

HOW THE DEATH OF A FATHER/HUSBAND AFFECTS THE
MOTHER-CHILD RELATIONSHIP

by

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Abstract

Throughout this report, I focused on how the mother-child relationship is affected following the loss of a husband/father. I started with a case study and followed with the effects of losing a spouse, the effects of losing a parent, specifically how the mother-child relationship is impacted, and ended with a recommendation for a course of therapy, referencing back to the case study presented in the opening chapter. The loss of a husband/father is an extremely difficult occurrence, and as illustrated in this report, will have a lasting impact on the complexities of the mother-child relationship.

Table of Contents

Acknowledgments.....	iv
CHAPTER 1-Case Study.....	1
CHAPTER 2-Loss of a Spouse.....	6
CHAPTER 3-Loss of a Parent.....	23
CHAPTER 4-Mother-Child Relationship.....	34
CHAPTER 5-Course of Therapy.....	42
References.....	53

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Chapter One- Case Study

Death is not a subject most of us enjoy communicating about. We are fascinated by it but we do not like discussing it because it is universal, inevitable, and permanent. When death affects a family, it may do so in many ways, depending on the characteristics of the family. So, in order to study the complexity of death in a family context, we must look at an idiosyncratic case concerning a unique family.

Case Study

Picture, if you will, the following case. Forty-two year old Victoria comes in for therapy. Victoria is a widow who lost her husband in a car accident three years ago. Victoria's husband, Dan, was coming home from work one day when a semi driver fell asleep at the wheel and crossed the center line, striking Dan head on and killing him instantly. Victoria was devastated. Her grief was overwhelming. However, Victoria not only had to handle her personal grief, but the grief of her children as well. Victoria's three children were also having a hard time with the loss of their father. Victoria's oldest son was twenty-one and a junior in college, living about two hours away from home. Victoria's other son was eighteen and a freshman at the same college as his brother. Victoria's youngest, the only girl, was just fourteen years old at the time of the accident, adjusting to high school as a freshman. The loss sent shockwaves through this close-knit family. Dan had been the head of the family, the strong one to whom his wife and children went when they needed support. Dan was a school principal and enjoyed all children but Dan had a special place in his heart for his own children. Victoria was also in the school system where she worked as a first grade teacher. Dan had been loving and

supportive but firm with his children when it came to discipline. Dan was very active with his two sons, coaching their sports teams when they were growing up and attending all of their high school games. Then there was his little girl, Lily. Lily was often described as “daddy’s little girl”. Dan and Lily spent a good deal of time together. This time together led to a strong bond between father and daughter. This bond, along with Lily’s glowing personality and innocent smile, allowed Lily to get her way often with her dad.

Dan and Victoria had a happy marriage. They met in college and fell in love. Dan and Victoria had the occasional argument but generally enjoyed spending time with one another. They went to movies and plays together, attended the children’s activities together, and had many date nights throughout each month. They worked at the same school and ate lunch together everyday. The whole family attended church together on Sunday mornings and stayed active in church activities.

In the days and weeks following the accident, Victoria stayed mostly to herself. The boys were home from school and staying at the house with Victoria and Lily. Lily and her brothers spent time together crying and just sitting around not saying anything. Occasionally, they would go into Victoria’s room to check on her and spend time with her. Victoria would hold the children and cry with them but was unable to comfort them as she was wrapped up in her own grief.

The funeral came and went. The visitors came and went. The boys went back to school and soon it was Victoria and Lily, left all alone in a big empty house. As the months started to pass, the relationship with mom and daughter began to get rocky. Lily

started spending a lot of time with her friends, especially her “boyfriend”. Victoria knew Lily was slipping away but she was so consumed in her pain that she did not have the energy to deal with it. Victoria knew Lily grievously missed her father and Lily would often take it out on her mother saying things like, “If dad were here, he would let me do this!” This only added to Victoria’s pain and the emptiness inside of her. Eventually, Victoria would just give in to avoid an argument and Lily often got her way.

About a year after Dan’s death, another shocking blow was dealt to Victoria. Lily found out she was pregnant. Victoria was once again devastated. She was also embarrassed. She wondered to herself; how could this have happened? Victoria knew, if Dan were alive, this would not have happened. Victoria was ashamed of Lily and, when Lily suggested an abortion, Victoria went along with it to avoid the shame the pregnancy would bring Victoria, as well as Lily. Victoria has a terrible knot in her stomach in regards to the abortion. She knew Dan would have never allowed an abortion. He was adamantly against it. However, Victoria did not want Lily to ruin her life with a teenage pregnancy. Additionally, Victoria was not sure if she could handle the birth of a baby at this time in her life. She was still dealing with the loss of her husband and could not imagine adding a newborn to her already full plate. Lily had an abortion, which was really hard for both her and her mother. The abortion was difficult for mom and daughter because both knew that dad would not have approved. A few weeks later, Lily seemed to move on with life and went back to high school to attempt to live like a normal teenager.

Fast forward this story about three years, we find Victoria in the therapy room, racked with grief and guilt. Victoria tells her therapist that she feels horrible guilt over the

abortion and that Lily, who is now a freshman in college, is making some very poor choices with her life. Victoria feels that it is all her fault. She did not pay enough attention to Lily when Dan died and Lily turned to her boyfriend for comfort. Victoria felt that it was her fault Lily got pregnant and that it was her fault she had an abortion. Victoria believed that Dan would be terribly disappointed in her for going through with the abortion and this only added to her guilt. Victoria's relationship with Lily was rocky, at best, and Victoria felt that she had failed Lily as a mother. She believed that not only did Lily lose her father at a crucial time in her life but Lily also did not have an attentive mother following that event. Victoria tells her therapist that she has ruined her relationship with her daughter and set a bad example for her by allowing Lily to do as she pleased after her father's death.

This case illustration is not a single incident. "The absolute number of deaths and age at death continue to increase in the United States" (Jemal, Ward, Hao, Thun. 2005). In 2002, leading causes of death among persons 40 to 74 years was cancer, and accidents were the leading cause among those aged 40 and younger. Cancer rates were about 200 per every 100,000 and accidents were about 50 per every 100,000 in the United States population (Jemal et al. 2005). These two age ranges are likely to be people who leave a spouse and children behind. It is important to remember that, behind these statistics, there are families who are grieving the loss of a loved one. After a loss, this can be an extremely important time where a family can pull together and grieve with one another, becoming closer and stronger. However, it can also drive a wedge between family members and cause friction in relationships, leading to further experiences of loss.

It is difficult to watch a television episode, a movie, or the local news program without being confronted with death. It may be splashed everywhere on the media, where we become desensitized to death and dying, but, when it comes to dealing with death on a personal level, it is a lot harder to handle. No one can possibly prepare himself or herself for how to deal with death, when it occurs in life, and everyone has his or her own method of grieving. Each person will be affected differently, depending on his or her stage in the life cycle, as well as the relationship with the deceased. In this case example, a husband and father passes on, leaving a mother to deal with her grief as well as her children's. How does the loss of a husband affect the remaining parent child relationships?

To discover how the death of a husband/father affects the mother-child relationship, it must be broken down into several sections. Chapter two will contain discussion of the loss of a spouse and the components that affect this loss. Following this, chapter three will examine the loss of a parent and the responses of grieving children. Utilizing information contained in chapters two and three, chapter four will discuss how the mother-child relationship will be affected following the loss of a husband/father. Wrapping up, chapter five will walk through a course of grief therapy with reference to the case study presented in this chapter.

Chapter 2-Loss of a Spouse

The Process of Grief

The process of grief is key to understanding how spousal loss will affect the parent-child relationship and therefore this chapter will open with a journey through the grieving process. In her grief recovery journal, *Afterloss*, Dr. Margie Kennedy-Reeves does a five part series on the phases of grief (Kennedy-Reeves, 1998). It is important to remember that everyone grieves differently and there is no “one size fits all” model of grieving. Some individuals may not experience all phases, some may be stuck in phases longer than others, and phases will be different levels of intensity for different people. However, in order to get a general understanding of the grieving process, I will use Dr. Kennedy-Reeve’s phases from her article “The Anatomy of Grief”(1998).

