the *individuation* process, psychological growth, or evolution of the psyche, the mandate is the same. According to author and Jungian analyst Robert A. Johnson (1998), it is the

process of making conscious what is unconscious, aligning the ego with the inner *Self*, and listening to the still, small voice within. He equates this process to a religious experience “in the sense that the human ego must surrender to something more powerful than itself” (Johnson, 1998, p. 99). Johnson sees this as an egoless journey which he describes as following the “slender threads” (Johnson, 1998, p. 99) in one’s life and the “will of God” (p. 99). This process bridges the worlds of religious or spiritual experience, mythical traditions and modern psychological theory. It is the motif of the hero’s or saviour’s return as an inner experience that each of us must go through.

In my view the heroic and “ultimate boon” (Campbell, 2008, p. 148) of this narrative inquiry rests in a re-framing of the male grief experience. In my statements below we see how grief work could be re-defined to suggest a heroic encounter that speaks to the masculine psychology that is desperately needed to attract some men to counselling support they may need. Until the messages of grief are repackaged in this manner, some men will continue to be absent from grief support interventions and continue to hold their grief stories in apprehension and silence. The statements are as follows:

- An episode of grief and loss is a summons to be a “hero” in your own life.
- Death and sorrow are not “unwelcome visitors” in your life; rather grief is a “dangerous opportunity” afforded us to become more conscious in our life, expanded and a fuller, truer, more whole version of ourselves.
- Grief is a journey and a process, not an event.
- Grief is a venture and an odyssey that is a stirring, extraordinary, bold, risky and painful undertaking with an uncertain outcome.

- The bereaved man must “consent” to this journey and therefore, answer “the call to adventure.”
- Make no mistake there will be trials, pain and suffering along the journey.
- There is a “purpose” to the journey.
- For men taking part in this journey, the ordeal is not only for their own gain, but for the sake of those they love, those closest to them, and the important people in their lives.
- There are “helpers” along the way that must be exploited.
- On this journey with grief there is a “payback” or “boon” in the end, but it is not guaranteed.
- The hero will “return” stronger, wiser and positively changed by the experience, but this is not guaranteed.

### **Suggestions for Future Research**

Further research is needed regarding the grief experiences of men in midlife after a significant death-related loss to address the lack of literature and research in this area. Increasing the sample size and diversity of participants, in addition to hearing from men who had experienced a loss but did not avail themselves of formal grief support interventions would add to the available data. The use of a longitudinal research study model would allow the researcher to conduct a series of interviews with the bereaved periodically post-loss. This process would document the phenomenon as it unfolds over a period time and therefore, not rely on participant’s longer-term memory for recollection of events.

- What impact does the “nature” of the loss have on whether men in middle adulthood come for grief support? (i.e., the more violent, sudden, unexpected, untimely the death [complicated] the more men will seek support which seemed to be the case in this study.)
- If grief support interventions were specifically tailored to men in middle adulthood and “re-branded” in a manner that reflected a more a masculine psychology, would more men come for grief support?
- How receptive would men in middle adulthood be to the myth and metaphor of The Hero’s Journey in their approach to grief work? How receptive would they be if the grief support group was all-male?
- A quantitative, or perhaps more rigid qualitative study, to investigate the impact of midlife challenges and developmental milestones on the grief experience on middle-aged men (factors such as aging, new physical limitations, stalled careers, empty nests, midlife anxieties, marriage difficulties, illness, retirement, aging or dying parents).

### **Final Reflections**

Stories impact the storyteller as well since “those who retell the story become part of the story” (Frank, 2012, p. 5). This was true in my case as my life has been indelibly altered not only by the hearing of the stories, but through the retelling in this inquiry, and also where they are leading me next. Arthur Frank (2012) reminded us that, “Stories always pose that question: What kind of truth is being told? Stories never resolve that question; their work is to remind us that we have to live with complicated truths” (p. 5).

My sincere hope is that the stories presented here have offered some “complicated truths” that we may all live with and be the wiser for having witnessed.

