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COPING WITH GRIEF: SURVIVORS OF MURDER VICTIMS

BY

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A Dissertation

Submitted to the School of Graduate Studies

In Partial Fulfillment of the Requirements

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McMaster University

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COPING WITH GRIEF: SURVIVORS OF MURDER VICTIMS

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Abstract:

The following study investigates the coping strategies of individuals bereaved by homicide. In contrast to the traditional medical and stage models of grief, which typically inculcate the bereaved into passive roles, and legal institutions, which cast them into the role of "victim," this research conceptualizes these "survivors" as active agents having choices and abilities that can help them cope.

Following a review and critique of survivors' traditional position according to legal and medical professionals, a theoretical model was developed that conceptualized bereavement as a loss of the self. However, the part of the self remaining contains gender role prescriptions that, along with survivors' subsequent social interactions and choices in various social and institutional contexts, reconstitute their self identities in active or passive coping forms. By reviewing qualitative data comprised of 32 interviews, 22 surveys, and 108 homicide files from the Ontario Criminal Injuries Compensation Board, the various dimensions of survivors' loss of self were elaborated, and various situations reviewed that not only reportedly helped or hindered their grief, but interactionally reconstructed their identities in passive or active forms. Significantly, survivors' coping strategies were reviewed in these various contexts, and often observed to vary considerably by gender.

In the end, survivors who reportedly fared worse were observed to become involved, through a combination of adherence to traditional gender role prescriptions, upsetting social interactions, and various coping choices, in gender-specific grief cycles that not only impeded their coping for often extended periods of time, but often recast their identities as "victims." On the other hand, survivors reportedly faring better did not exhibit behaviors indicative of traditional gender roles, engaged in and experienced helpful social interactions, and chose to balance not only their focus on their selves and others, but to alternate their grieving with distracting activities enabling them to work through their pain gradually and cope under the circumstances as "survivors."

The results of this effort not only extend the sociological study of bereavement to a new substantive context, but have implications for the literature on gender, agency, self, and deviance.

Acknowledgements:

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I would like to express my profound gratitude to the many longsuffering individuals who gave of their time to participate in interviews or fill out surveys to help furnish data for this study, along with the various organizations representing them. The final product is as much their work as mine. My heartfelt thanks also to Roland LeBlanc of the Criminal Injuries Compensation Board, who helpfully assisted me to negotiate a contract enabling the use of very sensitive information, and Dawna Speers who helped guide my way through the intricacies of data collection in such a difficult and sensitive area. Further, I would like to express my gratitude to Doug Fildey of Binkley United Church, who allowed me to copy draft after draft of this thesis at no charge.

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Properly speaking, a man has as many social selves as there are individuals who recognize him and carry an image of him in their mind. To wound any one of these images of his, is to wound him.

-William James

These words underscore one of the most intensely painful matters that a human individual can experience - the loss of a child, or other loved one, through murder. This can be a debilitating and lifelong experience that strikes at the core of a survivor's being, an experience that violates the social self, family structure, and individuals' ability to function on a daily basis. When such people deal with the justice system, moreover, their sense of powerlessness is often reinforced - and their victimization compounded.

Unfortunately, attention to such profound aftereffects and institutional constraints has typified "victims" - so much so that much previous work on "victims of crime" has overemphasized the powerlessness of individual survivors, stressing so-called psychological disorders, largely passive "stage models" of psychological coping, and institutional constraints to participation in the justice system. While each of these may have limited empirical merit, they implicitly contribute to the "universal" stereotype of "victims" as passive and unable to do anything for themselves. These stereotypes also obscure gender differences in coping. The research to be outlined in the following pages will be founded on an opposite premise: that survivors,¹ as active agents, have the power and the choice to not only restructure their reality following victimization, but also the ability, as moral entrepreneurs, to fight for change. Such assumptions underlie the exploration of various active coping strategies, in both men and women, that have hitherto been minimized in the literature.

This dissertation empirically investigates the existence and variety of active coping strategies utilized by survivors in their dealings with family, friends, the helping professions, the criminal justice system and the Criminal Injuries Compensation Board. The data collected for this endeavour consist of 32 intensive

¹ Throughout this thesis, subjects will generally be referred to as "survivors" as this was the term they used most often to refer to themselves, and it carries none of the powerless connotations of the word "victim." The two major exceptions are: (1) use of survivors' term "victim's rights" with reference to their lobby organizations; and (2) within the chapter outlining survivors' legal position in various institutions, where "victim" is a technical legal term that cannot readily be avoided. In all other places, the word "victim" will be enclosed in quotation marks to avoid such objectification.

interviews, 22 mail back surveys, field notes gleaned from two years of participant observation with a national victims' rights organization, review of 108 homicide files from the Criminal Injuries Compensation Board, and a variety of other supplementary written materials including biographies, journalistic accounts, organizational newsletters and reports, media transcripts, and a few victim impact statements.

This study will unfold in the following manner: the first two chapters will consist of an extensive literature review and critique of the current legal and medical position of survivors in North American Society. In Chapter one, critically looking at the legal context, the place of the "victim" in the criminal justice process will be traced historically, and related to the social construction of their current procedural and substantive position therein. This will include recent developments prompted by the victims' rights movement. Then, there will be a brief critical outline of other legal institutions that have evolved which deal with survivors, such as the civil courts and the Criminal Injuries Compensation Board.

In Chapter two, the social-psychological literature on grief espoused by helping professionals will be reviewed, with particular emphasis on the criminally bereaved. This literature will be critiqued on five main points: (a) it fails to take into account the unique situation of survivors as set out in previous research; (b) it implicitly medicalizes as emotional deviance that which may be a normal reaction under the circumstances, with all of the pitfalls inherent to the medical model; (c) it obscures cultural variations in grief and mourning; (d) it tacitly obscures our seeing human agency in survivors who deal with their grief, possibly contributing to a self-fulfilling prophecy of inability to cope; and (e) it largely obscures gender differences in both grief and coping, about which some intriguing research has recently come to light.

Chapter three briefly builds on the critiques in the two previous chapters and outlines the basic theoretical parameters of the following research as based in the literature. The argument, briefly, is that the murder of a loved one results in a loss of part of the self of the survivor. Whether there will be active responses to this loss by the survivor, moreover, will be influenced not only by culture and individual preference, but by the helping responses (or lack thereof) of family and friends, as well as interaction with the various institutions mentioned above. It is argued that it is only when the interaction of all these factors is considered that one can get a complete picture not only of the coping strategies of survivors, but of gender differences which also emerge.

Chapter four then goes on to outline the methodology involved in preparing this research. First, the choice

of qualitative methods for the examination of this topic is discussed in response to some common methodological critiques. Next, this choice is examined with particular emphasis on the nature of the data. In this regard, issues of access to respondents, rapport and understanding, lack of access to official data, sample size, and the qualitative nature of the official data that ultimately became available are discussed.

Next, the various strategies utilized - both successful and unsuccessful - to gain access to qualitative data on survivors' reaction to criminal bereavement will then be discussed, with particular emphasis on the five main sources making up this study and how they were gathered. These are: (a) intensive interviewing; (b) fieldwork with a national victims' rights organization; (c) mail-back surveys; (d) homicide files from the Criminal Injuries Compensation Board; and (e) other supplementary written materials (e.g. biographies, journalistic accounts). Largely emphasizing the grounded theory approach, the utility of triangulating several different sources of data to control for selective responses and/or the original preparation of archival documents for different purposes will be stressed.

Third, the issues associated with sampling the population of survivors will be briefly outlined, along with the efforts made to keep the data as diverse as possible on various demographic criteria. These are followed by a discussion of the coding and analysis of these data, with particular emphasis on the use of the software package NUDIST in extracting themes and organizing topics. After an examination of the ethical considerations involved in the collection, storage, and confidentiality of these data, Chapter four will conclude with a comment on the contingencies underlying this type of study.

Chapter five, which presents the data, is broken down into several subsections arranged as follows: First, the demographic characteristics of the data will be outlined, with particular emphasis on differences between the various sources of data. Next, survivors' "metaphors of loss" will be outlined, with particular emphasis on the varying ways that these express, insofar as words can, their loss of self following the murder.

Third, the focus will shift to an examination of various factors which survivors indicate affected their grief experience, and their subsequent ability to cope. In analyzing and presenting these data, the focus is on what survivors themselves consider to be their best and worst experiences revolving around a variety of common factors. Each individual is thus conceptualized somewhere on a spectrum or continuum of real life experiences, both regarding each factor, and overall. Interspersed with these, when relevant, are considered

the opinions and perceptions of significant observers to see how these round out or contradict survivors' own words, and what inferences can be drawn therefrom. Any similarities and differences relating to each factor that emerge by gender are discussed. Moreover, in each of those situations where coping strategies were both evident and available, the strategies chosen by survivors to deal with these common factors are examined, again noting any differences that emerged by gender.

To more easily facilitate these goals, discussion of those factors over which survivors generally had no choice or control are discussed separately from those where some means of coping were available for survivors. Those classes of factors influencing survivors' grief over which they have little or no choice are discussed first; those over which they may make choices and employ strategies to mitigate their suffering afterwards. Following discussion of these two groupings, including survivors' own definition of coping, Chapter five pulls together, in a final section, the ultimate effects of survivors' gendered coping attempts, particularly grief cycles that differ by gender, and their effect on survivors' health.

Throughout Chapter five, the progression from survivors' self-confessed "loss of self" after the murder to the new selves that are reconstructed over time is an underlying theme. Specifically, it will be outlined how individuals who have suddenly had a loved one ("part of themselves") violently torn from their being subsequently use gender roles (a significant part of what's left), and a variety of significant social interactions as materials for the construction of reconfigured selves. Naturally, some survivors, due to personal characteristics or interactional experiences, will consider themselves more successful than others at eventually reconstituting a self that can function on a day to day basis. Moreover, some will take a more active orientation; other survivors will choose either to do little, or to passively let others shape what they become. This underlying theme is at the heart of this thesis.

Finally, Chapter six summarizes the research findings, and presents the conclusions and implications of this study, along with suggestions for further research. Ultimately, this research will make both a theoretical and empirical contribution to a very important area that is under-studied and frequently misunderstood.

CHAPTER ONE: THE HISTORICAL CONSTRUCTION OF CRIMINAL AND CIVIL INSTITUTIONS DEALING WITH "VICTIMS"

Before one can ever come close to appreciating survivors' current experiences not only with horrific loss, but also with coping,² it is important to understand the historical evolution of the various institutions they commonly encounter in a comparative context, as well as the dominant ideas with which survivors deal in our culture. It is these which, in large part, set aside this type of bereavement from others.

This chapter begins this endeavour by outlining the historical construction of the "victim's" procedural role in our criminal justice system, changing substantive policies in our system regarding how best to deal with violent crime, and recent institutional changes emerging as a result of pressure from the victims' rights movement. It then looks at traditional, and more recent institutional developments in the civil redress of survivors' concerns.

(1) The Criminal Courts:

(a) Constructing the parameters: In the long history of the common law, which had its roots in medieval England, but passed to Canada as our "received law" during the colonial period, there has been a historical trend away from treating the "victim" as a party to criminal proceedings in favour of the state. Former Chief Justice Brian Dickson of the Supreme Court of Canada has succinctly described it as follows:

In the early days of the development of English law there was no distinction recognized between public wrongs and private wrongs. All were treated as private wrongs. It was the responsibility of the victim or his family to proceed against the offender, and it was the victim who stood to benefit from any court order against the offender. The state played no role in the process. Around the twelfth century, however, the notion of a crime as being something different from a civil wrong began to take shape. There emerged certain matters which were considered to be offences against the King's Peace. The category of offences falling within the King's Peace gradually expanded. It was in the name of the King that offences against the King's Peace were prosecuted, and it was on behalf of the King that fines were extracted or other forms of punishment imposed. The victim could pursue his own private remedy against the offender in a separate civil action, a claim in tort. Over time, proceedings in respect of a crime and tort have become increasingly distinct. It has evolved that there is a different standard of proof for criminal proceedings, where guilt must be proved beyond a reasonable doubt, than for civil proceedings, in which liability need only be shown on a balance of probabilities. With the

² It is the author's position, echoed by many survivors in this study, that it is impossible to fully understand the experience of losing a loved one to murder, unless one has experienced it oneself.

sharpening distinction between crime and tort, the victim's role in the criminal process has become increasingly a secondary one³ (Dickson, 1984: 320).

This distinction has become very sharp indeed. As the Federal-Provincial Task Force has stated, ours is "an adversary system in which the victim is not one of the adversaries" (Supply and Services, 1983:5). The "victim" has "no standing" - no legally recognized interest in the prosecution or non-prosecution of the alleged offender - to force the prosecution by the Crown of the crime against him or her, to dispute decisions to dismiss or reduce charges, or to accept plea-bargains (Dickson, 1984: 324-5).⁴ Along with the rationale that crime is a wrong against society as a whole, the "victim" has lost prosecutorial control of the conflict, as he or she is no longer considered the injured party. Having "their" case "stolen" by the state, as it were, "victims" no longer have the right to be represented or to be heard at trial, except as Crown witnesses on behalf of the state.

This historical development of the role of the "victim" in the British/Canadian system of criminal law stands in marked contrast to the situation in some civil law countries (Joutsen, 1987:95-124), particularly France (Lanquier, 1965; Glendon et. al.,1982:95-6; Joutsen, 1987). The French Civil law system, which grew out of already established Roman law, did not develop so sharp a division between public and private wrongs (Glendon et.al.,1982:13-51). Thus, in France, as Dickson notes, reforms were instituted such that "it is possible, at the victim's option, to join a civil to a criminal proceeding and have them conducted together in the criminal court" (Dickson 1984:320). Indeed, Irwin Waller, a professor of Criminology at the University of Ottawa, in a submission to the 1984 Ontario Government Consultation on Victims of Violent Crime has stated that the "Partie Civile," in contrast to our system:

...is basically one in which the victim is given access to legal aid and is able to be a part of the process at charge, at bail, during the trial, sentencing, and more recently, parole. The Civil Party system is one that gives victims an option to decide that they want to participate. It is a system that gives victims a voice in the process. It is a system that has existed for more than a century and it's a system that I think we should be studying very seriously in Canada and in Ontario (Provincial Secretariat for Justice, 1984:51).

³ For a more detailed discussion of the Anglo-Saxon evolution away from victim involvement in the criminal justice process, see: John Hagan, Victims Before the Law: The Organizational Domination of Criminal Law (Toronto: Butterworths, 1983). pp.8-13.

⁴ Re Regina and Antler, (1982), 69 C.C.C. (2d) 480, 29 C.R. (3d) 283. (B.C.C.A.). R. v. Robinson, (1983), 38 C.R. (3d) 255. (Ont. H.C.J.).

Moreover, this difference has not been limited to civil law countries. As Glendon *et al.* have noted regarding the legal systems of former socialist states:

The socialist criminal procedure system uses a piggyback system which permits the merger of civil claims with a criminal trial. The victim of a crime may elect to institute a civil suit against the defendant to seek compensation for any civil damage suffered as a result of the crime. In some socialist states criminal courts have the discretion whether or not to permit consolidation of a civil suit with a criminal trial. Once admitted into the case the civil plaintiff enjoys the same procedural rights as any other participants. The civil plaintiff operates independently of the state prosecution (Glendon *et al.*, 1982: 347-8).

Our system of criminal justice thus has its contrasts not only historically, but elsewhere in the world.

It is possible to interpret the Anglo-Saxon development of this sharper distinction between private and public wrongs, the guiding metaphor that a criminal proceeding is a matter between the state and the accused, as well as the more recent emergence of the victims' rights movement utilizing Spector and Kitsuse's four stage model of the "natural history" of social problems (1987:130-58).

Basically, Spector and Kitsuse's four stage model involves, over time: (i) the definition of a social condition as a problematic public issue by various claims-makers; (ii) the official recognition of the problem, with official agencies or procedures designated to handle it; (iii) claims-makers becoming dissatisfied with these established procedures, and lobbying for change; and (iv) after dissatisfaction with official response, rejection of established procedures and institutions in favour of alternate solutions.

Hence, in Dickson's long passage cited earlier: (1) where "victims" originally claimed crimes as their own concerns to be dealt with in private criminal prosecutions, the King, the state, as well as - it is important to add - various utilitarian reformers, emerged as rival "claims makers" (Hagan, 1983:11). Through superior power and influence, these claims-makers eventually asserted their claim that more and more offences were against the "King's Peace." This effectively appropriated the conflict from "victims" - particularly following the establishment of the office of Director of Public Prosecutions in 1879 (Hagan, 1983:12). This, according to Hagan, "was a final loosening of the coupling of the victim to the criminal justice system" (1983:12).⁵ (2) The law of tort developed into the officially sanctioned institution to redress "victims" concerns. (3) The current

⁵ Of course, it is still possible in many parts of Canada and the U.S. to conduct private prosecutions if one has the money, but such actions "have been nearly totally eclipsed by the work of public prosecutors." This may have something to do with the fact that the Crown Prosecutor may step in and halt such an action if s/he sees fit.

victims' rights movement, most directly affected by the institutional offspring of this claims-making process, is currently organizing and lobbying for institutional changes to redress this imbalance, and to have officials address their interests and concerns. (4) Frustrated by the slow progress of these efforts, "victims" organizations are also attempting to create new, alternative institutions outside the legal system to address their concerns (e.g. bereavement support groups, women's shelters).

Notwithstanding these more recent initiatives, however, the historical development and institutionalization of this "legal fiction" in Anglo-Saxon countries has had very real consequences in the everyday interactional construction of "victims" experience of bereavement during every stage of present criminal proceedings (Kenney 1995: 59-65; Loseke 1993: 208-9; Sebba 1992: 202; Holstein and Miller 1990: 103-22; Schneider 1985, 218). While detailed discussion of these experiences is best left to the data chapter, suffice it to say that constructing the parameters in this way means that "victims" who choose, or who are compelled to participate in the criminal justice system, have lost control not only of the process, but, to some extent, the degree of empowerment with which they approach their bereavement. This is because:

The state owns the conflict and the roles left to victims are: (i) to supply the system with raw material; (ii) to give the evidence the system requires; and (iii) to serve as a "ceremonial" or symbolic presence (Clarke 1986:32).

(b) The Changing History of Penal Sanctions in Canada: Turning now to consider the substantive history of Canadian criminal law before the rise of the victim's rights movement in the early 1980's, one cannot help but be struck by three major developments. First, there is, over time, a marked reduction in severity of sentencing, reflecting a move from the retributive, punitive aspect of a sentence to a more rehabilitative stance. Second, there is a trend towards more liberal laws governing conditional release. Finally, there is the relatively recent patriation of the constitution, along with the enactment of the Young Offenders Act, which give defence counsel additional resources to use on behalf of their clients. Each of these developments will now be examined in turn.

Historically, it is quite evident that sentences imposed in the past were much more severe than those meted out today. For example, Chandler has noted that in 1763, when the Royal Proclamation replaced the existing "Canadian" systems of justice with the laws of England: "The British Criminal Code listed between 220 and 230 offences which were punishable by death from stealing turnips to being found disguised in a forest

“(Chandler, 1976:16).⁶

Little (1983:1) suggests that, at this time, the public execution of the sentence was an integral societal ceremony, involving the community in the criminal law process. Furthermore, as the period of public execution was also one of fixed sentences, in theory, the punishment of offenders could point to the “public’s” wishes as expressed through parliament (1983:5-9).

Apparently, however, the popularity of these measures waned, as around 1800, attempts began in the Commons to abolish execution for shoplifting. These, however, were blocked by the Lords six times before ultimately passing in 1832.⁷ Meanwhile, juries became far more reluctant to convict in capital cases, acquitting those for whom the penalty outweighed the crime (Chandler, 1983:16-17). In Canada, the number of offences punishable by death was reduced in 1859. The Consolidated Statutes of Canada maintained the death penalty, at this time, for murder, rape, treason, administering poison or wounding with the intent to commit murder, unlawfully abusing a girl under ten, buggery with man or beast, robbery with wounding, burglary with assault, arson, casting away a ship and exhibiting a false signal endangering a ship.⁸ These were further reduced over the next six years such that, by 1865, the death penalty was abolished in all cases except murder, treason and rape.⁹ All the same, sentences at this time remained harsh and reflected a punitive rationale. As Prime Minister John A. MacDonald wrote to the warden of Kingston Penitentiary in 1871, the “primary purpose of the penitentiary is punishment and the incidental one reformation.”¹⁰

⁶ Note that in discussing severity of sentencing in this section, the focus is disproportionately placed on capital punishment over prison terms intentionally, because of the nature of the subject matter involved in this research.

⁷ “An Act For Abolishing the Punishment of Death in Certain Cases and Substituting a Lesser Punishment in Lieu Thereof” (1832), 2 and 3 Will.4, CAP. LXII. This statute abolished the death penalty for theft in a value of five pounds or more, and replaced it with the lesser penalty of being “transported beyond the Seas for Life.”

⁸ Consolidated Statutes of Canada, Proclaimed and Published under the authority of the Act 22 Vict. Cap 29, 1859.

⁹ Statutes of the Province of Canada 29 Vict. Cap. XIII, 1865.

¹⁰ John A. MacDonald, 1871 letter to John Creighton, warden of Kingston Penitentiary, quoted in Amernic (1984:252).

Except for the limited introduction of conditional release in Canada at the turn of the century, sentences remained stiff, while the death penalty remained a more or less accepted institution until 1950. At that time, the first private member's bill was introduced to abolish the death penalty (Chandler, 1976:18). Although voted down, it was reintroduced in 1953, and withdrawn after the issue was sent to a Joint Committee of the House and Senate. This committee recommended retention of the death penalty, but its abolition for children under 18, as well as numerous administrative reforms.¹¹

Then, in 1960, the government introduced legislation which amended the Criminal Code by reclassifying murder into capital and non-capital offences. Passed in 1961, the upshot of these amendments was that capital murder was defined as: (i) "planned and premeditated"; (ii) murder committed in the course of certain crimes of violence; or (iii) the "murder of a police officer or prison warden, acting in the course of duty" - the latter two categories requiring the direct intervention or counselling of the accused.¹² Non-capital murder, which was either unplanned, or did not fit into the latter two categories, was punishable by life in prison. Moreover, in addition to the pre-existing automatic cabinet review of each capital case to see whether the royal "prerogative of mercy" should be exercised to commute the sentence, these amendments added an automatic review of all capital convictions by the provincial court of appeal as well as a full right of appeal to the Supreme Court of Canada.

A major debate and several votes on the death penalty took place in the liberal, socially turbulent years 1966-67. This resulted in a partial abolition bill, passed November 30, 1967, restricting the imposition of the death penalty to the murder of police officers and prison guards for a five year, experimental trial period.¹³ In 1973, after this period expired, legislation was passed continuing this partial ban.¹⁴ Finally, in 1976, following a free vote in Parliament, legislation was passed abolishing capital punishment in Canada and amending the

¹¹ Hon. Guy Favreau, Capital Punishment, Material Relating to its Purpose and Value. (Ottawa: Crown Printers, 1965). p.4-5 refers to this 1956 joint committee report.

¹² An Act to Amend the Criminal Code (Capital Murder) S.C. 1960-61, c.44.

¹³ An Act to Amend the Criminal Code S.C. 1967-68, c.15.

¹⁴ An Act to Amend the Criminal Code S.C. 1973-74, c.38.

maximum sentence to life in prison with no chance for parole for twenty-five years.¹⁵ This bill also introduced the now notorious section 745 into the Criminal Code - the so-called "faint hope clause" enabling those convicted of first degree murder and sentenced to life with "no chance of parole for 25 years" to apply to a court after 15 years to have their parole eligibility period reduced.

During this same period as well, sentencing for other crimes of violence became increasingly lenient, so much so that in 1982 a victims' advocate complained that:

Many sex offenders are being placed on probation without doing any time. This is totally unacceptable to us, the general public. In 1980, the average time served in a federal penitentiary for rape was thirty months, and for sexual assault it was twenty-two months.¹⁶

Indeed, it would appear that over time, public involvement in justice, so common in earlier times, became increasingly replaced by bureaucratization of the system which was characterized by the paternalistic idea that the "experts" understood justice in sentencing better than the public. Regardless of whether this meant that justice, in the eyes of the public, was actually being done did not matter. Rather, what occurred was the severing of justice from perceived justice: the idea that justice need only be done, it need not be seen to be done. Perhaps this can be best observed in the strong governmental rejection of public sentiment at the time of the death penalty debate (Jayewardene et. al 1989:404). It may also be found in the attitudes of the courts. One judge, for example, was quoted as saying: "The courts do not have to reflect public opinion...perhaps the main duty of the court is to lead public opinion."¹⁷

Turning away, for the moment, from this gradual lightening of sentences imposed to the second issue - it is equally clear that changes in how a sentence is served were occurring as well.

Historically, parole has existed in the Western world for centuries:

In 1617, the Order of the English Privy Council ruled that convicts would be sent overseas to the New World to work as indentured servants. Later they were sent to New South Wales in Australia where the governor

¹⁵ Criminal Law Amendment Act (No. 2) 1976 S.C. 1974-75-76 c.105.

¹⁶ Don Sullivan (quoted in Amernic, 1984:190). See also: The Criminal Law and Canadian Society (Ottawa: Minister of Justice, 1982) p.33.

¹⁷ R. v. Sargeant (1974), 60 Cr. App. R. 74 at 77, cited with approval in R. v. Atkinson, Ing and Roberts (1978), 43 C.C.C. (2d) 342 at p. 344, 5 C.R. (3d) S-30 at p. S-32 (Ont. C.A.).

could grant conditional pardon; this soon became the "ticket of leave" system, the root of the remission concept. A convict's progress was measured by "marks" earned through good conduct and labour and he could move through various stages, from imprisonment to partial freedom to the Ticket of Leave (Amernic, 1984:236).

In Canada, our parole system began with the Act to Provide For the Conditional Liberation of Convicts, passed in 1899.¹⁸ This legislation, which was the beginning of the end for flat sentences, was administered by officials in the Remission Service section of the Department of Justice, but it was the Governor General alone who had the authority to grant conditional release.¹⁹

As Canada's prison population grew in the 1930's, so did tickets of leave for such activities as joining the armed forces, or for accepting employment in the war industry through the "Special War Purposes Ticket of Leave" (Amernic, 1984:236). Then, following the Second World War, groups like the Salvation Army, the John Howard Society and Elizabeth Fry Society became quite involved in parole supervision activities - their efforts culminating in the Minister of Justice ordering a study of the Remission Service in 1953 (1984:236-7). The Fauteux Report,²⁰ which followed, recommended legislation to create a National Parole Board.

In 1958 this recommendation was heeded and the Parole Act was passed,²¹ giving a new independent administrative tribunal the power to grant conditional release to inmates all across Canada. Further:

During the 1960's and '70's, the philosophy behind penal systems in Canada was liberalized considerably and rehabilitation became the password. In 1971, then Solicitor General Jean-Pierre Goyer made his infamous statement that has since plagued the Liberal government administration: 'We have decided from now on to stress the rehabilitation of individuals rather than the protection of society' (Amernic, 1984:232). (Emphasis added).

These words could no better express the institutional changes to which victims rights groups would later strenuously object.

¹⁸ S.C. 1899-1900, c.48.

¹⁹ R.S.C. 1906, c.150 s.2.

²⁰ Report of a Committee Appointed to Inquire Into the Principles and Procedures Followed in the Remission Service of the Department of Justice of Canada. (Ottawa: Minister of Justice, 1956). p.80-84 (Ch. XI).

²¹ S.C. 1958, c.38.

Most recently, the Parole Act was repealed in 1992²², and replaced with the Corrections and Conditional Release Act²³ governing both Corrections and the National Parole Board. Nevertheless, the overall philosophy underlying the system has not changed appreciably. While the specific mechanics of the resulting parole system will be left until the data chapter, suffice it to say that, over time, it has become far more responsive to offenders than fixed sentencing and the ticket of leave system it replaced.

Finally, one could not close a section on the evolution of substantive changes in Canadian Criminal law without reference to both the Canadian Charter of Rights and Freedoms²⁴ and the Young Offenders Act²⁵. These enactments, which served both to codify and expand existing common law rights, as well as intensify the prevailing ethos of individual rights in our culture, have given defence counsel considerably wider substantive defences in murder cases, augmenting the procedural format discussed in the previous section.²⁶

Basically, by constructing the issue as a matter where the accused is being charged by the state, the argument follows that such an individual must have legally enforceable rights that s/he can assert to prevent the abuse of overwhelming state power. Whether or not one accepts this argument, it is plain that procedurally framing the issue in this way means that the substantive rights (and defences) listed refer almost exclusively to the rights of an accused.²⁷ Special provisions are also framed in this way for "young offenders." All of these

²² S.C. 1992, c.20, s.213.

²³ S.C. 1992, c.20.

²⁴ Canada Act 1982 (U.K.) c.11.

²⁵ R.S.C. 1985, c.Y-1.

²⁶ This is not to say that an accused had no rights in a criminal case prior to the Charter. Indeed, in addition to the law of evidence, there was a long evolution in the criminal law of common-law rights, for example, right to counsel, habeas corpus, the presumption of innocence, etc. The first Canadian attempt to codify these was the Canadian Bill of Rights passed by the Diefenbaker government. However, this was merely a federal statute like any other, lacked constitutional force, and there is only one case (R. v. Drybones) where the courts treated it as sufficiently important to override the law as written. The Charter, in contrast, has constitutional power, and the courts have used it to significantly develop the prior common law rights of the accused, effectively increasing their own power as well.

²⁷ The core part of the Charter, from sections 7 to 15, is basically framed in this way, especially s.11(a) to (h) entitled "legal rights." This is not to say that "victims" can't use the Charter on their behalf (e.g.

have specific enforcement mechanisms enshrined in the legislation (e.g. s.24 (1) and (2) of the Charter), and the accused can apply, as a party, to court for a hearing when it is alleged that any of his/her rights have been violated.

The introduction of the Charter in 1982 and the Young Offenders Act in 1984 has given defence counsel a myriad of enormously useful substantive tools to use on behalf of their clients, and has resulted in an enormous increase in criminal litigation on behalf of offenders.²⁸

Yet, while offenders have come to have these well-specified and enforceable rights, it is instructive to contrast these with the recent, vague and unenforceable enactments in various provinces generically called "victims' bills of rights." These not only fail to carry the constitutional power of the Charter, they are generally couched in such vague generalities as "the victim should be treated with compassion and fairness," and specifically deny enforcement mechanisms for redress of "victims'" concerns.²⁹ This is a *de facto* case of "symbolic politics" (Gusfield, 1963), which, ironically, is set against the backdrop of a culture which emphasizes the rights of the individual.

Thus, one can see three related substantive features flowing from these historical developments. First, sentences for murder and other violent crimes were considerably reduced over time, which, some would argue involved a decline in public participation in and influence on parliament and the courts. Secondly, the concept of conditional release was introduced and increasingly liberalized. Finally, constitutional and other legislative provisions³⁰ were spelled out giving the accused, as parties to the proceedings, more detailed, specifically

it is logically possible that, with backing, s.15 (equality before the law) and s.7 (life, liberty and security of the person) may eventually be used to further "victims'" concerns). The point is that there is a whole section set aside referring to an accused, in addition to the extensive judicial elaboration of the other provisions in that direction. Yet, the rights of "victims," which are neither clearly developed nor defined, are still waiting to be deduced from a limited number of more general provisions.

²⁸ One merely has to glance at the Annotated Charter of Rights, which fills five volumes.

²⁹ For example, see: S.O. 1995, c.6.

³⁰ While specific reference was made above to the Young Offenders Act, there are other legislative provisions operating in favour of the accused, such as the Canada Evidence Act and the Privacy Act, to name just a couple, in addition to the administrative law notion of "natural justice."

enforceable rights against the state resulting in increased litigation on their behalf.

(c) Recent Changes to Criminal Justice Institutions Relating to "Victims of Crime": While the above appears to render the position of the victim in the criminal justice system untenable, there have been a number of high profile initiatives in recent years which attempt to make the process more sensitive to "victims" concerns. Many of these are in the early stages of implementation, or at the proposal stage.

At the federal level, one of the first significant changes was the passing by Parliament in 1988 of Bill C-89³¹. This, among other things, amended the Criminal Code to allow victim impact statements at sentencing, in camera hearings, improved restitution and return of property to "victims." Further, it enabled courts to order a ban on publishing the identity of witnesses, and imposed a "victim fine surcharge" on fines, which money is supposed to be used to help pay for "victim services." The practical implementation of these changes is not only taking time, but has been uneven across the country.³²

The federal government has continued its legislative activity since this time, passing laws making criminal harassment ("stalking") an offence,³³ facilitating the use of DNA evidence in criminal proceedings³⁴ and regulating the use by defence counsel of evidence of the "victim's" prior sexual history in sexual assault cases.³⁵ There have also been the recent introduction of provisions to the Criminal Code authorizing a sentencing judge to award damages for bodily injury, loss of income or support "where the amount is readily ascertainable," and

³¹ S.C. 1988, c.30.