Phase one of grief is entitled: “The Shock” and can last for a few hours up to several days. Whether the loss is sudden or anticipated the bereaved will typically experience a level of shock, as the impact of death produces a physical shock that cannot be anticipated. During phase one is when the bereaved will need the most physical support, as the disbelief may be so strong that one cannot think clearly. Bereaved individuals who are isolated at this time may remain in shock for greater periods of time simply because they have no way of communicating about the loss. Characteristics typical in this phase include feelings of unreality, confusion, disbelief, helplessness, and alarm. The confusion in this stage is the result of the inability to conceive life without the deceased. The dependable and consistent world one was living in has been wiped away, leaving one in a state of confusion as to how the world works. Disbelief is a natural shock

absorber in this phase, which allows the bereaved to process the grief in a natural way. Without disbelief the emotional pain one would experience may simply overwhelm the bereaved. Helplessness results from the uncontrollability of the events. Suddenly the world is unsafe, causing the bereaved to feel weak and dependent on others. Shock in phase one can manifest itself in many ways. Some may scream and cry, some may rant and rave, and some may become immobile and faint.

Physical symptoms of this phase include weeping, sleep disturbance, loss of appetite, and weakened muscles. Insomnia may persist, however Dr. Kennedy-Reeves encourages individuals in this stage to maintain the same sleep schedule, even if someone is unable to sleep, so that the body can rest. (Kennedy-Reeves, 1998). During this phase individuals may believe that they will never stop crying which can lead people to isolate themselves or stifle emotion to prevent embarrassment.

Psychological aspects of this phase include internalizing, preoccupation with thoughts of the deceased and defensive distancing. After a shocking event, individuals tend to narrow their thinking and focus only on personal needs. There is a sense of vagueness about what is going on around him or her. Part of this withdrawal may be that the desire to constantly focus on thoughts of the deceased, which results from a psychological adjustment that is being made. Thoughts may center on events leading up to the death, details on how it happened, the appearance, or even touch and smell of that person.

Phase one surrounds the bereaved with a protective shield which masks the outside world but after this initial phase the shock absorber fades gradually, and full

awareness returns leading into phase two: "Realization". After the funeral is over and friends and families have left, bereaved individuals begin to get a sense of what the loss really means. The realization phase brings prolonged stress, separation anxiety, and disappointments.

Grieving requires a great deal of energy. Crying, feeling angry, guilty, abandoned, and fearful takes a toll on the body. Prolonged stress is unhealthy and may lead to health problems in this phase. As exhausting as grieving may be, it is far worse to suppress emotions as it takes even greater energy to do this. Separation anxiety, another characteristic of this stage and can cause severe pain. Bereaved individuals may experience such an intense pain for the bereaved that he or she may believe they are going crazy or having a nervous breakdown. Separation anxiety after the loss of a loved one is comparable to severing of a limb. Even after learning to live without the limb, one may still experience pain in that area of the body.

Physical symptoms of phase two include crying, anger, guilt, frustration, shame and fear of death. Crying can be an important emotional release, but it is not a measure of pain. Some people cannot cry, and while it is important to do so if the need arises, it is also important not to force it. Anger is also a natural reaction when grieving. Anger can be directed inward or outward. When anger is directed inward, bereaved individuals may be angry at themselves for something they did or did not do in relation to the deceased and the bereaved will take it out on himself or herself. Anger can also be directed outward, because it may be easier to get mad at someone else, instead of oneself. In addition to this, the bereaved may be angry at the deceased for leaving them but, because

that person is no longer around, the anger gets taken out on anyone in proximity. This outward anger may be perceived as hostility by others, when, in actuality, the bereaved is just manifesting hurt into anger. Sudden angry outbursts are common in this stage.

Frustration is a large part of this phase, as the person realizes the loss of things anticipated and desired for the future with the deceased. Longing for these lost elements is so intense that frustration levels build rapidly.

The physical and emotional exhaustion of phase two often leads people into phase three: "Retreat". The restlessness, desire to stay busy, and the anger and frustration will turn to the desire to be alone, to rest, and to contemplate and reorganize. This phase is most commonly characterized by withdrawal, despair, decreased social support, and feeling helpless or hopeless. Physical symptoms consist of an increased need for sleep, fatigue, weakness, and a lowered immune system. The body needs to slow down and conserve all the energy that was exerted in phase two. By the time phase three is reached the bereaved is near exhaustion. Sleep is an adaptive response to the insomnia of phase two and individuals in phase three may find themselves sleeping a lot. Bereaved individuals may fear they are depressed as they've heard that excessive sleep is a sign of depression. However, in this case, it is most likely a restorative response of the body. This phase finds individuals wanting to retreat and be alone as feelings of utter despair of the realization that the deceased is never coming back begin to sink in. Quiet time of reflection is often important to people in this stage. Social support tends to decrease at this time as most friends and family have gone back to their daily lives, and loved ones expect the bereaved to be getting on with their lives.

Psychological aspects of phase three include feelings of regressing, preoccupation with the deceased, discarding old goals and a glimmer of knowledge that life may still be worthwhile. Phase three is typically the longest and most difficult phase. Realization has dawned that every aspect of life has changed, and the bereaved may feel as if the purpose of one's life is lost forever. This is an important time for the bereaved to review his or her past life and assess how life will be handled in the future. New patterns must be formed and all of this will take time and reflection. At the completion of phase three a first glimmer of hope can be identified and feelings of hopelessness will subside.

As hope for the future begins to materialize individuals will move into phase four: "Transition". A time of healing begins and the bereaved can begin to look forward to the future. The characteristics of phase four are accepting responsibility, taking control of one's life, transition thinking, regained confidence and role changing. Physical symptoms of phase four include heightened energy levels, stable sleeping patterns, a stronger immune system and a sense of physical well-being. These symptoms lead to improved health and a better sense of physical well-being.

Accepting responsibility for one's life and taking control go hand and hand in this phase. Learning how to take control or accept responsibility for one's happiness in the future, and one's path in life, will be more difficult than others. However, it is an important part of the grieving process. Regaining confidence will need to occur in order for one to take control. Typically one loses confidence in the world and in themselves after the loss of a loved one. Recognizing one's own efforts and success will lead to increased confidence and control over one's life

Psychological repair takes place in phase four as forgiving and letting go begins for the first time. Forgiving is complex and requires one to forgive themselves for being a survivor and living the life the bereaved used to share with the deceased. It also includes forgiveness toward the deceased for dying and leaving one all alone to face the world. Letting go follows forgiveness and allows a natural release and a final good-bye. This often provides a freedom from the season of suffering.

The glimmer of hope in phase four leads into finding a new way of living in phase five: "Recovery". In this phase the bereaved has a more realistic view of the deceased and their death, and the sadness is beginning to fade. Emphasis is on good times, which can now be remembered joyfully, instead of painfully. The overall view of the deceased has stabilized. The bereaved has found new ways of coping with the loneliness, and most have developed a new sense of self-esteem. Individuals know that nothing will ever be the same again, including themselves, but have accepted these conditions and are ready to look toward the future. Physical symptoms include a sense of vitality, a sense of regaining control and stability, and a desire to take better care of one's health. After the prolonged period of grief, the bereaved may be quite surprised by how energized they have become. By this final phase, the bereaved has learned ways to survive the loneliness, the emptiness, the guilt and isolation that had once plagued him or her after the loss. At this point there is a realization that a whole new life can be found and it is possible to move forward with life.

Relationship Characteristics

In examining the effects of spousal loss on the parent child relationship, we must

first examine the effects of losing a spouse on the surviving spouse. “Loss of a spouse is one of the most serious threats to health, well-being, and productivity that most people encounter during their lives” (Carnelley, Wortman, Bolger, Burke, 2006, p. 476).

Although there are considerable variations in the response to the loss there is always a process one goes through in coming to terms with the loss of a spouse.

Many different variables play a role in the reactions to the death of a spouse. The quality of the relationship and the degree of emotional involvement that existed between the couple are important to consider. Although a lengthy marriage existed, that does not translate to a close marriage nor does a short marriage mean that close emotional bonds were not formed (Weiss, 2000). If the marriage included substantial common interaction, shared values and interests, and frequent self-disclosure, great distress may be expected in the grieving period and the transition into widowhood (Perkins & Harris, 1990). This type of relationship can be formed in ten years of marriage or ten months of marriage. Additionally, if great turmoil existed in the relationship, there may be feelings of self-blame, guilt, or anger that can thread themselves into the grieving process (Weiss, 2000). This may complicate the progression of bereavement for the surviving spouse. For example, if a husband died on the way to work on the morning after an unresolved fight with his wife, the wife may be angry with herself for getting upset over something that now seems so trivial. The wife may blame herself for not forgiving the husband and making things right before going to bed. This may cause her to be unable to process the death and move on with her life until there is a resolution of these feelings.