My objective for this study was to hear and share the “silent stories” of men who grieve in their middle years. I feel privileged and blessed this was fulfilled for the three men in this inquiry.

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## **Appendix A: Interview Questions**

- Tell me about your relationship while your loved one was alive.
- What was your experience immediately after he/she died?
- What was it like when you were experiencing the full impact of his/her dying?
- What can you tell me about the most difficult challenges you faced and how you dealt with them?
- What has been most helpful for you in meeting those challenges?
- How has your life, or have you, changed since he/she died?
- What have you learned from your experience?
- Is there anything you haven't told me that I should know about if I am to understand what has been most important in the story of your grieving experience?



## Appendix B: First Invitation to Participants –

### Initial Screening

Hello!

My name is Andrew Gustainis and I am presently finishing my Master of Arts in Pastoral Psychology and Counselling Program at St. Stephen's College in Edmonton, Alberta. One of my program requirements is to write a thesis, which is a formally written 100-150 page document based upon my research of a stated question. The question that I will be investigating is:

How do men in midlife experience grief after a significant death?

This study will investigate the experience of middle-aged men as they recount their stories of loss and grief. I am interested in this topic because I have personally experienced significant grief and loss in my middle adulthood years.

I am inviting you to assist me in my research study.

There is not much information currently available in the grief and bereavement research literature regarding the phenomenon of men's grief during the middle adulthood years (45 to 65 years old) after a significant death. This period of development can be especially challenging for men due to many life transitions and milestones such as aging, physical limitations, empty nest, illness, retirement, ill or dying parents. We understand very little how these issues can potentially affect the natural grieving process for men. My study will seek to describe how middle-aged men cope with their grief, integrate the loss and make or find meaning in their life.

I am approaching you because you have recently completed individual one-on-one grief counselling and/or participated in a 6-week grief support group with the (AGENCY NAME) – Grief Support Program in (LOCATION). You are also male and were 45 to 65 years old at the time of your loss.

If you are interested in participating in this research study, I invite you to write a brief summary (not more than one page) of your grief and loss experience outlining some of the key moments and meaningful memories. Representative data and anecdotal material from the summary would be used in the report while always protecting your identity and that of the deceased by removing any identifying information. Once the study is completed your summary will be destroyed. Please be sure that I will treat your response in confidence and with the greatest respect.

It is possible that at some future date I may also approach you to participate in a one-on-one interview with me. More information regarding the interview process, confidentiality

and the research will be made available to you if and when you move forward. If you have any further questions regarding this research and/or your participation, please contact me.

Thank you for your consideration!

*Andrew Gustainis*

For those interested in participating in this study, kindly submit a one-page summary of your grief and loss experience by either mail or email to:

Andrew Gustainis

[street address]

[city]

[email address]

#### **More about Andrew Gustainis:**

In addition to completing my Masters in psychology and counselling, I am a grief counsellor in-training with Alberta Health Services. I am also a Certified Thanatologist (special education in dying, death and bereavement) and am completing a Certificate in Grief and Bereavement Studies at King's University College at The University of Western Ontario. I have also been a volunteer grief support facilitator with Canadian Mental Health Association (CMHA) Suicide Services and with the Roman Catholic Diocese of Calgary since 2008.

#### **About Dr. Thomas Attig (research supervisor):**

Thomas Attig is the author of *The Heart of Grief: Death and the Search for Lasting Love* and *How We Grieve: Relearning the World*, and numerous articles and reviews on grief and loss, care and ethics of interactions with the dying, suicide intervention and death education.

Tom is also a well known speaker having offered conference programs across Canada, United States and worldwide as well as innumerable talks and workshops for nurses, physicians, funeral directors, clinical psychologists, social service providers, hospice workers, clergy, and the general public. A Past President of the Association for Death Education and Counseling, he has also served as Vice-Chair of the Board of Directors of the International Work Group on Death, Dying, and Bereavement. For more information you can visit <http://www.griefsheart.com/>

## Appendix C: Grief Support Program – Cover Letter

Date

### AGENCY LOGO

Gustainis is a graduate student in the Master of Arts in Pastoral Psychology and Counseling Program at St. Stephen's College in Edmonton. Andrew recently completed a practicum in the Alberta Health Services Grief Support Program. As part of his program requirements, Andrew has chosen to conduct a research study to better understand the experience of middle-aged men as they recount their stories of loss and grief. The research question that Andrew is exploring is:

How do men in mid-life experience grief after a significant death?