³² Of course, this has much to do with the fact that the Canadian constitution places upon each province the responsibility for administering criminal laws made by the federal government. Each province does so slightly differently, at a different pace, and with differing sets of priorities.

³³ S.C. 1993, c.45, s.2. This is the present s.264 of the Criminal Code. This supplements the existing peace bond provisions in the Criminal Code, which have been frequently criticized as ineffective.

³⁴ S.C. 1995, c.27, s.1.

³⁵ R.S.C. 1985, c.19 (3rd Supp), s.12. This first provision was introduced in 1983, and immediately came under fire from defence counsel. Indeed, there was a successful court challenge to the constitutionality of these latter provisions in the case of *R v. Seaboyer; R v. Gayme* (1991) 2 S.C.R. 577. The federal government introduced modified legislation in 1992 (S.C. 1992, c.38, s.2), and the relevant provision is now codified in s.276 of the Criminal Code.

enabling the "victim" to later enforce it as a civil judgement.³⁶

In addition to these matters, the federal government has introduced legislation to somewhat tighten up eligibility for judicial review hearings for murderers under section 745 of the Criminal Code,³⁷ as well as to introduce a new category of "long term offender" mandating tougher supervision.³⁸ Bill C-37 amended the Young Offenders Act to increase sentences for those convicted of murder in Youth Court.³⁹ The passage of Bill C-72 limited the use of the drunkenness defence.⁴⁰ Bill C-41 (the "Hate Bill") increased sentences for crimes committed specifically against identifiable minorities as a result of hatred towards that group.⁴¹

But perhaps the most high profile federal initiative in this area was the passage of Bill C-68 on gun control, which was publicly supported by several victims' rights groups. This legislation increased penalties for illegally importing firearms and for the use of guns during the commission of a crime. It also set up a national firearms registry, which is to be phased in gradually over a number of years.⁴²

Provincially, recent years have seen the limited introduction of Victim-Witness programs in some police and Crown Prosecutors' offices throughout the country. These programs generally provide workers who

³⁶ S.C. 1995, c.22, s.11. This amends s.725 of the Criminal Code, which originally only covered damage to property. This older provision was little-used and little known, and it remains to be seen how the newer provision will be used.

³⁷ S.C. 1996, c.34. This is in addition to earlier amendments in 1985 to somewhat tighten up the notorious "mandatory supervision" program: R.S. 1985, c.34 (2nd Supp), s.5. The newest proposed changes do not satisfy most victims' organizations, who lobbied for a complete repeal of s.745 of the Criminal Code, not a compromise amendment: Hamilton Spectator, December 19, 1996, p. B3.

³⁸ S.C. 1997, c.17. This is in addition to the already existing dangerous offender provisions in the Criminal Code. As well, the federal government and several provinces have been looking at electronic monitoring for violent as well as non-violent offenders. For example, Ontario is considering allowing inmates who have committed violent acts into its existing program: Hamilton Spectator, December 13, 1996, pp. A-12 and A-15.

³⁹ S.C. 1995, c.32, s.1.

⁴⁰ S.C. 1995, c.19, s.13(3).

⁴¹ S.C. 1995, c.22, s.6.

⁴² S.C. 1995, c.39.

help counsel witnesses as to what to expect in court, and who may, in some instances, attend court with "victims." While a 1994 report indicated that these existed in only a "patchwork" fashion⁴³, it was recently announced that the Ontario program will be expanded⁴⁴. Moreover, Ontario has proposed the introduction of a computerized system to inform "victims" of the progress of an offender's trial.⁴⁵ Indeed, a number of provinces have passed "Victims' Bills of Rights," which usually list things like "the victim should be treated with compassion and fairness," but deny any enforceable remedy should this not be the case.⁴⁶

In addition, many police forces are being increasingly trained to deal with situations where they must inform someone of the death of a loved one, and provide information as to where services may be available to the survivors. Several provinces, including Ontario and Manitoba, have introduced legislation giving police chiefs and provincial correctional officials the right to publicize the names of sex offenders and other criminals released into their community that they believe pose a threat.⁴⁷ Moreover, Ontario has introduced legislation preventing offenders from hiding their criminal records by officially changing their names.⁴⁸

There have also been changes at both the federal and provincial levels surrounding parole. For example, a slightly more open position by Correctional Services and the Parole Board regarding the release of certain information on offenders has culminated in the recent introduction of a 1-800 number to call for information.⁴⁹ In addition, British Columbia has recently announced that victims will be permitted to make oral submissions

⁴³ *Toronto Star*, April 14, 1994.

⁴⁴ *Hamilton Spectator*, October 12, 1996, p.A-14.

⁴⁵ *Stopwatch* 1996 (iv), p.2.

⁴⁶ For example, see: S.O. 1995, c.6.

⁴⁷ *Hamilton Spectator* December 13, 1996, p.A-12.

⁴⁸ *Hamilton Spectator*, December 11, 1996, p.B-3.

⁴⁹ This is a minor improvement over the mid 1980's where information was denied to "victims" under the *Privacy Act*. The Parole Board introduced a pamphlet for "victims" seeking information in 1989 (*Supply and Services*, 1989), and the new *CCRA* legislation places the onus on the "victim" to seek information (s.26 and 142), which may be released at the discretion of authorities (s.29 and 142(b)).

at parole hearings in that province.⁵⁰

Finally, there is the slowly developing trend of victims applying to have private counsel act on their behalf as "intervenor" in the criminal justice process:

Although the law is still in a state of flux, it has become common, since the enactment of the Charter of Rights, for Canadian judges to grant standing to private lawyers representing complainants in sexual assault cases. The lawyers appear in order to assert their client's right to privacy with respect to documents such as personal diaries and confidential psychiatric records (Toronto Star, April 11, 1995, p.A-19).

This trend is in its infancy, but, when they can afford it, victims will likely continue to make such applications to be heard. For example, such use of private lawyers was used with limited success in the notorious Bernardo case to prevent open display of explicit videotapes made by the offender. However, it is unclear to what degree, if at all, criminal courts will authorize the expansion of this limited exception to the traditional criminal justice process.

Taken together, these recent, proposed, and inconsistently implemented changes have made some minor progress towards alleviating the victim's plight when facing the criminal justice system. However, it must be remembered that the victim still is not a party to the proceeding, and thus has very few if any enforceable rights in a process which is still controlled by the state and defence counsel. In the final analysis, any "rights" that "victims" have remain at the discretion of various players within the system.

(2) The Civil Context: From the above, it is apparent that common law countries have traditionally held to the historical construction that "victims of crime" have no place as parties to the proceeding in criminal matters as they have the option to pursue civil remedies for their losses. It is logical, therefore, to examine the adequacy of this claim before moving on. To this end, the following will review, from the "victims" standpoint, the utility of (i) private tort actions by the "victim" against the offender, and (ii) the more recent provincial criminal injuries compensation schemes.

(a) Private Tort Actions by the "Victim": Technically, if a person has been injured by the act or omission of another without just cause, a tort has been committed (Linden 1969, p.20; Minister of Supply and Services 1983, p.24). The injured person has historically been entitled to civil damages if (1) the defendant's act was

⁵⁰ Hamilton Spectator, December 12, 1996, p.C-12. Previously, as in the rest of the country, victims could only submit a written statement and attend the hearing as observers.

wrongful, (2) s/he owed a duty to the plaintiff, and (3) the damage was reasonably foreseeable (Minister of Supply and Services 1983, p.25). The standard of proof in such matters, moreover, is no longer guilt beyond a reasonable doubt. Rather, the defendant must merely be proven to have caused the injury "on a balance of probabilities."

Without getting into the complex legal hurdles involved in establishing the above points, which may be even more problematic if a suit is defended, it must be noted that "victims" usually have much more immediate and pressing difficulties to contend with. First, the "victim," in many cases, may be unable to identify and locate the offender. This, by itself, effectively precludes a lawsuit as service of documents becomes impossible (Minister of Supply and Services 1983; Linden 1969). Secondly, despite increasing challenges, there is the problem of limitation periods, which may expire before the "victim" has recovered enough emotionally to bring suit (VanGinkel 1990, pp.394-5). Third, and perhaps most importantly, while courts will make an "appropriate award" when damages are proven against an offender, this is not always enforceable in practical terms:

Once an adjudication is made that the defendant is liable for the plaintiff's damages in a particular amount, the victim may feel that justice has been done. However, it may be more difficult for the plaintiff to collect the money from the defendant than it was to prove entitlement, especially if the defendant is in jail. There are legal mechanisms for the plaintiff to execute upon the judgement but they are time-consuming and costly. A lien may be placed on the defendant's land, the sheriff may be directed to seize a bank account and personal property, wages may be garnisheed and the defendant may be summoned to court regularly to be examined with respect to any assets and income. Ultimately, though, an impecunious defendant is 'judgement proof' and the plaintiff cannot recover. Where the plaintiff does recover damages, they may be whittled away by the legal costs involved in bringing the action and any costs incurred in executing upon the judgement (Minister of Supply and Services (1983, p.26).

Finally, there is a legal twist that can make the civil process not only an expensive and impractical means of redress, but a positive nightmare for the "victim." This lies in the fact that an impecunious offender may decide to file a counterclaim against the "victim," or to sue the "victim" outright at no cost to him/herself.

An example of this is the Canadian case of *Obert v. Rounds* in 1980-81 (Amernic 1984, p.129-35). There, the victims were sued by their daughter's killer for custody of their grandchild, a process that was not only emotionally draining and fraught with fear over the child's fate, but also a process which nearly left them bankrupt with legal costs. The victims were denied legal aid as they owned their home outright, while their daughter's killer, who had no assets, had all his legal fees covered by the state (Amernic 1984, pp.130-2).

Indeed, with regard to legal costs, an information officer with the Law Society of Upper Canada has been quoted as saying that:

In cases of personal violence, the victim normally won't have access to legal aid whatsoever. The system is such that the accused of a crime will have legal representation, but if you're a victim, legal aid is of little or no help to you. If you've got twenty thousand to forty thousand dollars equity in your home, we will give you legal aid, but we'll take a lien against your property (Amernic 1984, p.134).

Moreover, it must be pointed out that a closely related problem arises in the prosecution of the criminal offence of common assault. The author is personally aware, through prior work with a victims' rights group, of a significant gap in representation in crimes of personal violence. As there are several varieties of assault under the Criminal Code, of which common assault is the lowest in degree, the Crown routinely declines to prosecute these, preferring instead to concentrate on the more serious cases such as "assault causing bodily harm" and "sexual assault." This essentially means that "victims" must hire a private lawyer, at their own expense, to prosecute the case for them. However, the impecunious accused will likely be able to get legal aid at no charge to him/herself. Moreover, this inequality may be exacerbated when it is suggested that busy prosecutors label a violent crime "common assault" in their efforts to prioritize their caseload, often leaving the victim "out in the cold," and the alleged offender effectively free from prosecution.

Considering all of these problems, it is little wonder that the civil courts have rarely been used by "victims" of crime. For example, in a pioneering 1968 study, Allen Linden showed that in 1966 in Toronto, Ontario, only 1.8% of "victims" surveyed collected anything by filing a civil suit, despite the fact that some economic loss was suffered by 74.2% of respondents (Linden 1969, pp.19-21). In addition, Linden noted that only 14.9% of all respondents considered suing, a mere 5.4% consulted a lawyer, and 4.8% actually tried to collect from their attackers (Linden 1969, p.21). A later study, conducted in downtown Vancouver and in Delta, British Columbia in 1974, had similar results. There, as Dickson notes, "only 4% of the Vancouver residents succeeded in recovering anything from their attackers while none of the Delta residents did" (Dickson 1984, p.327). Most recently, the 1988 General Social Survey found that in only 1% of reported victimizations were attempts made to seek redress through the court system (Sacco and Johnson 1990, p.106).

(b) Criminal Injuries Compensation Tribunals: The second major institution of civil redress for “victims” is represented by a variety of state-funded compensation schemes. These administrative programs initially grew out of dissatisfaction with the problems involved in utilizing the civil courts for redress. The idea was that tribunals would provide quicker and more efficient compensation to “victims” of crime than the courts.

In addition, two general political rationales developed in support of these programs. First, there is the “natural justice model” which largely emphasizes the needs of the system. This:

...justifies state intervention in the form of welfare on the basis of the contribution such a practice can make to the social system, and of the moral duty to assist those victims of criminal injury who are deemed to be innocent and considered to be worthy (Supply and Services, 1983: 98-9).

Essentially the idea is to protect and restore core values of trust in society generally, both by the victim and by the general public, in order to preserve the system's security and stability (Supply and Services, 1983: 99).

The second political rationale is the “insurance model.” This:

...shifts the focus of concern from the needs of the system to those of individual members of society, and to the responsibility of social institutions to respond to these needs. It justifies state intervention on the basis of the contribution such a practice can make to satisfying some of these needs. It is based on a recognition that certain types of crime are a predictable outcome of our current social arrangements, and that the liability resulting from these arrangements should be shared by all. Compensation is simply a form of insurance against this liability (Supply and Services, 1983:99).

Historically, the pioneer in implementing such state-funded compensation was New Zealand, which, in 1963, passed an act to provide state compensation for “victims” of violent crime.⁵¹ Other governments quickly followed. Britain initiated its scheme in 1964.⁵² In 1965, California became the first U.S. state to enact such a system,⁵³ and, since then, well more than half of the other states have followed suit. In Canada, the first province to establish such a scheme was Saskatchewan in 1967.⁵⁴ This was evidently a popular idea, as when

⁵¹ S.N.Z. 1963, No. 134.

⁵² (1964) CMND. 2323.

⁵³ California Government Code s.13959 et. seq. (Deering).

⁵⁴ S.S. 1967, c.84.

British Columbia introduced its system in 1972 it was the eighth province to do so.⁵⁵ Since then, the two territories, Nova Scotia and Prince Edward Island have been added to the list,⁵⁶ leaving no province in Canada without a scheme for compensating "victims" of violent crime.⁵⁷

These programs are run on a cost-shared basis between the federal and provincial governments, although the boards are constituted and administered provincially (Minister of Supply and Services 1983, p.33). While none are identical, they do share a number of common features:

All the Canadian compensation schemes are designed to aid the victims of violent crime. This includes surviving dependents of victims of homicide, and usually persons responsible for the maintenance of the victim. All programs also compensate "Good Samaritans" who are injured in the course of attempting to enforce or assist in the enforcement of the law. Finally, all jurisdictions consider the possible contributory behavior of the victim in assessing eligibility and size of an award.

The compensation schemes are all designed to alleviate the pecuniary loss of the victim. Compensation may be obtained for losses incurred as a result of the injury, death or disability of the victim. In addition, compensation can also cover the losses to dependents as a result of a victim's death, to pay for the maintenance of a child born as a result of rape, or for other expenses deemed reasonable by the jurisdiction in question. Some programmes also compensate for pain and suffering (Minister of Supply and Services 1983, p.33).

While this may sound helpful in comparison to the civil courts, in practice there are many areas that "victims" have traditionally argued are upsetting, unjust, and inhumane.

First, while there is the advantage that no identification or conviction of an offender is required, it is also true that the compensation obtained is usually far less than a court would order in a private lawsuit (Dickson 1984, p.331; Provincial Secretariat For Justice 1984, pp.44-6). Furthermore, if the "victim" does later sue successfully, s/he can only recover an amount in excess of the compensation paid, as the Board is entitled to have its share back (Dickson 1984, p.331). Indeed, most jurisdictions impose maximum limits on awards to "victims." Ontario, for example, has a maximum lump sum award in the event of injury or death of \$25,000, or \$1000/month in the case of periodic benefits. It has also restricted awards to \$150,000 (lump sum) and \$250,000 (periodic) as the total compensation payable to all applicants in respect of any one occurrence

⁵⁵ S.B.C. 1972, c.17; S.Nfld. 1968, No. 26; S.A. 1969, c.23; S.M. 1970, c.56; S.N.B. 1971, c.10; S.O. 1971, c.51; S.Q. 1971, c.18.

⁵⁶ S.N.S. 1975, c.8; Yukon Ord. 1975 (1st), c.2; N.W.T. Ord. 1973 (1st), c.4; R.S.P.E.I. 1988, c.67.

⁵⁷ Although, it must be noted, some provinces have recently disbanded their Boards and amalgamated their functions with either their Workers' Compensation Tribunals or Victims' Services programs.

(R.S.O. 1990 c.24, s.19(1) and (2)).

Next, many Boards deduct collateral benefits from the amount of compensation awarded. Some even deduct welfare payments which, in effect, does little to compensate "victims" in time of financial need (Minister of Supply and Services 1983, p.101). Not all Boards have included payments for non-pecuniary loss such as pain and suffering, nor do those that do all recognize that pain and suffering are not restricted to the primary "victim" (Minister of Supply and Services 1983, p.103). Indeed, long delays occur between the time of application and the time compensation is actually paid to "victims" (Toronto Star, April 14, 1994, p.1). This can be very difficult as there are frequently bills to pay as a result of victimization, such as for specialized therapeutic equipment, or, in the worst cases, funeral bills. Moreover, this is aggravated by the fact that either injury and/or "post-traumatic stress" frequently make it difficult for "victims" to hold regular employment (Provincial Secretariat For Justice 1984, p.46).

In addition, these Boards are notoriously underfunded by both levels of government. As one "victim" put it, in referring to 1982 figures, in Ontario: "It costs every taxpayer \$320 to support the justice system. Of this, 32 cents goes to victims" (Provincial Secretariat For Justice 1984, p.46). The existence of government compensation for "victims" is not well known, nor has it been well advertised - even by the police. This means that many "victims" never find out that such programs are open to them (Toronto Star, April 14, 1994, p.1; Provincial Secretariat For Justice 1984, p.46). Nationally, a 1987 Gallup Poll reported that 73% of Canadians were unaware of the existence of these programs. Indeed, it had been reported that in Ontario, only one in fifty-five eligible "victims" actually seeks compensation (Globe and Mail, April 10 1984, p.2). This appears to be similar to the situation in other jurisdictions. A study of the New York and New Jersey programmes revealed that fewer than one percent of all "victims" of violent crime even applied to the Boards, and only thirty-five percent of those who applied were compensated (Elias 1983, p.219).

Finally, "victims" are often not satisfied with the nature of the hearings themselves. While, on the one hand, "victims are given a forum in which to tell their side of the story which may not have been brought to light at the court hearing" (Minister of Supply and Services 1983, p.102), this potentially positive function of the Boards can sometimes be muted by their actual treatment of "victims." As one woman asserted:

I didn't feel that the Compensation Board was working for the victim. I felt like I was on trial. They made me feel as if I had done it...as if I was responsible for what had happened. The first thing I was asked was how long

I had been married. I said five years. They then asked me how many affairs I had had within that time. They also told me that I wasn't very badly hurt and that I couldn't have been hit very hard with the hammer. Well, I guess it was because I didn't have a hole in my head from her hitting me. I was so mad at that time, because I really didn't have a chance to tell my story. I wished I had had a lawyer there to speak for me because I just shut up. I was upset and humiliated (Provincial Secretariat For Justice 1984, p.82).

To conclude this chapter, it would seem that much previous research on "victims of crime" has overemphasized the powerlessness of individual "victims," stressing institutional constraints to participation in the justice system. Suggested remedies such as civil action and/or state compensation for "victims" of violent crime have also been characterized as causing severe problems. While the powerless position of "victims" in the institution matrix - "between a rock and a hard place" - may result in paralyzing grief on the one hand, it may also result in frustration, anger, and, ultimately, social activism on the other.

It is the contention of this author that a focus on institutional constraints on the participation of "victims" of violence in the criminal justice system has contributed to the emergence of a "universal" stereotype of "victims" as passive and unable to do anything for themselves. As stated earlier however, this thesis research is based on the premise that survivors, as active agents, have the ability to restructure their reality following victimization, and the power to act as "moral entrepreneurs" to fight for change.

There is a pressing need to examine more comprehensively the experiences of "victims" with both the criminal justice and criminal injuries compensation systems. The present research contributes theoretically to this end by conceptualizing the individuals in this research as active agents and not simply as the hapless "victims" largely envisioned in studies of legal institutions. This research also contributes substantively to the literature by reviewing the experiences and actions of these victims of violent crime throughout the legal process from the time of the crime itself to the ultimate resolution of the judicial process. Ultimately, the empirical question to be answered is whether the powerless place of "victims of violence," as envisioned in studies of legal institutions and processes, inevitably confirms them in a "victim" role, or acts as a catalyst, propelling them to social activism and to change.

In the next chapter, attention will turn to a critique of the social psychological literature on grief espoused by helping professionals.

CHAPTER TWO: THE PSYCHOLOGICAL LITERATURE ON GRIEF:

AN OUTLINE AND CRITIQUE:

Along with their often extensive interaction with the legal institutions described in the last chapter, survivors in many cases deal with a variety of mental health professionals such as social workers, counsellors, psychologists and psychiatrists - usually after consulting their family doctors.⁵⁸ Sometimes this is solely their own decision, or done at the urging of family and friends. In other cases, medical reports are needed for civil litigation or the Criminal Injuries Compensation Board, and "victims" are thus required to satisfy the need for documentation by visiting a professional.

Whatever the source of their contact with mental health professionals, however, it is most important to review the current ideas which they encounter,⁵⁹ and which are generally applied to them - at a time in which "victims" are extremely vulnerable to suggestion, and, in many cases, not very likely to be critical. Therefore, these dominant paradigms will first be briefly outlined below, followed by a critique in subsequent sections.

(1) Medical-Psychological Models of Grief: Recent work regarding the emotional state of the bereaved reflects three main themes: (i) a focus on temporal "stage models" of the grieving process: (Kubler-Ross 1969; Cohen and Ahearn 1980; Seyle 1982; Symonds 1983; Schneider 1984; Bard and Sangrey 1986; Knapp 1986: 124-53; Rando 1986:13-24; Ford and Ford 1987; Gilliland and James 1988; Kamerman 1988:127-8; Rosen 1990; Young 1991:33-9; Casarez-Levison 1992:51-5); (ii) an emphasis on the therapist's role in helping the bereaved accomplish various tasks leading to recovery, an approach influenced by the works of John Bowlby (1969-1980), (Worden, 1982; Klass, 1988:151-87); and, in the more severe cases, (iii) attempts at differentiating the "symptoms" of "post traumatic stress disorder" from other "mental disorders" (Walker 1992; Brown 1988; Douglas and Colantuono 1987; Figley 1986; 1988; Piquet and Best, 1986; Rosewater 1987).

⁵⁸ Pine and Brauer (1986) have written that "Whenever reasonably possible and warranted, professional intervention following the death of a child is advisable" (1986:88).

⁵⁹ For a suggestive view of the variability of grief across cultures and historical periods, see Lofland (1985:171-90). For an historical view of the development of the medical model, as well as how it came to be applied to "psychological disorders," see Conrad and Schneider (1980:1-72).

With regard to the first approach - the widely prevalent "stage models" of human grief - proponents have generally proceeded from a traumatic incident, such as terminal illness, death or divorce, and then attempted to discern temporal uniformities in the emotional states and behavior of grieving individuals. For example, Elisabeth Kubler-Ross (1969), one of the earliest and best known of such researchers, outlines a five-part process experienced by those individuals facing imminent death and loss: (a) denial - a buffering of feelings; (b) anger - the displacing of rage; (c) bargaining - the negotiation for time; (d) depression - the experiencing of intense emotions and loss; and (e) acceptance - a surrendering to the imminent loss. Many refinements/variations have been added since Kubler-Ross' early work, but the general temporal patterning remains.

To some extent, this first approach has become disseminated into popular culture - so much so that some victims/authors have adopted "stage models" when referring to their own grief, or the general grief of "victims" (Bard and Sangrey 1986; Young 1991: 33-9; Casarez-Levison 1992:51-5). Indeed, this tendency among the bereaved in general has become so pronounced that a noted grief counsellor wrote an article exposing, among other things, the "orderly, stage-like progression to the experience of mourning" as a common myth, stating that:

Kubler-Ross never intended for people to literally interpret her five 'stages of dying.' However, many persons have done just that and the consequences have often been disastrous. One such consequence is when people around the grieving person adopt a rigid system of beliefs about grief that do not allow for the natural unfolding of the mourner's personal experience. We have come to understand that each person's grief is uniquely his or her own. As helpers we only get ourselves in trouble when we try to prescribe what someone's grief experience should be (Wolfelt 1989:26).

The second approach, which grew out of John Bowlby's three-volume *Attachment and Loss* (1969-1980), emphasizes the therapist's role in enabling the bereaved to accomplish tasks leading to recovery such as: (1) accepting the reality of the loss; (2) experiencing the pain of grief; (3) adjusting to the environment in which the deceased is missing; and (4) withdrawing emotional energy and reinvesting it in another relationship (Worden, 1982). Another author in this vein suggests that the therapist's role is to help the bereaved in the "establishment of a new equilibrium" in (i) the social world and in (ii) their relationship to "the inner

representative" of the deceased (Klass, 1988:151-77).⁶⁰

With regard to the third approach - the common official labelling of the more severe psychological aftereffects of victimization as "post traumatic stress disorder" (D.S.M.-III-R: 309.89) - the following synopsis applies. Ostensibly, this is a medical diagnosis characterized by the following "symptoms":

Cognitive disorders such as reexperiencing the traumatic event(s) through flashbacks, nightmares, and conditioned thoughts; heightened arousal responses such as exaggerated startle response and hypervigilance to cues of further danger; and numbing or depression with disturbances in interpersonal relationships (Walker 1992:41).

Notably, when considering the diagnosis of such disorders, it must be emphasized that several authors have indicated murder to be a determinant of such "complicated grief" (Kalish 1985; Rando 1986:372; Littlewood 1992:58).

All of these approaches reflect the dominant medical model as applied to grief, have to varying degrees filtered into popular culture. Rarely, however, have they had their underlying assumptions questioned. Accordingly, five classes of criticism that can be levelled at these models are each discussed in separate subsections below.

(2) Critiques of the Dominant Paradigms:

(a) Literature on the Grief of Parents and Survivors: While not extensive, there has been some suggestive work on the bereavement process specific to both parents generally, and survivors in particular that raises questions about simply applying the paradigms discussed above to them.

First, there is the literature, some written by survivors themselves, which emphasizes the uniqueness of their experiences. This kind of bereavement is considered different because "someone wanted him (her) dead" (Schmidt 1986; Sullivan 1992; Knapp 1986; Klass 1988). In other words, the intentionality of homicide creates a new dimension not found in other bereavement.

Second, there is work which indicates that the temporal uniformities characteristic of the "stage models" of grief, as well as the "tasks" that counsellors have to help the bereaved to complete, do not necessarily fit the experiences of either bereaved parents, or of survivors. For example, when any type of child death is involved,

⁶⁰ Klass also, perhaps more than any other professional listed, emphasizes the value of self-help groups.

Rando (1983) has reported that the implicit assumption of the gradual lessening of symptoms over time, leading to growing acceptance of loss (i.e. "time heals all wounds") may be mistaken. Her study of general parental bereavement indicates that parental bereavement symptoms may initially subside over a period of time, then increase again long after the death - with intense periods striking bereaved parents years after the loss (Rando 1983; Fish and Whitty 1983).

In addition, Rando (1986:56) is critical of applying Worden's (1982) model of Bowlby's "tasks" to be completed through grief counselling to bereaved parents. She argues that existing models of grief were developed in studies of widows and widowers. Thus, timetables for grieving and notions of expectable problems which are utilized by professionals are based on conjugal, not parental bereavement. According to Rando, parental bereavement has more intense symptoms and different expectable problems. Yet, "bereaved parents often will be construed as having failed to appropriately complete their grief work according to the general model of mourning currently utilized" (1986:56).

With more specific reference to survivors, Magee (1983: xiii) has observed that:

...the normal grief process families go through in the aftermath of the death of a family member - even sudden, early, or accidental death - a process that has certain definite stages and can be charted on a fairly reliable timetable, often doesn't apply to victims' families, whose healing is frequently disrupted by everything from community response, trials, and parole hearings to lingering images of the horror of the killing itself.

Indeed, in a study that, in part, compared the differing experiences of bereaved parents suffering the death of a child because of chronic illness, sudden unanticipated death, and murder, Knapp (1986) has noted that:

The stage of chronic grief, initiated by the onset of feelings of loss and loneliness, is evident in only the first two of these post-death patterns. In the case of death by murder, except for the shock, numbness, and extreme despair coupled with feelings of confusion and disorganization that usually accompany an acute grief response, there is little that might be characterized as a long-term chronic grief reaction. The families of murder victims become so caught up in the complexities of the criminal justice system and the search for the guilty party that they really do not 'have the time' to grieve appropriately. There are so many intrusions into their lives by the media, by attorneys and prosecutors, and by the judicial system that they are forced to postpone the chronic phase of their grief response until later. The 'activity' that seems to fill their lives in the aftermath of these deaths leads to active grief which then becomes suspended. The feelings of loss and loneliness, and the "work" that is implied to deal with it, become postponed, sometimes for months or even years (1986:149;153).

Third, Klass (1988) has compared a well-known American support group for survivors to other

bereavement support groups. In addition to the "experiential"⁶¹ and "interpsychic"⁶² dimensions found in other support groups, Klass has noted that, in the survivors' group, there was a "political" dimension (1988:131-35). Within this dimension, members' "powerlessness, drive for revenge, and the mazelike system of justice generate anger and rage that is far greater and more specific than the anger associated with bereaved parents..." in other support groups (1988:131). These survivors channel their anger and rage into action to both "help each other with their ongoing problems within the criminal justice system" and to "work for reform" (1988:131).

Finally, after reviewing anecdotal and clinical psychiatric literature, and conducting a clinical study of 18 survivors who volunteered to participate in group therapy, Rynearson and McCreery (1993) have asserted that "the treatment of post-traumatic stress phenomena specifically associated with homicide takes precedence over treatment of the grief associated with the death." This is because "there is a strong therapeutic presumption that grief work must await recovery of a more stable psychological autonomy, which was overwhelmed by the overwhelming trauma of homicide" (1993:258).

It is interesting to note, however, that of the 18 individuals (14 women; 4 men) who volunteered for Rynearson and McCreery's study, two-thirds of them had antecedent psychiatric histories, and 80% were referred by therapists or support groups who did not know what else they could do. This is despite a considerable advertizing effort on the part of these researchers to attract subjects. Thus, as the authors themselves admit, their sample is biased and they "recognize that these subjects do not, in all probability, represent a normative response to homicide" (1993:259).

It is obvious from the discussion of research findings above that the experiences of bereaved parents and survivors are different from those with whom the various models of grief have been developed. The experience of bereavement through homicide appears, from the limited material available, to present unique

⁶¹ Klass describes this as the dimension within a support group "in which solutions to problems of living in the new world of parental bereavement are shared" (1988:131).

⁶² Klass describes this as the dimension in the support group where "the emotional attachment formerly invested in the child is transferred to the group in a way that allows the inner representation of the child to be transformed" (1988:131).

problems which require further investigation. Attention will now turn to the implications of applying medical paradigms to this group of survivors.

(b) Medicalization of Emotional Deviance: In their examination of the medicalization of deviant behavior, Conrad (1975) and Conrad and Schneider (1980) have delineated seven negative implications of applying medical labels in general. These implications are particularly relevant to the criminally bereaved. Thoits (1990), for example, has suggested that the profound and often lengthy aftereffects of victimization may be seen as "emotional deviance." These aftereffects are often categorized, however, as a "mental disorder," or an internal psychological process following an understandable and specific course which requires professional guidance. In order to understand how applying these medical paradigms to the criminally bereaved can have negative consequences, I will now consider the implications of the medicalization of deviant behavior for this group of "victims."

First, these labels implicitly remove responsibility for behavior from individuals in favour of their "disorder," creating a "dual-class citizenship" where "the not completely responsible sick are placed in a position of dependence on the fully responsible nonsick" (Conrad and Schneider, 1980:249). Thus, others are given official permission to patronize "victims" of crime, who are labelled "not responsible for their actions" due to a "mental disorder." The interactional effectiveness of "victims" is thereby diminished.

Secondly, since our society assumes the moral neutrality of medicine, then "defining deviance as disease allows behavior to keep its negative judgement, but medical language veils the political and moral nature of this decision in the guise of scientific fact" (1980:249). Such a characterization gives others further permission to hide their negative feelings, and even to rationalize avoidance or dismissal of "victims."

Third, there is the problem of expert control. As Conrad and Schneider write:

When a problem is defined as medical, it is removed from the public realm, where there can be discussion by ordinary people, and put on a plane where only medical people can discuss it...The language of medical experts increases mystification and decreases the accessibility of public debate (1980:249).