Unfortunately, one may never find a resolution to these feelings, and this certainly will

affect the grieving process.

Another variable to consider is the roles that were defined throughout the marriage, which will now need to be redefined as the bereaved takes on new roles (Weiss, 2000). In a marriage, husbands and wives take on different roles that work to accommodate the couple in the best way possible. Often the husband takes on roles that the wife is unable to perform, lacks the time to perform, or simply has no interest in, and vice versa. For example, the husband may be in charge of the finances and the wife has no clue how and when the bills are paid. This can lead to financial strain at a time when the family does not need any added stress. When the death of a spouse occurs, the surviving spouse is left to not only try to perform his or her own roles under an enormous amount of grief but, in addition to that, carry out the roles of the deceased spouse in order to help everything continue to run smoothly. So, in the above example, the wife may have to spend a considerable amount of time learning how to do the finances. This may take away from her own grieving, as well as spending time with her grieving children.

Role shifts are a particularly difficult experience for the bereaved. A spouse may be able to perform certain tasks in that role but do them differently than the deceased spouse, causing family disruption. Another area of difficulty is that completing a role or task that was formerly done by the deceased spouse may bring back memories of the spouse in that role. The combination of these difficulties may cause roles to be left unfilled which can lead to necessary tasks left undone and a spiraling of stress for the surviving spouse and the entire family.

Finding meaning after the loss of a loved one is always important, but may play a

special role in the loss of a spouse. “One reason why the loss of a spouse can have such a powerful impact on well-being is that it can deprive the bereaved person’s life of meaning” (Carnelley et al. 2006, p. 477). Many spouses declare that his or her spouse is the cure of the meaning to his or her life. If a spouse believes this, he or she must discern the meaning of the spouse’s death in order to maintain some integrity to the “meaning of life”. Looking for meaning in loss is more difficult for some than others. Some may find comfort in religion or other “life after death” beliefs. A Christian may be comforted knowing that the spouse is in heaven where pain and hurt do not exist. However, many are left with unanswered questions and no sense of meaning. Janoff-Bulman (1992) states that individuals have three core assumptions: (a) they are worthy, (b) the world is benevolent, and (c) what happens to them makes sense. However, the death of a spouse can shatter these assumptions, leaving the surviving spouse to rebuild his or her assumptions of the world and to reestablish meaning (Carnelley et al. 2006). The assumption that one is worthy is violated after the death of a spouse because the surviving spouse may begin to question his or her worthiness, wondering if he or she is worthy of being happy, worthy of having a wonderful spouse and a happy family. The death may lead the surviving spouse to believe that he or she is not worthy of these things and that is why he or she is left to face the world alone. The assumption that the world is benevolent is shattered because people tend to believe the goodness of the world until a tragedy strikes their world. After losing a spouse, the bereaved has a hard time believing in the core assumption that the world is good. How can it be good when one is hurting so badly? The third assumption that what happens to them makes sense is shattered because

suddenly nothing makes sense. Bereaved individuals typically search for meaning behind the loss, with little or no luck. Confusion and despair sets in and making sense of the world is completely lost.

Carnelley et al. (2006) states that some research has suggested that being able to find positive meaning in a loss leads to better adjustment, and yet other research suggests that those who adjust best do not search for meaning. Taken together, results show that these two groups of bereaved show the least distress: (a) those who never search for meaning and (b) those who search for meaning, make sense of the death early, and are able to hold onto that meaning over time. What these two groups have in common is they are not spending time in the unknown, which is often a confusing and sad place for the bereaved. Those who search for meaning and find it early, as well as those who never search, fare better than those who are constantly looking for meaning, thereby spending a lot of their time in the unknown. Time spent dwelling on finding meaning takes away from searching for acceptance and moving forward with life.

Gender

Gender is another important factor in the spousal grieving process. There is considerable amount of discrepancy over which gender is more adversely affected by the loss of a spouse. Factors such as financial security, social support systems, and emotional support can play a role in the gender differences.

Widowhood has been suggested to be a more difficult experience for women psychologically because it is a greater financial strain for women than for men, since men are more often the primary breadwinner (Lee, Willetts, Seccombe, 1998). In general,

economic strain is associated with lower levels of psychological well-being. Therefore, because women experience a greater financial strain after the loss of a spouse, this strain is more likely to increase depression among women who have lost a husband and are not able to compensate financially for the difference of income resources (Lee, Willetts, Seccombe, 1998).

Social relations will play a role in gender differences of grieving. Women typically provide more emotional support to their spouses than do men, so the loss of a spouse may leave a greater void in men's social and emotional worlds (Lee, Willetts, Seccombe, 1998). Women are also more likely to have larger and more active social networks than men, both prior to and following widowhood. This social support system will be beneficial for women, following the loss of a spouse, and may provide women with the love and compassion one is seeking following the loss. Because men may not have this role or this large social network, the loss of a spouse may be more difficult for men. For many men, the only confidants many of them ever had were their wives. The friends whom men have are typically more allies than confidants, so when the wife dies, they are lost (Walter, 2003). For example, if a man's relationships with his friends are superficial and based on doing fun activities together and not sharing their feelings, when a man tries to incorporate the sharing of his feelings into a friendship, it may cause the recipient friend to feel awkward and unsure of how to handle the situation. This can lead to awkwardness in the relationship and avoidance of the grieving husband, at a time when the husband needs a friend the most.

One study found that, after five years of widowhood, men's number of friends

had decreased by half, whereas women experienced no decrease in the size of their friendship networks (Lee, Willetts, Seccombe, 1998). Many studies also suggested that support coming from friends would be more important than support received from children or other family members. This may be because friends are chosen, unlike family, and therefore friends choose to support you in tough times. The bereaved may feel like support from family comes out of obligation, not choice.

Because social contact and emotional support from others are positively related to psychological well-being, this may decrease the chance for depression in widowed women and increase the chance of depression for widowed men (Lee, Willetts, Seccombe, 1998). In summary, widowhood may be a more difficult experience for women than men because of the greater financial strains. However, widowed men appear to sustain greater social losses and to have more difficulty developing social networks to replace the support and companionship lost with the death of their wives.

Acceptable ways of grieving also play a role in gender differences. “Not only the differing roles typically played by women and men but also the divergent ways in which women and men are socialized, and therefore are expected to behave in our society, are crucial to understanding the unique dimensions of grief encountered by the members of each sex” (Becvar, 2001, p. 171). Women, who lose a husband, often report that they feel abandoned, whereas a husband reports a sense of dismemberment at the loss (Becvar, 2001). This may be because women depend on men for things like emotional support and daily tasks. Women typically have their life planned out and it includes a husband. When the husband dies, these plans are left in shambles, and the wife is left feeling abandoned.

Husbands may not depend on wives, but they do feel deeply connected, like their wives are a part of them. This connection leaves a man feeling incomplete when his wife dies. Women are typically able to cry more freely about their loss than are men, who are more likely to behave in a manner consistent with societal constraints against male expression of emotions (Becvar, 2001). Becvar (2001) writes that men tend to *think* their way through grief, using intellect as their guide, whereas women seem to *feel* their way through grief, using emotion as their guide. This may leave men with no words to express in their grieving, as if lacking a universal language to convey their feelings, leading to repression of emotions and unresolved grief. Women, on the other hand sometimes are unable to get beyond the feelings and grief may overshadow their life. When women allow grief to overshadow their life, they will miss out of happy moments and experiencing life to the fullest.

Despite the overwhelming feelings and unanswered questions, women tend to cope more effectively than do men in the immediate time period following the death of a spouse. However, for the long term, women tend to have more physical and emotional problems two to three years after the loss, with long-term adjustment being less satisfactory (Becvar, 2001). There are several reasons for long-term unhappiness in widowed women. First and foremost, women have a tendency to derive more of their sense of identity from their spouses as opposed to men (Walter, 2003). When someone loses a large part of their identity, it may be hard to establish a new identity and know what one wants from life. As already mentioned, women are also more at risk financially, and therefore, worry more about the security of the children and themselves. Another

concern for women is the future and the possibility of remarriage. Few eligible men abound in the dating pool and fewer ways exist to meet them. Women are more likely to find a man with kids attractive, than a man would a woman with kids. Widowed women are often excluded in social settings because of their newly single status and the perceived threat to married couples (Becvar, 2001). Women may question whether they were liked because of their husband, or couple status, instead of being liked as an individual. This can lead to a decrease in self-confidence, as well as anger and resentment at being “dropped” from their former social circle. When widowed women are in attendance, social settings may be complicated by feelings of being a “fifth wheel” or anger directed at women who speak negatively about their spouses who are alive and well. This can lead a woman to social isolation, at a time when being out with friends and attempting to regain normalcy is important.