Andrew is interested in this topic because he has personally experienced significant grief and loss in his middle adulthood years.

The invitation to participate in this study is being extended to males who have completed one-on-one grief counseling and/or participated in a 6-week grief support group with the (AGENCY NAME) Grief Support Program in (LOCATION). Additionally, participants will need to have been 45-65 years old at the time of the loss and have completed their counseling services at least 6 months ago.

Attached to this letter is more information provided by Andrew along with his contact information. If you are interested in participating please contact Andrew directly. All of your information will be kept confidential by Andrew and the Grief Support Program will not know in any way of your participation.

This research study has been approved the (NAME) Research Ethics Board.

If you have any questions or concerns about receiving this letter or the study please do not hesitate to contact me.

Thank you for your consideration.

*SIGNATURE*

Manager

## Appendix D: Second Invitation to Participants –

### Invitation for Interview

#### AGENCY LOGO

Thank you for submitting a story of your grief and loss experience for my research study on men's grief during the middle adulthood years. You have been selected to participate in the one-on-one interview process, if you so choose.

The interview is estimated to last between one and two hours. You and I will determine a location for the interview that will be quiet, private and distraction-free. The interviews will be captured with a digital audio recorder (and/or videotaped) and then transcribed to text. I have listed a few questions below to give you an idea of what our conversations might involve. It is not necessary to prepare your responses prior to our meeting.

If at any point prior to, during, or after the interview process it is determined that your health or well-being are being jeopardized in any way, your participation will be suspended and outside support sought. Remember you have the right to voluntarily withdraw from the study at any time, and you will be identified by a pseudonym in the study to protect your anonymity.

#### Possible Interview Questions

- Tell me about your relationship while your loved one was alive.
- What was your experience immediately after he/she died?
- What was it like when you were experiencing the full impact of his/her dying?
- What can you tell me about the most difficult challenges you faced and how you dealt with them?
- What has been most helpful for you in meeting those challenges?
- How has your life, or have you, changed since he/she died?
- What have you learned from your experience?
- Is there anything you haven't told me that I should know about if I am to understand what has been most important in the story of your grieving experience?

I will be contacting you shortly to confirm your agreement to participate and arrange a mutually convenient time and location for the interview.

Once again thank you for your participation!

*Andrew Gustainis*

[email address]

**Appendix E: Consent Letter –  
One-on-One Interview with Participant**

**AGENCY LOGO**

**Title of Project**

Silent Stories: Men's Journey with Grief in Middle-Age

**Investigators**

Researcher: Andrew Gustainis, Master of Arts in Pastoral Psychology and Counselling Program, St. Stephen's College, Edmonton, Alberta

Email: [email address] [telephone number]

Research Supervisor: Dr. Thomas Attig

Email: [email address] [telephone number]

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

**Purpose of the Study**

The purpose of this study is to investigate how men in midlife experience grief after a significant death in order to describe how they cope with their grief, integrate the loss and make or find meaning in their life.

**What Will I Be Asked to Do?**

If you agree to proceed, you will participate in an interview with the researcher, Andrew Gustainis, and possibly a second one. The first interview will be approximately one to two hours in length and explore your grief experiences after a significant death. A possible second interview of equal length will take place if required to confirm the validity and reliability of the information. Your participation is voluntary, and you can refuse to answer any question at any time, and have the right to withdraw from the study at any time without explanation and without risk of consequences to you. Should you opt out of the study, your transcription will be returned to you, and any recorded data will be destroyed and not be used in the study. A convenient location for the interview that is quiet, private and distraction-free will be determined by you and the researcher.