Indeed, even when considering those counsellors who emphasize helping with the tasks of coping, as in most human service, "the control stays with the professional" (Klass, 1988:185). Such an ethos may even have contributed to the lack of public debate about "victims" issues until relatively recently.

Fourth, there is the possibility of medical social control of "victims" of crime. As Conrad and Schneider

state: "Defining deviant behavior as a medical problem allows certain things to be done that could not otherwise be considered; for example, the body may be cut open or psychoactive medications given...This treatment can be a form of social control" (1980:249-50). Notably, such potential in the medical label may lead to further victimization of crime victims by mental health officials who are supposed to help them, and this may be rationalized as being "for their own good." For example, it has already been noted by several authors that the practice of prescribing tranquilizers, sometimes for extended periods, may ultimately delay the bereaved coming to terms with their loss (Knapp 1986:137; Rando 1986:363; Wolfelt 1987).

Fifth, there is the pernicious problem, endemic to our society, of the individualization of social problems (Conrad and Schneider, 1980:250). By medicalizing the behavior of "victims" of crime, we buy into this dominant ethic, and tend to search for causes and solutions to complex social problems within the individual instead of the social system (Klass 1988:174-7;190). By seeing the causes of the problem in the individual instead of society, we "blame the victim" when we try to change him/her instead of society. We also, in providing treatments, tacitly support existing social and political arrangements. A survivor's behavior becomes a "symptom" of an individual disease or "stage" instead of a possible statement on the nature of the current social and legal situation (Conrad and Schneider, 1980:250).

Sixth, and relatedly, another major negative consequence of the medicalization of "emotional deviance" identified by Conrad and Schneider (1980:250-1) is its "depoliticization." By defining the behavior of survivors as indicative of "post traumatic stress disorder," or a clearly defined stage of the grief process, the meaning of such behavior in the context of the social system is lost. As such, we are prevented from perceiving it as a possible intentional repudiation of existing political as well as legal arrangements (1980:251).

Finally, there is the whole issue of the exclusion of evil. Conrad and Schneider state that:

Medicalization contributes to the exclusion of concepts of evil in our society. Clearly medicalization is not the sole cause of the exclusion of evil, but it shrouds conditions, events, and people and prevents them being confronted as evil...Sickness gives us a vocabulary of motive that obliterates evil intent. And although it does not automatically render evil consequences good, the allegation that they were products of a 'sick' mind or body relegates them to a status similar to that of 'accidents'....it prevents us from seeing and confronting man's inhumanity to man (1980:251-2).

In this way, then, medicalization contributes to an obscuring of human agency - both in offenders and in their survivors.

All of these implications are particularly relevant to the experiences of survivors when it is considered that the professional literature suggests that "whenever reasonably possible and warranted, professional intervention following the death of a child is advisable" (Pine and Brauer 1986:88). Further, when one considers that, regardless of the emphasis of the treatment paradigm, "in most human service, the control stays with the professional" (Klass 1988:185), the far-ranging nature of these implications for bereaved survivors cannot be ignored.

To sum up this section, the application of medical labels to survivors has many negative consequences. Ultimately, such labels serve to marginalize survivors into the private care of professionals "who know best"; obscure, at least partially, social influences over "victims'" actions and emotions; shield others from the political meaning of such behavior; and obfuscate the human agency involved in offenders' actions. Ironically, medicalizing the emotional aftereffects of victimization may serve as a self-fulfilling prophecy - producing the very powerlessness that the mental health profession is attempting to treat.

(c) The Assumption of Cultural Universality: One of the implicit assumptions underlying the medical, and particularly, the stage models of grief outlined above is, that "once triggered," there are universal "normal" stages of human grief which are independent of cultural or historical context, and which vary only in intensity, duration, and, in some models, order.⁶³ As will be illustrated below, a variety of opinions exist on this point, which at least make such an assumption appear questionable, and quite possibly ethnocentric in nature.

Ezell, Anspaugh and Oakes (1987:99) take the position that "the basic experiences with grief, bereavement, and mourning are fairly similar throughout the world, but they are influenced by customs, rituals, and taboos in the various religions and cultures." Similarly, Stroebe and Stroebe (1987) argue that grief is a universal reaction, but it can be manifested variably between cultures.

A different view is held by Kathy Charmaz (1980:280-1). Denying our cultural imagery of grief as a "disease process," she states that "the extent to which loss is subjectively felt and expressed differs widely among cultural groups who experience death under different social conditions" (1980: 282-3). Following Volkart and Michael (1977), she notes that it is a particularly Western notion that "makes death a loss and grief

⁶³ There are differences between the various models in the literature on both the number of stages, and on whether the stages can sometimes occur out of sequence, or be repeated.

prescriptive" (1980: 281). Indeed, she notes that some cultures consider death a happy gain for the deceased, and mourning to be inappropriate. Drawing Volkart and Michael's argument out further, she argues that culture-bound "grief expectations" do not merely underlie patterned ways of handling grief, but rather that: "The subjective interpretation of cultural meaning in conjunction with the backlog of personal experiences of the bereaved give rise to the very feelings that are defined as grief"(1980:281).

Finally, Lyn Lofland (1985:172-4) is even more critical of any universalistic elements in grief. Distinguishing the emotion of grief from the visible activity of mourning,⁶⁴ her argument is that much of the clinical, interview, and first person account data upon which such generalizations have been based come from British and American widows, bereaved parents and widowers.⁶⁵ Once our attention shifts away from such contemporary Europeans and Americans, however, there is "a paucity of data" of a similar nature, either cross-culturally or historically, that "allow us direct access to others' internal feelings and private actions" (1985: 173). Thus, "because of the absence of data, the assumption of universalistic elements which is implicit in much contemporary work is at least suspect" (1985:173).⁶⁶

Lofland suggests rather that "an assumption of grief's variability may prove fruitful as a starting point in further research on the topic," and that "any consistency should be seen as socially problematic, a product of particular social conditions" (1985:173).

Finally, Lofland goes on to argue that grief may be "profoundly socially shaped" and "highly particularized across time and space" (1985:173; 175). She states that potentially "all aspects of the experience - its symptoms or texture, its shapes or phasing, as well as its onset and duration - (are) highly variable across space and time" (1985:175). Furthermore:

⁶⁴ Lofland, at p.173, distinguishes grief ("what is felt") from mourning ("what is done"). She agrees that there is much historical and cross-cultural material on the latter, but very little on the former. For similar distinctions between grief, mourning, and bereavement see Charmaz (1980:280); Ezell, Anspaugh and Oaks (1987:76-8); and Attig (1991:387-8).

⁶⁵ The same point is made by Rando (1986:56-7) when denying the general applicability of models based on conjugal bereavement to studying parental bereavement.

⁶⁶ See also: D.R. Counts and D.A. Counts (1992). The chapters in this volume emphasize various cultural diversities, and the remarkable varieties in the ways that people understand and experience death and grief.

While we do not have the requisite data on grief to document its vulnerability to social shaping, we do have data, especially from social history, on crucial experiential components. These components are: (1) the level of significance of the other who dies; (2) the definition of the situation surrounding the death; (3) the character of the self experiencing a loss through death; and (4) the interactional setting/situation in which the three prior components occur. From an interactionist perspective, it would be commonplace to assert that as these components of a death situation varied, so would human action. I want here simply to assert that as these components vary, so will human feeling (1985:175).

Given the theoretical arguments outlined above, it is, at the very least, an open question whether grief follows a universal pattern or sequence.

(d) The Implicit Downplaying of Human Agency: The next assumption underpinning the dominant psychological approaches referred to earlier, particularly the medical and stage models, is that, due to the debilitating nature of grief, powerless individuals must be given treatment and/or understanding. They either need psychiatric attention, or, in less severe cases, must pass through all of the stages of grief, as only time will ease their pain.⁶⁷ Alternate theoretical arguments, however, cast doubt on this implicit downplaying of human agency in the bereaved in general, and “victims” of crime in particular.

First, Attig (1991) states that:

Much of the literature on grief and bereavement suggests that not only is bereavement a choiceless event but that so too is the grieving process...Common treatments of the grieving process in terms of phases or stages through which persons progress in coming to terms with loss have this feature...On an alternative medical model, the bereaved are thought of as having a kind of illness or disease thrust upon them...

Both the stage-phase concepts and the medical model yield few suggestions for helping responses to the bereaved. On both views, there is precious little to do except wait out the process with the bereaved, to provide good listening, and to comfort as they endure what they must endure. The medical model compounds the passive imagery by suggesting the bereaved are helpless victims who are not actually capable of effective functioning while they remain in the disease state. Rather, they are to be treated for their symptoms....(1991:386-7).

The passive concepts of grieving, if accepted by either the bereaved themselves or those who would help, compound, and reinforce these feelings, and encourage and perpetuate the experiences and perceptions of passivity at the root of helplessness. They serve to exacerbate rather than to alleviate the problem of helplessness (1991:392).

Distinguishing the emotion of grief from the more complex coping process of grieving, Attig argues that

⁶⁷ While there are some therapists who emphasize “helping people to help themselves” in accomplishing various tasks, this still implies the need for overarching therapeutic direction and control. Indeed, Klass has noted how “in most human service the control stays with the professional” (1988:185).

the focus of researchers on the former may have predisposed them to think of the latter as similar.⁶⁸ He notes, for example, that there may initially be certain attractions for the bereaved to actively dwell on their desire for the deceased (1991:389). He argues, however, that the healing that time ostensibly brings to the bereaved may have less to do with the simple passage of time than with a gradual reduction of the debilitating emotion of grief coupled with a conscious shift in focus to the tasks of coping: "Perhaps the bereaved have to choose not to grieve in the restrictive sense of remaining in the emotion grief to get on with the tasks of grieving as coping." (1991:389-90).

Taking seriously the concept of "grief work" (Lindemann 1944), and taking into account the various tasks to be accomplished in successful grieving suggested by Worden (1982), Parkes (1972;1983), and in his own work (1990; 1987; 1982), Attig then theoretically enumerates a long list of choices that the bereaved have in actively dealing with their grief:

The bereaved can choose whether to indulge in the paralyzing grief emotion discussed previously or to struggle against what tempts them in it...(They) can choose their own timing and pacing in undertaking the tasks..(of reconstructing their world)...and define their own styles in addressing them. They can choose to attack the tasks and challenges vigorously, investing much time and energy in their grief work, or they can choose to go slowly, allowing themselves frequent respite from the rigors of the process.

They can choose the focus of their attention. They can choose whether and how to interact with the body of the deceased. They can choose which of their physical surroundings now permeated with new significance they are willing to encounter, what they have need to witness or are interested in witnessing, and the like. They can choose to visit or to stay away from places of significance. They can choose to keep, discard, or postpone until later decisions about what is to be done with physical effects, pictures, mementos, and other objects that have significant relation to the deceased. They can choose alternative means of effectively expressing the emotions they experience and the new meanings they discern. They can choose to actively participate in social responses to the death such as the funeral or merely to witness the participation of others. They can choose to do or say what is meaningful to them either in private or together with others. They can choose at times to withdraw from others and at others to reach out for support and comfort. They can choose to find means to building a new and dynamic relation with the deceased, giving shape to their lives in part through continuing, albeit transformed, interaction with the story of the life now ended (1991:390-1).

Attig thus concludes that conceiving of the grieving process as active is preferable because: (1)"it is descriptively more accurate and encompasses more of the complexity of the experience of bereavement; (2) it is powerful in promoting self-understanding; and (3) it provides better direction for those who would help

⁶⁸ Notably, Wolfelt (1989:26) has stated that: "As helpers we only get ourselves in trouble when we try to prescribe what someone's grief should be."

the bereaved" (1991:391).⁶⁹

Second, the medical and stage models of grief, with their implicit downplaying of human agency, ignore the not inconsiderable literature on emotion-management that has developed in the sociology of emotion (Hochschild 1983, 1990; Thoits 1990; Clark 1990). Hochschild's empirical work on flight attendants and bill collectors, for example, points to two management techniques individuals actively utilize to deal with discordant emotions: "surface acting" and "deep acting." The former involves changing our expression from the "outside in" so that we can change our feeling; the latter involves attempts at self-deception from the "inside out" in order to change our emotional state (1983:33).

Thoits (1990) expands on Hochschild's work. In a study of how her students dealt with negative emotional experiences, Thoits delineates such additional techniques as "catharsis, taking direct action, seeking support, hiding feelings, seeing the situation differently, leaving the situation, thinking the situation through, thought stopping, distraction, and acceptance" (1990:193).

Clark (1990) also theoretically discusses the manipulative potential in each individual to use emotions as interactional "place claims" to shape definitions of situations and self (e.g. using tears to elicit sympathy or get one's way). She asserts that individuals can use their own emotions in a variety of "micropolitical strategies" to enhance place, and thereby manage their own emotions (1990:316). Implicit in these works on emotion management is the ability of the human individual to actively deal with unpleasant emotions.

Third, and with particular reference to "victims" of crime, Hagemann (1992) provides hard evidence for an active concept of coping. Conducting a longitudinal survey of 17 German assault "victims," with interviews taking place three times in the year following victimization, Hagemann found evidence of more than 40 different coping activities, which he presented in the following list:

⁶⁹ Knapp (1986:116) also mentions active coping, distinguishing two types of coping strategies available to a family: (1) "cognitive coping," which "refers to the way members of individual families change their subjective or personal perceptions of stressful situations"; and (2) a broad "range of actions directed at either changing the stressful conditions or reducing the strain by manipulating the social environment." (See also 1986:184;197;and 200).

- Talking to others in order to express emotions, to seek information, and to be recognized as victims;
- Informing the police;
- Strengthening one's own forces by doing something concrete and tangible (e.g. karate or other direct action);
- Taking things from a personal to a social level, as implicated in interpreting the event as either political or gender conflict;
- Attempting to see positive aspects within the negative experience;
- Protecting oneself by hiding in one's apartment;
- Accepting one's fate or comparing it with an even worse outcome;
- Attempts to "undo" the incident or refusal to see what had happened (denial and self-deception);
- Taking some pills and a weekend off to recover and gather strength to face the problem later;
- Praying or meditating. (1992:64-5).

Interestingly, Hagemann reports that "there was no one who did nothing at all, hoping that time alone would do the healing" (1992:65).

Finally, coupled with the implicit powerlessness of the bereaved in the psychological models discussed earlier, there is the closely related issue of these individuals' presumed interactional ineffectiveness. With specific reference to "victims," however, Holstein and Miller (1990) empirically illustrate that, if we drop the "mundane ontology" of mainstream victimology and take an interactional view of victimization, then the power of the victim may be seen in the way in which "victims" are interactionally constituted, either by others, or by themselves. Drawing on data obtained from the media, along with fieldwork in community mental health, social control, and human service contexts, Holstein and Miller illustrate that:

Calling someone a victim encourages others to see how the labelled person has been harmed by forces beyond his or her control, simultaneously establishing the 'fact' of injury and locating responsibility for the damage outside the 'victim.' The discourse of 'victimization' is thus practically situated social action that promotes practical definitions of everyday circumstances (1990:106).

Holstein and Miller go on to describe the practical objectives of being interactionally cast (or casting oneself) as a "victim." These are: (i) deflecting responsibility; (ii) assigning causes (i.e. victimizers); (iii) specifying responses and remedies; and (iv) accounting for failure (1990: 108-13).

Finally, considering the practical, political usefulness of being cast (or casting oneself) as a "victim," Holstein and Miller (1990:113-15) discuss "victim contests" in which competing "portrayals of victims and the causes of victimization become topics of open disputes and negotiation" (e.g. court battles). As they argue: While the practical, rhetorical side of victimization is typically glossed over, there are nonetheless occasions where victim status is openly negotiated, contested, and even imposed. Such instances epitomize the political

character of description. If 'victim' is regarded as a claim about the world, then belief in the 'factual' status of the description depends upon such things as credibility, influence, and warrant for honouring one set of claims over another. The version that is treated as real is thus a product of the 'politics of description,' with victim status depending as much on the identities, bases of influence, and rhetorics and counter rhetorics of contesting parties as it does on the characteristics of the candidate 'victims' themselves (1990:114).

Thus, in theory, if one is accepted as a "victim" by others, this, by itself, establishes ones' relative power over the definition of the situation. Indeed, Loseke (1993:210-11) takes Holstein and Miller's position a step further, theoretically arguing that, in this construction of "putative people":

Claims constructing victim and victimizer people-categories place these people in distinct folk universes of morality...Constructing moral or immoral types of persons simultaneously constructs preferred emotional orientations...Social problems construction of people-categories places these person-types within particular moral universes, which simultaneously places them within particular universes of sympathy-worthiness or condemnation-worthiness. Within folk reasoning, constructing morality simultaneously constructs preferred emotional orientations...

In brief, dramatizing the victim status of person-types dramatizes their morality, dramatizing their morality dramatizes their sympathy-worthiness. In the same way, rhetorically dramatizing the choice and intent of victimizers dramatizes immorality, immorality is associated with the emotional response of condemnation, and this supports the behavioral responses of punishment and control (1993:210-11) (Emphasis added).

Thus, the mundane assumption that grieving "victims" have no power obscures, at the very least, their potential to rhetorically control the definition of the situation to their advantage. As much "constructors of power and resistance" as "constructors of order" (Miller 1993:168), it would do well not to dismiss "victims" as powerless, in particular when consideration is given to the political activities of parents of crime "victims" in recent years.

In concluding this section, it would appear from the theoretical and empirical work discussed above, that the passive models of the grief process leave out much that is significant. Only by reconceptualizing grief as an active process within a particular cultural and historical context, and the victim" as an active agent. can we improve our understanding of the grief process in general, and of "victims of crime" in particular.

(e) Obscuring Gender Differences in Grief: Also implicit in the dominant psychological models of grief is the assumption that men and women's experiences show no significant differences. Keeping this implicit gender-neutrality in mind, I move on, finally, to consider the research which examines whether or not there are gender differences in coping with grief.

To begin with, a number of authors have noted that the vast majority of information regarding parental reactions to the death of a child come from mothers rather than from fathers (Lister 1991; Staudacher, 1991;

Nixon and Pearn, 1977; Lowman, 1979; Defrain and Ernst, 1978). Similarly, it has been widely noted that men are underrepresented in the literature on victimization (Roane, 1992; Hussey, Strom & Singer, 1992; Broussard and Wagner, 1988; Smith, Pine & Hawley, 1988; Janoff-Bulman and Frieze, 1987:167; Blanchard, 1987).

Nonetheless, a number of early studies consciously compared mothers' and fathers' reactions to the death of their child and made the following observations: (1) fathers experience the loss of a child less deeply than mothers (Berg et. al., 1978); (2) fathers show fewer signs of depression than mothers following a child's death (Wilson et. al., 1982); (3) fathers show significantly lower grief scores than mothers (Benfield, Lieb and Volman, 1978); and (4) fathers experience a shorter grief period than mothers after their child's death (Helmrath and Steintz, 1978; Forrest, 1983; Raphael, 1984).

Yet, much controversy surrounds these conclusions. For example, there is considerable evidence that women, more than men, seek help when experiencing personal difficulties (Butler, Giordano, and Neren, (1985); Shinn, Rosario, Morch and Chestnut, (1984). Males are also rejected significantly more by college students when labelled as depressed (Hammen and Peters (1977)). Indeed, several studies indicate that men frequently deny the fact that they are grieving on standard psychological instruments measuring grief, while grieving for as long or longer than their partners (Kennel, Slyter and Klaus, 1970; Lister, 1991:229-30). Similarly, Wilson et. al. (1982) have noted that fathers were less willing than mothers to even agree to discuss their late child.

Furthermore, and with particular regard to "victims" of violent crime, the following points have been noted by researchers: (i) men are far less likely to report or disclose their victimizations; (ii) women are more likely to engage in social withdrawal; and (iii) men are far more likely than women to engage in aggressive behaviors (Janoff-Bulman and Frieze, 1987:170). Although sexually victimized girls are frequently blamed for their victimization, blaming is an even greater problem for boys, who are expected to "fight back" (Rogers and Terry, 1984); and who face their parents' denial and minimization of the event, coupled with revulsion and unrealistic fears of its effect on their child's sexual identification (Nasjleti, 1980).

Considering these findings, and the fact that many men in our culture feel that they must "be strong" and refrain from overt displays of sadness after a death (Littlewood, 1992:145), the very plausible argument is made that a male disinclination to report personal aspects of grief accounts for many of the apparent differences

noted above earlier.

Given this dilemma, some authors have attempted to indirectly get at the issue by examining differences in coping between men and women. Different male coping patterns have been reported by several researchers. Clyman et. al (1980) have noted that the men in their study exhibited a desire to get on with life while the women were still depressed and obsessed with thoughts of the dead child. Mandell, McAnulty and Reece (1980) have asserted that fathers utilize activity-based coping styles after the loss of a child, while Littlewood et. al (1990) report that many of the fathers they interviewed noted the buffering effect of the social support they received from their employment activities. Finally, Littlewood et. al. (1991), in examining the ways that fathers and mothers coped with day to day problems and events after their child's death, found that:

Fathers did, in fact, revert more quickly to normal patterns of coping than did mothers. Our results suggested that not only did fathers suffer less general reduction in coping capabilities than mothers, they also showed a tendency to keep busy and take on additional workloads in order to cope with their loss (1992:145-6).

Yet, it is important to stress here that such apparent differences in coping strategies do not necessarily mean that there are differences in the intensity of men's grief. It is equally possible that men mask their pain through these coping patterns in order to conform to the male gender role and be quietly supportive of other family members. For example, Schatz (1986:294-5), a bereaved father who, for five years, worked with and conducted seminars for a bereavement support group, has argued that:

A father's reaction to grief is as multifaceted as anyone else's. The significant difference is that much of what goes on inside a man concerning the loss of a child stays inside and only becomes apparent in some indirect way....typical reactions for a father are emotional outbursts and irritability; low energy and depression; frantic activity, as manifested by the workaholic; and any behaviors that keep him from thinking about what has happened until he reaches exhaustion. Yes, he will experience shock and numbness immediately after the child's death. However, when he finally realizes what has really happened to him and his family, he will have a difficult time handling the emotional, painful part of grief⁷⁰ (Emphasis added).

Schatz (1986:293-302) has also argued that, over time, conforming to traditional male roles produces the

⁷⁰ Schatz also notes that prior closeness in the paternal relationship with the deceased child affects fathers' subsequent responses. For example, when fathers were very close to their children, working together after school and during the summer in a family business, he observed that "responses more like typical bereaved mothers" are produced. "One will see very open emotions, with frequent crying; inability to go to the place of work, where the memories are; and possibly even sale of the family business" (1986:294).

following results in males: (1) the successful resolution of grief is impeded"⁷¹; (2) inappropriate anger results from using most of their energy to control the emotions evoked by grief;⁷² (3) drinking occurs, especially because of guilt after angry outbursts; (4) males feel resentful over the need to be strong and to postpone their grief; (5) males may experience an eventual catalyst enabling an emotional outburst of tears, which is often not shared with wives, or only reluctantly shared later; (6) a period of deep searching and re-examination of life, mortality, priorities and religion may occur, although it may be complicated by the apparent comforts to be found in extramarital affairs, staying away from home, overwork, or substance abuse; (7) this search may eventually lead to useful ways of coping (Schatz 1984), and eventual signs of healing.

This matter of masking the intensity of grief through coping patterns is further discussed in a summary of research on male grief by Regina Sobieski (1994). She notes that "from early childhood, males are taught that men are to protect their families" (1994:5). They are responsible for fulfilling their family's needs, and, as such, "they are to be in control, to be strong (never scared), and able to fix things...Showing emotions is labeled as weak or pitiful" (1994:6). Thus, Sobieski argues that:

Men tend to assume full responsibility for their bereavement symptoms, almost as if mourning were an illness they need to "get over" as soon as they can. In contrast, most women give themselves permission to be disorganized and disoriented, acknowledging that something outside of themselves has brought about the pain. Because women's grief is usually more visible than men's, it may appear to be more prolonged. However, the reverse is true. Boys are taught to consciously suppress pain and grief, especially as they engage in physical contact sports. Then, as men, their painful feelings continue to be unconsciously repressed. Repressed grief lasts much longer than acknowledged grief and can lead to complications. For many men, the longer their grief remains repressed, the more reluctant they are to allow it to surface. They know how deep the pain will go if they allow themselves to feel it (1994:7) (Emphasis added).

Closely following Staudacher's (1991) self-help literature, Sobieski asserts that women are more communicative than men about their loss and willing to accept support. Indeed, some argue that women exhibit a need to be understood (Schatz 1986:311). In contrast, "because men are encouraged to take charge, support others, and accept death as a challenge, even a test of masculinity, facing the pain constitutes a double crisis:

⁷¹ See also Rando (1986:372-3).

⁷² In contrast, Rando (1986:357-8) asserts that "Traditionally women have experienced less conflict between their sex-role conditioning and requirements for successful resolution of grief...However, women tend to have relatively more difficulty in dealing with anger and assuming control and decision-making."

the loss itself and the frantic search for instructions or guidelines about how to handle things. Both may be new" (Sobieski, 1994:8). In such a paradoxical situation, where many men choose to remain strong so that others can lean on them, Sobieski lists a variety of coping behaviors men develop to accommodate these demands. Men attempt to cope by tending to:

- "-Remain silent;
- Engage in solitary or secret mourning;
- Focus on physical or legal action;
- Become immersed in activity;
- Develop addictive behaviors;
- Withdraw from previously enjoyed work or personal activities (Sobieski, 1994:8)"⁷³

Unfortunately, men's silence and attempts to be strong for the sake of the family are frequently interpreted by others as withdrawal, mysteriousness, or defensiveness - even as lack of caring about the death of their child (Sobieski, 1994:8). Indeed, "It is this very well-intentioned pseudo-strength that most irritates grieving mothers" (Sobieski, 1994:12).

A further important work in the study of gender differences in grieving is that by Lister (1991). Reviewing the literature to date, he asserts that individuals are socialized, directly or indirectly, to perceive and experience death and loss, as well as to express their grief about it in particular ways (1991:222). Pointing to cross-cultural studies showing gender differences in emotional expression, particularly regarding crying (Rosenblatt et al., 1976), and noting how males in our society are predominantly socialized for instrumental role behavior while females are reinforced for cooperative interaction, Lister argues that these "would likely prepare men to deal with death and loss in a much less interactional manner than women" (1991:222-6).

Lister argues that the death of a child may affect men and women differently, again noting that in a study of the responses of mothers and fathers to a perinatal death, "mothers scored significantly higher on all

⁷³ For more discussion on these points, see Sobieski (1994:8-11). Also, with regard to developing addictive behaviors, it is important to note that these vary somewhat by gender. Sobieski states that these increase among both grieving men and women, but more so among men. Biener (1987:332-7) notes while men tend to drink more excessively in response to stress, women tend to smoke, and either be prescribed, or use, prescription drugs slightly more often. Cleary (1987:63) echoes the above points regarding alcohol abuse by men, and points to significantly higher differential diagnoses of various mental disorders among women.

reactions as measured on a Grief Experience Inventory, except for the instance of denial, which was greater for men" (1991:229-30). Indeed, he later states that males are much less likely to seek professional help, and that male depressives often cope by ignoring the problem, taking drugs and drinking alcohol (1991:233). Moreover, like Sobieski, Lister adds that the reported stress within some marital relationships following the death of a child "may be due in part to the lack of synchronicity in the grief process - that though all members of a family are struggling with their own grief, their ways of doing so may differ"(1991:231).⁷⁴

In conclusion, Lister states:

The saying 'I hate to see a grown man cry' carries a set of assumptions about men which may impact both on grieving males as well as on those who would offer help. While there seems to be general agreement that males in our society are permitted tears and open grief at the time of loss, the demand for stoicism and control may quickly impose a restraint on the further expression of grief, inhibiting not only the grieving male but also the professional who fears encroaching too far into a taboo area...Social workers and other helping professionals need to keep in mind that because it may not be overt, a man's grief can be deep and painful. When not dealt with, a man's grief may find outlet in dysfunctional behaviors and self-destructive activities. At the same time, although grief may not be expressed intensely either initially or over time, it does not mean that there is neither grief nor appropriate resolution (1991:233-4) (Emphasis added).

Finally, in a study of 145 parents whose children had died of cancer, Judith Cook (1988) has echoed the above sentiments, but has gone much further. She takes the position that men's emotional lives have to be understood on their own terms rather than in comparison to an implicit female model of affect (1988:286). She argues that using concepts originally developed in studies of women's behavior may have an implicit bias when used to study men (e.g. concepts which ground the concept of intimacy in mutual self disclosure, or which imply that men must express their grief in order to recover). Indeed, Cook suggests that "if investigators have unwittingly developed a female-centred understanding of parental bereavement, what is needed now is an understanding of how men's grief is experienced and expressed in ways that are related to their cultural, social, and intrapsychic experiences" (1988:286-7).⁷⁵

For example, Cook cites studies which document inexpressiveness in men's interpersonal relationships,

⁷⁴ Up to 70% of bereaved parents break up when children have been killed violently (Knapp 1986:101; Rando 1986:26-8; 418-21; Klass 1988:41).

⁷⁵ See also Rando (1986:422).

and concludes that the close friendships of men are based, not on intimacy, but on shared activities and assumed loyalties. In assessing past research studies on gender and parental bereavement which use grief symptom inventories, Cook argues:

Is fathers' grief really less intense, or does it only appear that way because we are conceptualizing and measuring it from a female perspective? The modern notion of 'grief work' required by death emphasizes social expression of grief and social reintegration into the larger society after successful completion of the mourning process. Given what we know about male emotional development and expressiveness, these conceptualizations may not be relevant for fathers. A man struggling to suppress his sadness and rage might score at the low end of a symptom inventory. Yet this man's vigilant efforts to exert control over his own feelings could also be interpreted as an intense emotional effect of grief.

In order to reconceptualize male bereavement, we need to rethink our understanding of the nature of the mourning process. Fathers' mourning may be characterized by an emotionally controlled, privatized expression of grief. Men may not disclose their sadness, yet other important processes may be occurring in men's reactions to a child's death that may have been missed in our tendency to look for female-typed strategies as if they were generic (1988:290-1)(Emphasis added).

Cook also considers what she refers to as a set of "double binds" experienced by men as they attempt to cope with the death of a child (1998:291). These binds are intimately bound up with the "masculine-must-be-strong" ethic through which men are frequently denied comfort by others (Dyregrov and Matthiesen, 1987), and/or interactional opportunities to express their grief. Indeed, she notes that men are expected to be a major source of protection and support for members of their families, frequently putting their own grief on hold to help others deal with the loss (1988: 291).

According to Cook, these double binds involve two dynamics: (1) men's unexpressive style conflicting with their wives' needs for emotional openness; and (2) conflict between culturally and medically idealized notions of how to cope with grief through emotional expressiveness and men's personal and societal needs to strictly control such expressions. Cook argues that insofar as men's emotional life consists of the tension between the need for expressing unhappy feelings and fear of the consequences of doing so, then each of these two binds is likely to be encountered (1988:291-2).

Cook presents empirical evidence to back up her assertions. In a study of 92 American families (145 parents) whose children had died of cancer, Cook conducted extensive interviews with regard to grief management techniques. Men were asked to describe the ways in which they dealt with their grief, both during their child's illness, and after the death of their child.

What emerged from these responses were four major mourning strategies, sometimes used alone and other

times in combination. These strategies were similar, in that each involved a way of handling upsetting feelings without disclosing them to other people. Two of the strategies, thinking about something else and reason/reflection, primarily involved cognitive approaches to dealing with the loss. A third strategy, doing something else, involved a more active orientation while the fourth, solitary expressiveness, was sometimes active, as in the case of men who would go to cry alone at the child's gravesite, and sometimes cognitive, as when fathers cried at home alone with their thoughts (1988:294-5) (Emphasis added).

Cook found that many of the men in her survey found themselves called upon to support those who were ostensibly trying to support them. As a result, these respondents hid their emotions in an effort to protect the feelings of others, explaining that they felt internal pressure from within themselves to be stoic and supportive, rather than social pressure from others. Many felt resentment over this, and, even though they had not themselves sought out others to confide in, they "felt deprived of support from others unfairly, simply because they were men" (1988:301). Indeed, Cook found that many in her sample felt that it was incumbent on them to manage and control the grief of their wives, even at the expense of their own feelings. However, many of their wives simultaneously complained about their husbands' inexpressiveness, and noted that some men had to be "tricked" into expressing their feelings under the guise of comforting their wives (Cook, 1988:302-3).

In concluding this section, it is evident, from a review of the current literature, that the implicit gender-neutral universality of grief experiences advanced by the psychological models of grieving under review is untenable. Further, in assessing gender differences in grieving, care must be taken not to impose female-centred models of grieving on males. Rather, attention must be paid to how males and females are similar to and differ from one another in the grieving process, given their different life experiences.