Men’s experiences will vary considerably from women’s. Husbands may experience much higher levels of distress and suffer more physical illness following the loss of a spouse. Men are also more likely to resort to suicide after the death of a spouse. This is relevant for men under the age of 75 and during the immediate time period following the loss (Becvar, 2001). Husbands also report needing more assistance in the domestic area. Often the lack of familiarity of the domestic roles will cause men difficulty in taking care of the house and the children. Widowers may be at a loss when it comes to childrearing on their own, if they did not play an active role in the childrearing before the loss of their wife. The grieving process may also play a role as men are forced to uphold stereotypes and “handle the situation” without falling apart or seeking outside

help. Thus, men frequently do not spend enough time acknowledging their pain and may bury themselves in their careers. Men may overwork to avoid dealing with the loss, as well as turn to alcohol or drugs to escape the pain. All of these reasons, along with the lack of social support as previously discussed, may lead to greater isolation for men than women who experience the death of a spouse. “However, although more vulnerable initially, once men have managed to negotiate the first few months following the loss, they often turn more quickly than do women to the search for a new relationship” (Becvar, 2001, p. 173). Because of the greater availability of single women of all ages men are more likely find new partners quicker than women and, thus, more likely to remarry. After having reestablished themselves as part of a couple, husbands are often able to find support from their new wives. Therefore, bereaved men, more often than bereaved women, will find someone with whom to grow old, despite the experience of the death of a spouse.

Continued Bond

As discussed, losing a spouse is an unspeakable and sometimes, unexplainable tragedy that leaves many affected for the rest of their lives. “Moving on” is important but a strong bond, such as one that exists between a husband and wife, is not easily broken. “Bereaved individuals often feel a bond with the deceased that can go on for decades” (Carnelley et al. 2006, p. 477). This continued connection is not necessarily a sign of poor adjustment to the loss. Many bereaved spouses’ talk about the benefits of conversation with the deceased or maintaining couple rituals and traditions. For example, an elderly couple goes to holiday dinner at the same restaurant every year, and when the

next holiday following the loss of a spouse comes, it may be very important, although very hard, for the surviving spouse to keep the tradition of going to their favorite restaurant. This can also include memories, dreams, holidays and anniversaries, and conversations with the deceased. “A bereaved spouse, confronted by the reality that the dead partner is gone forever, will do whatever it takes to sustain the relationship” (Walter, 2003, p. 17). However, evidence of the deceased can trigger very painful feelings. This results in a dilemma for the bereaved spouse, whether to be comforted by reminders of the deceased or, to try to avoid them. Memories of the deceased can simultaneously bring comfort and distress. Results of several studies have concluded that fond memories of a deceased spouse may be most beneficial shortly after the loss, rather than several years after the loss. People, who have many fond memories five years post loss, may also be inclined to ruminate about the death and experience continued mental anguish (Carnelley et al. 2006). It is almost impossible to not have some sort of a continued relationship with a deceased spouse. Finding a healthy balance in the continued relationship, as well as the awareness that this relationship will never be the same as the relationship that existed when the spouse was alive, is important to the well being of the bereaved spouse.

The loss of a life partner will forever change one’s life. As discussed in this chapter, losing a spouse is one of the most serious threats to health and well being that a person will experience in his or her life. Many different variables exist that will affect the grieving of a bereaved spouse and each experience will be unique. The effects of spousal loss are crucial in determining how the loss of a father affects the parent-child

relationship. The next step in examining how the death of a husband affects the parent-child relationship is looking at how children are impacted by loss, and specifically the loss of a father.

Chapter 3- Loss of a Parent

Parental death is one of the most traumatic events to occur in childhood. “The death of a parent is a shattering event for a child....it stuns, shocks, bewilders, overwhelms, and frightens the child” (Parry & Thornwall, 1992, p. 126). Unfortunately, many children will experience this tragedy. “An estimated 3.5% of children under age 18 in the United States have experienced the death of their parent” (Haine, Wolchik, Sandler, Millsap, Ayers, 2006, p. 1). Parental death can bring about an array of negative consequences for children. Some possible symptoms include, but are not limited to, anger, anxiety, behavior disturbances, cognitive difficulties, denial, depression, developmental delays, eating problems, fear that the remaining parent may die, feelings of abandonment, guilt, hopelessness, insomnia, loss of trust, phobic reactions, regression, and restlessness (Becvar, 2001). Some children may only experience one of these symptoms; some may experience all of them. The symptoms can vary in intensity from child to child depending on the child’s personality and environment. A supportive and loving environment where grief is openly shared and allowed will often decrease the risk of multiple symptoms (Becvar, 2001).

Just as in the case of spousal loss, for children, reactions to the loss of a parent are affected by many variables. Although the risk of negative outcomes is increased for parentally bereaved children, many do not experience mental health problems. “The variability in outcomes associated with the death of a parent suggests the importance of identifying factors that influence children’s responses to the major life event” (Haine et al. 2006, p. 2). Throughout this chapter we will examine the different factors and the role

those factors play in the grief process of children who have lost a parent.

Parents as Role Models

“Children’s parents are vital and influential role models setting the precedents from which children pattern their behavior throughout a lifetime” (Moody & Moody, 1991, p. 588). Grieving is no exception. In the case of a child’s grieving process, children typically mirror their style of coping to that which the surviving parent displays (Moody & Moody, 1991). For this reason, professionals working with a parentally bereaved child should first observe the coping style of the surviving parent. If a parent is not openly expressing his or her emotions over the loss of a spouse, children may conclude that revealing emotions is inappropriate and frightening (Moody & Moody, 1991). This may lead to children’s stifling emotions which would likely result in additional dysfunctional patterns and unresolved grief. It is important for children to have an appropriate role model for the grieving process, one who allows the child to express his or her own grief. When working with children following the loss of a parent, one must assess the remaining parent’s ability to cope with the death and ascertain what emotional resources that parent has to support the child’s grieving process. Some researchers suggest that a relative or friend ‘adopt’ the child until the surviving parent is able to cope. This would provide the child a stable person in his or her life, and an appropriate model of grieving. Having a consistent, loving helper can provide closeness, warmth, and emotional availability to the child as needed (Moody & Moody, 1991). Familial attitudes and traditions surrounding death also play a role in the learned behaviors of children’s grieving process and should be taken into consideration as well. As an example, if a

familial attitude toward grief can be turned into a celebration of the deceased's life, family members will experience positive feelings in their grief, instead of all negative feelings. Things like prior experience with death in the family, funeral practices, loss of a pet, or discussion about life and death, will also have an affect on how a child processes through the death of a parent.

Age

While children are affected by the way in which the surviving parent grieves, there is no doubt that age and developmental stages will also play a major role in a child's understanding of death and, thereby, their grieving process as well. Moody and Moody (1991) discuss children's concepts of death as closely paralleling Piaget's levels of cognitive development. During the sensorimotor stages (birth to two years) the concept of death is nonexistent. Most developmentalists believe that, during the first two years of life, children lack an understanding of death. In the preoperational stages (two years to six years) children's thoughts are dominated with magical thinking and egocentrism. Children in this stage may magically believe that death can either be avoided or reversed. Some children in the age group may view the dead as having feelings and existing in a life like state. This may lead to questions such as "How can Mommy or Daddy breathe underground?" or "How will Mommy or Daddy be able to eat inside that coffin?" and "When will Mommy or Daddy be coming home?" Responses to these fears should reflect honesty, warmth, and understanding. It is important to discuss the finality and reality of death to children in this stage and repeat it often. Another popular question is "Why did Mommy or Daddy die?" Children want to understand why things happen. Magical

thinking and egocentrism may lead the child to think that he or she is responsible for causing the death, which can cause feelings of shame and doubt. Continual reassurance that this is not the case is crucial for children in this stage. Clear and honest statements removing fault are important for the child to hear so that he or she will realize that it was nothing they did to cause mommy or daddy to go away and there is nothing they can do to bring mommy or daddy back.