**What Type of Personal Information Will Be Collected?**

As part of the interview process, basic descriptive information about you such as your age will be recorded. The interview data and your original one-page written summary (made available to the researcher prior to the interviews) will be used to create an interpreted description of your experience. You will be provided a copy of this account as well as the raw interview text. You will be asked to comment on the accuracy and spirit of the story to determine if it is honest and valid account of your experience.

**Are There Risks or Benefits if I Participate?**

Given the personal nature of the study, the interview process may involve the risk of remembering unpleasant memories or events and may bring up intense emotions. If at any point prior to, during, or after the interview process it is determined that your health or well-being is being jeopardized in any way, your participation may be suspended.

Outside support is available through (NAME). You can contact either the Grief Support Program (NAME, Manager, Grief Support Program: TELEPHONE NUMBER) or the (NAME) Mental Health line (TELEPHONE NUMBER) to access a variety of mental health services, information and resources. In addition the researcher, Andrew Gustainis, will be available before, during and after the interviews to discuss any issues or concerns. He will also contact you 48 hours after the initial interview to judge if you experienced any adverse reaction to the interview process. Through the in-depth interviews with a small number of men this study will add to the grief and bereavement literature the understanding of how the midlife challenges men face can derail, alter or compound the natural grieving process.

**What Happens to the Information I Provide?**

The interview results will be incorporated into a Master’s thesis authored by Andrew Gustainis and may also be included in scholarly presentations and reports. The ethical treatment of your data in this thesis will carry over to other presentations of data. Both first and second interviews will be captured with a digital audio recorder (and/or videotaped) and then transcribed to text. Once the interview results have been transcribed to text the audio/video recording will be destroyed and the encrypted transcription file will be retained by the researcher. No one except the researcher, the researcher’s thesis supervisor will have access to the interview transcripts. For purposes of reporting findings in Andrew Gustainis’ Master’s thesis or for any other scholarly dissemination a pseudonym will be used to protect your identity and anonymity. There will be no compensation for your participation and all information you provide will remain confidential except as used in the thesis or other scholarly work.

**Signatures (written consent)**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care.

If you have any questions concerning your rights as a possible participant in this research, please contact The Chair of the (NAME) Research Ethics Board at (TELEPHONE NUMBER).

\_\_\_\_\_  
Participant’s Name (please print)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Andrew Gustainis  
Researcher’s Name

\_\_\_\_\_  
Signature and Date

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Witness' Name (please print)

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Signature and Date

**Questions/Concerns**

If you have any further questions regarding this research and/or your participation, please contact:

Andrew Gustainis – Researcher

Email: [email address]

Phone: [telephone number]

Dr. Thomas Attig – Research Supervisor

Email: [email address]

Phone: [telephone number]

Dr. Julie Algra – Program Chair, St. Stephen's College, Edmonton, Alberta

Email: [email address]

Phone: [telephone number]

The (NAME) Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.

### Appendix F: The 17 Stages of the Monomyth

Research Narratives	Joseph Campbell's Monomyth	Therese Rando's Six Rs Model
Narrative 1 – The Descent	A. Departure 1. The Call to Adventure 2. Refusal of the Call 3. Supernatural Aid 4. The Crossing of the First Threshold 5. Belly of The Whale	1. Avoidance Phase  R = recognize (the loss)
Narrative 2 – The Struggle	B. Initiation 6. The Road of Trials 7. The Meeting With the Goddess 8. Woman as Temptress 9. Atonement with the Father 10. Apotheosis 11. The Ultimate Boon	2. Confrontation Phase  R = react (to the separation; feel the emotions)  R = recollect (re-experience the deceased)  R= relinquish (old assumptive world)
Narrative 3 – The Expansion	C. Return 12. Refusal of the Return 13. The Magic Flight 14. Rescue from Without 15. The Crossing of the Return Threshold 16. Master of Two Worlds 17. Freedom to Live	3. Accommodation Phase  R = readjust (to a new world)  R = reinvest (energy into new outlets)