In summary, this chapter has reviewed the dominant psychological models which make up generally accepted approaches to grief in our society. However, a critical review of theoretical and empirical research on grieving has revealed that these models: (1) do not adequately address available research findings on individuals bereaved through homicide; (2) are subject to the serious problems inherent in the medicalization of deviance - in this case, emotional deviance caused by the loss of a loved one through homicide; (3) obscure cultural variations in grief and mourning; (4) implicitly downplay human agency in coping; and (5) implicitly fail to take gender differences into account.

In the next chapter, the nature of this thesis research will be outlined in more detail with particular attention paid to the criticisms examined above.

CHAPTER THREE: A THEORETICAL OVERVIEW OF THE THESIS:

From the previous chapters, it is clear that the historical construction of the legal system and the dominant paradigms advanced by the medical/psychiatric professions have contributed to the emergence of a construction of "victims" of violence as passive and unable to do anything for themselves. First, the natural history of our legal institutions has resulted in (a) an institutional structure that virtually excludes "victims" from effective participation in the criminal justice process but offers civil remedies; (b) the establishment of officially sanctioned institutions such as the civil courts and the Criminal Injuries Compensation Board whose significant internal problems do relatively little to empower "victims"; and (c) a research focus on institutional constraints on the participation of "victims" of violence in the criminal justice system which has contributed to the emergence of a "universal" stereotype of "victims" as passive and helpless.

Second, when consideration is given to the medical and psychological literature on involvement with "victims," one finds passive imagery entrenched in these dominant paradigms and therapeutic models. This imagery, in turn, also contributes to a societal perception of "victims" as powerless, as not responsible for their actions, and/or "sick" and in need of professional help and intervention. These models also deflect attention away from the agency of actors, social influences on behavior, the political context of victimization, and the nature of criminal behavior.

Further, these models (a) fail to incorporate recent insights from the research literature on parental grief and loss of loved ones through homicide; (b) imply the universality of the grief experience across time and space despite recent research discoveries which contradict this notion; (c) gloss over the active coping strategies utilized by the bereaved unless these are suggested by a therapist or other professional; and (d) do not take into account gender differences in grieving.

To conclude, both the legal and medical/psychiatric professions may disempower "victims" of violence by making them legal outsiders and by labelling them as sick or helpless and in need of therapeutic intervention. Indeed, given that these individuals bereaved by homicide may be in a vulnerable state, the ideological processes of exclusion or labelling may do as much or more to produce the powerlessness and

"symptoms" of "secondary emotional deviance" in these people as the initial victimization itself (Thoits, 1990; Emerson and Messinger, 1977; Lemert, 1951). As such, the usefulness of these models in empirical research on grieving is open to question.

This thesis research attempts to address these deficits in the literature on victimization by conceptualizing the bereaved as active agents living within a particular cultural context. Further, the present study incorporates important insights from that research which has taken gender differences in coping with grief into account. As noted above, the implicit gender-neutral universality of grief experiences advanced by the prevalent psychological paradigms has been shown to be untenable. However, models of grieving which have addressed gender as a variable have, in the past, underestimated the intensity of male grief by assessing it in comparison to female models of grief expression and patterns of interaction. Similarly, female expressions of grief may have been exaggerated and their ability to cope underestimated because of this comparison to males. Patterns of gender socialization which encourage instrumentality and self-sufficiency in males and expressiveness and dependency on interaction in females have been identified as influences on how grief is expressed and handled.

In this thesis, I will be alert to the various problems inherent in studying this issue along gender lines and sensitive in my interpretation of results to social influences on men's and women's expressions of grief and modes of coping. In addition, I will consider not only how males and females may differ and why, but more importantly, I will explore the extent to which they are similar in their experiences of grief. As already noted, males have been underrepresented in studies of victimization and grief. In addition, there has been very little research done which examines the grief processes associated with the loss of a family member through murder. This research addresses these theoretical and substantive deficits in the literature.

(1) The Goals of This Thesis:

This thesis will (i) empirically investigate the existence and variety of active coping strategies utilized by individuals bereaved through homicide; (ii) situate this investigation of active coping strategies within the context of interaction with other family members, friends, support and advocacy groups, the helping professions, and legal institutions; and (iii) explore the extent to which gender is associated with similar or dissimilar coping strategies.

The rest of this chapter will take the following order. First, the experience of the loss of a loved one will

be discussed in terms of a loss of part of the self in our North American cultural context. Next, the ensuing interactional context of such a loss will be considered, with particular emphasis on encounters between criminally bereaved parents and their families, friends, counsellors, as well as criminal and civil legal institutions. Ultimately, it will be argued that any observed regularities in gender similarities and differences in coping with the murder of a loved one cannot be understood outside of individuals' interactions with all of these institutions, social actors, and concepts.

(2) The Death of Loved Ones in Contemporary North American Culture: Following Lofland (1985:173), it is argued that grief is profoundly socially shaped, and that variations in the experience of grief depend on: "(i) the level of significance of the other who dies; (ii) the definition of the situation surrounding the death; (iii) the character of the self experiencing a loss through death; and (iv) the interactional setting/situation in which the three prior components occur" (Lofland, 1985:175). These assumptions are linked to Charmaz's (1980:297) idea that grief involves nothing short of a loss of the self. With the loss of a child or other loved one through murder as the central issue, each of these factors will be considered in turn.

First, with regard to the *level of significance of the other* who dies, Lofland argues that, unlike many periods in social history, our society is characterized by groups, such as nuclear families, where:

...a typical actor is connected to an individual other by multiple threads, but with the total number of relationships maintained by the actor being quite small. In such a situation, any single relationship is relatively high in significance. The work of a number of social scientists would suggest that this is the dominant contemporary pattern of connectedness in the West - a pattern that is of relatively recent vintage, at least among Europeans. Intimacy (that is, the sharing of many facets of self, the multiple-threaded connection, with only a few others) would appear to be a product of Western individualization, urbanization, and industrialization (1985:176).

Under such specific historical and cultural circumstances, where extended families have given way to small, nuclear families and where there are lower birth and child mortality rates, Lofland argues that the death of a loved one, particularly a child, assumes enormous emotional significance. Numerous writers argue that the death of a child in this culture produces an overwhelming emotional effect on parents (Charmaz 1980:296; Kamerman 1988:126-128; Rosen 1990:59-61; Rando 1986; Davies, Spinetta, Martinson, McClowry and Kulenkamp 1986:297; Defrain 1991:215; Lister 1991:229-32). Indeed, Rosen (1990:61) has written that "the death of a child is no doubt the greatest tragedy any family can endure."

Second, with regard to the *definition of the situation* surrounding a loved one's death, there is no doubt

that when this is defined as having occurred at the hand of another, the impact on survivors is utterly horrific. Lofland (1985:181), for example, argues that "where the individual's loss is horrendous...the full mutuality of that interdependence can be read in life-long psychic pain."

Other writers have echoed Lofland. Ezell, Anspaugh, and Oaks (1987:79) argue that the way in which a family member dies affects, significantly, the grief reaction of the bereaved, noting that a "violent or sudden death...leaves little opportunity for the survivor to prepare for the death emotionally. When death results in the destruction of the physical body...or when the body cannot be found, there is a greater likelihood that the grief will be acute" (1987:79). Similarly, Charmaz (1980:291), after mentioning murder, argues that "the more bizarre the cause of death is to the relatives, the greater the amount of difficulty they will have in making sense of it."

Finally, Young (1991) notes that:

Shock is also evident in people who have been told that a friend or a family member has been murdered. No one deals well with death. It is hard suddenly to adjust to never seeing someone again, hard to believe that someone has left your life permanently. As hard as that is, the agony of dealing with death is made most excruciating when it has occurred as a result of murder - a brutal, senseless, but intentional act. Separately, crime and death may each be hard to understand, but murder is incomprehensible (1991:34).

Third, with regard to the *character of the self* experiencing a loss through death, Lofland argues that "as selves are differentially separated, embedded, located, and sequenced, they will also be differentially sentenced...That is, to the degree that there is cultural and historical variability in the self which grieves, then, surely, the grief itself must vary" (1985:179-80).

If one looks at: (a) the relatively intimate familial connections between parents and children brought on by Western individuation, urbanization, and industrialization; (b) the historical and cultural variation in death patterns where, in contemporary Western societies, early death rates of children are an anomaly; and (c) the "modern penchant for exploring and expressing one's deepest strivings..(and) inner feelings," then it would appear that the structure of the contemporary Western self would make for a particularly painful grief experience (Lofland, 1985:175-80).

Interestingly, a number of authors have spoken of the damage to the self in "victims" (and "co-victims") as the result of violence (Casarez-Levison 1992:48-9; Hagemann 1992:59-60). But it is Klass (1988:12-14) and Charmaz (1980) who most succinctly make this point. Charmaz, as noted earlier (1980: 280), equates the

crisis of the loss of another with the loss of the self" (1980:280). She elaborates:

In our culture, grief over death of an intimate shakes the foundations on which the self is constructed and known. The meanings through which the self had been known are dramatically changed by the death. Also, the self is situated in a structure of relationships in which the deceased intimate had played a central role. Since roles are usually reciprocal, the one on which the self had been largely predicated may no longer be possible. One cannot view oneself as a 'wife' without a husband or as a 'parent' without a child. Consequently, the death causes a fundamental loss of meaning and structure...The fundamental crisis of bereavement arises, not from the loss of others, but the loss of self (1980:297).

Fourth and finally, the shaping of grief will be influenced by the *interactional setting/situation* in which these three other elements occur. Lofland points out that, unlike many other cultures and historical periods, living conditions in contemporary Western societies provide grieving individuals with "considerable periods of solitude and privacy" as well as "considerable time and space discretion" to grieve (Lofland 1985:180). Grieving individuals in our society, for example, are afforded the opportunity to dwell on their loss, to go through old photos, or to take long solitary walks. Lofland (1985: 180) states that: "These are the activities of persons who are embedded in an interactional setting/situation that is neither populated by large numbers of demanding others nor characterized by serious restrictions of space and time." Taken together, all of this adds up to a particularly intense and painful experience of grief in our society - especially so for parents who have lost a child -literally part of their self-identity - through the violent act of another.

However, it is important to consider that if the murder of a loved one can be conceptualized as a loss of part of the self, then one must consider that part that *remains* - as this may bear crucially upon the coping strategies of survivors. Crucial to understanding this point is careful consideration of the following extract from Mead (1934:158):

There are two general stages in the full development of the self. At the first of these stages, the individual's self is constituted simply by an organization of the particular attitudes of other individuals toward himself and toward one another in the specific social acts in which he participates with them. But at the second stage in the full development of the individual's self that self is constituted not only by an organization of these particular individual attitudes, but also by an organization of the social attitudes of the generalized other or the social group as a whole to which he belongs. These social or group attitudes are brought within the individual's field of direct experience, and are included as elements in the structure or constitution of his self, in the same way that the attitudes of particular other individuals are; and the individual arrives at them, or succeeds in taking them, by means of further organizing, and then generalizing, the attitudes of particular other individuals in terms of their organized social bearings and implications.

From this it can be inferred that the violent loss of a loved one involves a ripping away of those organized social attitudes in survivors that have been built up as a result of taking the role of their particular individual

sons, daughters or other loved ones. However, painful as this is, there are still other parts of the self remaining. These include: (1) those social attitudes built up as a result of taking the role of other loved ones besides the deceased (e.g. they have lost one son, but not a daughter, mother, father or spouse); and (2) those social and cultural attitudes of the groups to which these bereaved individuals belong (e.g. they still understand the relationship of a son to a parent in our society, as well as general cultural concepts of gender, victimization, justice, grief and coping). It is particularly in these remaining cultural attitudes, this generalized other, that the seeds of various active coping strategies are likely to be found.

Nevertheless, the loss of self through the murder of a loved one in our cultural context is only the beginning of the story. The criminally bereaved, in their grief, often face unique circumstances not encountered by other bereaved parents. It is to a consideration of these matters that we now turn.

(3) Survivors' Family, Friends and Interactions with Medical and Legal Institutions: Following their initial victimization, criminally bereaved parents often turn to family, friends, counsellors, and the justice system for help and support. Unfortunately, in many cases they do not receive what they are looking for, and frequently these interactions may do more harm than good.

For example, Klass (1988:179) argues that "social support is the most important factor in helping parents find new social and psychic equilibria." Yet, he has observed that problems with the social support system forms the basis for one element of psychotherapy with all bereaved parents, regardless of the cause of death (1988:151-3). Moreover, he suggests, on the basis of his experiences with support groups, that the loss of support systems surrounding parental grief appears to be exaggerated in the case of murder (1988:130).

Published accounts of the criminally bereaved, while anecdotal, are also suggestive in this regard (Young, 1991; Provincial Secretariat for Justice, 1984). Some assert that while family and friends are usually supportive at first, this often gives way to the unspoken imperative that "they should get on with their lives" (Young 1991:37). In some cases, grieving nuclear families have been avoided by family members and friends who do not know how to deal with survivors' continuing grief (Provincial Secretariat for Justice 1984). It has even been reported by Young (1991:37) that: "Families of homicide victims speak of losing up to 90 percent of their friends because no one wants to talk about the crime and no one wants to hear about the victim."

This scenario, to say the least, does not facilitate survivors dealing with their pain. Moreover, considering

that the medical and stage models of grief have become disseminated into our popular culture as community constructs, the type of support and treatment suggestions offered (or not offered) to survivors may sometimes contribute to grief and powerlessness rather than alleviate it (Miall 1994:410-11). Indeed, there are good reasons for believing that there is a dynamic relationship between these dominant cultural paradigms of grief, on the one hand, and the type of support (or lack of it) given to survivors on the other (Emerson and Messinger, 1977). This, and the degree to which survivors individually and collectively resist such suggestions, are key matters the present work will attempt to investigate further.

Indeed, the labelling inherent in such social reaction to survivors' "emotional deviance" (Thoits, 1990) necessitates a consideration of the deviance literature. Of particular interest is the question of whether survivors begin to employ their "deviant" behavior or a role based upon it as a means of defence, attack or adjustment to the overt or covert problems created by this social reaction (Lemert, 1951). Such "secondary emotional deviance" (e.g. adopting the "helpless victim" role and withdrawing socially) must be contrasted with the potential for survivors to engage in "tertiary emotional deviance" where, to paraphrase Kitsuse, they may confront, assess, and reject the negative identity imbedded in victimization, and transform that identity into a positive and viable self-image (Kitsuse, 1980:9). An example of this would be adopting the "victim" role as a means of eliciting support and actively crusading for "positive change."

Adding to the potential difficulties in this scenario are survivors' periodic and frequently drawn-out encounters with the justice system - stressful encounters that not only do very little to help them deal with their grief, but which may also contribute toward re-victimizing them (Symonds 1980; Minister of Supply and Services 1983; Karmen 1984).

At the root of this re-victimization is the guiding metaphor for the entire justice system - the idea that a criminal trial is an adversarial procedure between two (and only two) parties: the state and the accused. The historical development and implementation of this "legal fiction" has had very real consequences in the everyday interactional construction of "victims'" experiences with legal institutions - particularly at every stage of present criminal proceedings (Sebba 1992:202; Schneider 1985:218; Holstein and Miller 1990:103-22; Loseke 1993:208-9). "Victims'" feelings traditionally have received little consideration during the police investigation, the charging process, bail, arraignment, the preliminary hearing, trial, sentencing, parole, and

release of the offender. Indeed, setting the parameters in this way means that, in criminal cases, "victims" have lost control of the process, and the official civil alternatives often do little to help. If evidence of active coping responses can be found in such an extremely difficult context, they certainly warrant investigation elsewhere.

(4) Conclusion:

This research attempts to look at criminally bereaved individuals' interactions with both family and friends, on the one hand, and legal and medical⁷⁶ institutions on the other. The goal will be to investigate the role that each type of interaction plays over time not only in revictimizing survivors, but as possible spurs to action in the gendered utilization of active coping strategies. Ultimately, any observed regularities in gender similarities and differences in coping with the murder of a loved one cannot be fully understood unless their interactions with all of these individuals and institutions are considered. These are thus the theoretical assumptions which will inform the following research to be undertaken.

In the next chapter, I discuss the methodology utilized in conducting this research.

⁷⁶ The emphasis here will be on medical documentation, such as psychiatric reports, that is introduced into respondents' interactions with the legal system.

CHAPTER FOUR: METHODOLOGY AND RESEARCH DESIGN:

The central point of this chapter is to explain how gender differences in survivors' active coping with grief were empirically investigated within the theoretical framework set out in the last chapter.

Discussion of this methodological approach will be broken down into six sections: (1) choice of qualitative vs. quantitative data for this research; (2) a detailed description and breakdown of the strategies involved in accessing individuals' and organizations' often highly personal, private information, including a listing of all final sources of data; (3) sampling; (4) coding and analysis; (5) ethical considerations; and (6) contingencies underlying this study.

(1) Choice of Qualitative Methodologies: Choosing to investigate a sensitive and explosive topic such as the emotional coping strategies of individuals bereaved by homicide presents special problems to the researcher and greatly affects the types of methodologies available. In the present study, qualitative methods, which emphasize the "meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things" over quantification (Berg, 1995:3), have been chosen for the following reasons.

First, through an emphasis on the value of interpretive understanding, qualitative techniques enable researchers, by various means, to share in the understandings and perceptions of others and to explore how individuals structure and give meaning to their daily lives. Sociologists utilizing these methods explore how people learn about and make sense of themselves and others (Berg, 1995:7). By their very nature, such methods are crucial when examining the intimate personal matters under review in this study.

However, as the use of qualitative methods is controversial in some quarters, it will first be useful to consider some common critiques of this methodology and outline the rationale behind the use of these methods. Then, this choice of qualitative methods will be examined with more particular reference to the specific nature of the data available for study.

(a) Rationale and Methodological Critiques:

While qualitative research has sometimes been criticized as nonscientific and invalid, it must be pointed out, first of all, that "these critics have lost sight of the probability factor inherent in quantitative practices and

have replaced it with an assumption of certainty" (Berg, 1995:2). Indeed, Borman, LeCompte, and Goetz (1986:51) have made the argument that criticism of qualitative approaches stems from an "erroneous equation of the term 'empirical' with quantification, rather than with any real defect in the qualitative paradigm itself." It is worth noting that many researchers, in both quantitative and qualitative sociology, "advocate and bask in the value of science" (Schwartz and Jacobs 1979:4). Ultimately then:

Although various technologies may be used by different researchers, it turns out that everyone is doing science, provided that **science is defined as a specific and systematic way of discovering and understanding how social realities arise, operate, and impact on individuals and organizations of individuals** (Berg, 1995:10) (emphasis added).

Second, if it is considered that research methods on human beings influence how these persons will be viewed (Bogdan & Taylor, 1975), then "if humans are studied in a symbolically reduced, statistically aggregated fashion, there is danger that conclusions - although arithmetically precise - may fail to fit reality" (Berg, 1995:7). Qualitative methods, which enable researchers to share in the understandings and perceptions of others, and to explore how people structure and give meaning to their daily lives, therefore provide a corrective means of accessing unquantifiable facts about the actual people researchers talk to and observe.

Indeed, qualitative researchers have pointed out difficulties with the "hypothetico-deductive methods" utilized by quantitative researchers (Glaser & Strauss, 1967). Instead of deducing an hypothesis from a previously available theory and testing it against quantitative data that may or may not represent the concepts sought by researchers, many qualitative researchers minimize such difficulties through the predominantly inductive "grounded theory" approach (Glaser and Strauss, 1967). Researchers using this approach intimately immerse themselves in empirical materials, and systematically ground categories and patterns in the data from which they emerge. While both induction and deduction are crucial parts of this process, patterns and theories that emerge from the data must derive from inductive reference, and are therefore empirically better grounded.

Hence, following Berg (1995:10), a distinction is drawn between more positivist researchers who utilize empirical methodologies borrowed from the natural sciences to investigate phenomena, providing rigorous, reliable, verifiable studies of **large aggregates of data and the statistical testing of empirical hypotheses**; and those researchers primarily interested in individuals and their **life-worlds**. In the latter:

Researchers focus on naturally emerging languages and the **meanings** individuals assign to experience. Life-worlds include **emotions, motivations, symbols and their meanings, empathy, and other subjective aspects**

associated with naturally evolving lives of individuals and groups. These elements may also represent their behavioral routines, experiences, and various conditions affecting these usual routines or natural settings....Many of these elements are directly observable and as such may be viewed as objective. Nonetheless, certain elements of symbolism, meaning, or understanding usually require consideration of the individual's own perceptions and subjective apprehensions (Berg, 1995:10) (Emphasis added).

Thus, systematic qualitative methods were generally considered a much more appropriate tool to use when researching the meanings, emotional experiences, and coping strategies of survivors.

(b) Qualitative Methods and the Data Specific to this Study:

When considering whether there were more specific reasons for utilizing qualitative methods stemming from the nature of the present research itself, several additional factors weighed heavily in their favour.

First, there is the issue of the most appropriate type of methodology to utilize when dealing with respondents themselves. Semistandardized intensive interviewing was chosen as the primary methodology in this regard, supplemented by fieldwork with a local victims' rights organization.⁷⁷ When geographic distance made a face to face interview impossible, open ended mail back questionnaires based around the same series of questions were utilized. Intensive interviewing was also chosen for the following three reasons:

First, certain categories of the population, such as the criminally bereaved, can be reached more readily by this method than by either participant observation or standard survey research - especially where the group is widely scattered (Williamson, Karp, & Dalphin 1977:187). Participant observation, while useful, initially only provided information on a handful of individuals at a local victims' rights organization. Only a few of these volunteers were survivors, and evidence of their active coping strategies was only intermittently apparent. Thus, more in-depth methods were needed to access a group scattered across Southern Ontario and beyond.⁷⁸ After consulting the "gatekeeper" at this organization, intensive interviewing was chosen as the most appropriate strategy.

Moreover, it is quite likely that access would not have been gained to the 32 subjects interviewed were

⁷⁷ The other primary research strategy, which does not involve direct dealings with research subjects, is the analysis of a 5 year block of homicide files from the Ontario Criminal Injuries Compensation Board, which is discussed below.

⁷⁸ These include respondents interviewed from Ottawa to Windsor, as well as other Canadian survivors who were interviewed while visiting Southern Ontario for conferences and rallies.

it not for the close, trusting relationship developed by sharing the researcher's personal story with this first, well-connected respondent. The goodwill and word-of-mouth endorsements generated through this, and the sharing of personal accounts in subsequent interviews continued this process of endorsement and connection-making. While not all interview respondents can be traced back to this first individual, this snowballing technique of sharing one's personal account with individuals met through other sources (e.g. rallies, conventions, and subsequent letters or phone calls) resulted in more interviews each time. Very few of these interviews were directly obtained through advertisement of this research in a variety of Canadian victims' publications, without some kind of endorsement first being made by a trusted intermediary.

It is equally certain, according to the "gatekeeper" and others, that an impersonal quantitative survey would have annoyed many respondents who are often distrustful of social science professionals within the criminal justice system (whom one man disdainfully called "ologists"), and frequently sick of being pigeonholed into categories not of their own making. Indeed, several respondents rather forcefully expressed the view that "you can't measure grief," and insisted on telling their story in their own words.⁷⁹

Secondly, this method has the potential for providing more accurate responses than survey research on an emotional issue like the coping strategies of those bereaved by homicide, because of the greater opportunity to develop rapport and the possibility of sensitively approaching the matter from a variety of directions (Berg, 1995:45; Williamson et.al., 1977:185). There is less chance of a researcher and respondents misunderstanding each other with this method compared to the structured interviewing utilized in survey research, as this method enables question and response categories to be adjusted to fit the respondent's way of looking at the world (Berg, 1995:33; Williamson et.al., 1977:185-186), and to be stated in language familiar to respondents (Berg 1995:33;39-40). Unscheduled probes arising during the interview itself further reduce the possibility of misunderstanding (Berg 1995:33). This helps get around the "untested articles of faith" (Denzin 1978:114)

⁷⁹ Notably, some mail-back survey respondents objected to certain open-ended questions they felt did not apply, and while over 60 surveys were distributed in Canada, and 35 in the U.S., only 22 individuals responded.

underlying standardized interviews.⁸⁰

Finally, this method generates more intimate and comprehensive pictures of individual respondents than survey research by probing for underlying motives and personal experiences that can be linked to specific attitudes and beliefs (Williamson et.al., 1977:186). Of course, when researching an emotionally sensitive topic such as survivors' experiences with, and strategies of emotional coping, this method becomes crucial for accessing the relevant information.

Moving on from the issues surrounding direct dealings with respondents, the second specific factor initially weighing in favour of utilizing qualitative methods was the relative unavailability of official data. In the present case, it must be noted that there were very few official data immediately available upon which to base an analysis. To be sure, psychiatric reports and "victim impact statements" exist, but the issue of releasing these is surrounded by an aura of legal confidentiality and political anxiety. As well, uneven implementation of the 1988 law allowing victim impact statements, a differing patchwork of "victims' services" and criminal injuries compensation programs, coupled with poor indexing in a climate of political correctness and fiscal cutbacks, made it very difficult to retrieve available data in any event.⁸¹

Indeed, despite strenuous efforts, access was never obtained through official channels to victim impact statements.⁸² Further, it took almost a year of uncertain negotiations to gain access to files at the Ontario Criminal Injuries Compensation Board - and then only after negotiating a carefully worded agreement (see Appendix C).

⁸⁰ These include the following assumptions: (1) "That the questions scheduled in standardized interview instruments are sufficiently comprehensive to elicit from subjects all (or nearly all) information relevant to the study's topics; (2) That all the questions have been worded in a manner that allows subjects to understand clearly what they are being asked (i.e. that the wording of each question is equally meaningful to each subject); and (3) that the meaning of each question is identical for every subject" (Berg 1995:31-2).

⁸¹ Many government bodies denied that they had any indexing system to actually identify which files contained victim impact statements, and even the Criminal Injuries Compensation Board did not separately index homicide files, thus necessitating a long case by case search through the binder of published Board Orders.

⁸² A mere handful of victim impact statements were made available by interview and survey respondents.

The third factor initially weighing in favour of qualitative methods involved the issue of sampling. Despite over a year of intensive advertising, networking, letter writing and other research efforts, the number of survivors who were accessed through interviews and mail back questionnaires was only 53 (32 interviews; 22 surveys).⁸³ This sample alone would preclude most quantitative studies because it did not “meet the requirements of representativeness and sufficiency of sample size to allow statistically meaningful results” (Berg, 1995:9-10). However, such a number was ample for a number of qualitative strategies (Berg, 1995:10).⁸⁴

Moreover, while 108 Criminal Injuries Compensation files ultimately became available well after the interview and survey data were collected, obtaining access to these was by no means certain considering the serious difficulties encountered in obtaining official data from other government bodies. In any event, the qualitative research methodology was already well in place by this time.

Finally, consideration should be given to the type of official data that ultimately became available. Because of the nature of the topic, there were very few, if any, quantitative data to be found. The Criminal Injuries Compensation files, psychiatric reports, and victim impact statements available refer qualitatively to emotional responses and coping in particular cases, and there appears to have been little effort by the bodies collecting these discrete materials to compare and contrast them statistically. Therefore, the official data collected are entirely qualitative in nature. Quantitative descriptions of these, and of the rest of the materials, when possible, will necessarily be generated out of the data at hand only after careful coding and analysis.

Summing up this section, it can be seen that the flexible sensitivity required when dealing directly with widely scattered survivors, the richness of interpretive understanding found in intensive interviews, the initial difficulty in obtaining official data, an initially small sample, and the qualitative nature of the official data that ultimately became available made it a theoretical and practical necessity to use qualitative methods in this study. It is hoped that a careful integration of, and cross-checking between these methods and materials will

⁸³ One of the interviewees also filled out a survey.

⁸⁴ It must be pointed out that the survey and interview data form much of the material on dealing with the criminal justice process. Thus, while there are other sources containing data on coping strategies generally, and on the criminal justice process, which may be broadly compared against these, this is still quite a small sample for this major segment of the research.

result in the inductive development of a much more comprehensive picture of the criminally bereaved than has hitherto been the case.

(2) Research Strategies/ Sources of Data: Seeking highly personal information on survivors of murder victims was a difficult and daunting task. Nevertheless, multiple strategies were utilized and access was gained to multiple sources of data on the experiences and coping strategies of survivors, assisted no doubt by often noting the researcher's own family experience with criminal bereavement. These strategies included the following: (a) to (j):

(a) Volunteering with a national, locally based victims' rights organization. Through volunteer work and networking at this organization contact was made with the largest single block of survivors who were subsequently interviewed. There was also the opportunity to observe, participate in, and conduct fieldwork on many key events crucially bearing on "victims'" concerns, such as: (i) participating as a delegate, distributing surveys, and conducting interviews at 2 national conferences, acting as a session Chair in the second one; (ii) participating in 2 meetings of an affiliated organization, composed of various players in the administration of justice that developed out of a Coroner's Inquest, acting as a member of the steering committee during the second one; (iii) obtaining information from courtroom observers and volunteers on the progression of a notorious murder trial; (iv) attending a press conference and separate rally advocating the repeal of section 745 of the Criminal Code; (v) assisting a senior volunteer with the organization, development and conduct of her "sensitivity training sessions" at Correctional Services Canada; (vi) attending a public forum on "victims" issues during the provincial election; and (vii) conducting research/writing briefs for the organization that also bear directly on the present thesis.

Next, this group was very helpful in disseminating information regarding this research, and thereby enabled contact with individuals that otherwise would not have been reached. They published a notice in their newsletter and over the Internet indicating that a researcher was seeking survivors to interview, or, if a long distance away, to fill out a survey. Moreover, they saw to it that this notice was distributed through the newsletters of other interested organizations, such as the Canadian Police Association. They also facilitated contact with other victims' rights groups.

Third, this group's publications, particularly the two detailed conference reports, provided a wealth of

information on difficulties survivors have with the present workings of the justice system.

Finally, there was also the opportunity to witness the inner workings of this organization, including a major resignation and staff reorganization, as well as the group's relations with other victims' groups.

(b) Contacting a variety of other Canadian victims' rights organizations, including the National Resource Centre for Victims of Crime (Ottawa), Victims of Violence (Ottawa), Victims for Justice (Windsor, Ontario), the Melanie Carpenter Campaign Society (B.C.), Cry (B.C.), Citizens United for Safety and Justice (B.C. and N.S.), among others. Several of these groups ran a notice seeking respondents, and accepted copies of a mail back survey to distribute to interested parties. Fourteen of the 32 interviews obtained for this study were conducted, and several of the 8 completed Canadian mail-back surveys were obtained through these contacts, or connections.⁸⁵

In addition, participant observation was conducted on a "National Victims' Day" rally on Parliament Hill, Ottawa, organized by one of these groups, where personal contacts were made, mail-back surveys distributed, interviews arranged, and extensive field notes taken. Again, interrelations between groups came up as an unexpected matter of interest.

(c) Contacting a national U.S. support/advocacy group for individuals bereaved by homicide, along with a well-known national bereavement support organization. While there was no reply from the latter, the American survivors' organization was very helpful. After several letters back and forth, and approval of the mail back survey by their consulting physician, this organization ran a notice in their newsletter indicating that a researcher was looking for members interested in filling out a survey. 35 responses were received from all over the United States requesting surveys, although ultimately only 14 were returned.⁸⁶

⁸⁵ It is estimated that over 60 mail back surveys were distributed in Canada through various organizations and individuals, on the one hand, and in person at public events, on the other. Of course, this does not include those copied and sent on by others. This low response rate indicates both the distrust many such survivors have of anyone seeking to find out about such personal suffering, as well as the fact that a much higher proportion of the Canadian surveys were distributed in an unsolicited fashion at rallies and conventions, whereas all of the American surveys were asked for by the respondents.

⁸⁶ It is suspected that there were problems with the amount of return postage (U.S.) placed on some of these, which may have reduced the ultimate response rate somewhat - although it is still much higher than obtained in Canada.

(d) Subscribing to the newsletters of many of the above organizations. These provided up to date information on changing "victims" concerns that may not be reflected in other previously collected data.

(e) Contacting a provincial bereavement support organization, both in Hamilton and Toronto. This group provided helpful literature and circulated a notice seeking respondents for this study in their newsletter. This ultimately resulted in 4 interviews with criminally bereaved parents.

(f) Contacting the provincial chapter of an organization devoted to combatting impaired driving fatalities, and sending them 10 surveys - 2 of which were returned. This helps compare and contrast the experience of those bereaved by homicide with those who were the survivors of death by drunk driving.