As children move into the concrete operational stage (six or seven years to eleven or twelve years) they will begin to understand the reality of death but not that those around them may die someday. Children will begin to conceptualize death in concrete terms but keep death as distant to themselves. It is important to avoid euphemisms during this stage. Children will be confused and frustrated by statements like “We lost Dad” or “Now your Mommy will rest in peace” and “Mommy is sleeping and will never wake up”. This will complicate children’s literal understanding and may prompt a search for dad or a fear of going to sleep. Honest and concrete information, communicated at the child’s level of comprehension, will be vital for children in this stage. A statement that the dead will never return and will be buried in the ground should be relayed to the child. Gradually, around ages nine to ten children will begin to have a more mature understanding of death and will eventually realize that death is irreversible in nature and that they themselves will eventually experience it.

Becvar (2001) writes about the experience of parentally bereaved adolescents. Adolescence is a period of monumental change on many different levels. The struggle for a sense of identity is important in this stage and often adolescents are rebelling to parental

authority and involvement. The loss of a parent in this stage results in confusion and fear, not only about how they will fare, but how others will perceive their grief. At this stage of development it is common for adolescents to believe in an “imaginary audience”.

Imaginary audience is the belief that everyone in your life is watching you, constantly judging and evaluating your behavior. In addition to this, adolescents tend to believe that their experiences are unique only to them and that no one else could possibly understand what he or she might be going through. This may lead to being overwhelmed by a variety of intense emotions, resulting in grief being displayed in intermittent, brief outbursts.

Knowing the typical responses of parentally bereaved children at various ages will enable those involved to better understand children’s behavior to a certain degree. There may also be variation in children through the stages, depending on the child’s background. Things like environmental support, family background, self-concept, and previous experience with death will contribute to the child’s understanding of death (Moody & Moody, 1991). It is also important to be aware of a common theme of grieving children, which are children who become withdrawn and quiet. Often, this is misinterpreted as acceptance of the loss because there are not visible behavior problems or disturbances. Most children do not have a lot of prior experience with loss, so staying quiet and observing may be the child’s way of learning how to deal with the loss. In addition to this, because children have much shorter attention spans than adults, it may appear as if children resolve their grief much sooner than they really have. “Children seemingly deal with grief more intermittently than adults do” (Moody & Moody, 1991, p. 593). Therefore, professionals should be aware of these varied responses to death and

learn to recognize them in children. Normalizing this grief reaction for parents can help family members understand and begin to facilitate a child's healing.

Gender

In addition to the developmental stage, gender will also play a role in the grief responses of children. Boys and girls will have different reactions to the loss of a parent. In general, daughters, who have lost a parent, may feel more depressed than sons because of the fact that daughters tend to remain more closely tied to their parents than sons, even into the adult years (Becvar, 2001). Becvar (2001) goes on to discuss the ways in which boys and girls will handle their grief. Boys may begin to engage in antisocial behavior, including drug use, fighting, stealing, or withdrawal. It is easier for boys to act out aggressively, which aligns with society's expectations, than to show their emotions and cry, which does not line up with society's expectations. Often, a male child's grief is manifested in anger, which is why antisocial behavior can be common for grieving males. Girls may act out sexually and seek relationships with friends that may help to compensate for the loss of a parent. Girls would like to be comforted and feel loved by someone in order to replace the void in their life from the deceased parent's love. This can be fulfilled through intimate relationships of the opposite sex, or close friends. Both boys and girls who have lost a parent may be affected in their ability to form and maintain intimate relationships as adults. This may be caused by the fear of losing someone who you love and therefore keeping people at a distance in order to avoid getting hurt. After the experience of losing someone you love, one may put walls up that will be hard to tear down, thereby making it easier to just avoid forming intimate relationships with others.

Gender of the deceased parent will also be important. Because we are looking specifically at how the death of a father will affect the parent child-relationship, let us focus on how children are affected by the death of their father. Statistically, it appears the loss of a father is more frequent than the loss of a mother. “A Parents Without Partners publication reports that three women are widowed annually for every two men” (Parry & Thornwall, 1992, p.175). This increases with age. The 2002 U.S. Census Bureau showed that 31 percent of women and only 9 percent of men, aged 55 and older, were widowed. Data from 2006 showed that, for ages 35 to 44, typical ages of families with children, 0.8 percent of men were widowed and 1.1 percent of women were widowed.

Stereotypically, mothers play the nurturing role for children and are often more involved in children’s daily activities than fathers. So then, what role do father’s play in the lives of their children? Becvar (2001) asks and answers this question in the following excerpt:

Who were our fathers? They were heroes. They were villains. They were indulgent, withholding, stern, or sentimental. They were affectionate. They were aloof. They were men striving to live up to the ideal of a society that put great demands on them. They were responsible for the economic survival of their families. Some caved in under the pressure, forever affecting the lives of their children. More were constant and loving providers, sources of great strength for their families. (p. 158)

As this excerpt depicts, the roles of fathers can be varied. As father’s roles continue to evolve through a more egalitarian shift, men may be more active participants

in their children's lives. In our evolving egalitarian society it is far more common for men to stay at home with the children, participate more around the house, and be involved in daily activities of their children. An article in 1987 discussed father's involvement with their children. "Observational studies of infants, toddlers, and preschoolers have shown that, in most ways, fathers are as significant to their children, and as competent in caregiving, as mothers are" (Russell & Russell, 1987). Nevertheless, in comparison to mothers, fathers have been found to interact less frequently and be less involved in caretaking. Typically the type of interaction between fathers and children are associated with play, especially physical and idiosyncratic play, which is a unique type of play to that specific father and child (Russell & Russell, 1987). However, if this study were done currently, twenty years post article, there may be different findings. Father's today may perhaps be more nurturing and emotionally supportive of their children than in generations past. Fathers often coach little league, get involved with school activities, or just play with their children in the backyard. Fathers may also help children with homework or read to them at bedtime. Whether a father is a nurturer, a playmate, or a coach, the loss of this figure in a child's life can be devastating. Losing a father that occupies any, or all, of those roles will leave a huge void in a child's life. It can shatter the child's assumptions that life is good and fair because the child does not understand why and how dad can be suddenly gone forever.

It is typical for both boys and girls to measure their own sense of success by the standards set forth by their fathers (Becvar, 2001). When a father is no longer there to assist with the road to success or reassure the adult child when success does not come

easily, the adult child may be harder on themselves for fear that he or she is a disappointment to dad's memory. Father's are often the parent that children turn to for advice and guidance in areas such as education, career choice, finances, and practical issues (Russell & Russell, 1987). Sons, in particular, tend to elicit their father's approval as they strive to equal or better their father's performance in different arenas such as career choice, athletics, and financial success. Without a father figure to provide advice and guidance, children may be left with a void in their lives. Children may look to an uncle, a grandfather, or perhaps a favorite teacher to fill this role. Many mothers will be able to step in and assume this role quite nicely, filling the void for the child. However, a mother can never fully fill the role of both mother and father and therefore it will be important to have a positive male role model in the child's life after the loss of a father.

There may also be some role shifts for children after the loss of a father, depending on the current stage of the family life cycle. Following the death of a parent, a child, particularly an adolescent, may be unintentionally moved into the role of the deceased parent (Becvar, 2001). This risk will increase when the child is the same gender as the deceased parent. After a father dies it is typically the eldest son who is left to assume the role as the head of the family. This may be a heavy burden if the eldest son is in childhood or early adolescence at the time of his father's death. The child can easily become parentified and may be looked at to make important family decisions (Weiss, 2001). The acceleration into an adult role may rob this young boy of his childhood. Added responsibility, as well as the child's grief, can become a lot to handle for a child, and leave him feeling overwhelmed.

As for female children, daughters are often expected to take on the nurturing role (Becvar, 2001). It is often assumed that daughters will care for their grieving mothers when the father dies, leaving the daughter to also take on an adult role, which can lead to the loss of her childhood. As with the eldest son, a daughter consumed with grief, who is then given additional responsibility of taking caring of Mom, may carry a heavy burden. It is important for the daughter to be given room to experience her own grief and not be tied down with easing her mother's grief as well.