(g) Reviewing biographies and journalistic accounts of survivors' experiences, including those by Marron (1993), Kaminsky (1985), Amernic (1984), Magee (1983), the various personal accounts which appeared in the work of Klass (1988), Knapp (1986), a special edition of *People Magazine* which included interviews with 17 survivors,⁸⁷ and transcripts of CBC interviews with five different individuals.⁸⁸ These were supplemented by a variety of private accounts written by survivors themselves: (DeVilliers 1995; *Victims of Violence* 1992; Young 1991; Schmidt 1986).

(h) Unsuccessfully attempting to gain access to "victim impact statements" written or delivered orally by survivors at the sentencing of offenders since 1988 amendments to the Criminal Code. In these attempts, Ombudsmen, Information and Privacy Commissioners, Attorneys General and justice officials were written for assistance in every province and the federal government. Formal access to information requests were also made to the National Parole Board and Correctional Services Canada, and Victim/ Witness Coordinators throughout Ontario. Moreover, after making contact through the influence of a well-known survivor and friend of each, the Ontario Solicitor-General and Attorney General were also written seeking access to such documents. All of these attempts were unsuccessful.

Despite being advised by a "Duty Crown" in Hamilton that those victim impact statements introduced as

⁸⁷ April 3, 1995: 43(13): 38-56. The editor was written to see whether the journalists who interviewed these subjects would be willing to provide more detailed information for this study, but he declined.

⁸⁸ These appeared on "The National" and transcripts were available to the public for a fee.

exhibits were not necessarily confidential as they were matters of "public record"⁸⁹, obtaining access to these documents through official channels was next to impossible. The reasons were several, including: (1) legislated confidentiality of very sensitive material; (2) often uneven, recent, or non-existent implementation of victim impact statements by the various provinces;⁹⁰ (3) the next to universal "lack of an indexing system to identify which court files included such documents;"⁹¹ and (4) the ironically associated assertion in some cases that closed court files were "matters of public record," so the Access to Information office would not get involved unless access was denied.⁹² Hence, the handful of victim impact statements obtained for this research were often provided by survivors themselves - and often after they had already been interviewed.

(i) Conducting face to face interviews with 32 individuals who had suffered the loss of a child or other loved one through murder or other crime.⁹³ After explaining the confidentiality and format of the interview to respondents, and obtaining their signature on a consent form, the questioning proceeded, loosely following the interview schedule set out in Appendix A. These were taped on standard cassettes, and then transcribed verbatim for later analysis.

Importantly, these interviews also contained vital secondhand information on other family members of respondents, as these individuals were encouraged by the format of the interview to discuss other family

⁸⁹ Many victim impact statements are introduced orally, and do not become part of the documentary public record in the Crown's file.

⁹⁰ Interestingly, while the federal law enabling the introduction of victim impact statements has been on the books since 1988, its implementation by various provinces has been uneven and much slower (e.g. Nova Scotia only implemented its system in 1994, and Manitoba's pilot project ended several years ago).

⁹¹ It is suspected that some justice organizations were merely telling a story to get rid of this researcher. Later, when helping out at a "sensitivity training session," it was revealed by a correctional officer that Correctional Services Canada "red flags" all files with "victim involvement."

⁹² While told in some cases to go to Court Houses throughout their jurisdiction and look through old murder files, one would need to know in advance in which few cases such a written statement was: (1) made, and (2) entered as an exhibit (many are oral). This would be prohibitive in terms of work invested for data obtained, as court files are not even indexed by charge - ONLY by the offenders' name.

⁹³ The vast majority of these were homicide cases, although there are two drunk driving and one dangerous driving death included as well.

members' responses to the murder, and their coping strategies. While these could not be weighed as heavily as firsthand accounts due to the possibility of differing interactional perceptions and meanings, they nevertheless provided interesting data on survivors' perceptions and beliefs about others that influenced their own behavior, as well as useful corroboration and/or elaboration of matters noted in first person accounts. Thus, despite the relatively small number of interviews, each interview contains important material on a number of other individuals, described by someone who knows them intimately.⁹⁴

All transcribing was performed by the researcher himself, with the exception of one employee hired to assist in about a third of the cases. A signed agreement of confidentiality and indemnification was obtained from this employee before work began (see Appendix B), and all of her transcripts were later reviewed, checked, and corrected against the original tapes by the researcher.

(j) Writing all Criminal Injuries Compensation Tribunals in Canada seeking information on applications by survivors. None of these were helpful except for the Ontario Criminal Injuries Compensation Board,⁹⁵ with which a very fruitful relationship developed.

After initially writing the Ontario Board, a senior official responded on June 5, 1995. After a subsequent meeting on June 12, 1995 to discuss the research proposal, a letter was written at their request outlining the planned research in detail. After doing this, and having a second meeting the following week, access to the Board's library was permitted in order to review old published Board Orders.⁹⁶ This enabled the eventual compiling of a list of relevant files to request from the Board for research purposes (the Board does not index

⁹⁴ This is methodologically little different, if at all, from the approved use of "informants" and "eavesdropping" while conducting fieldwork (Berg 1995:94-6; 106). Nor does it differ greatly from the use of hearsay and secondary sources in historiography (1995:165).

⁹⁵ The only provinces outside of Ontario who even bothered to write back were Alberta, Newfoundland, Saskatchewan and British Columbia. Alberta simply provided information on their program - noting that they do not compensate "secondary victims"; Newfoundland and British Columbia noted that their files were confidential; and Saskatchewan noted that "pain and suffering" is not compensable under their new legislation. In addition, both Newfoundland and Saskatchewan noted the abolition of their Boards in favour of their new Victims' Services Programs.

⁹⁶ These are the official written reasons that the Board, as a quasi-judicial administrative tribunal, must provide when allowing or denying compensation to an applicant, and setting out the amount thereof, if any.

homicide files separately).

From June 19 to September 11, 1995, 9 trips were made to Toronto to review old Board Orders. After reviewing all Orders from 1988 to 1993, 108 homicide Orders were identified in the binders during this period (ultimately representing 99 incidents and information on 145 individuals). These were requested from the Board. It was noted that access was to be denied to files that were still open, as well as those not yet complete.

Meanwhile, the official met with previously was interceding with Crown Law Civil and Ontario Freedom of Information officials to develop an agreement covering the impending research at the Board. Actual files could not be viewed until this agreement was prepared and signed. This was a long process, involving a number of telephone conversations to clarify issues and terms. But, on February 6, 1996, a draft of the agreement was faxed by the Board for review. After further negotiations, a meeting was held with senior officials of the Board on February 19, 1996 to sign the agreement (see Appendix C).

This agreement basically provides for various matters surrounding the confidentiality of the Board's files, and requires that this researcher provide a copy of the thesis report to the Board for consideration a month prior to its finalization. The Board may "make representations" as to its contents, and this researcher is required to "consider" these representations prior to finalizing the report. However, nothing in the agreement gives the Board veto or censorial power over the results of this research, and the Board has assured me that they have no problems with critical analysis of their operations.

Due to transcribing interview data, it was impossible to attend the offices of the Board with any regularity until the early summer of 1996. When there, a work station was provided, as well as the use of a lap-top computer to enter the data. The files requested previously were retrieved from storage, and research began in earnest. After attending full-time researching files for several weeks, study was interrupted by the Ontario civil service strike. Otherwise, research and transcribing of the 108 homicide files referred to above took place throughout the summer and into September of 1996. During this time, there was also the opportunity to get to know several employees of the Board, and discuss various observations, ideas, and the Board's operation. When finished, this researcher left with all of the transcribed research data on disk.⁹⁷

⁹⁷ Of course, because of ethics guidelines and the agreement with the Board, all names and identifying features were obliterated from the transcribed data.

These transcribed files, which make up a large segment of the data in this study, and often contain medical and psychiatric reports on the applicants, help provide a real insight into both the medicalization of emotional deviance and its institutional processing. They are also a vital source of information on gender differences in coping with grief.

Summing up this section, if one condenses the result of all the above strategies listed in (a) to (j), it is clear that the vast majority of the data utilized in this study falls into five general categories:

- (i) Fieldwork;
- (ii) Intensive interviews with 32 individuals (frequently including extensive data on other intimates);
- (iii) 22 mail-back surveys (8 Canadian; 14 American);
- (iv) 108 homicide files (99 incidents involving varying amounts of information on 145 individuals) from the Ontario Criminal Injuries Compensation Board;
- (v) Other supplementary written materials (e.g. biographies, journalistic accounts, organizational newsletters and reports, CBC transcripts and very few victim impact statements).

Of course, since none of the above methods is perfect, utilizing more than one helps the researcher to critically evaluate the information provided by each by "checking out" each form of data against the other (Douglas 1976).⁹⁸ This is helpful because:

Methods impose certain perspectives on reality...Each method thus reveals slightly different facets of the same symbolic reality. Every method is a different line of sight directed toward the same point, observing social and symbolic reality. By combining several lines of sight, researchers obtain a better, more substantive picture of reality; a richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements (Berg, 1995:4-5).

Thus, by triangulating intensive interviews, open-ended surveys, and content analysis of criminal injuries

⁹⁸ This was widespread in this study, as there were biographies or journalistic accounts referring to some of the interview respondents, C.I.C.B. files where names from books were recognized, mail-in surveys that were cross-referenced to books, fieldwork that rounded out surveys and interviews, and so on.

compensation files with fieldwork and other written materials, a much more well-rounded interpretive understanding of the active coping strategies utilized by survivors was obtained than would otherwise be the case.

(3) Sampling: In conducting this research, sampling proceeded according to criteria relevant to the source of data concerned. Thus, this section will begin with a discussion of sampling with regard to the interview, survey, participant observation and journalistic/biographical data. Following this, there is a brief discussion of sampling the Criminal Injuries Compensation data. The actual demographic breakdown of the sample will be discussed in the data chapter.

With regard to the interview, survey, participant observation, and other written data, it was admittedly impossible to draw a random, systematic or stratified sample from an identified population of North American survivors (Berg, 1995: 178-9). There was simply no clear way to identify this population at the outset as any official records were contained in widely separate locations, were not indexed or centrally tabulated, and were shrouded in an aura of legal confidentiality. Unfortunately, more statistical information is available on murderers than the families of their victims. Moreover, "victims' "organizations were understandably reluctant to release any ad hoc listings of known survivors that exist, and it is doubtful that these accurately represent the population in any event. It was ultimately only possible to gain access to the individuals who participated over time, and then only after developing trust and rapport with certain key individuals.

Thus, with regard to the interview, survey, participant observation, and other written data, as in much qualitative research, sampling was "an ongoing procedure throughout the history of the research project" (Williamson et.al., 1977:126). After initially reading a broad range of biographical and journalistic material on survivors, contact was made with a local victims' rights organization. Once accepted by a "gatekeeper" at this organization, participant observation began with the researcher volunteering to do word processing work for this individual. This enabled the researcher to build trust and slowly became "familiar with the group's internal processes" to determine "whom to interview, when, and about what" in order to "act as an independent check on the information obtained" (Schwartz & Jacobs, 1979:38). In this process of "theoretical sampling" (Glaser and Strauss, 1967) attempts were made over time to clarify and validate observations, to resolve anomalies and contradictions, and fill in parts of the process that had not yet been observed (Schwartz &

Jacobs, 1979:29). Indeed, while developing a perspective on local survivors, the "constant comparison method" (Glaser & Strauss, 1967) was utilized with regard to survivors contacted through other organizations, in different provinces, and in the U.S., to enable as well-rounded a picture as possible to emerge from these various sources.

Because of the difficulty in identifying the population of North American survivors, a purposive sample (Berg, 1995:179) was developed for this part of the study, and efforts were made to cover a wide variety of survivors as evidenced by both the literature and completed fieldwork, on such demographic variables as race, class, gender, age, marital status, sexual orientation, creed, and relationship to the deceased. Other dimensions underlying this sampling strategy included circumstances surrounding the murder, variety of survivors' interactions with family, friends, the community, self-help and "victims" organizations, mental health professionals and legal institutions. Significantly, coping styles and strategies, subdivided by gender, were themselves a sampling dimension. Thus, while this sample is neither random nor clearly representative of any specified population, attempts were made to keep it as diverse as possible within the researcher's ability to gain access to these individuals, so that the ultimate conclusions are less likely to carry an obvious bias toward any specific group.

Significantly, when turning to the Criminal Injuries Compensation data, Glaser and Strauss' "constant comparison method" enabled the researcher to then compare this purposive sample obtained through theoretical sampling with the entire population of homicide applications decided by the Ontario Criminal Injuries Compensation Board between 1988 and 1993. This comparison facilitated the observation of a variety of demographic differences, outlined in detail in the next chapter, which were ultimately taken into account in conducting the analysis.

To sum up, after combining theoretical sampling gleaned from participant observation, interview, and survey sources with the entire population of homicide cases decided by the Ontario Criminal Injuries Compensation Board between 1988-1993, and utilizing Glaser and Strauss' "constant comparison method" between them, the overall sample in this study is about as close to being representative as one could hope for under the circumstances, and probably more so than those in many accepted qualitative studies. Thus, despite being admittedly neither random nor completely representative of the wider population, one can also assert that

efforts have been made to avoid its being biased towards any specific demographic group. Any conclusions, however, will ultimately be qualified with these considerations in mind.

Before closing, it must be noted that, with the exception of the indirectly solicited Criminal Injuries Compensation files which were provided, response rates to the directly solicited interviews and surveys were low. For example, through contacts with "victims" organizations, it became clear that there were many more survivors known to organizations in Southern Ontario than were willing to be interviewed - perhaps a ratio of 14 or 15 to 1, if not higher.⁹⁹ In addition, of approximately 60 mail-back surveys distributed in Canada, and 35 to the U.S., only 8 and 14 were received back respectively - representing response rates of 13.3% and 40%.¹⁰⁰ Of course, this reflects the extremely sensitive nature of the subject matter, and these individuals' often understandable distrust of professionals, especially among certain demographic groups. It is hoped that comparing these with the unsolicited Criminal Injuries Compensation data helps round out the picture of survivors represented by these sources.

The next section details the steps taken in the coding and analysis of the data.

(4) Coding and Analysis: The sheer volume and complexity of qualitative data collected for this study required an intensive and organized approach to coding and analysis. In this section: (i) the grounded theory approach to coding and analysis will be briefly discussed; and (ii) the tools and the organizational scheme employed in the coding and analysis of the data are described in more specific detail.

(a) The Grounded Theory Approach: Overall, while the grounded theory approach necessitates "a greater reliance on induction" (Berg, 1995:180), the categories researchers use can be determined inductively, deductively, or by some combination of both (Strauss, 1987).

The development of inductive categories allows researchers to link or ground these categories to the data from which they derive. Certainly it is reasonable to suggest that insights and general questions about research derive

⁹⁹ An official at a victims' rights organization was once asked, when attempting to solicit names to participate in a protest event, to list off the names on her list (over 200 people). This researcher only privately recognized 14 names. Of course, when one gets beyond these individuals known to such organizations, the actual population of survivors is much, much higher.

¹⁰⁰ It is suspected that the U.S. response rate was higher because these individuals usually made initial contact by asking for a survey, while many of the Canadian surveys were handed out at public events with no initial commitment or interest by the respondents.

from previous experience with the study phenomena. They may represent personal experience, scholarly experience (having read about it), or previous research undertaken to examine the matter. Researchers, similarly, draw on these experiences in order to propose tentative comparisons that assist in creating various deductions. Experience thus underpins both inductive and deductive reasoning (Berg, 1995:180-1) (Emphasis added).

Generally, it is essential that conceptualization and operationalization involve an interaction between theoretical concerns and empirical observations (Berg, 1995:183). There is a necessary interaction of two basic processes: "specification of the content characteristics (basic content elements) being examined and application of specific rules for identifying and recording these characteristics" (Berg, 1995:183). The categories into which data are coded vary according to the nature of the research and the particularities of the data (Berg, 1995:183). Thus, "the categorizing tactics worked out - some in advance, some developed later - should be consistent not only with the questions asked and the methodological requirements of science but also with a relation to the properties of the phenomena under investigation" (Berg, 1995:184).

According to Schatzman & Strauss (1973:112), there are three major "categorizing tactics" utilized to identify and develop classes and categories: the identification of common classes, special classes, and theoretical classes.

The first of these are the common classes of a culture in general (1973: 112). These are used by virtually anyone in society to distinguish between and among persons, things and events (e.g. gender, mother, father, friends, etc). These are "essential in assessing whether certain demographic characteristics are related to patterns that may arise during a given data analysis" (Berg, 1995:185).

The second, special classes, involve those labels "which persons within selected areas of interest or study utilize to distinguish among the things, persons, and events within their own province" (Schatzman & Strauss, 1973: 112). They involve out-group vs. in-group classifications, as well as jargonized terms used commonly by certain professions but not by lay people (Berg, 1995:185). The steps and procedures in bureaucratic systems like the criminal justice system and the Criminal Injuries Compensation Board provide an abundance of special classes.

Finally, there are theoretical classes, which are those that emerge throughout the course of data analysis (Schatzman & Strauss, 1973: 112). These generally provide an overarching pattern, metaphor, or key linkages that occur throughout the analysis (Berg, 1995:185). Yet,

...because these theoretical classes are not immediately knowable or available to observers until they spend considerable time going over the ways respondents (or messages) in a sample identify themselves and others, it is necessary to retain the special classes throughout much of the analysis (Berg, 1995:185) (Emphasis added).

Thus, in the very broadest sense, the data in this study were initially coded using common classes (e.g. gender, mother, father, family, and friends), along with the various special classes that relate to the various stages of the criminal justice and Criminal Injuries Compensation process. Many of these directly related to specific divisions or questions asked in the interview or survey contexts, as well as to various properties of the phenomena themselves. Theoretical classes representing overarching patterns only emerged from the data after much review and constant comparisons among and between these materials.

(b) Tools and Specific Organizational Scheme: Before data analysis began, all of the tape-recorded interviews and field notes, as well as the open-ended mail-back surveys and criminal injuries compensation files, were entered verbatim into separate files in WordPerfect, with several backups of each. Paper copies were also made of these documents.

When beginning the data analysis proper, the computer software package NUDIST was utilized to help organize topics and extract themes from this transcribed data.¹⁰¹ During this process of open coding (Strauss, 1987:30), a systematic filing system was developed (Lofland & Lofland, 1984), and several transcripts were coded with the aid of a colleague to independently check this scheme (Berg, 1995:60).

In the initial stages of coding and analysis, survivors' reactions and coping responses were extracted and considered together by gender, independent of the context in which they were made, with theoretical notes taken throughout. Respondents were identified by age, sex, page of transcript, and an assigned code number. In addition, "short answer sheets" were developed for each separate respondent to summarize many of the issues and topics contained in each person's data (Berg, 1995:61). These provided a separate and useful type of cross reference summary.

Next, this process was extended by integrating common and special classes relating to the topics to be

¹⁰¹ The use of this qualitative analysis software was learned by auditing a course in its use offered by Dr. Carl Cuneo of McMaster University during the winter term of 1997, where many helpful suggestions were received while developing the coding scheme for these data.

considered set out in the "Goals of this Thesis" section of the previous chapter.¹⁰² Thus, the above data were subdivided into four broad master categories representing survivors' interactions with: (1) immediate family, (2) extended family and friends, (3) help agents, such as the medical profession,¹⁰³ and (4) various legal institutions, with separate files created for each gender.

Then, within each of these eight master files, further subdivisions were made. Thus, under the first category above, men's and women's reactions to the murder were contrasted with coping strategies in their immediate family context. Specifically, those family interactions which survivors of each gender found helpful were coded separately from those that they did not, with coping strategies subdivided accordingly. The evolution of this contrast between survivors' and their families' reactions, on the one hand, and coping strategies on the other, was traced through various interactions up to the time of data collection.

With regard to survivors' interaction with extended family and friends, a parallel approach was taken. Survivors' interactions in this context were again coded separately according to helpful and unhelpful encounters by gender, along with their concomitant coping strategies. This facilitated observation of the contrast between survivors' and others' reactions, on the one hand, and their gendered coping strategies, on the other.

When looking at survivors' interactions with help agents, the available data on men and women were similarly broken down into helpful and unhelpful interactions, with a separate listing of relevant coping strategies for each. To more readily facilitate comparisons of survivors' gendered reactions and coping strategies with various agents, this was done separately under three main groupings reflecting the typical classes of help agents encountered by survivors, namely: (1) the medical and psychiatric professions; (2) self-help groups; and (3) survivors and victims' rights organizations.

¹⁰² These relate to the first of Strauss' (1987:30) guidelines for conducting open coding, namely: "ask the data a specific and consistent set of questions." This must keep in mind "what was the original purpose of the research study" (Berg, 1995:186). In this study, these four topics were included in the original purpose, and therefore must be included. That is not to say that other theoretical classes will not emerge within, between, and even separately from these topics.

¹⁰³ These include doctors, counsellors, psychologists and psychiatrists. A separate subdivision within this category covered survivors' interaction with survivors' and self-help groups, both formal and informal.

Finally, with regard to legal institutions, male and female survivors' helpful and unhelpful interactions, along with their attendant coping strategies, were largely categorized according to the procedural, temporal metaphor of a criminal trial. Thus, survivors comments on various stages of legal proceedings have been categorized separately and in that temporal order.¹⁰⁴

During this coding, it became apparent that survivors relative adherence to traditional gender roles was important to their experiences in each of these contexts. Thus, this was coded separately for each of these contexts. Such "adherence" was determined by the presence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles (e.g. men repressing upset and remaining strong; women expressing upset openly). "Flexibility," on the other hand, was determined by the absence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles, coupled with behaviors noted in this literature as traditionally indicative of the opposite gender (e.g. men expressing upset openly and publicly; women "taking charge" and remaining strong for others).

The issue of the relative severity of survivors' reactions required particularly careful coding throughout these sections. Clearly, the nature of the data did not allow for any completely "objective" measurement of who ultimately fared better or worse - indeed, even medical professionals with their standardized psychological tests frequently came up with differing diagnoses of the same survivor, and such differing assessments of the severity of survivors' reactions were clearly observed throughout the C.I.C.B. data. Moreover, even if such measurements were accurate, direct professional opinions on the severity of survivors' bereavement were absent from the interview and survey data making strict comparisons difficult. These difficulties were further enhanced by the potential biases inherent in the demand characteristics of the Criminal Injuries Compensation Board, which are discussed more fully in the section on contingencies. The only common thread running through all of the varying sources of data were the words of survivors with relation to types of interactions in particular contexts that they found helpful or harmful to their bereavement experiences - which is the focus

¹⁰⁴ Male and female survivors' interactions with the Criminal Injuries Compensation Board were categorized utilizing the temporal metaphor of a typical file working its way through this administrative process. Reactions/symptoms were again contrasted with coping strategies over time.

here in any event. Thus, comments on the severity of survivors' experiences are based on classification of reportedly aggravating or mitigating factors in each of the contexts noted above.

The organization of the data in this manner facilitated the extraction of themes and patterns on particular topics, and was continually refined through "minutely analyzing" the data (Strauss, 1987). In this process, categories were both added to, reconstructed, and further subdivided as the coding proceeded. After the documents eventually became saturated with repetitious codes where the researcher was unable to find responses that were impossible to classify, it became apparent that the categories were exhaustive (Berg, 1995:187; Williamson et.al. 1977:304-5). It was then possible to move on to the speedier, more systematic coding phase.

This did not, however, dictate the substantive content of the data, nor its analysis. If anything, it enabled themes and theoretical classes to emerge on the various sub-topics more readily, as all the data on each matter were found in one place for easy absorption, comparison, and analysis.

As for the analysis proper, men's and women's responses were initially compared independently of context. Next, they were compared *within* each of the above master and subcategories for similarities and differences, and any patterns, theoretical classes or categories that emerged out of the data were recorded. Third, constant comparisons were made *across* these categories to seek out and record any broader theoretical patterns that emerged. Finally, these data were organized into coding frames (Berg, 1995:188-90) upon which the emerging analysis and theoretical argument were built.

Throughout this process, emerging hypotheses, theory, and the ultimate conclusions drawn were continually subjected to negative case testing (Robinson, 1951; Lindesmith, 1952; Mannheim & Simon, 1977; Denzin, 1978: 65-6). Any emergent ideas were ruthlessly subjected to a search for negative cases, and, if located, were either discarded, or reformulated to take it into account until "practical certainty" was achieved within the data (Denzin, 1978).

In addition, to avoid the "post-facto hypothesizing" known as "examplimg" (Glaser & Strauss, 1967:5), the following safeguards were incorporated: (1) examples illustrating various points were selected at random from among the relevant grouped cases; (2) each assertion was documented with at least three examples; (3) analytic interpretations were examined by three independent readers (the thesis committee) "to ensure that any

claims and assertions are not derived from a misreading of the data and that they have been documented adequately" (Berg, 1995:192-3); and (4) whenever inconsistencies in patterns emerged, these were "discussed in order to explain whether they have invalidated overall patterns" (Berg, 1995:193).

In sum, the coding and analysis of the data for this study were conducted in a systematic and organized fashion consistent with the accepted standards in qualitative research. Incorporating common, special and theoretical classes built around the central concept of gender differences in coping in various contexts, and constantly utilizing the analytic safeguards afforded by the constant comparison method, negative case analysis, and the other strategies discussed above, it is highly likely that the conclusions that emerge out of this analysis are well-grounded in the data at hand.

Next follows a discussion of ethical considerations in the present research.

(5) Ethical Considerations: The issue of ethics always arises whenever research involves the study of human subjects. In this section the ethical considerations and decisions taken in carrying out this research will be addressed with regard to three areas: (a) data collection; (b) data storage; and (c) confidentiality.

Before beginning, however, it must be pointed out that prior to the commencement of this research, the researcher was obliged, under university regulations, to submit details of the project to an ethics review. No research was conducted until such approval was obtained. A certificate signifying the university Ethics Committee's approval of this research, dated March 1, 1995, can be found in Appendix D.

(a) Data Collection: When considering the ethical issues involved in data collection, it will be useful to discuss the various methods and sources of data separately:

(1) With regard to the intensive interviews, data were only collected from willing respondents who were informed in advance about the nature of the research. Indeed, the local victims' rights group, other "victims" organizations, and various interviewees themselves, would not have suggested or referred potential interviewees to this researcher unless they were either individually informed about the nature and confidentiality of the research beforehand and gave their consent, or had been through an interview themselves and knew what to expect.

Thus, not only was each organization contacted given a detailed written notice regarding the nature of the research, but, immediately prior to conducting each interview, respondents were again told about the nature

of the research, and that there would be personal, potentially upsetting questions involving how they dealt with the violent loss of a loved one. They were advised that they could decline any questions that they felt to be too personal, could withdraw from the interview at any time, that their comments would be confidential, and that their real names would not be used in any publication. Finally, before proceeding, their written permission to tape record the interviews was obtained on a form that reiterated all of the above matters. If, at any time during the interview, respondents wished to withdraw, they were asked if the material provided thus far could be used in the research. If they declined, all their records were destroyed by the researcher. In the end, no respondents withdrew from the interviews.

(2) Similar care was taken with the mail-back surveys. Canadian surveys were either distributed by mail after a written or telephone request for a survey (in response to one of the detailed ads placed in various newsletters), or, more often, distributed in person after the survey was personally explained to a potential respondent at a public event. Those individuals responding were informed in advance about the subject matter of the survey, its confidentiality, and given any and all opportunities to ask questions. There was also a detailed cover letter attached to the survey addressing these matters (see Appendix E).

As for the more numerous American surveys, great care and negotiation went into arranging this distribution. The U.S. "victims" organization required the submission of a detailed plan of the proposed research, including the questionnaire, for review by a doctor on their staff before they would either approve this research, or distribute notice of the questionnaire in their newsletter to local chapters. The doctor wrote back on November 1, 1995 endorsing this research, and notice went out in the next national newsletter (See Appendix F).

Given that these U.S. respondents, unlike the Canadian survey respondents, all took the initiative themselves to request a survey, it is important to note that there was a long cover letter on the front of each survey describing the subject matter, nature of the questions, and confidentiality (with a request not to use their names). (See Appendix E).

(3) Care was also taken in the collection of data through participant observation. Officials at the organization where the vast majority of the fieldwork was conducted were well aware of the nature of this work, and of the researcher's note-taking, and covert operations were not undertaken unless the researcher's

presence appeared to be affecting other's behavior. In other contexts, such as when attending public events, again covert operations were rarely if ever undertaken, and, if this became necessary, of course confidentiality was respected throughout the data by the use of code names.

(4) As for the content analysis of the Criminal Injuries Compensation files, it goes without saying that the Ontario government would not allow the viewing of such sensitive documents unless confidentiality was to be respected. Thus, a written agreement was carefully negotiated between the researcher and the Board ensuring just that. (See Appendix C). A particular condition of this agreement was to blot out the names and identifying characteristics of individuals referred to in these files.

(5) Finally, in the collection of supplementary written materials to be used in this study, such as articles, biographies and journalistic accounts, it is to be noted that these were already published and public documents. Thus, the stringent levels of confidentiality above were not necessarily applicable in most cases.¹⁰⁵ However, when utilizing such materials, there was no plan to refer to the names or identifying features of these individuals, as there was a need to maintain consistency of identifiers (age, sex and number) throughout this study.

(b) Data Storage: In conducting this research, taped interviews and field notes, mail-back surveys, transcribed data and computer disks were kept in the researcher's home behind a locked door at all times when not being used for research. Further, most of the work was done on-site in the researcher's home.

There were three exceptions. First, the data collected at the Criminal Injuries Compensation Board was initially stored on disk and in a laptop computer on site at the Board Office until data collection was complete in September of 1996. The researcher was then permitted to remove these data on disk, with an official at the Board retaining identical files on another disk and on the hard drive of the lap-top computer. Once these data left the Board Office, they were stored in the same manner described above in the researcher's home.

The second exception, which concerns the interview data, was when work was being done by the student hired through the Ontario Work Study Plan, who assisted with the transcription of about a third of the interview data. This student was required to sign an agreement of confidentiality and indemnification prior to

¹⁰⁵ The exception would be the handful of victim impact statements obtained, which, of course, were not referred to in any way that could identify the person(s) involved.

commencing work (see Appendix B), returned all computer disks and transcribed data, and assured in writing that she retains no files on disk or on her computer hard drive.

The final exception concerns the coding and analysis of the data using the NUDIST software package, which was only available on a limited number of computer terminals at McMaster University. Raw data were taken to the university on disk, coded there, and the results copied onto a separate disk before returning home. No material was saved to the hard drive of any of these computer terminals, and great care was taken to ensure that all materials were removed each day when work was completed. Once returned to the researcher's home, these disks were stored in the same manner discussed above.

At no time were any of these data shared with other individuals, except when required by those faculty members assisting in the preparation of this research. Under those limited circumstances, faculty only viewed documents from which all potential identifiers had been removed. Moreover, since it was made clear to respondents not to use their real names during interviews, they very likely cannot be identified in any event.

(c) Confidentiality: It is essential when publishing sensitive research, especially in areas as sensitive as the emotional aftermath of a child's or other loved one's murder, to protect the identity and privacy of one's respondents. This has been accomplished in two ways:

First, none of the respondents' names were used in this final report, with quotes or data pertaining to a particular individual only identified by age, sex and an assigned identification number. Secondly, any details that might call attention to the identity of a subject were either left out, or, when necessary, discussed at such a broad level of generality as to not permit any clear identification.

In summing up this section, it is clear that research ethics have been respected in the areas of data collection, data storage, and confidentiality. Moreover, as mentioned earlier, the researcher met the ethical requirements set out by various bodies such as the university Ethics Committee and the Criminal Injuries Compensation Board. The research itself was also carefully reviewed by various organizations, particularly the U.S. "victims" organization, before endorsement.

Now that ethical considerations in conducting this research have been addressed, let us move on to the final section regarding contingencies underlying the current work.

(6) Contingencies Underlying this Study:

Before closing this chapter, it is important to make some qualifying methodological comments about this research. While it must be stressed that every effort was made within ethical, legal, financial, temporal, geographic, and bureaucratic contingencies to make this study as comprehensive as possible, there are a few caveats that must be addressed before moving on to a discussion of the data. This discussion is in two parts: (a) contingencies related to qualitative analysis in general, and (b) contingencies related to the nature of the data.

(a) Contingencies of Qualitative Analysis:

First and foremost, it must be noted that small, nonrandom samples, varying sources of data, and the relative lack of standardization in asking questions makes wide generalization of results from the interview, survey, participant observation and other written data difficult. However, this difficulty may be somewhat offset within Ontario by the efforts made to cross-check and round out any conclusions based on these data with materials from the more broadly based population of Criminal Injuries Compensation files.¹⁰⁶

Second, despite pretesting the interview and survey schedules with colleagues, the first interviewee, and the representatives of two "victims" organizations, the potential always exists, when using intensive interview data, for subtle interviewer bias to affect data collection. However careful role taking, developing rapport (Berg, 1995: 45), careful questioning, re-phrasing of questions, and asking for clarifications were strategies used to minimize this potential bias.

(b) Contingencies Related to the Nature of the Data:

These difficulties were further enhanced by matters pertaining to the nature of the data itself. First, there were the demand characteristics of the Criminal Injuries Compensation Board. Survivors applying for compensation are asked to state on their application whether they required psychiatric help, and, if seeking compensation for "nervous shock" (i.e. pain and suffering), "the Board requires psychiatric evidence to establish the injury." Indeed, the Board's policy is that "the person's reaction to this violence must go beyond

¹⁰⁶ While these C.I.C.B. files have different problems, the interview and survey data can similarly be used to cross-check observations based on these.

what would normally be expected in the particular circumstances of this occurrence."¹⁰⁷ This further complicates matters as: (1) survivors who may not otherwise have seen a mental health professional were required to do so in order to obtain such compensation; and (2) it was in the pecuniary interest of both applicants and those mental health professionals who treat them (who may eventually stand to gain from an award paying for therapy) to appear as ill as possible.

Keeping these considerations in mind at all times, I was always careful to cross-check any conclusions based on these data with the interview and survey data and with files where survivors were not applying for compensation of pain and suffering before citing them as evidence of a particular point. Contradictory evidence in individual files also proved helpful in this regard. Generally, by careful triangulation and negative case testing within and between all of the sources of data, the potential biases inherent in the C.I.C.B. data were offset, and these data proved to be both revealing and consistent enough with the other sources to use as illustrations of my argument. When the data became saturated with repetitive codes, "practical certainty" was achieved to the extent that it could be under the circumstances.

The second contingency relates to criticism in the previous chapter of the culture-bound nature of much earlier work on grief. Criticism was levelled at the implicit assumption that once triggered, there are universal "normal" stages of human grief, independent of cultural or historical context, which vary in intensity, duration, and, in some models, order - regardless of the fact that most of the data upon which such generalizations have been based comes from contemporary British and American widows. However, it must be admitted that this study is also largely bound to a particular cultural context: contemporary North America.

While this contingency is somewhat mitigated by: (a) incorporating Lofland's (1985:175) analysis of what it is about our contemporary culture that makes death particularly horrifying here and now; and (b) including significant minority representation in the present sample,¹⁰⁸ it is nevertheless clear that only additional cross-cultural work at a later date can properly address this matter.

Finally, there are jurisdictional problems in both generalizability and making comparisons. These result

¹⁰⁷ C.I.C.B. Information Booklet (A Guide to Applicants) July, 8, 1996, at pp.7-8.

¹⁰⁸ See the breakdown of minority respondents in the data chapter, particularly for the C.I.C.B. data.

from the fact that the available data for this study, while largely collected in Southern Ontario, is supplemented by a few interviews, plus surveys, journalistic and biographical data from other Canadian provinces and U.S. States. However, all Criminal Injuries Compensation files (and therefore all medical and psychological reports) pertain to Ontario.¹⁰⁹

Thus, when talking of criminal law, procedure, and other legal institutions, the author must broadly speak in terms of Canadian criminal procedure and justice institutions as administered in Ontario because that is where the data are most firmly grounded. The same is even more true of the medical data. While the researcher was at times able to address comments about variations in the administration of justice in the different provinces covered in the data, as well as legal differences in variety of U.S. jurisdictions,¹¹⁰ it was not the intended purpose of the present research to do a substantial cross-jurisdictional study comparing legal provisions and institutions. Such interjurisdictional generalization and comparisons would be even more difficult in the case of the Criminal Injuries Compensation data, containing all medical and psychological reports, which were wholly restricted to Ontario.

Therefore, while many of the conclusions of this study may certainly be relevant to other jurisdictions, it is also important for readers to compare their substantive criminal law, administration of justice, criminal injuries compensation and victims' services programs before determining if, where, and how these conclusions apply elsewhere.

Summing up the above caveats - and this is critical - this study does not attempt to make universal generalizations about grief and coping strategies in the context of family, friends, the helping professions and legal institutions. Much more wide-ranging cultural and historical research would still fall short of that goal. This research merely hopes to empirically investigate the coping strategies of survivors within the acknowledged limits set out above to obtain a broader, richer interpretive understanding of grief in our culture

¹⁰⁹ There are, however, comments by a few interview respondents about the Criminal Injuries Compensation schemes in other provinces.

¹¹⁰ These result from the fact that, unlike Canada where criminal law is made by the federal government and administered by the provinces, in the United States criminal law is largely made by the individual states themselves - resulting in a geographic patchwork of differing criminal laws.

than has hitherto been the case. It will likely broaden not only our limited empirical understanding of the criminally bereaved, it may also suggest useful ways to interpretively understand the coping strategies of ordinary men and women in other interactional situations. Much more research will be needed to broaden, or elaborate these conclusions in other cultural and historical contexts. This study is merely the first step.

(7) Conclusion:

The foregoing chapter has detailed the methodology utilized in this study of gender differences in the coping strategies of those bereaved by homicide. It has reviewed: (i) choice of qualitative research methods; (ii) the strategies used to gain access to the various sources of data; (iii) sampling; (iv) coding and analysis; (v) ethical considerations; and (vi) contingencies underlying this type of study.

It is now time to move on to discuss the data.

CHAPTER FIVE: PRESENTATION OF THE RESULTS

In this chapter, the results of this study are presented. First, the demographic profile of the sample is examined. Next, loss of self following the murder will be discussed in relation to survivors' "metaphors of loss." Third, survivors' reactions and coping will be examined in relation to a variety of factors that reportedly influenced the course of their grief experiences for better or for worse - some factors over which survivors could exercise choice or control; others where specific coping choices were not available. The relation of gender to both survivors' reactions, and their chosen coping strategies in specific circumstances, will be discussed throughout this examination. Finally, attention will be focused on the relation between survivors' gender roles, general coping attempts, and two specific "grief cycles" that reportedly impeded not only survivors' coping, but their health as well.

Adopting an evolutionary perspective, this chapter will stress how survivors' experiences evolve over time in relation to the various helpful and unhelpful social interactions they experienced. Ultimately, the broad influence of gender and these various interactions on survivors either embracing the "victim" role, or pursuing a more active coping orientation will be outlined.

(1) Demographic Profile of the Data: In this brief section, the demographic characteristics of survivors recruited from the various sources will be presented. Table 1 outlines subjects' gender, class, marital status and age broken down according to the three sources of data in this study:

Table 1: Gender, Class, Marital Status and Age by Source of Data:

	<u>Interviews</u>	<u>Surveys</u>	<u>C.I.C.B.</u>
Gender:			
Male	47.0%	27.0%	46.0%
Female	53.0%	73.0%	54.0%
Class:			
Upper	12.5%	9.1%	0.0%
Middle	78.1%	86.4%	39.0%
Lower	9.4%	4.5%	61.0%

(Table 1 Continued)

	Interviews	Surveys	C.I.C.B.
Marital Status:			
Single	6.3%	9.1%	3.0%
Married	84.4%	68.2%	44.6%
Separated	6.3%	4.5%	19.8%
Divorced	0.0%	13.7%	17.8%
Widowed	3.0%	4.5%	14.8%
Age Group:			
(a) Survivors:			
0-35	3.3%	14.2%	24.6%
35-45	10.0%	23.8%	23.2%
45-55	56.7%	19.1%	31.1%
55-65	26.7%	23.8%	18.1%
65+	3.3%	19.1%	2.9%
(b) Deceased:			
0-15	4.2%	4.2%	17.7%
15-30	70.8%	58.3%	66.6%
30-45	16.6%	25.1%	14.8%
45+	8.4%	12.4%	0.9%
No. of individuals per sample	32	22	145

First, with regard to gender, these results show that, with the exception of the survey data, the sample was relatively balanced between men and women.¹¹¹ It is likely that male disinclination to talk openly, coupled with differences in how respondents were approached to participate/be included in this study, account for these differences between the interview and survey data. For example, there were occasions where women were interviewed but their husbands refused. Moreover, many of the men who were interviewed were involved with survivors' or self-help groups, and thus more accustomed to talking openly. However, for the advertised surveys, it was common for women to contact the researcher and ask for separate questionnaires for their husbands - who typically did not share their interest in talking about grief. The gender ratio almost evens out

¹¹¹ There was one admittedly lesbian respondent from the interview data, as well as one gay male victim of homicide from the C.I.C.B. files. Otherwise, there was no indication in the data of homosexuality. More subtle gender variations like "sensitive men" or "stoic women" are discussed later under the sections on reactions and coping.

again with the C.I.C.B. data - reflecting the unsolicited "captive sample" of government files. This specific imbalance is in line with the literature on parental bereavement that shows that the vast majority of information regarding reactions to the death of a child comes from mothers rather than fathers (Lister, 1991; Staudacher, 1991; Lowman, 1979; Defrain and Ernst, 1978; Nixon and Pearn, 1977). This is also in line with male underrepresentation in the literature on victimization (Roane, 1992; Hussey, Strom & Singer, 1992; Broussard & Wagner, 1988; Smith, Pine & Hawley, 1988; Janoff-Bulman & Frieze, 1987; Blanchard, 1987). Nevertheless, the overall sample remains undoubtedly more balanced by gender than many past studies.

Second, class differences were apparent between the interview and survey data, on the one hand, and the Criminal Injuries Compensation Board (C.I.C.B.) data on the other. Class differences were determined by combining subjects' self-reported class from the surveys and interviews and written descriptions of their occupation, education, and income. While the majority of interview and survey respondents were categorized as middle class, and more were upper class than lower, based on this analysis most C.I.C.B. respondents fell into the lower class, followed by fewer middle class and no upper class individuals.

An examination of the traditional demographic variables utilized to measure class yielded clear differences. When education, income and occupation of subjects were compared, the interview and survey data sharply contrasted with the C.I.C.B. files.

For example, with regard to education, only 16% of interview respondents and none of the survey respondents had less than a high school education, and 22% of interview respondents and 32% of survey respondents had either graduated high school and taken further courses/ upgrading. An additional 25% of interview respondents and 23% of survey respondents had completed community college. Finally, 25% of interview respondents and 45% of survey respondents had completed university, many with graduate and professional degrees. The C.I.C.B. respondents clearly did not appear as well educated. Unfortunately the data upon which this conclusion is based are incomplete as the Board does not collect data on the education of applicants as a matter of course. However, from reading the C.I.C.B. files, it became apparent that applicants, for the most part, had poor writing skills. Other indicators of lower levels of education included the observation that a number of applicants in later life were just beginning vocational training. Additional information on income, occupation, and assessments by C.I.C.B. officials discussed below lend support to this assessment of

these respondents as less well educated than others.

Turning to income, it is clear that the interview and survey respondents generally fared quite well. Only 12.5% of the interviewees and 27% of the survey respondents reported a low income, and many of these latter respondents were being supported by a spouse. Fully 69% of interviewees and 41% of survey respondents reported mid-range incomes, and 16% of interviewees and 32% of survey respondents reported a high income.¹¹² The C.I.C.B. respondents, in contrast, tended to coalesce around lower incomes, with fully 38.5% having had contact with some form of income support such as general welfare or family benefits. Another 22.5% appeared to be working at low-paying jobs. Financial problems and cash flow appeared to be a common theme in these files - often exacerbated by funeral costs and inability to work due to emotional upset. Only 39% of these individuals appeared to be in the middle income range, and none in the upper.

Third, when the sample was looked at in terms of occupation, the contrast between the interview/survey data and the C.I.C.B. files was again apparent. Many of the interviewees were professionals, civil servants, middle managers, skilled tradespeople, retired pensioners, married "homemakers" and the like. The survey data repeated this pattern. In contrast, the C.I.C.B. files, as noted above, contained many individuals who were unemployed and/or receiving income support, and many others working at low-paying unskilled service/manual labour jobs. Only a minority appeared to be working at full-time, better paying jobs.

Finally, it must be pointed out that officials at the C.I.C.B. themselves verbally confirmed to the writer on several occasions that their "clients" were predominantly "lower class types."

Thus, the self-reported class affiliation found in the interview and survey data, combined with available data on education, income and occupation were illustrative of the predominantly middle-class composition of these survivors. This contrasted sharply with the C.I.C.B. data where the majority of these individuals clearly fell into the "lower class."¹¹³

¹¹² Of course, minor differences between these numbers and the relative class composition of the three sources of data reported earlier are due to (1) the influence of occupation and education; and (2) the distinction between "lifestyle," income and class noted by a number of respondents (e.g. "I have a high income but I live a working class lifestyle").

¹¹³ The effects of this class difference on both survivors' grief and coping are mediated by the fact that (1) survivors often apply to the C.I.C.B. because they are in need of money; and (2) the C.I.C.B. requires

Turning next to marital status, while most interview and survey respondents reported being married, this was less true of C.I.C.B. applicants, who were more frequently separated, divorced, or widowed.¹¹⁴

Finally, when the data were broken down according to age, it was clear that most survivors in this study were between the ages of 35 and 65. When these individuals, who were largely parents, were compared to the age of the deceased, a significant age variation could be seen. Clearly, the majority of homicide victims in this study were between the ages of 15 and 30 in all three sources of data.¹¹⁵

Table 2 outlines factors relating to subjects' sociocultural background, including ethnic background, religious affiliation, and geographic origin of the three sources of data:

Table 2: Sociocultural Background by Source of Data:

	Interviews	Surveys	C.I.C.B.
% Ethnic Minorities:	6.3%	9.0%	20.0%
Religious Affiliation:			
Roman Catholic	18.7%	23.8%	-
Protestant	31.3%	61.9%	6.4%
Greek Orthodox	-	4.8%	-
Mormon/J.W./7th Day Adv.	3.1%	-	-
Jewish	-	-	1.9%
New Age	3.1%	-	-
Own Private Views	12.5%	-	-
No Religion	22.0%	9.5%	-
Unknown	9.3%	-	91.7%

applicants seeking compensation for pain and suffering to see a mental health professional to document their condition and show that their suffering is over and above what the average individual would experience in similar circumstances. This confluence of financial need and bureaucratic requirements shapes the grief and coping choices of survivors in the C.I.C.B. data differently than the others.

¹¹⁴ It is difficult to read too much into these numbers. The proportion of survey respondents who reported being divorced approached those from the C.I.C.B.; at least a third of the married interviewees reported having marital difficulties since the murder; and the proportion of married individuals who later separate or divorce after the murder of a loved one is reportedly very high indeed (e.g. up to 70%). Thus, these figures should be viewed as a snapshot in time reflecting an evolving situation - perhaps better reflecting marital circumstances prior to the murder than the eventual outcome.

¹¹⁵ The presence of children and teens among the C.I.C.B. files indicates children of applicants whose parents have applied for compensation on their behalf, and on whom there is information on symptoms/coping strategies in the files.

(Table 2 Continued)

<u>Geographic Origin:</u>	<u>Interviews</u>	<u>Surveys</u>	<u>C.I.C.B.</u>
(a) Urban vs. Rural:			
Urban	87.5%	63.6%	87.9%
Rural	12.5%	36.4%	12.1%
(b) Country:			
Canada	100.0%	36.3%	99.0%
United States	-	63.7%	1.0%

*Note: The symbol "-" in this table indicates no response or unavailable data.

First, when the data are examined in terms of ethnic diversity,¹¹⁶ it is clear that the interview and survey data were relatively homogeneous in terms of ethnic background, reflecting the largely European background of North American society. However, again the C.I.C.B. data differed, with a considerably higher proportion of minority applicants.¹¹⁷ As will be seen later in this chapter, these cultural differences can, and sometimes did, play a key role in both the reaction and the coping strategies of survivors.

Next, with regard to subjects' religious affiliation, the most notable feature of these data were the virtual absence of figures for the C.I.C.B. files. This information was simply not available in the vast majority of cases.¹¹⁸ The significantly higher proportion of ethnic minorities in this group, however, suggests that there may be religious variation between the C.I.C.B. data and the interviews/ surveys. Whether these hypothesized

¹¹⁶ The interview and survey respondents were asked to give their ethnic background. The ethnicity of the C.I.C.B. respondents was determined by information in their files.

For the purposes of this study, an ethnic minority includes individuals who do not list their ancestry as British or European in origin, do not refer to themselves as "Canadian" or "American," or who belong to a visible minority.

¹¹⁷ Minorities represented in the C.I.C.B. files included the following: Aboriginals (9), Jamaican/ African-Canadians (6), Orientals (3), and Jewish (2) applicants.

¹¹⁸ Religious affiliation is not information generally considered relevant for the Board's purposes, and any such information gleaned from these files is sketchy at best. Only 9 files contained documented information on the applicant's religion, and this evidence came largely from letters of support from clergy or documentation detailing religious involvement/participation as a coping strategy.

differences are significant cannot be stated with any certainty given the paucity of the data from this source.

Finally, with regard to the geographic origin of the data,¹¹⁹ three matters stand out. First, and not surprisingly, urban dwellers were the overwhelming majority among all three sources of data. Second, all of the interview respondents and almost all of the C.I.C.B. respondents were residents of Canada, while the majority of survey respondents were American.¹²⁰ Finally, when the data were further broken down into subjects' province or state of ordinary residence, there was clearly a wide geographic variation among these three sources of data. A heavy concentration of interviews in Ontario (81.3%) reflected the practical necessity of meeting in the same geographic locale for data collection. The survey data, without such practical restrictions, showed the widest regional variation, both in Canada and the U.S. The C.I.C.B. data, again, contained a heavy concentration of Ontario residents (93%), with little representation from other regions.¹²¹

Table 3, finally, details those demographic factors relating to the homicide itself emerging from both survivors' accounts and police investigation reports in C.I.C.B. files :

Table 3: Demographic Factors Related to the Homicide:

Relation	Relation of Deceased to Survivor:		
	Interviews	Surveys	C.I.C.B.
Child	64.9%	50.1%	80.6%
Sibling	14.7%	11.6%	7.7%
Parent	8.8%	7.6%	2.5%
Friend	2.9%	11.5%	0.8%
Spouse	-	7.8%	1.7%
Niece/Nephew	2.9%	3.8%	1.7%

¹¹⁹ Geographic information was self-reported among interview and survey respondents, and gleaned from individual files for C.I.C.B. subjects.

¹²⁰ This first result reflects the fact that, for practical purposes, all interviews had to be done locally, or when residents of other jurisdictions were visiting southern Ontario. The finding regarding the surveys reflects the better response rate to the survey in the U.S., largely due to a larger population of potential subjects and extensive support from a comparatively well-developed national "victims" organization. Of course, with regard to the last column, it is self-evident that the Ontario C.I.C.B. deals with incidents of homicide occurring within the geographic boundaries of that province.

¹²¹ This reflects the fact that an applicant can reside outside the province, but the crime has to have occurred within the geographic boundaries of Ontario for the Board to exercise jurisdiction.

(Table 3 Continued)

	<u>Interviews</u>	<u>Surveys</u>	<u>C.I.C.B.</u>
Uncle/Aunt	-	3.8%	-
Godchild	-	3.8%	-
Great Niece	2.9%	-	-
Great Grandchild	2.9%	-	-
Grandchild	-	-	2.5%
Ex-Spouse	-	-	1.7%
Stepson/daughter	-	-	0.8%

Whether Offender Known to Victim:

Known to Victim	46.9%	31.8%	66.7%
Unknown to Victim	53.1%	68.2%	20.2%
Unclear	-	-	13.1%

Type of Homicide: ¹²²

Breakup/domestic dispute	37.5%	9.2%	29.3%
Organized crime	9.3%	13.6%	17.2%
Alcohol/drug related	6.3%	4.5%	21.2%
Recently released offender	34.3%	-	1.0%
Car "accident"	6.3%	13.6%	1.0%
Psychological problems	6.3%	18.2%	14.1%
Confrontation	-	13.6%	4.1%
Reckless firearm use	-	-	2.0%
Police in line of duty	-	-	1.0%
Unclear circumstances	-	27.3%	9.1%

Time Elapsed Between Homicide and Data Collection:

Under 1 year	-	4.5%	8.1%
1-2 years	-	9.1%	21.4%
2-3 years	25.0%	4.5%	37.2%
3-5 years	41.0%	4.5%	18.3%
over 5 years	34.0%	77.4%	15.0%

*Note: The symbol "-" in this table indicates no response or unavailable data.

¹²² While it may be questioned whether there was overlap between domestic disputes and alcohol/drug-related murders, it became readily apparent that in most cases, including approximately 80% of the C.I.C.B. data, that this information was simply unavailable. Thus, all murders involving partners and ex-partners are included in one category regardless of evidence of alcohol or drug use, and other murders showing evidence of intoxication are placed in the other category.

Looking at the first measure, it is clear that the largest proportion of homicide victims in the sample were either sons or daughters of respondents across all three sources of data.¹²³ These were followed by siblings, parents, friends, and then a variety of more distant relations who did not appear with any frequency in the sample.

Next, concerning whether the victim knew the offender, there is an interesting split between the interview and survey data, on the one hand, and the C.I.C.B. data on the other. While the former, particularly the survey data, show that a majority did not know the offender prior to the murder, the C.I.C.B. data show that a clear majority of respondents were familiar with the offender. This is so even when the files that were unclear on this matter are factored in.

Further light may be shed on this issue when the circumstances surrounding the homicide are considered. First, the data show a high concentration of murders during breakups and other domestic disputes, particularly among the interview and C.I.C.B. data. Organized crime related murders, which included all homicides involving bikers, gangs, drug dealers, as well as a few professional "hits" and prison murders, were second in frequency.¹²⁴ These were closely followed by a variety of non-domestic alcohol and drug-related homicides, including street/bar fights, homicides following drinking parties with friends and acquaintances, "drug-induced violence," and so-called "OD's." These were particularly prominent among the C.I.C.B. data. Fourth were murders committed by recently released offenders, which were most prominent among the interview data. Fifth were car "accidents" considered questionable by the survivor, which ranged from intentional vehicular homicide, reckless driving, to impaired driving.¹²⁵ Sixth, there were situations where the offender exhibited accredited psychological disturbance, including cases of stranger abduction by known sexual deviates,

¹²³ This helps explain the age difference between survivors and the deceased discussed above.

¹²⁴ Again, for the purposes of analytical clarity, all murders involving the activity of organized crime were included in this category regardless of whether they involve other factors such as alcohol and drug intoxication, or a contract killing by a former spouse.

¹²⁵ Drunk driving was not included under alcohol and drug related homicides as these generally involved situations where alcohol induced a propensity to intentional physical violence, whereas drunk driving involved negligent inability to drive due to alcohol intoxication.

While there was some controversy among survivors regarding whether impaired driving actually constituted homicide, it was included here as a boundary marking situation.

offenders' obsession with the victim, and murders by offenders later diagnosed with a variety of mental disorders. Seventh, there were situations involving confrontation by the victim outside of the above contexts, including such situations as provoking burglars and intruders, attempting to intervene in another's conflict, and confronting the offender in a business or property dispute. Last were a series of infrequent occurrences which only appeared among the C.I.C.B. data.

Interestingly, while exhibiting a proportion of domestic disputes similar to the interview data, the C.I.C.B. data showed a higher proportion of non-domestic alcohol and drug related murders, plus a sizable percentage of murders involving some form of organized crime, yet little in the way of automobile related deaths.¹²⁶ Indeed, further examination revealed that fully 20% of all victims in the C.I.C.B. files had prior involvement with the law, and another 5% were involved in activities which put their lives at risk. This may also help to explain the differences above between the C.I.C.B. data and the other sources regarding whether the victim knew the offender prior to the crime.

Finally, turning to the time elapsed between the murder and data collection,¹²⁷ it is clear that many of the interview and survey respondents did not participate in this study until at least 3 years had elapsed from the date of the crime, and for the majority, the time elapsed was much longer.¹²⁸ When the C.I.C.B. data are looked at, in contrast, the majority of data were collected in under 3 years.¹²⁹

¹²⁶ This latter observation may also have to do with the fact that automobile accidents are outside the jurisdiction of the Board unless they involve intentional vehicular homicide.

¹²⁷ For the interview and survey data, this was simply a measure of the time between the murder, the interview, or the date the questionnaire was completed. For the C.I.C.B. data, on the other hand, these numbers represent the time between the murder and the C.I.C.B. closing their file containing all information on the applicant.

¹²⁸ Indeed, the majority of those 25% of interview respondents in the 2-3 year category were close to 3 years from the crime before becoming involved in this study. Moreover, the average time between the murder and the collection of the data for the interview subjects was 6.28 years, and the corresponding figure for survey respondents was 7.56 years.

¹²⁹ Of course, these numbers relate to the C.I.C.B.'s policy, enshrined in the legislation, that applications must be made within 1 year of the crime, unless an extension of limitation period is granted by the Board. Thus, the average time between the murder and first contact with the Board was a mere 10.67 months. This is further reduced to 5.34 months when files requiring an "extension of limitation period" were excluded. Moreover, the average time between the crime and the Board closing a file was 3.15 years after the crime.

Having discussed the socio-demographic profile of the sample, attention will now turn to the results of this study.

(2) Survivors' Loss of Self Following the Murder:

In this first section, survivors' metaphors of loss are discussed in relation to a sense of a loss of self in general. This relates back to the position taken by Charmaz (1980:280), and Klass (1988:12-14) in the earlier literature review chapter that grief involves nothing short of a loss of the self which was also noted in this research.

To begin with, respondents were asked to describe their experience of the murder of a loved one. Many survivors, both men and women, indicated that they could not do so, as there were simply "no words" to describe it:

There are really no words or description of any kind that can describe this. You know, you take pride in her, in her way of doing things, in her beauty...But, describe her loss? There's really no words of any kind. What can you say? How can you honestly say that? It's a tremendous tragedy, a tremendous loss, that's not big enough. There are no words. I don't care how far you dive into the dictionaries to try to find out how you actually can describe that, the feeling that is actually behind it, and just how big of a loss it is. Like, there are no descriptions, or words, or describing the size of the loss. No. (Interview 4: Male, age 56).

That's the hardest thing you've ever got to say, because, you can't really describe it. (Interview 10: Female, age 60).

Yet, despite such initial disclaimers, survivors quickly went on to articulate a rich series of metaphors to illustrate the impact of the crime, which in this research are termed "metaphors of loss." These attempted to convey, insofar as words may, the effect of homicide on those close to the deceased. This section reviews and compares these metaphors of loss in descending order of frequency in the data.

The single most common metaphors expressed by both male and female subjects were those indicating a general loss of self. Subjects using such metaphors generally asserted that they "lost part of themselves" when the deceased was killed.

I feel that someone has taken part of me when _____ died. I loved him so much it hurts....To me, my children mean the world. For someone to take one of them is like taking part of me. (C.I.C.B. #93: Survivors' Letter to Board: Female, age 52).

My beautiful apple-seed eyed first born daughter had died. A horrible, painful frightening death no child or human being should ever have had to endure. Gone were her smiles, childhood antics, beauty, my daughter died! So did a part of me! (C.I.C.B. #41: Male, age 41).

Sometimes, this loss of self was expressed in terms of amputation or in terms of having one's "heart torn out."

It's like an amputation - in time you adjust to the loss, but you're never complete again. (Survey #14: Male, age 35).

I have a piece of my heart that was ripped out that can never be mended, could never be put in. (interview 21: Female, age 45).

Next, loss of self was expressed in terms of being "half gone":

I feel still like 'half a person.' (C.I.C.B. #62: Female, age 39).

Half of my life went with him, and I miss him so. (C.I.C.B. #87: Female, age 65).

In still other cases, loss of self was expressed in terms of emptiness, using terms like "void," "vacuum," "a hole," "blackness," having an "empty heart" and feeling "hollow":

You feel as though your core has been stripped out, and it leaves you very (sighs) hollow. It's just like total emptiness. Like, you can't even think,... and you are just totally empty. Nothing seems very important. You are just existing, basically. (Interview #22: Female, age 46).

There is definitely an emptiness. I mean, I've likened it to somebody's ripped a chunk out of me. Like there's a hole. And, with time, that hole seals over. But the hole never goes away. I mean, there's still an emptiness in there. Its just that maybe you don't see it all the time, but there is still an emptiness there. (Interview #24: Male, age 47).

Finally, loss of self was expressed metaphorically in terms of survivors' own death "inside":

It's a death of yourself inside. You die a little slower each day, actually. It gets worse with time. (Interview #10: Female, age 60).

It's been so difficult for me...(sighs). It's truly totally deadening. (Interview #17: Female, age 50).

These metaphors clearly illustrate, as discussed in the literature review, that the loss of a loved one is experienced as a loss of some part of one's "self."

Interestingly, both men and women expressed aspects of this loss of self in similar ways, but perceived differences all the same. For example, on the one hand, both men and women felt like they had lost a child even in cases where the deceased was an adult:

To a mother it's a baby. No matter how old your child is it's a baby. (Interview #10: Female, age 60).

As a father, it doesn't matter how old your kids are, they're still your kids. Your kids, like, they can't look after themselves, you know? (Interview #11: Male, age 57).

Furthermore, both men and women felt that they had lost a friend as well:

I took a fit. _____ (the deceased) for me was a friend, not only a daughter. We shared so much. We confided in each other. It was like I just lost half of myself. (C.I.C.B. #2: Survivors' Letter to Board: Female, age 45).

No more will we be able to exchange our philosophies of life, argue politics, try to put the world right. The relationship between father and son had developed into a friendship, the mutual respect of opinions, as each other's right! I have a great difficulty accepting that my friend and son is dead. (Interview #11: Male, age 57).

Nevertheless, both men and women tended to perceive that the feelings of the other gender were different from theirs. As one male respondent put it:

When you are talking to a woman, and you're talking a child, about the loss of your child, you know, there is that relationship, there's that bond between a mother and a child, and it's not between the father and a child. There's just a major difference. It doesn't mean that we don't feel it just as much, but in a totally different way. (Interview #24: Male, age 47).

On the other hand, a female respondent noted:

From my husband's point of view he's lost...he said it's a supreme loss of ego for a man - and I see that with my son too. From my point of view, I wouldn't describe it so much as ego as I...I have no sense of myself otherwise outside. I have no sense of who I am, or how I'm seen, or what my place is. (Interview #17: Female, age 50).

These differing perceptions of the other gender may be a reason why it can be so difficult for survivors to help one another. While there may be more similarities than differences in their expressions of loss, they tend to perceive one another in stereotypical terms. This disjunction between expressed feelings and perceptions by others occurred throughout the data.

Next, it is important to note that these general metaphors were frequently generalized beyond survivors alone. For example, some survivors articulated these with reference to their family:

His murderer tore a huge hole in the fabric of our family. There is nothing that can mend it. (C.I.C.B. #13: Female, age 48).

How could anyone be responsible for upsetting so many lives? My _____, her smiles, hugs, beauty, are gone forever. My daughter's sister will never play with _____ again. I could write on and on the pain, guilt and 'what if's' will always be with us forever. Time perhaps will help, the void however, will never be filled. (C.I.C.B. #41: Male, age 41).

Observers related these metaphors to an intimate group that had included the deceased:

My daughter and _____ (another survivors' daughter) both said 'I'm an only child now.' (Interview #25: Female, age 45).

After the murder, two of the deceased's close friends who had been part of 'a threesome,' were quoted as saying

that 'suddenly a part of them was gone.' Commentary was added to the effect that 'their own carefree days of innocence died with him.' (C.I.C.B. #94: Newspaper Article covering funeral: Male, age 48).

Still others generalized the impact beyond the family to the community at large. Both men and women asserted that a "ripple effect" spreads steadily outward among family, friends and community with varying degrees of impact. As one male respondent put it:

I think that violent crime victimizes everyone, sort of like a pebble in a lake, you know. The closer you are to the pebble, the more that it seems to victimize you. But nobody escapes. I think even the general public become victims of crime. Of course you feel the anguish and the agony, and the grieving and the feeling of heartache and loss yourself personally. But even those other people who are not directly victims of crime. I think they've lived a loss too. They're not quite as free and carefree as they once were. (Interview #13: Male, age 46).

Another woman observed:

Each time somebody dies, we all die a little bit. I swear, every time somebody dies. (Interview #17: Female, age 50)

These various metaphors signifying a generalized loss of self related clearly to other metaphors where various aspects of this loss were spelled out in more detail. For example, this is seen in the next most frequent metaphor of loss: that of "being a different person now." Both men and women noted that, since the murder, they and their family members had become "different people":

I'm not the same person I was. (C.I.C.B. #14: Survivors' Letter to Board: Female, age 60).

I think I'm a different person now. I think it's changed me as a person. (Interview #9: Male, age 48).

Survivors backed this up by reference to "personality changes" that they noticed in themselves and others. For example, some spoke of exhibiting more open grief than in the past. As one woman observed:

(Sniffs) I mean the grief is an automatic grief. It just comes. Its not cathartic. It's not...(sniffs)...It's something that happens so often that you get quite accustomed to it. I didn't cry much ever in my life before, even when I was in extreme pain or whatever. So when I did cry, it was a very sort of heart wrenching thing. Now, it's just...there. My black line is no longer set so high. (Interview #17: Female, age 50).