There are many factors that affect children who have lost a parent. Whether it be the child's gender, the deceased parent's gender, the surviving parent's model of grief, or the stage in the life cycle of the family, the death of a parent will no doubt have a profound effect on the child for the rest of his or her life. Regardless of age or background, children should be told the news of the death of a parent as soon as possible after the death occurs. Ideally this information should come from the surviving parent in a safe environment and in a manner in which the child can best understand. The explanation should be truthful and should remain consistent over the course of time (Becvar, 2001). As there are many factors that affect the way in which the child grieves, there will also be factors that affect the way in which the child will continue on with his or her life and move into adulthood. The keys to successful negotiation of childhood bereavement appear to lie with the way in which the surviving parent responds, availability of social support, subsequent life circumstances, and continuity in the child's daily life (Becvar, 2001). Children can be taught about grief as a necessary and natural emotion that is not only constructive but can also facilitate healing as well. Normalizing

is important to families who have lost a parent. Realizing that other people in similar situations have had similar experiences tends to relax the family and help them recognize that they are not crazy. Through normalizing, children will begin to realize that their reactions to death are appropriate, and there is nothing wrong with them for feeling or behaving the way they do.

A child, grieving the loss of a parent, may face one of the most difficult challenges in his or her life. It is important to be aware of factors that can and will affect this grief. The loss of a father, in particular, has many implications for children. The loss of a husband has many implications for a grieving wife. So, how do these significant losses and their implications combine to affect the mother-child relationship following the death of a husband and father? Let us examine this relationship in the next chapter.

Chapter 4- Mother-Child Relationship

The parent-child relationship is of utmost importance. Many variables can affect this relationship and, therefore, permeate into various aspects of one's life. Death in the family will undoubtedly affect the parent-child relationship, especially when the death is that of a parent. Before examining how the death of a parent, specifically the father, will affect the parent-child relationship, one should have a general understanding of the parent-child relationship. Therefore, this chapter will begin with a section on the parent-child relationship and then look specifically at how the mother-child relationship is affected when a father dies. There is a lack of research on the effects of husband/father loss on the mother-child relationship. Therefore, I would like to draw from chapters two and three, using the experience of spousal loss, along with the experience of parental loss, to determine how the mother-child relationship will be affected.

Parent-Child Relationship

Whether positive or negative, parents will always have an influence in the lives and development of their children. This relationship is unsurpassed and longer lasting than any other type of relationship. Those who assume the roles and responsibilities of parents become the primary attachment figure for children throughout their lives (Brody, Stoneman, Grauger, 1996). Children first learn about basic issues, such as nurturance and security, from parents. "And with every interaction they are inculcated with the values, beliefs, thoughts, and feelings, indeed the very framework according to which their parents live their lives" (Becvar, 2001, p. 146). Attachment theorists have proposed that children develop internal representations of relationships from interactions with primary

caregivers, which they subsequently use when maintaining other relationships (Brody et al. 1996). Therefore, the parent-child relationship is the very basis for all other relationships formed in one's life. This is the relationship where basic principles, such as trust, respect, affection, and expression of emotion, are learned (Brody et al. 1996). Attachment is also key in the parent-child relationship. Dating as far back as Freud, psychologists have used the mother-child relationship as the basis for mental health issues in one's life. If a child never properly attaches to a parent (or caregiver serving in the parental role) in the critical first years of life, children will develop trust issues and an inability to bond with loved ones in the future (Brody et al. 1996). All children will look to parents to guide and protect them, while in their care, and sometimes beyond this point. Throughout the formative years, parents will be crucial to other key processes, such as identity formation, self-perceptions, and perceptions of others (Becvar, 2001).

Although parent-child relationships tend to be among the most powerful and influential, these relationships are also most likely to be very complex and sometimes stressful. "Conflict and controversy are as normal a part of the ebb and flow of relationship patterns between parents and children as are love and laughter" (Becvar, 2001, p. 147). A lot of the growth children go through will be a result of the struggle to differentiate themselves and find their individuality, while remaining connected to parents, and yet distinct from them as well (Brody et al. 1996). This process often continues long into adulthood. Throughout this time, feelings of children in relation to their parents will fluctuate and children will think of their parents with many mixed emotions. Therefore, the current state of the relationship at the time of a parent's death

will definitely play a role in the grief of the child.

Changes in Parent-Child Relationship Following a Parental Loss

Nearly all the bereavement research shows that the grief process of children will be highly dependent on the surviving parent. How the surviving parent functions plays a crucial role in the adaptation of parentally bereaved children (Worden, Davies, & McCown, 1999). “The usual problem for the child is recognized to be the emotional availability of the surviving parent, who is preoccupied with his or her own grief” (Parry & Thornwall, 1992, p. 179). As discussed in chapter two, the death of a husband can be a crippling event for a wife. A wife with children will also need to take into account the grief of her children, in addition to her own grief, which typically compounds the grief for the mother. Any loving mother will suffer when seeing her children in pain but what happens when a mother’s own pain is so intense that she cannot be there to help her children? Take, for example, the case study in chapter one. Victoria lost her husband in a car accident and was left to be a single mother of three children. Victoria was so overcome with her own grief that she spent most of her time in her room crying. Two of Victoria’s children were out of the home already and left after the funeral to return to school, taking themselves out of the sad environment. Victoria’s youngest, Lily, was still in the home and dealt directly with her mother’s grief. Lily’s relationship with her mother began to deteriorate as the weeks went by and Lily started to turn elsewhere for comfort. Chapter three mentions that girls may act out sexually by turning to a boyfriend to fill the gap left by her father. In Lily’s case she did just this, resulting in a teenage pregnancy, which only further complicated the relationship with her mom. This is a typical example

of a mother, who becomes preoccupied with her own grief, and a daughter, who turns to support from a male in her life. However, this is just one example. There are many different scenarios that take place in the mother-child relationship, following the loss of a father.

Role shifts are a common occurrence, following a spousal loss. When a husband dies, the mother is left to take on the role of mom and dad, all rolled into one. This will undoubtedly change the relationship. Mom's role prior to the death may have been solely that of a nurturer and supporter, helping children with homework, and assigning chores around the house. Mom may not have helped the children with their sports-related activities or taken part in the majority of the discipline. These are roles that may have been left up to dad. Following dad's death, mom now has to take on these roles. It could have been that dad was the lenient one, when it came to discipline, and the children knew that, if they went to dad, they may be able to get away with things that mom would not allow. This can lead to anger and resentment toward mom and hurtful comments from the children, such as "If dad were here, he would let me!". This can be very damaging to a wife, grieving the loss of her husband, when she so badly wishes that her husband were here to handle the situation. If the child or children are used to mom's serving a certain type of role all their lives and suddenly mom tries to take over dad's role as well, there may be some resistance from the children. If mom was not the one to typically discipline then, when she tries to discipline, the children may rebel, leading to conflict between mother and child. On the other hand, mom may not want to take on the disciplinarian role at all and the children may go without proper discipline, taking away the authority mom

has as a parent and altering the relationship.

In a good marriage, typically husbands and wives are each other's best friends. Spouses become confidants, a source of support, a shoulder to cry on, and someone who will listen when you just need to talk. When a wife has lost her best friend, she may turn to her child to fill that role. As talked about in chapter two, sometimes a child can be moved into the role of the deceased parent. Mom may begin to come to the child with concerns or issues with which she normally would have gone to dad. Mom may also turn to the child for comfort when she is missing dad or feeling really down. Mom may begin to spend more time with the children in general, doing fun activities and hanging out together. These types of behaviors can shift the relationship from parent-child, to more of a friendship relationship. This puts mother and child on the same level in the family hierarchy and often blurs the boundaries that should exist in a parent-child relationship. This also places a burden on the child, who is grieving his or her own loss and trying to comfort mom as well. Difficulty in the relationship can occur when mom attempts to discipline or give guidance to the child, because the child looks to mom as a friend and not an authority figure.

Another development that may affect the mother-child relationship is the parentification of a child, following the death of his or her father, as mentioned in chapter two. Typically, the eldest son is moved into this role, which can leave the child making decisions for the best interest of the family, as well as decisions to lead the family following the loss of a father. Again this shifts the hierarchy of the mother-child relationship into the same level. Sometimes, in the case of an older child or teenager, the

child may be moved into a higher level than mom because, not only does the child take care of important family decisions but also to care for mom as well. This could involve running errands for mom, picking up a part time job to help the family financially, and pitching in more around the house. The parentified son or daughter may also be responsible for younger siblings, including things like making sure the child gets to school in the morning, fixing dinner at night, and helping younger siblings with homework, while mom is wrapped up in grief and unable to perform these tasks. A child in this position may miss out on spending time with friends his or her own age, participating in school activities, and having the carefree attitude of being a teenager. This may arise out of a sense of obligation to care for mom, which can progress into resentment toward mom and anger towards dad for dying. Not only will this disrupt the parental hierarchy, it may also lead to unbalance in the mother-child relationship. A parentified child may not feel like he or she can go to mom for support or advice, leaving the grieving child with no one to care for his or her needs.