Some subjects pointed to how these personality changes were played out within relationships:

One of the strange results of a bereavement is the effect it has on relationships. What once was accepted, familiar, even taken for granted, has suddenly been put in question. Familiar places are suspect: they may contain dangers we had never before thought about. Familiar people are perhaps not the same as before. In our minds, the crime of one person puts the fidelity of the whole human race in doubt. How easy to become a recluse, to trust nobody, to hide behind a cloak of mourning and self pity. How easy to hate, to give way to stress, to fail to allow for the stress that others are under as well. Person by person, like an electrical system after a power failure, our relationships have to be checked out and rendered operative once again. Until then,

an invisible barrier exists between us and our fellows, which can so easily over time harden into stone. (Survey #5: Male, age 63).

Other subjects spoke of having different and diminished interests, goals, priorities and involvements since the murder:

My whole life just changed after. I don't have the same interests or do the same things, as far as everything else goes. I mean, and I never will. You know, basically...I didn't have any interest in going back to work. I just stopped doing practically everything, being involved in things. You know, I'm trying now to get back, but it's hard. I mean, it's just like, all of a sudden, you lose your taste buds or something, and food doesn't taste the same. When you are eating it, it's all the same food you ate before, but if you can't taste it, there's nothing to it, you know? That's the way, to some extent, my life was after. You know, it took quite a while, and, to some extent, it's still that way. (Interview #23: Male, age 49).

These personality changes among survivors were also observed by others. As the sister of one woman put it:

The death of my nephew has brought a devastating effect on my sister. She is definitely a changed person! From a gregarious, outgoing women, she has become reclusive and wary of others. She's just not the same woman. (C.I.C.B. #8: Letter re: Female, age 52).

Indeed, professional observers backed up these observations in their own terms; first about a female respondent:

(She exhibits) a feeling of detachment and estrangement from others. She finds that she has lost her ability to empathize with others and stated 'I don't think I love anybody any more.' (C.I.C.B. #9: Doctor's Letter re: Female, age 41).

Then about a male respondent:

He indicates that he is not the same person that he was prior to the tragedy. He describes himself as unusually cautious, fearful, non-trusting, and is not able to generate the same interest or enthusiasm for life. (C.I.C.B. #60: Doctor's Letter re: Male, age 46).

Notably, ~~perceptions of personality change based on gender were also noted here. Survivors reflected on the differences they perceived between the changes they were experiencing and those of their spouses or other family members.~~ As one female respondent observed:

In retrospect really, our personalities have changed. I've gone to what he was, and he's turned to what I was. He's got a bit more of a fight in him, and I've gone to more of a passive, sit back type. It changes you completely. (Interview #10: Female, age 60).

Another woman noted:

I've said quite openly that my personality's changed, my goals have changed. You know, I've changed totally. I mean, _____ (respondent's son) lost his mother. It's interesting how desperate he is for me to start (working

on her former vocation) again. Desperate! Cause it was a way of showing that I was back. _____ (respondent's husband) certainly wishes I was alive...in the old sense, and, you know, every now and again he gets sort of upset I'm not getting back to things. (Interview #17: Female, age 50).

These perceived differences based on gender were also noted by men. As one husband put it:

My wife is so different now. We used to be outgoing and go to weddings and parties. Now, we don't socialize. Not even to weddings. That's her decision. First, she'll say 'yes.' The week before 'I don't know.' The day before 'No, she won't go.' Our married life and sexual life is not the same as before. She's always sleeping. You'll find her at the kitchen table any hour that you want. Although, it's eased up for me, my wife 'does not seem to be improving.' (C.I.C.B. #5: Survivor's Testimony at Board Hearing: Male, age 50).

Finally, some survivors, particularly men, asserted that their level of tolerance for others had changed:

My mentality is only to accept certain things now. I'm a lot less tolerant than I was. It's made me a different person. (Interview #32: Male, age 47).

The next most frequently used metaphor referred to how their loved one's death represented a "loss of future" to these subjects. As one woman put it:

It's as though your life is going along in one direction, and then something happens and it takes a right angle turn, and your whole future is just sliced away - and it's totally an unknown path in front of you. (Interview #2: Female, age 51).

Another male respondent observed:

I was robbed out of something, you know, that I was looking forward to, which I can now no longer enjoy. It's not just my daughter's future, you know, it's all of our futures. It's a future that, you know, you built something on - even though, at the time when you were doing it, you didn't realize it. Until something is taken, until a precious thing like that is taken away from you, you don't realize the loss, or what you were building towards...or for. (Interview #4: Male, age 56).

Indeed, some survivors using this metaphor felt that they were "fixated in time at the time of loss" where "she will always be 19," (Interview #1); others asserted that they were "just existing" (Interview 10).

Interestingly, while both men and women talked of loss of future, men tended to focus on future shared activities. As one male respondent noted:

It's a deflected future. 'Cause I backed him in the type of operation (he had going). There was also the possibility that we would both retire down there (in the U.S.). I was closer to my brother than the 2 of us were to the rest. So it's a loss and a deflected future. (Interview #7: Male, age 58).

Women, in contrast, tended to focus more on loss of companionship, future weddings, and grandchildren.

As one woman put it:

I have suffered the loss of my daughter and the loss of her in my future life. She will not be here to provide love, grandchildren and company for me. She had her life snatched away at 26 years of age by a young man

who showed no remorse or responsibility. (Survey: #21: Female, age 56).

In yet other cases, women talked of being unable to continue working in the future:

I am not claiming only loss of income, but loss of an entire career. I loved my daughter more than anything else in the world; second to her, I loved my work. I had invested some years of education, and equally years of poverty for both myself and my daughter, in order to reach the point where we could both look forward to a better life for ourselves and certain advancement, and probably a certain amount of prestige in a particular niche of _____ (my chosen career). Moreover, I was committed to and enjoyed my work. Even as a small child my daughter supported this commitment. My work as a _____ was intimately associated with her life - and, as it turned out, the circumstances of her death. Continuing as a _____ under these circumstances was impossible. Would I have given up this sort of commitment, not to mention the financial security of a steady income, a medical plan, and a pension transferable within Ontario, unless continuing had been insupportable? (C.I.C.B. #54: Survivors' Letter to Board: Female, age 40).

Again, these assessments of a loss of the future and the differing emphasis on what that meant for men and women were supported and elaborated by the observations of others, themselves sometimes survivors.

Men, for example, were observed to focus on the loss of the deceased's vocational achievements:

Although Mr. _____'s family has been living in poverty, he has put his hope to his only son, _____ (the deceased) and he was always encouraging his son to study hard and has expected him to become a good and useful person some day in the society. _____ (the deceased) was the only hope of Mr. _____, he felt that the 'whole world was broken' since his son's death. (C.I.C.B. #94: Psychiatrist's Letter re: Vietnamese Male, age 48).

Women, on the other hand, were observed to focus on family concerns such as weddings and grandchildren:

My mother was extremely upset by her death, and the loss of this opportunity to get closer as they got older. 'Cause she had lost her own mother at a very young age, and I guess, had been looking forward to a future with her daughter. The future that she never got with her mother, I guess she was hoping that someday it would, you know, be there for her and her daughter. It wasn't going to be. And I think that was part of the despair too. (Interview #13: Male, age 46).

She has no sense of a future and states that she doesn't want a future...'He will never marry and bring me grandchildren to love. His nieces and nephews will never even remember him. They won't remember his wonderful smile and how he laughed and played with them.' (C.I.C.B. #9: Female, age 41).

Next, there was the metaphor of violation. Survivors expressing this metaphor typically compared the effect of the homicide to "being murdered oneself." Words like "assault," "violation" and "trauma" were abundant in this context. While found among both men and women, this metaphor took on a more emotionally expressive, passive, victim-oriented tone among female subjects than males. As one woman observed:

I felt like when they shot my son, they shot me. I felt such an emptiness. They killed my boy, and they killed

me inside. I'm not the same and I never will be. (Survey #19: Female, age 45).

Still another noted:

Yes, I'm a victim. Maybe, I don't know how you'd describe this but, not even an isolated victim - one that was almost...stabbed at the same time as she was. (Interview #1: Female, age 47).

Indeed, one woman went further, elaborating how this violation compared to other violating events, using the same passive imagery:

(This was) the most traumatic, violating, event that I think could ever happen to anybody. I cannot imagine ever being more violated - not even by rape. My mother was a suicide, the rest of my family died of heart attacks and other various related things. There's no comparison. Absolutely no comparison. (Interview #2: Female, age 51) (Emphasis added).

Men exhibited the metaphor of violation, but were more graphically violent in their imagery, and prone to a more active, angry tone than women. As one man put it:

I was afraid of what I'd do without thinking (in court). I'll tell you, I just wanted to grab him (the offender), and rip his head off. You know? Or just go through his chest and take his heart out and show it to him, and say 'This is what you did to us. You have taken our hearts out of our bodies and crumpled it in your hand!' (Interview #20: Male, age 37).

Still another male respondent observed:

How does it feel to lose a sister?...Well, it feels like someone reached into my heart, cut out a nice big chunk, filled it with blackness, and left me cold on the sidewalk. (Interview #3: Male, age 24).

Sixth, there was the metaphor of devastation. Both male and female subjects used a variety of terms illustrative of destruction, damage, and ruin. One man, for example, stated:

I said 'What more can they do to me?' They destroyed me. I mean, I'm still alive, but how much? Not the way I was. They took my daughter away, what are they going to do? Kill me? (Interview #23: Male, age 49).

Interestingly, these men were simultaneously referred to by others as "broken men." As one woman noted: He was totally devastated. He was - you've heard the expression "a broken man." He really was a broken man. He, in the first year, turned to alcohol quite heavily. (Interview #2: Female, age 51).

Another woman observed:

(My husband) blamed everything for _____'s death and still does. He will never be the same man. He is a broken, disappointed man and cannot deal with (anything). (Survey #12: Female, age 68).

Women also used the language of devastation, particularly with reference to their "ruined lives":

It's like sinking in quicksand, but never quite suffocating and dying oneself. The rage and black pit of despair, helplessness, sorrow and anger are beyond description and comprehension. The loss of an innocent can only

be seen as one would see from a tar pit. Pitch black with helplessness. (Survey #20: Female, age 53).

Another woman observed:

I cry and appear sad because I AM. I cry and appear weak because my spirit, life, and physical body is weakened by what I am forced to go through...My life is no longer my life. It is an existence from day to day. Each day brings tears and all-consuming sadness - memories that haunt me, 29 years of memories. I drag myself through each day, hour by hour. There's no one can ease the pain in my heart, no caress can ease it, no voice can please it. (Interview #10: Female, age 60).

Seventh, there is the metaphor of lost innocence. This appeared in several variations. For example, there was survivors' shock that such a thing could happen. As one female respondent expressed it:

We lived in a good area. We taught our kids to do unto others. So, I mean, for someone just out of the blue to do something like this for no reason, is just horrifying. (Interview #25: Female, age 45).

A male respondent also noted:

If we get into trying to describe it, there's an incomprehensible part to it, where no matter how I look at it or think about it, it does not make any sense in any way. So, it's confusing. It's something that you can't believe that it actually happened. There's a number of feelings that can be attributed to it - darkness being one, and, you know, evil. Maybe the evil, you know, that somebody could do something like that. (Interview #9: Male, age 48).

Lost innocence was also expressed regarding the effect of the murder on children:

He (the offender) is robbing (respondent's son) of a lot of the freedom of just being a kid. A lot of his childhood has been taken from him. (Interview #13: Male, age 46).

Finally, lost innocence was also expressed in relation to ideals of justice. As one woman put it:

My son was his (the offender's) Big Brother. By his actions, this murderer stole my belief in justice. He stole my belief in reaching out to help less fortunate persons. (Survey #12: Female, age 68).

Another man noted:

I've always believed in justice. That...you know, an accused has a right to a fair trial. You've got the right to be presumed innocent. I've got no argument with that. That's the way it should be. But when you see the trickery going on, we've lost the principle of law. And a lot of that's been taken away. (Interview #11: Male, age 57).

Going hand in hand with these other losses is the eighth metaphor: loss of control. Women and men equally talked of the murder resulting in a loss of control over their lives. One man expressed it graphically:

I'm a victim because my life has been irrevocably changed. The choice of what I want to do with my life has been changed. The expectations of my future have been changed. You know, I've really, in a sense, been held captive because I sit and watch my family suffer, and there is nothing I can do about it! I couldn't protect _____ (the deceased), and I can't protect my family now. Because, you know, the thing that's hurt my family,

I can't control. So, I've had a lot of my freedoms taken away. A lot of the choices in my years to live. What do I do now? (Interview #11: Male, age 57).

Similarly, a female respondent observed:

It all began for us when our 19-year-old daughter was brutally murdered. From our perspective we had suddenly lost control of our lives. (Interview 1: Female, age 47).

Finally, there was the metaphor of permanence. Men, and particularly women, asserted that the effects of the crime on them were permanent, and that they would never recover totally. One man, for example, stated that "It never goes away." (Interview 14: Male, age 54). The following woman elaborated:

Maybe I haven't explained myself very well. There is so much trauma, and heartfelt loss, and the pain is unbearable. I am still suffering and will to the day I die. It is so hard to try to face each day knowing that I will never see my son's loving face, hear his voice on the phone, his daily call to me when he came in off the road, or hear his step coming in my door. Never again. _____ (the offender) has brutally taken not only my son's life, but mine also. (C.I.C.B. #87: Survivors' Letter to Board: Female, age 65).

Another woman noted:

Every time you have a moment of normalcy, just when you're starting to feel good about some little tiny piece of something that is part of a normal life, the horrible reality that our daughter's gone is there. And, suddenly, that bright star is not quite as bright any more, and it's a horrible, aching thought that never again will we ever feel perfectly happy again. It just won't happen because a very big part of our life is missing and we can't get it back. (Interview #31: Female, age 46).

Each and every one of these metaphors of loss can be interpreted in light of loss of self: a loss of not only subjects' relationship with the deceased, but also of various integral aspects of their identities prior to the violent death of their own - whether this was expressed in terms of being a different person, losing their future, being violated, devastated, losing their innocence, losing control, or suffering permanently. This corroborates, yet empirically elaborates the position taken by Charmaz (1980:280), and Klass (1988:12-14) in the earlier literature review chapter about loss of self. Indeed, it suggests how, when bereavement is the result of violence, damage to the self may be even greater (Casarez-Levison, 1992; Hagemann, 1992; Klass, 1988).

Interestingly, men and women shared and expressed all of these same metaphors. What variation there was emerged in the *substantive* expression of loss and the manner in which it was expressed, which seemed to reflect more general gender differences in this society. In terms of a loss of future, for example, men focused more on the deceased's future career while women focused more on the loss of grandchildren. When speaking of violation, men used violent, angry, action-oriented phrasing whereas women expressed metaphors in a more

passive, victim-oriented, and emotionally detailed manner.

Essentially, however, survivors claimed to have lost part of themselves. This partial loss of self, combined with variations in how it was experienced in personal and in interactional terms had very real implications for how or if it was handled. Attention will now turn to these interactions and coping choices.

(3) Factors that Influence Survivors' Grief and Coping:

Before proceeding to a discussion of factors that influenced survivors' grief and coping, it is important to restate the goals of this thesis. First of all, a major focus has been on the role of human agency in coping with grief. More specifically, this study has attempted to (a) empirically investigate the existence and variety of active coping strategies utilized by individuals bereaved through homicide; (b) situate this investigation of active coping strategies within the context of interaction with other family members, friends, support and advocacy groups, the helping professions, and legal institutions; and (c) explore the extent to which gender was associated with similar or dissimilar coping strategies. In addition, the study focused on how or whether those bereaved by homicide, who characterized it as a partial loss of self, drew on attitudes and experiences that remained in order to *reconstitute* the self.

It is important to make clear however, that in this research, the *reconstitution of the self* did not imply survivors "getting over" their loss. Depending on a survivor's prior socialization experiences, social interactions following the murder, and coping choices, the self was *interactionally reconstituted* in what I term an *active* manner, where the survivor learned to function from day to day despite the loss, or in a *passive* manner where loss, the "victim" role, and being taken care of by others was emphasized. Notably, gender roles did emerge as part of the socialization experience survivors drew on after the murder of their loved one, both in reacting to and coping or not coping with their loss. Along with a variety of subsequent social interactions, analysis revealed that, in the end, gender roles provided the *blueprint* of available choices for reconstitution of the self.

Further, it is important to restate that the themes emerging from this research were grounded in the assessments survivors made of their own experiences and coping strategies. While the homicide of a loved one was a deeply disturbing experience for all, it was nevertheless the case that some survivors characterized their responses as *active*, with effective functioning as their goal, or as *passive* with survivors characterizing

themselves as stuck in grief, sorrow, and anger, unable to "cope" for long periods of time, if at all. These observations were also made by others in a position to assess survivors, although these assessments were sometimes made in a clinical setting with its own therapeutic agenda.

Notably, those characterizing their actions as attempts to actively manage their grief appear to challenge the passive medical models of grief discussed earlier. Those characterizing their actions as passive more closely embodied these models. An empirical focus in this research, however, has been to examine the circumstances underlying each of these outcomes.

Before proceeding to a consideration of these results, a brief note on the analysis undertaken is in order. In qualitative analysis, according to Lofland (1971:128), care must be taken to strike a balance between analytical excess and descriptive excess. Analytical excess is "...becoming so engrossed in the logic of abstract categories of analysis that one fails to report very much of the rich, concrete reality to which the categories purportedly refer." (Lofland, 1971: 128). Descriptive excess, on the other hand, "...is the practice of becoming so engrossed in the rendering of concrete details of a setting that one loses connection with any analytic categories and concepts that help to order, explain, or summarize the concrete details." (Lofland, 1971:128-29). It has been difficult, given the amount of data collected, to choose a strategy best suited to produce analytic description, an ultimate goal of qualitative research. Taking my cue from C. Wright Mills, I have undertaken to inductively synthesize data from various sources into a system of extremes and opposites. As Mills (1959:214) has noted, "the hardest thing in the world is to study one object; when you try to contrast objects, you get a better grip on the materials and you can then sort out the dimensions in terms of which the comparisons are made." These extremes and opposites are used to facilitate a better understanding of how survivors' reactions and coping strategies varied in relation to gender.

Hence, in analyzing and presenting the data, I focus first on what survivors' themselves consider to be their best and worst experiences revolving around a variety of common factors. Each individual was thus conceptualized somewhere on a spectrum or continuum of real life experiences, both regarding each factor, and overall. Interspersed with these, when relevant, I considered the opinions and perceptions of significant observers to see how these would round out or contradict survivors' own words, and to see what inferences could be drawn. Third, I discussed any similarities and differences relating to each factor that emerged by

gender. Finally, in each of those situations where coping strategies were both evident and available, I discussed the strategies chosen by survivors to deal with these common factors, again noting any differences that emerged by gender.

To more easily facilitate this latter goal, I have divided discussion of those factors over which survivors generally had no choice or control from those where some means of coping was available for survivors. Those classes of factors influencing survivors' grief over which they had little or no choice are discussed first; those over which they could make choices and employ strategies to mitigate their suffering are discussed afterwards.¹³⁰ Following discussion of these two groupings, I then move on to discuss, in a separate section, the ultimate effects of survivors' gendered coping attempts, particularly grief cycles that differ by gender, and their effect on survivors' health.

A related theme will be the relative degree of survivors' emphases on self vs. focus on others throughout the course of their experiences. Those who largely concentrate on themselves tend to emphasize what was lost; those who focus more on, and interact more with others more quickly return to some form of functioning.

The results will now be presented in detail:

(a) Factors Over Which Survivors Have No Choice or Control:

(i) Prior Relationship Between Survivor and the Deceased: The depth of survivors' grief experience and subsequent ability to cope was influenced by their previous relationship with the deceased. Those survivors who considered themselves to have fared worse were typically closely related to the deceased. This was seen as particularly severe when the murder involved the survivor's child:

Unless you have actually lost a son or a daughter, you have no possible way of knowing how we feel. I lost my father almost a year and a half later, and I was by his bedside when he died, and...there is just absolutely no comparison. My father was 86, he had gone through some really bad times with his health and that, and, like, yeah I felt badly. There was a loss there. But, it's like, on a scale from 1 to 10, with my son's being the 10, like, my father was a 1. (Interview #5: Male, age 50).

Other times the closeness of survivors to the deceased had less to do with how they were related than with various interpersonal factors that had developed over time. For example, such survivors typically shared many

¹³⁰ This is not to say that in these latter cases there may not be particular fact situations that are beyond the choice or control of survivors. Rather, it is to say that, as an overall category, there is evidence of survivors making choices and employing coping strategies in many of the situations discussed.

activities, interests, and had maintained emotional closeness with the deceased prior to the crime. Survivors felt that close relationships developed in these ways also added to their difficulties. As one man put it:

I'm _____ (the deceased's) mother's brother, and there's 3 and a half years difference in our ages. So one, I'm his uncle; two, I was like his best friend, because there was things that happened prior in years, and I helped get things happening with, you know, to get things straightened out. And there was a lot of times going to the shop, you know, he'd be by himself, the guys weren't around, we would converse, uh, mentally and emotionally rather than being physically involved with one another. And what I mean by that is, you know, we'd go into the shop and help him out with, you know, one of the jobs and doing repairs and whatever - which I did on occasions. But, when nobody was around, he really opened up to me. He let me know how he felt about things and...and...and was always asking me for my opinion on how to save things, how to do things, to get things right, OK? So when I was called to get there (the murder scene), well, that was it for me. (Interview #20: Male, age 37).

As another man noted:

I mean _____ (respondent's deceased stepdaughter) was 10, and she was a Daddy's girl, and...you know, we sat together in my armchair and we'd watch TV. And then I would carry her to bed, she'd want Mom to say goodnight to her, but Dad had to tuck her in every night - and that's something I can't do any more. Pardon me...(respondent attempts not to cry). (Field notes, Male, approximately 40).

Indeed, in most cases these factors of relatedness and interpersonal closeness, developed through shared activities, overlapped. Consider, for example, the following mother's observations on her daughter's experience:

_____ (the deceased's sister), I think that she's the one that's hardest hit, because they were very, very close. There was 3 years, 2 months between them. But, they were close because their interests were the same, and the last couple of years he started...he was a drummer, but he played guitar too, and he couldn't sing to save his soul. And so, _____ (the deceased's sister) and him would get in the bedroom, and, at night, they would sit there and they'd sing songs back and forth. And so, before you'd go to bed, you'd hear the guitar playing. So, she doesn't have anybody (i.e. is now an only child). (Interview #25: Female, age 45).

Conversely, there were survivors who pointed out how somewhat less intimate familial relationships with the deceased mitigated their grief to some extent. As one woman put it:

One fellow said to me 'I've been through the worst thing that could possibly happen.' Well, I wouldn't. Obviously, he lost a child. The loss of a child is the absolute worst thing. The murder of my father was bad, and was hard to deal with, but at least it wasn't one of my children. (Interview #29: Female, age 37) (Emphasis added).

Observers corroborated survivors observations in this respect:

_____ (respondent's wife's) side of the family was hit hard by it. I'm not saying mine wasn't, but it's just that they weren't as close with both of us being all the way out here (i.e. living in another province). _____ (the deceased's grandfather) seems to be OK with it, but, then again, he didn't have that real close attachment to _____ (the deceased). Fortunately, we'd brought the kids out here. (Interview #24: Male, age 47) (Emphasis added).

From a theoretical perspective, it is evident that in those cases where survivors were not as close to the deceased on either the relational or interpersonal dimensions, their corresponding loss of self following the murder was not as marked as *they did not have as much to lose*. However, those survivors who were close to the deceased on either, or especially both dimensions, suffered a much more severe loss of self, and had a much more difficult time coping overall.

Both of these factors were particularly relevant when survivors' gender was considered. It was very clear from the data that women who performed a traditional "nurturing" role in child rearing, particularly those in traditional families, reportedly coped more badly than men, who often spent less time with the deceased.¹³¹ As the following women stressed:

My Baby was dead...all I could think of was my Baby and what she endured. (Interview #1: Female, age 47).

We're the nurturing parent, and, of course, we're the ones that brought the child into the world, and they were part of our body for quite a while. That's probably why we're so affected. (Interview #19: Female, age 53).

These observations were clearly corroborated by male observers, who suggested, in addition, that their closeness to the deceased was based less on a quasi-biological "bond" than on shared activities:

When you're talking to a woman, and you're talking a child - about the loss of your child - you know there is that relationship, there's that bond between a mother and a child, and it's not between the father and a child. We have our own, I mean, I have my own particular type of bond with _____ (the deceased), but that was through luck, and it was because we did things together...But there is just a major difference. (Interview #24: Male, age 47).

Indeed, professional observers noted how women who fared very badly had become dependent on the deceased, such that they had most of their identity wrapped up in being the deceased's parent prior to the murder:

She (the applicant) described the intensely close relationship she had with her son. It seems that the applicant, who had been divorced about 8 years prior to this occurrence, had allowed her son to become the focus of her life. According to the psychologist who treated her, she was so close to her son that she never imagined being

¹³¹ Note, however, the more tearful response of the man above who referred to his deceased stepdaughter as a "Daddy's girl," who had obviously spent much time with her in a nurturing role. This indicates that it is the role played by the survivor which is key. Gender, of course, plays a great part in shaping what role each person plays with the deceased.

separated from him, and believed that he would never have left home. The psychologist's opinion was that this sounded like a 'pathologically close emotional relationship with a catastrophic sense of loss for her now that he is dead.' He indicated that 'the feeling tone in our sessions has been one of a sense of the horror of what happened combined with a deep sense of loss. She is fixated in time at the point where she found out that her son had been murdered.' (C.I.C.B. #9: Extract from Board Order Quoting Psychologist re: Female, age 41).

Thus, summing up this section, it is clear that survivors' prior relationship with the deceased affected their grief experience on at least two dimensions: relatedness and interpersonal involvement. Those survivors who were close on one, or especially both of these dimensions obviously tended to fare worse than those who were not close to the deceased on either dimension. This corroborates Lofland's (1985) analysis regarding the influence of the bereaved's prior relationship with the deceased on the intensity of their experiences. Indeed, moving from Lofland's (1985) cross-cultural focus, the data on survivors' prior relationship with the deceased, particularly with regard to emotional closeness and frequency of interaction, elaborates how her concept of differentially embedded selves being differentially affected by loss operates within our culture as well. It further corroborates the literature indicating that the loss of a child in our culture impacts upon parents in a particularly damaging way (Defrain, 1991; Lister, 1991; Rosen, 1990; Kamerman, 1988; Rando, 1986; Lofland, 1985; Charmaz, 1980). Moreover, it also showed how, both of these dimensions of interpersonal closeness were mediated by gender, such that women adhering to the traditional "nurturer" role with the deceased reportedly fared quite badly indeed. Men who had played this role with the deceased also reported faring worse, not only corroborating the observations of self-help leaders on the impact of prior shared activities in a new substantive context (Schatz, 1986), but moving beyond Cook's (1988) suggestion of their impact on men to include the influence of role as well.

(ii) Circumstances Surrounding the Murder: The depth of survivors' grief experience, the interactional reconstruction of their selves, and their subsequent ability to cope were also influenced by the various circumstances surrounding the murder over which they, by definition, had no control. There were several aggravating dimensions within this context. First, survivors' experiences were exacerbated when the crime was clearly intentional:

The hard, true fact that I can't seem to grasp or cope with is the fact that murder is not only sudden and violent, but intentional as well. With murder there is always a perpetrator who has intentionally committed the crime against his victim who was my son. The agony of living this event over and over in my mind, unable to think of anything else for days at a time, can only be guessed at by one who has not experienced a violent murder. (C.I.C.B. #87: Survivor's Letter to Board: Female, age 65).

As one man put it:

The operative thing is this way. If _____ (the deceased) had had an accident, say, being in a car crash...I could have sort of rationalized it out, I think, as...'Well, he wasn't a really attentive driver.' Like, 'that's a common risk in life that we all take, you know? That would be part of living and it's part of dying, it's part of the life cycle. If he had suddenly had a heart attack or something, or died of an aneurism that nobody knew about, obviously it would be painful, but there is a rationalization there. There is a reason there. I think the difference with murder, and the way it affects you, is that someone had conscious control of whether (the deceased) lived or died, and it's that person having that control, or a choice, that is the hard piece to get over. (Interview #10: Male, age 57).

These data corroborate the literature, largely written by survivors, suggesting that the element of intentionality inherent to murder adds a new, exacerbating dimension to individual reactions (Sullivan, 1992; Klass, 1988; Knapp, 1986; Shmidt, 1986).

Another circumstance surrounding the murder that influenced survivors' experience involved survivors' physical proximity to the crime. For example, in those cases where subjects witnessed the crime, their grief experience was worsened:

The fact that we witnessed the murder also made it very tragic for us. (C.I.C.B. #70: Survivor's handwritten response on Board Questionnaire: Female, age 60).

Observers corroborated survivors' comments regarding physical proximity to the murder:

_____ (the deceased) died with his best friend by his side. Now, I mean, that's the person that took the biggest hit. You could say, yes, the father - me, the mother, _____ (mother's name), but, you know _____ (the deceased's friend) was the one that probably took the biggest hit through all of this thing - cause when you're 16 years old, man, you've got enough to deal with. You don't need to have your closest friend die in your arms. (Interview 24: Male, age 47).

It was especially difficult for Ms. _____ because she was home when her daughter was murdered and she was the one to find her daughter's body. Almost a year later, Ms. _____ is having great difficulty in returning to her former self. She was taken to _____ Hospital after taking an overdose of pills during the trial. She has seen a psychiatrist and has a Public Health Nurse visiting once per week to help her get her life back in order. She has been unable to return to her home since her daughter was murdered and it is sitting vacant. (C.I.C.B. #85: Letter of Support from Victim-Witness Coordinator on behalf of Female, age 55).

Third, survivors' experiences were aggravated by being informed of the murder in an "insensitive" manner. As one woman observed:

We were just told by two OPP very bluntly, 'Mrs. _____, we have bad news for you, we found your daughter's nude body yesterday' as if they had just found my wallet. I collapsed! (C.I.C.B. #62: Survivor's Letter to Newspaper: Female, age 39).

Fourth, survivors' experiences were worsened when the circumstances of the crime were personally

somehow shocking to them in a way that exceeded the shock of the death itself:

It is still hard for me to deal with the fact that my son is dead - even after nearly 2 years. The fact that my ex-wife would kill-murder my son still fills me with horror and revulsion when I think about it. I treated her decently, and she repays me by murdering my son, an innocent young man who never did her any harm. The malignant evil in the act is overwhelming. (C.I.C.B. #75: Male, age 53).

Another woman noted:

The sheer senseless nature of the murders is overwhelming. What could a month-old baby have ever done to him to deserve this? Or even the 7 year old? If he hated me that's one thing, but why the kids? (Survey #6: Female, age 37).

Fifth, the circumstances of death evidently worsened survivors' experience when they were particularly gruesome or horrific, and clearly involved much suffering on the part of the deceased. As one man said:

I don't think that I really allowed myself to go down the tube until the morning that the police came in and said that they'd found her head, and I...oh man, I was gone! (Interview #26: Male, age 61).

Another man and woman pointed out:

The hardest part in our case, for me - even harder than the fact we've lost _____ (the deceased) - is knowing what she had to endure before her death. That leaves nothing to be done. And it wasn't a sexual assault, as you commonly think of sexual assaults, it was degrading beyond what a normal sexual assault is degrading. It was very humiliating. There was so much terror involved. There was..." (respondent's husband speaks) brutality. (Wife resumes) It was so brutal. There was so much psychological playing there that 'Yes, you can go home if you do this.' You know, 'Just a little while longer' type of thing. There was always this taunting and tempting and...and (sighs)...it is just hard to deal with those facts. (Interviews #30 and 31: Female and Male, ages 46 and 64).

Sixth, the circumstances of the crime worsened survivors' experiences when they were left with nagging regrets, and guilt about what they did or could have done. As one man put it:

I had other reasons (to be depressed) too, because there was an incident before when they were breaking up, and _____ (the offender) took drugs and OD'd. By the time I got there, she _____ (respondent's deceased daughter) was standing outside already, and I knew she was in trouble, that something was bothering her. So, as I was driving away, I says 'Well, what's the matter?' She says, 'Oh, he's acting crazy again. He took a bottle of pills or something.' And I said 'Well, we can't do that. You know, we can't...we have to go back.' So then, we went back, and we had to call him an ambulance, and (sniffs) they took him to the hospital, and he got pumped out, and everything else. So, that's like another kick in the rear end, because if I wouldn't have gone back, I wouldn't have taken him. He might have been dead at the time, so, there's that problem I have to deal with, that I traded his life for her life...in a sense, you know? Because she would be here, and he would have been gone. I'm sorry, that can be a real hard thing. (Interview #23: Male, age 49).