Resentment toward mom is not the only type of resentment that can affect the mother-child relationship. In some cases mom may resent her children following the death of her husband. This probably occurs less often but it is a possibility. Mom could resent the fact that the children are around and needing her time and attention, when all she wants to do is curl up in a ball and cry. Also, because children tend to bounce back quicker in their grief process or at least appear to, as discussed in chapter three, mom may become angry at them for being able to move on when she is still in so much pain. Of course, this is not rational thinking on mom's part but people do not often think rationally

in the middle of their grieving process. If a child senses this resentment coming from mom, it may lead to feelings of guilt or shame, which may cause the child to avoid spending time with mom, thereby creating distance in the relationship at a time where parent and child probably need each other the most.

Chapter three discusses the modeling of grief by the surviving parent as being crucial in the child's grief process, another factor that can affect the mother-child relationship. If mom is open and honest about her grief with the child, as well as allowing the child to talk openly about his or her feelings, this will provide a chance to grow closer as mother and child share their grief together. When mom lets the child know that "it is okay to be sad" and "it is okay to cry" and that mom is feeling the same way, there is an opportunity for a strong bond to be formed. This will create trust and a special bond between mother and child, thereby strengthening their relationship. Up to this point, chapter four has focused on possible negative outcomes for the mother-child relationship, following the loss of a father. However, this grieving period may be a wonderful time for a mother and child to draw near each other and tighten the relationship. Things like sharing together stories and favorite memories of dad can be instances where mom and child grow closer to one another, while connecting through the dad's memory. There are many instances of families' drawing closer and reconnecting through the loss of a loved one. The death of a father does not always mean negative consequences for the mother-child relationship.

On the other end of the spectrum, if mom is not modeling an appropriate model of grief, it can be another variable, which causes friction in the relationship. When mom

bottles up her grief or does not display it openly in front of the child, it can cause the child to bottle up and withdraw. Chapter three discusses what happens when children do not have an appropriate outlet of grief. Behavior issues may result and lead to strain in the mother-child relationship, as mom has to take time away from grieving to deal with a behavior problem. Stifled and unresolved grief can lead to years of dysfunctional behavior and constant strain in the relationship. Chapter three also mentions assessing the parents' emotional resources and capability to deal with the child's grief. If mom is so wrapped up in her own grief or unable to deal with the grief and keeps it all inside, then she may not have the emotional resources to provide stability to the child or children. As suggested previously, someone outside the nuclear family may need to come in and serve as a source of support to the children until mom is able to care for them. This may prevent the conflict between mother and child, if the child has a stable support figure and an outlet for his or her grief, thereby preventing long term damage to the relationship.

Chapter 5- Course of Therapy

Throughout this paper, we have learned about a case study, the effects of losing a spouse, the effects of losing a parent, and specifically how the mother child-relationship is affected after the loss of a husband/father. This chapter will now focus on how to apply this knowledge in a therapeutic approach to helping grieving families, following the loss of a father/husband. Let us walk through a course of therapy, using the case study in the first chapter.

Theoretical Approaches

In the field of Marriage and Family Therapy there are many theoretical approaches that can be utilized by a therapist. In this course of this mother-child grief therapy I would like to utilize two main frameworks, Solution Focused Therapy (deShazer, 1988; Berg, 1994) and Emotionally Focused Therapy (Greenberg & Johnson, 1988). Before I go through the course of therapy, I would like to present an overview of these two models.

Steve de Shazer and his wife Insoo Kim Berg developed Solution Focused Therapy (SFT) in the early 1990's. This type of therapy is focused on helping clients find solutions, rather than on solving problems, and is a type of brief therapy (deShazer, 1988; Berg, 1994). SFT helps clients look for solutions instead of being so focused in the problem. SFT also looks for exceptions to problems, such as when things are going well, instead of when problems are occurring. Goals are very important in SFT and are set by the clients. SFT focuses on "workable goals" which are salient to clients, described in specific and concrete terms, achievable within the practical context of client's lives,

perceived by clients as involving their own hard work, and looked at as the start of something instead of the end of something (Becvar & Becvar, 2000). In helping clients to set their goals, SFT proponents often utilize the “miracle question” which may be asked in this way: “Suppose that while you are sleeping tonight a miracle occurs and, when you wake up in the morning, everything in your life is just as you would want it. How would you know? What would be different?” From these answers an SFT therapist will know what a client wants his or her life to look like and, consequently, will be able to help clients define goals on how to get there.

Scaling questions are another technique in SFT. A therapist might ask a client: “On a scale of one to ten, with ten being the ideal, how would you rate your pain today?” “A scaling questions defines a problem in terms of a gradient and measures it in degrees” (Becvar & Becvar, 2000, p. 291.) Questions that may follow might include asking “What does a five looks like” or “What would need to happen in order to move from a six to an eight?” This is a good way for the SFT therapist to check progress with the client.

“Therapy is terminated when the depictions of the client reveal that the goal(s) have been accomplished” (Becvar & Becvar, 2000, p. 291). Another indicator for termination is when clients have learned a new relationship between problem and solution, understanding that you do not always need to know the problem in order to solve it and the solution is not necessarily related to the problem.

Emotionally Focused Therapy (EFT) is often centered on couples but can also be used for other family members. Susan Johnson and Leslie Greenberg created EFT in the early 1980’s (Greenberg & Johnson, 1988). The therapist’s role is one of a facilitator,

knowing how to help clients explore experiences, rather than being the expert who knows what the client is experiencing (Goldenberg & Goldenberg, 2004). The emphasis is on helping clients to explore moment-to-moment inner experiences and relationship events, especially the rigid patterns that block emotional engagement, and helping clients restructure negative interactive patterns that have become habitual.

Attachment theory plays a central role in EFT. EFT therapists believe that couples or family members must have a secure base or attachment to someone in their lives with whom they can experience a sense of trust and safety (Goldenberg & Goldenberg, 2004). If a client does not have an attachment to the other family member, it results in distrust, anxiety, and a sense of vulnerability. When a lack of attachment occurs, family members may hide their true feelings. This gives rise to the establishment of primary and secondary emotions in EFT. Primary emotions, a person's true feelings, may be hidden and instead displayed as secondary emotions. For example, a grieving child may be feeling fear of abandonment (primary emotion) but it comes across as anger (secondary emotions) toward the surviving parent. The child feels abandoned by the deceased parent and may fear that the surviving parent will abandon him or her as well. Instead of showing fear, the child shows anger at that parent because anger is an easy and natural emotion that will get the parent's attention, without the child's looking vulnerable or needy.

The EFT therapist helps clients to identify problematic interaction, form a secure attachment, identify primary and secondary emotions, and facilitate new solutions to unresolved relationship issues. Indication of termination of therapy occurs when clients

consolidate new positions and more honest expressions of attachment need fulfillment.

Recommendations for a Course of Therapy

Using Victoria and her daughter Lily from the case study in Chapter One, let us examine what a course of therapy would look like with a parent and child, who are experiencing the loss of a husband/father. The course of therapy is beginning at one-month post loss. At this point Lily's siblings have returned to college and it is just Lily and her mother in the home. Victoria and Lily come to family therapy for grief issues, surrounding the sudden death of Victoria's husband.

As with any type of therapy, the first few sessions will be spent joining with the family and getting to know their story. Joining is the process in which the therapist and the clients get to know each other and become comfortable with one another. Joining with a mother-daughter dyad, who are suffering from the death of a husband/father, is crucial, since both mother and daughter are likely to feel abnormal and, therefore, like no one will really understand what they are feeling. In grief work, it is very important for families to tell their story because it encourages them to express their feelings, instead of bottling everything up. It also becomes easier to talk about the grief the more times a person tells the story of their loss.

It is important, in joining with the family and listening to their story, that the therapist normalize with the family the process they are going through. This comforts the family, as they realize that they are not crazy and there are other people who have experienced this process. Chapter two presents an overview of the process of grief and, while it is important to educate your clients on the process of grief, a therapist must be

careful to avoid giving the impression that only one model of grief exists. If a client is educated on the grief process, they may feel that if they are not following that process exactly, they are abnormal. Therefore, it is important when educating and normalizing that the therapist inform the client that there is great variation in the grieving process and everyone will grieve differently.

Following the first two sessions of joining and storytelling would be a good time to establish goals with the client. The third session should be focused on goal setting. Incorporating SFT, I would want to ask Victoria and Lily the miracle question in order to get a clear picture of what they wanted their lives to look like. A good miracle question for this situation would be as follows: “If the two of you were to go to sleep tonight and, while you were sleeping, a miracle occurred and, when you woke up, the two of you were functioning at a high level and, while your grief had not disappeared, it had lessened significantly. How would your life be different? What would it look like?” The therapist should ask the family to go into as much detail as possible so that a clear picture of what the clients want can be formed. Based on their answers, I would assume that their goals in therapy would be to achieve the way of life just described in the answer to the miracle question. However, Victoria and Lily may have different versions of their “miracle world”, so it will be important to discuss the reasons for any differences. For example, Victoria may want to spend more family time with her daughter Lily. Lily may want to spend more time with her friends and less time with her mom. Finding a compromise is important in this example. Ask the clients “What would be an amount of time that you spend together on which you could both agree?” In addition to this, I would want to find

out why there was a difference, asking both Victoria and Lily their reasons for the amount of time they want to spend with one another. The reasons may reveal clues that will help the therapist define and establish this “miracle world”.

After the “miracle world” has been established, I would then ask Victoria and Lily to come up with measurable goals for therapy and discuss with them how to achieve those goals. This would help in creating a treatment plan for the course of therapy. I would identify goals and then discuss with clients what steps need to be taken in order to achieve those goals. Once goals and steps to completion of goals have been established, I would ask the clients to prioritize the goals in order of importance. I would then know what goal to work towards first and which goal can be addressed last. After creating a treatment plan, incorporating the goals, I would plan to move forward with Victoria and Lily’s first goal, which would begin with establishing where the clients are in relation to the first goal and what type of progress needs to be made in order to work toward that goal. This would set the treatment plan in motion.

Scaling questions will be important throughout the course of therapy. A therapist can use scaling to find out Lily and Victoria’s progress in their goals, as well as to identify where they are at in their grief process. An example of this would include asking Victoria and Lily, “On a scale of one to ten, how is their relationship since the loss of Lily’s dad, with ten being the best it has ever been and one being the worst?” Based on their answers, a therapist can judge where the clients are and how far they have to go to reach their goals. Follow-up questions can include: “You say you are currently at a five, what does a five look like? What would it take to move up to a seven? How would you

know you have reached a seven? What would a seven look like?” Keep in mind that Victoria and Lily could have different perceptions and, therefore, give different numbers as their answers. It will then be important to examine why one is at a five and one is at a three, as well as what five looks like and what three looks like. Five and three could be the same thing for Lily and Victoria or it may be quite different, which is why it is important to get their descriptions of the number each one chooses. Differences between Lily and Victoria can move therapy along as it creates dialog between them, while discussing reasons for their differences. It can also create an understanding between them, as they seek to learn the perceptions, thoughts, and feelings of the other person.

It will also be important to look for exceptions as therapy progresses. Examples of questions that can help find exceptions are: “When are there times where the grief is not as strong? When are times you do not find yourself wrapped up in thoughts of the deceased? How are things different when you are not thinking about the loss? When are the times that mother and child are getting along the best?” The answers to these questions can help the clients and therapists identify times when the clients are functioning at a higher level, which can lead to looking at what is different about those times and how the clients can create these exceptions more frequently. It also helps clients identify and understand what they were doing at a time where there was an exception to the problem. This helps them create more exceptions, which leads to a greater awareness of things they do well and can build upon, instead of being stuck focusing only on their problems. Consequently, this leads to overall improved functioning.

In incorporating both SFT and EFT, I would plan to intermix the two approaches throughout the course of therapy. However, it is helpful to utilize SFT in the beginning to establish goals, as it is a solution-focused approach. EFT can be incorporated after the joining process and goal setting have occurred. At this point, there is a connection between therapist and clients and clients are typically more willing to discuss feelings and emotions more openly, once trust has been established with the therapist. By establishing goals while using an approach, which builds upon the strengths of the mother and daughter, I can give the clients the tools to wade through their secondary emotions and focus on their primary emotions. They can grow together as they express and understand the feelings, which are most important to each of them.

As mentioned, a large part of EFT therapy focuses on a secure attachment. After the loss of a loved one, a major attachment has been broken forever. This attachment issue will need to be processed through in the course of therapy. Discussion on how that missing attachment will affect the client's life, as well as how that attachment can continue to be a part of the client's life, will help to process through the issue. Although the attachment figure is not around anymore, it does not mean that the bereaved will not continue to feel an attachment to the deceased for the rest of his or her life. The level of attachment may be different because there cannot be two-way interaction and it will be important to help the clients understand this.

Because there are a lot of emotions involved in grieving and the loss of an attachment figure, I would also want to discuss with Victoria and Lily the differences in primary and secondary emotions. This can be approached by normalizing with clients

that grief brings about many emotions and that it is natural to experience a full range of emotions that sometimes do not make sense. This can lead to discussion in which, many times in grief, secondary emotions come out, because the primary emotions are buried deep inside. These emotions are buried inside because, sometimes, they are just too painful to recognize or admit to having. For example, in Chapter One, the case study talks about Lily's getting angry with Victoria when Victoria does not allow Lily to do something. Lily uses the harsh statement that "If dad were here he would let me!" More than likely, Lily is not really angry that mom will not let her do something but Lily is very hurt and sad that her dad is not there. Her hurt manifests itself in anger because it is often easier to show anger instead of pain. Anger is not a sign of weakness, although pain can be interpreted that way at times. However, Victoria may only pick up on the anger and is now very hurt by Lily's anger. This only complicates Victoria's grief and may lead to Victoria's becoming defensive and shutting herself off from Lily. This only fuels Lily's hurt as now Lily feels abandoned by both parents. This can be very damaging to the mother-daughter relationship and to both Victoria's and Lily's grief processes.

As mother and child progress through therapy, goals will begin to be achieved. A secure base, an EFT goal, will begin to be established as mother and daughter reconnect through their emotions. Goals also may have to be reorganized and modified, as therapy progresses, depending on life situations of the clients. Because measurable goals have been set, therapist and clients will be able to identify when termination of therapy is near. Clients and therapists should discuss the achievement of goals and how to proceed, once goals have been reached. Once clients feel that they are in control of their grief, have

comes to terms with their loss, and have achieved their goals, there should no longer be a need to continue with therapy. It is important to have a termination session where clients and therapist can discuss their progression through therapy, as well as what was helpful for clients and what was not. This will help the clients identify the things that were helpful for them so that they can continue to utilize these techniques after therapy is over. It also helps the clients understand what was not helpful and, therefore, should not be continued after therapy. In addition to this, the therapist learns what was beneficial to the clients and what was not, which can be helpful for future therapeutic endeavors. Therapist should leave an open invitation for clients to return, if clients feel a need. Sometimes it is helpful for therapist to set a one-month follow-up session for clients to check in on their progress.

At the termination of successful therapy, Victoria and Lily should have made several improvements. Their grief should have lessened significantly to the point where it does not overwhelm them on a daily basis or frequently interfere with daily tasks. Victoria and Lily will have come to terms with the loss of their husband/father and, while they may never understand it, they have accepted the fact that he is gone forever. As for Victoria and Lily's relationship, they will have moved to a point where there is a secure base and an open line of communication. Victoria and Lily will be able to discuss their feelings with one another and share happy memories of Dan together. Victoria and Lily's relationship will not be perfect (no relationship ever is) but there should be a significant improvement from the relationship at the onset of therapy and they both should be able to look forward to their futures and continue on with their lives.

In Conclusion

In conclusion, death is not a subject about which most of us feel comfortable communicating. However, most people will experience the loss of a loved one in the course of their lifetime. Losing a spouse is a life-altering and excruciating event. Losing a parent is a tragic and unspeakable event for a child. Both the parent and the child will face their own grieving process and the parent-child relationship will forever be changed. Throughout this paper my hope is that the reader has gained a better understanding of how the mother-child relationship is affected, following the loss of a husband/father, and how the relationship can be improved throughout a course of therapy. We cannot alter the reality of death but we can hope to help the family cope with it more efficiently and with less pain.

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