Survivors' comments in this regard were corroborated by other family members:

The circumstances in my brother's death have made my mother very bitter and angry. He was going to be married on the 20th of September, 1986 (the day after he was murdered). She had made all preparations for

the wedding as my father was hospitalized at the time. _____(the deceased) was taken to the _____ General Hospital, but, after being kept alive with the help of various machines, she signed the papers so the life supporting machines could be withdrawn. She made arrangements for my brother's eyes, liver, and kidneys to be donated. During the same period, my father was having open heart surgery at the _____ Hospital. She had to make the decision of withdrawing the life support by herself because she could not really tell my father, whose state was quite critical, that their son had been murdered. She has some guilt feelings for being the person to sign the papers. She has suffered a nervous breakdown. She has received, and continues to receive ongoing psychiatric treatment, support from a psychologist, ongoing counselling from the Community Mental Health Clinic, where, for a period of months, she attended for sessions five days per week. To this date she has not been able to come to terms with her son's death, which occurred on his intended wedding day. (C.I.C.B. #8: Letter of Support for Female, age 52).

Finally, Survivors' grief was exacerbated in circumstances where either the circumstances of the crime were unknown, or the case had not been solved:

Not knowing the circumstances of the crime has caused me severe depression. I have gone through so much sorrow and unanswered questions regarding _____(the deceased's) death. I almost gave up and I couldn't work for a year and a half. (C.I.C.B. #50: Survivors' Handwritten Response on Board Questionnaire: Male, age 47).

I'm very upset. It's eating at my heart. I don't want police to stop until they find the person who shot _____(the deceased). (C.I.C.B. #36: Quotation of Survivor in Newspaper Article: Female, age 39).

Before closing this section on circumstances surrounding the crime, it is important to note that survivors also spoke of mitigating circumstances that made their experiences easier to live with. For example, when the facts of the murder were not particularly gruesome or horrific, or death was sudden involving relatively little suffering. As one woman put it:

At least, with mine, I feel that it was fairly sudden, and that she wasn't suffering a long time. But if I had to try to live with knowing what those girls (in a famous, well-publicized murder case) went through, I don't think I could come out of that one too sane. (Interview #16: Female, age 56).

It is significant to note that there were no apparent gender differences in survivors' assessments of these common experiences. Basically, the circumstances surrounding the crime were a matter over which they had little or no control. Factors such as the degree of intentionality of the murder, the physical proximity of the murder, the shocking nature of the murder, the horrific nature of the murder for the deceased, the presence of guilt and regret, and whether the crime was solved or not all intensified the grief experience for some survivors. These data corroborate the literature suggesting that the intentionality of murder exacerbates grief (Sullivan, 1992; Klass, 1988; Knapp, 1986; Shmidt, 1986), but outline a number of additional circumstances as well.

In addition, these data elaborate the literature suggesting that when bereavement is the result of violence,

damage to the self may be even greater (Casarez-Levison, 1992; Hagemann, 1992; Klass, 1988). It is interesting to note that the exacerbating factors outlined relate closely to several of the metaphors of loss discussed earlier (e.g. violation, devastation, loss of control). Indeed, survivors' own words indicate that these factors made it more difficult for them to cope, suggesting that these factors, at least to some extent, somehow impeded reconstitution of the self.

(iii) Aggravating/ Mitigating Personal Traits: Another factor influencing the course of survivors' experiences involved personal or situational characteristics previous to the murder. By definition, survivors had no control over these after the fact, but they frequently played a significant role, as part of their self-identities, in shaping their subsequent experiences. In some cases these traits or situational factors aggravated survivors' experiences, while in others they actually helped. Each will be dealt with in turn.

First, the complexities of a non-traditional family structure added another dimension to survivors' experiences. As one man observed:

It was so hard on my new family, who weren't my new family at the time. Like, I wasn't married (to my second wife) at the time, but I was living with her and her family. It was really difficult to know what she was going through and support her to get her through it - and she was trying to get me through it, cause I was important to her too. And yet, I didn't want to appear to be alienating (the deceased's) real mother. I didn't want to upset her any more than she was. So it was really, really difficult. It just added so many twists and turns to what I was already going through. Like, sometimes I didn't know who was to walk out of a building first. (Interview #32: Male, age 47).

Observers corroborated that non-traditional family structure could be a problem, particularly when there were ongoing marital problems surrounding a prior separation. As a doctor noted:

Mrs. _____ has been separated from her husband for up to four years. The biological father did, however, remain involved and visited on the weekends. There is no plan here for a reconciliation and very real problems continue in terms of communication between the two of them, with the biological father I believe perhaps quite angry at the mother for all that occurred. In addition, there are clearly many unresolved issues regarding the couple's separation, and the recent emotional trauma has resulted in increased strain between Mr. and Mrs. _____. They very easily begin to interact in negative ways, though they are trying 'for _____ (their son's) sake' to exhibit a positive, supportive, united front - which in itself is very difficult at present. (C.I.C.B. #23: Doctors' Letter re: Female, age 23).

Significantly, in the context of single parenting as a prior family structure, gender played a key role. Some female survivors, for example, found that the blending of gender roles - being both mother and father to their children - gave them strength. As one woman observed:

Because I was Mom and Dad to my kids for quite a bit of their growing up life, I kind of lost my identity a few

times wondering if I was a man or a woman - until I married (my present husband). Because I was their only parent it made me so strong. So, the day she came here to tell me about my son being killed, I had to take charge right then and there. I wouldn't sit down and fall apart! (Interview #19: Female, age 53) (Emphasis added).

On the other hand, some observers noted that female single parents, particularly those who emphasized traditional gender roles as part of their identities, fared worse. Consider, for example, the following psychiatrist's comments regarding a woman whose admitted purpose in life was caring for others, particularly her children, as per the traditional female "nurturer" role:

It is likely that _____ will require several months, and possibly as long as one or two years, of therapy before a substantial improvement in her mood will occur. Therapy with _____ will be particularly challenging, because she is a woman whose purpose in life is living for others. Her sense of self is defined primarily through her relationships with others, such that her own identity is unclear. Such a person is particularly vulnerable to the ending of relationships. (C.I.C.B. #16: Female, age 26).

Notably, some male survivors did not appear to be as comfortable with the blending of gender roles. As one man admitted:

Because I'm a single father and I'm raising my boys, I have a real personal conflict going because I'm very emotional. I feel it exactly like a mother, and then I get...I feel as a father. OK, so therefore, I have a personal conflict that could drive me over the deep end. (Interview #20: Male, age 37). (Emphasis added).

Thus, while strongly emphasizing traditional gender roles was a problem for female single parents, it was also apparent that some women gained strength from playing the "father" role. Some men, on the other hand, found playing the "mother" role problematic in terms of the emotional responses it generated in them. While this partially corroborates Schatz's observation that men close to their children appear to exhibit "responses more like typical bereaved mothers" (1986:294), it also suggests the difficulties men may encounter with their traditional gender roles in such circumstances.

Observers noted that cultural background was also an aggravating factor in some circumstances:

In the Vietnamese culture, the death of his son represents the extinction of a whole lineage. As Mr. _____ has said: 'I will never forgive myself, I will carry my pain and sorrow all my remaining years and to my grave. My life is shortened of at least 15 years with the loss of my son.' (C.I.C.B. #94: Male, age 48).

As another noted:

It is not culturally appropriate for Native people to express their feelings and anguish openly to others such as counsellors. (C.I.C.B. #4: Extract from Board Order re: Aboriginal Males, ages 53 and 14; Females, ages 46 and 15).

One male survivor also observed:

My father in law took it bad. He really clammed up. There was nothing we could do...but then, that probably comes a lot from him being from English stock, because he's first generation. There was just that upbringing. I guess, that he just wouldn't let it out. (Interview #24: Male, age 47).

These corroborate the work of Charmaz (1980) and Lofland (1985) indicating that the grief experience is shaped by culture.

Observers also noted other obvious prior factors as poverty, having an anxious disposition or mental health problems, a "dysfunctional" upbringing, and addictions. As one psychiatrist wrote::

Prior to this, the patient describes herself as always being of an anxious disposition. She had a long history of situational disturbances resulting in periodic depressions. History indicated that Mrs. _____, herself, had been the victim of a lot of trauma and abuse throughout her life. She said that she grew up in a very violent home where there was a lot of physical violence and that in fact the first man that she lived with was abusive towards her. She had three daughters by this first marriage and indeed it was one of these who was murdered. She had been on welfare for about 6 years. While she had been an alcoholic who had stopped drinking in 1985, one year after the murder she had suicidal ideas and was drinking again. This catastrophic event aggravated her already existing disability to an extent that can not be easily measured. (C.I.C.B. #79: Psychiatrist's Letter re: Female, age 67).

Another doctor observed:

(The applicant) had a psychiatric problem before (manic depression). He was seen or admitted for alcoholism and/or depression at the hospital, or seen by this doctor, on numerous incidences every month over a 6 year period...He was 2 years old when his parents separated. His childhood was lonely. He feels he missed a father. He has a grade 11 education. He was married at 20, but later separated leaving his wife with 2 children. He just quit his job. His source of income is welfare. He is a self-admitted alcoholic. He smokes. He is short-tempered, and occasionally violent with his girlfriend and her children. He stutters, appears sweaty, and feels he has an inadequate personality. His mother is overprotective and quite demanding. This incident (the recent murder of his estranged wife and children) certainly made the situation worse. (C.I.C.B. #83: Doctor's Letter re: Male, age 39).

Such survivors already had significant problems to deal with before the murder, which may simply have exacerbated matters. It should be noted, however, that in those cases where extracts are taken from C.I.C.B. files or assessments by doctors and psychiatrists, the intention has often been to "document" excessive victimization and helplessness. These extracts should therefore be interpreted with caution although their face validity seems clear in these instances.

Most survivors who assessed themselves as faring better did not identify themselves as having the personal characteristics discussed above. Instead, many had personal traits that helped. For example, some reported strong coping abilities gained through life experience. As one woman put it:

In my lifetime, I have been around a lot of death, although not of this kind, but I coped with the grief. It helped me here. (Survey #13: Female, age 60).

As another survivor noted:

We came from a family with many deaths from war or that sort of thing. My family wasn't at all - even my brother and I, we were all servicemen. We had all been in the armed forces, and we had lost, like, a favorite uncle or something like that in the war. So, the family - we were strong that way. (Interview #12: Male, age 61).

Others reported a consistent intellectual viewpoint that enabled them to put the murder into a comprehensible, meaningful perspective. For example, consider the words of this survivor, an expert in interpersonal disputes, who drew on his academic background to rationalize the crime as follows:

Either one of them might have killed the other one. (Interview #7: Male, age 58).

Many of these helpful prior perspectives drawn on by survivors had a religious flavor. Consider the words of this man, a devout Catholic both before and after the murder:

I felt it was best left to God. _____ (the offender) would one day face God alone - without friends, a lawyer, or a knife. Then justice would be served. I accepted what happened with relative peace. I don't know where that peace came from, except as a gift from God. (Survey #14: Male, age 35).

Thus, it is apparent that survivors' experiences were influenced by their prior characteristics. Those survivors with prior family problems, cultural backgrounds exacerbating their grief, and a variety of pre-existing mental health problems, abusive situations, and addictions were assessed as tending to fare worse. Those with strong coping skills gained from life experience and what they considered to be a consistent, meaningful intellectual or religious viewpoint assessed themselves as faring better. This suggests that prior personal characteristics, indeed the prior structure of survivors' self-identities played a part in reconstitution of self. What identities and coping skills these individuals brought to their situations and interactional contexts from the past appeared to affect whether their selves were reconstituted in passive or active coping forms.

Gender played a part here as well, particularly with single parents. It was noted that strict adherence to traditional gender roles, as a component of self-identity, was harmful for women, but that women appeared to be helped more by the prior blending of gender roles as single parents than did men, elaborating earlier self-help literature on men's reactions (Schatz, 1986).

(iv) Subsequent Tragedies/ Misfortune: Another factor influencing the course of survivors' experiences was whether they experienced subsequent tragedies or misfortunes in the wake of the murder. As one man so succinctly put it:

Since _____ (the deceased) was murdered, the bad things have never stopped happening. (Interview #26: Male, age 61).

These "bad things" happening to survivors simply added more reasons to be upset to their already heavy burden of grief. Such subsequent events took a variety of forms.¹³² For example, some survivors were reportedly the victims of another crime:

On November 28, I was held up by a man with a knife, who robbed me of \$80. That was another shakeup for me and my family. Although the man got the money, I could have been stabbed also. These things can never be out of my mind. (C.I.C.B. #57: Male, age 53).

Other survivors reported employment related problems such as termination or demotion:

His death has caused me to lose my job. I was unemployed for 3 months with no unemployment pay from the UIC because my employer has filed a false statement. Although I even appealed the case, it was of no help. (C.I.C.B. #57: Survivor's Handwritten Letter to Board: Jamaican Male, age 53).

I had to take a demotion in the bank since I was unable to function accordingly - loss in wages for 5 and 1/2 years until I retire: approximately \$8000. (C.I.C.B. #56: Survivor's Written Comments on Compensation Application: Female, age 57).

Still other survivors reported being involved in accidents:

I suffered my first car accident in 30 years due to stress. (C.I.C.B. #56: Survivor's Note attached to Application Form: Female, age 57).

Perhaps most significantly, survivors reported the negative effect of subsequent deaths in their families, whether occurring due to health problems or by accident.¹³³ As one man indicated:

It should be noted that within the space of a few months in 1976 the tragic loss of my brother and my grandfather proved to be a very painful and confusing year for our family. (C.I.C.B. #97: Survivor's Letter to

¹³² To avoid overlap, matters such as subsequent unfavourable court rulings, being left by one's spouse, and health problems are not included here, as they will be dealt with in other sections.

¹³³ As survivors considered their own health problems in the wake of the murder a subsequent misfortune, this important topic is covered separately later, and it is not included here - particularly as survivors can sometimes make individual-level coping choices affecting their own health. However, the negative effect of other loved ones' health problems and deaths is included here, as this is something over which they have no direct control, and thus is more appropriately dealt with here.

Board: Male, age 27).

Another male survivor noted:

In fact, the 18th...the Saturday before the third anniversary (of the murder), which had just passed, my niece was killed. She was hit by a car the Saturday before. She lasted a week, and died the Saturday after the third anniversary - the same day that my sister in law was married. I mean, that...that week in October, this family has got to do something about! (Interview #24: Male, age 47).

In sum, survivors who experienced the variety of subsequent misfortunes listed above generally assessed their situations as more problematic because of them.

Survivors who fared better, on the other hand, rarely reported such subsequent events. Indeed, some noted events in the wake of the murder that helped them. For example, one male survivor reported experiencing considerable relief after hearing of the offender's death:

He was killed about 11:00...between 11:00 and 11:30, and the warden phoned me before noon hour to tell me that they (the other inmates) killed him. It was a big weight off our chest. It was over. It's not over until the other person's dead. Its not. Its never over until the other person's dead - and then it's like a book that the final chapter is finished. (Interview #12: Male, age 61).

When gender is considered, there were two significant differences which emerged. The first revolved around loss of employment. The majority of women who lost their jobs did not appear to experience problems with guilt. Indeed, some women, without being laid off, either quit their jobs or chose to reduce their hours. This put pressure on their men, except in those cases where survivors were single parents subsisting on social assistance. Many men, however, were burdened with the traditional "provider" role and suffered considerable anguish when, despite their efforts, they were unable to support their families due to job loss, periodic inability to work, and the unavoidable ensuing financial problems. As one male survivor wrote:

I never had financial or emotional difficulties before this incident. I had good jobs and adequate incomes. This incident hit me so hard, however, that I went into deep periods of depression such that I could not concentrate on my work, and became unsafe to work underground. I would then have to miss work because I was so deeply depressed about the death of my son. This led to an inadequate income while I was not able to work, and I had to buy groceries and other necessities for my family on credit - until I suddenly found I could not pay off my creditors. I am now in such dire financial need of help to pay off my creditors that I face an up-coming small debts court hearing. This all causes me great financial and emotional hardship. (C.I.C.B. #11: Survivor's Letter to Board: Male, age 35).

This man's doctor added that his patient's indebtedness, constant harassment from creditors, and inability to support his family conflicted with his "pride," and added to the depression such that a "vicious cycle" occurred.

Women, on the other hand, particularly those adhering to more traditional gender roles, more frequently complained about losing support than about loss of employment. For example, the following disabled mother wrote of her poverty in light of the death of her son:

He was my youngest, 26 years. He would help me with shortage of money. He was a great help to me. When I NEEDED SOMETHING DONE HE WAS ALWAYS THERE. Now I'm destitute. (C.I.C.B. #12: Survivor's Letter to Board: Female, age 56) (Emphasis in original).

The second difference noted was that women, who appeared to be more focused on relationships, were more expressive regarding subsequent tragedies involving other loved ones getting into trouble. For example, the following woman was upset about the effect the murder had had on the deceased's friends and noted:

(Respondent sniffs back tears)...The (deceased's) female friends, a lot of them got into dope. The male friends went wild, and they were really really angry, you know, for a long time... _____ (the deceased's best friend) went through a lot of shit. They tried to commit him at Christmas time. He stole some car seats or something... You know, it's hard. (Interview #25: Female, age 45).

Observers also noted how such subsequent tragedies affected women:

The police charged her nephew (with the murder), who is now in prison. She tells me that not only has she lost her son but now her nephew is also in trouble and she is having a hard time coping with it. (C.I.C.B. #9: Doctor's Report re: Female, age unknown).

Men, on the other hand, reported such concerns much less frequently, preferring to focus on their provider role.

Summing up, survivors experiences appeared to be worsened by subsequent tragedies and misfortunes - matters which happened to them, or those close to them - over which they, in their own words, had little or no control.¹³⁴ These included matters such as being revictimized in another crime, accidents, job loss, and, particularly, subsequent deaths and health problems among loved ones. Men were particularly affected by job losses, while women were more upset by loved ones in trouble.

Implicit in all of this is the issue of self. Two aspects are notable here. First, these data suggest that such subsequent misfortunes simply add to survivors' victimization, and encourage them to interactionally

¹³⁴ While it may be true that job loss borders on matters over which survivors may exercise choice, once it happened it invariably placed an extra burden on survivors' grief experience regardless of survivors' ability to find other means of support. Indeed, some of these, such as running up debts and welfare support, were themselves considered subsequent tragedies, (C.I.C.B.#11: Male, age 35), and the obvious choice, looking for work, was negligible among the coping strategies observed in this sample.

reconstruct themselves as "victims" in further contexts. Secondly, it is clear that gender, a significant part of survivors' self-identities, affects the salience of various misfortunes for survivors, suggesting that these misfortunes may inhibit reconstitution of the self with regard to coping in different ways for men and women.

(b) Factors Over Which Survivors May Exercise Choices and Employ Coping Strategies: It is now time to consider factors impacting on survivors' grief experiences over which they may exercise some degree of choice and employ a variety of coping strategies. Before doing so, however, it is important to clarify what exactly survivors mean by coping.

First, survivors were very clear that coping is not recovering completely, returning to "normality," or going back to the way that they were before. Not only did the loss of self discussed earlier preclude that, survivors continually emphasized that they "will never be the same:"

You are never the same and you never get over it. (Survey #19: Female, age 45).

I think that it's something you never get over. (Interview #9: Male, age 48).

Instead, survivors pointed to the ability to go on with their lives despite this permanent change in their lives. As one man observed:

You learn to deal with these things. You learn to - you don't get over it - you live with it. (Interview #24: Male, age 47). (Emphasis added).

A female respondent also noted:

You, as I say, just reconcile this into your life, and then you get back to the business of living and having this included now in the new direction that your life is taking. (Interview #2: Female, age 51). (Emphasis added).

Moreover, the ability to function in one's lives was considered important:

Life does go on whether you want it to or not. I think you just learn to put it into perspective. You kind of tuck it away in a special corner of your heart and learn not to take it out too often because you have to go on with life, and you can't do that if you're crippled with grief. So you have to try to put it into a perspective and learn to live your life around it in order to go on. I think as time goes on you learn to deal with it, to cope with it a little bit better. (Interview #31: Female, age 46). (Emphasis added).

One man pointed out that:

Later we felt that, you know, we had come around well enough that we could function. (Interview #24: Male, age 47).

Finally, many survivors considered that there is an element of choice, indeed agency in all of this. For

example, while not dismissing the need for social support from others, particularly those who have gone through it, the following woman described the key choice facing survivors as follows:

If you want to get through this, you have to want to, and you have to come to terms with it in your own head. It's not easy, and sometimes you don't even want to be bothered. But, you have to or you're going to be a victim, not a survivor. You have to deal with it in your own mind. (Interview #25: Female, age 45).

Thus, coping for these respondents was not full recovery, but the ability of survivors, through various means, to live their lives around their loss and function in their day to day lives. Such survivors resumed their lives in an active way such that, on the one hand, they never completely got past their loss, but, on the other, did not remain "victims" incapacitated with grief.

Attention will now turn to those factors about which respondents could exercise some choice. The focus in this section is on identifying those factors and the various coping strategies survivors used to maintain an emotional "balance" and to continue with their lives.

(i) Reminders of the Murder: A significant set of factors influencing the course of survivors' experiences involved things that reminded them of the deceased, the crime, or the offender - which are here termed "triggers." In the words of one woman:

You can't really say 'One day I feel this way and the next day I feel that way.' You never know, one thing could set you off. (Interview #22: Female, age 46).

Triggers took a wide variety of forms. First, for example, there were everyday things associated with the murder itself:

I still have psychological problems in dealing with day to day activities. For example, it is very difficult for me to put on a brassiere every day as that was what was used to strangle my daughter. I have similar problems in using a bathtub. The simple task of getting into a bathtub is almost impossible for me as that was where my daughter's body was found. (C.I.C.B. #95: Survivor's Written Response to Board Questionnaire re: Female, age 40).

Second, there were innumerable reminders of the deceased scattered around survivors' homes, such that they could not escape reminders of the deceased because they were all around them all the time. In the words of one man:

There's so many things around a house, you know, that set you off. (Interview #26: Male, age 61).

Interestingly, observers added that this could be particularly difficult when survivors' homes were somehow associated with the crime:

One of the biggest hurdles facing the applicant is the fact that she must continue to live in the house which was the site of the murder. She is financially unable to afford to move, and yet she is constantly traumatized by having to stay. (C.I.C.B. #85: Extract from Board Order re: Female, age 55).

Third, many survivors spoke of holidays, special events, and anniversaries triggering their upset:

My moods are not something I can refrain from, especially on ____ (the deceased's) birthday, Christmas, Easter, family gatherings (weddings), children's birthday parties, McDonalds for heaven's sake! (C.I.C.B. #41: Survivor's Written Response on Board Questionnaire: Male, age 41).

As one woman put it:

I can say with all honesty that the second anniversary of the murder of (deceased) is more painful than the first. (Interview #10: Female, age 60).

Fourth, survivors found that their upset was triggered by news reports. There are two aspects worth noting here. For example, survivors were extremely upset by news reports about the deceased's murder:

I turned on the television, and on the television was the videotape that _____ (the offender) made (graphically re-enacting the murder). And I scream...I'm going like 'I can't believe this! I cannot believe my eyes that this tape is on TV! How the hell did this thing end up on TV?' (Interview #27: Female, age 44).

Next, survivors' upset was frequently triggered by media stories involving unrelated violence of some kind:

Any time that you ever hear of a new murder or anything, you'll always associate with that, because this has happened in your life. Especially at times like the OJ trial and verdict. (Interview #18: Female, age 55).

Observers corroborated survivors' comments in this regard, but added that matters seemingly unconnected to criminal violence could also triggered significant upset. As one psychologist noted:

She also seems to have intense distress when she is exposed to situations that are in some way associated with her son's murder. Examples here would include violence and autopsies on television, and hearing about the 'wrath of hurricane _____' (the same name as the deceased) on television. (C.I.C.B. #9: Psychologist's Letter re: Female, age 41).

The last type of trigger survivors reported revolved around encounters with children or adolescents. Such interactions could provoke their upset, as these reminded them of the deceased:

I still, even after all this time, find myself looking at girls and saying 'Geez, there she is.' It is just incredible. Unless you've gone through it, you have no way of possibly understanding how the very sight of another child brings back memories of your child. It can be a little girl who's just two years old toddling about that reminds me of _____ (the deceased) when she was two, or it can be a 15 year old that's walking down the street holding hands with her boyfriend that makes me think of _____ (the deceased) with her boyfriend. Things that you normally just take for granted as part of everyday life suddenly has such special significance because every little thing reminds you of what you no longer have. (Interview #31: Female, age 46).

Generally, those survivors, who experienced more of these triggers throughout the course of their experience fared worse, while those who experienced fewer fared better. There were no apparent gender differences in this regard, as each of these five types of triggers were equally upsetting to both men and women who were affected by them. In each of these cases, survivors encountered something in their interactional context that they associated with either the deceased or the crime, prompting them to vividly re-experience, to some degree, the loss of self that they experienced after the murder. Such interactions, by repeatedly taking them back in this way, to some extent inhibited their reconstitution of a coping self - at least while they continued.

Yet, both men and women soon recognized the various triggers to their emotional upset, and many sought out ways to cope with them. The vast majority of survivors attempted to avoid such upsetting stimuli. As one man put it:

For a while we couldn't even show a picture of our daughter. We turned it down. Music, we shut it off. News, we shut it off. (Interview #26: Male, age 61).

Avoidance as a tactic was also proactive, in that survivors actively removed or eliminated those items of their loved one likely to trigger upset. As one man noted:

You know, you take clothes and bedding from her bed, and you pick up the book that's open on the floor, you know, the last thing she was doing was she was looking at these books, and so on. And you pack all that up and take it away. That's it. You give away the clothes, and give away the stuff. Those are all very separate things, going here and there - they're very hard things to do - but that's part of how you deal with it. You do these things, and you close these things out. You do these things, and it closes that part, and it helps you. You know, if you don't put those kinds of things off, and you don't leave the room the way it always was, and you don't hang clothes around, and set the table as if they're coming. For us anyway, you have to accept the fact that they're dead. The clothes have to go, and the belongings." (Interview #13: Male, age 46).

This was by no means a universally accepted practice however. Some survivors counselled others to hold on to the deceased's possessions and not to move from their home until they were clear-headed enough to decide what to do about these reminders.

These strategies of avoidance also varied somewhat by gender. For example, women more typically exhibited such activities as taking a trip away, particularly during holidays and anniversaries, and moving to a new home. Men, on the other hand, exhibited approaches such as keeping busy, throwing themselves into their work or other activities to take their minds off it, and changing the subject. This corroborates the literature

suggesting that men engage in activity based coping styles (Littlewood et. Al., 1991; Mandell, McAnulty & Reece, 1980), as well as the literature suggesting that men deny and attempt to get on with life (Lister, 1991; Clyman et. Al., 1980). Both men and women equally avoided news and crime shows on TV, and chose to get rid of the deceased's belongings. Women, however, were much more inclined to visit the deceased's grave regularly than men, who were inclined to avoid it.

A particular sub-class of these avoidance strategies involved the use of drugs to alter consciousness. Gender played a role in the choice of substance used to alleviate grief. Women more typically took anti-anxiety medications, while men drank alcohol. This corroborates the literature on gender differences in the use of substances for coping (Sobieski, 1994; Lister, 1991; Biener, 1987). However, while this was the general pattern, survivors were quick to point out that prior tendencies played a large role here regardless of gender: if either gender had used alcohol or drugs as a means of coping in the past, it intensified after the crime. Finally, both men and women, if they smoked, or had recently quit, smoked more afterwards.

In addition to avoidance, survivors chose to cope with such triggers by actively employing cognitive strategies. For example, men rationally thought about the consequences of their actions to control potentially inappropriate anger, and considered it prudent to wait a while before deciding what to do with the deceased's things. Women, on the other hand, focused on religious faith and prayer as a source of strength, interpreted hallucinations of the deceased in a positive, comforting way, or emphasized thoughts of eventual reunion with the deceased.

Finally, survivors dealt with triggers by employing interactional strategies. Women's approaches in this regard included actively helping others in the same situation, talking, or participating in shared activities. Men, on the other hand, were more prone to avoiding such interactions, employing confrontation and anger when they felt it appropriate (e.g. when approached in what they felt to be an emotionally "intrusive" manner).

Through the use of these avoidance, cognitive, and interactional strategies, survivors managed to blunt the frequency and intensity of these "triggers," and to limit the ongoing damage to their selves that they engendered in interaction.

Summing up, it is clear that survivors who were exposed to, or encountered frequent reminders of the deceased or the crime characterized themselves as faring worse, and that this was equally true of both men and

women. Many survivors, however, utilized a variety of avoidance, cognitive, and interactional strategies to deal with such triggers, each of which, as noted above, varied somewhat by gender. Ultimately, the ongoing damage to survivors' selves was either exacerbated or muted, depending on both the frequency of these upsetting interactions, and survivors' ability to employ coping strategies to limit their ongoing impact.

(ii) Immediate Family Environment: The depth of survivors' grief experience and subsequent ability to cope were also influenced by interactions with their immediate family after the murder. These immediate family members included the survivors' children, spouse, siblings and parents living under the same roof.¹³⁵ Survivors reported a variety of common experiences in their dealings with these members of their immediate family that not only influenced their grief experience for better or worse, but the interactional reconstitution of their selves as well.

Overall, those survivors who perceived themselves to have had predominantly unhelpful, unsupportive interactions over time with most members of their immediate families felt they suffered more. One survivor became very upset as he recounted a perceived overall lack of family support, save for his sister (the mother of the deceased):

The few times that it's been brought up in conversations with my parents, the grandparents of (the deceased), I hear negatives. I don't want to hear negatives, OK? And it turns into an argument. I don't want arguments, that's not what it's about. So, I can't talk to them about it. But as long as I have my sister to help me through it, I'm sure I'll probably find the right directions, because I trust my sister with my life. I do... (voice shaking, tears start flowing) She's the only one in the whole family...the whole family! And we know that. We've talked about it. Her and I are the only ones in the whole family that understand each other, and can support each other. (Interview #20: Male, age 37).(Emphasis added).

Not unexpectedly, those survivors who felt they had predominantly helpful, supportive interactions with immediate family over the course of their experience felt more emotionally supported:

When I am 'down,' I am helped immensely by family support. I have learned to live in spite of the murder. (Survey #12: Female, age 68).

Observers corroborated survivors' observations in this regard. For example, a father assessed his and his family's experience in relation to immediate family support as follows:

I don't know whether our family is weird or what, but we didn't require any counselling. I think a lot has to do

¹³⁵ Thus, while there is also discussion of parents and siblings in the section on extended family, these generally refers to adults whose parents and siblings live elsewhere.

with, really, our whole approach to the thing. We've got good family around us, and that's the way we've dealt with it. (Interview #24: Male, age 47).

Secondly, perceived overall support from one's immediate family, or the relative lack thereof, was seen by survivors to be intimately interrelated with the severity of other family members' reactions. Significantly, those survivors who reported greater emotional upset talked of a conflicting variety of profound emotional, intellectual, physical, and social reactions exhibited by members of their immediate family that made their own grief experience more difficult. This was particularly so when survivors perceived others as reacting in different ways than they were. As one man put it:

(My wife) went the other way, straight down. And it doesn't matter what I tried to do, where I tried to take her, how I tried to tell her 'For Christ's sake get with it. You've got children still. You've got grandchildren. We've got to get our life in order!' She would just say to me 'Well, you go do what you want. I just want to go to bed tonight and die and go with _____(the deceased).' That's the way it was. While it's a bit better right now, it's still tough on her, and it's tough on me. (Interview #26: Male, age 61). (Emphasis added).

Another woman noted:

My eldest son was stalwart and strong, somewhat angry with his dead brother for getting himself murdered and for disrupting the family, but sorrowful. Our daughter lashed out in an angry, self-defeating pattern as she felt very guilty for encouraging him to leave and follow his dreams and did not know where to place the blame or what to do with her guilt. My spouse was withdrawn and self-absorbed and enormously angry and in fact blamed me for ____ (the deceased's) leaving and probably still does. Our family was not whole or loving or complete in those days. That took its toll on me. (Survey #20: Female, age 53). (Emphasis added).

Others assessing the experiences of survivors also perceived problems in this regard. As one self-help group leader put it:

I think that a lot of people make an assumption that is not correct. They assume that because you've come through something very traumatic and tragic, that you are all going to suddenly come together - and, perhaps at first, you do for a short while. But, because everyone grieves in his or her own way, and goes about it differently, it loses its cohesiveness in a very quick time. (Interview #18: Survivor and Homicide Support Group Leader: Female, age 55).

These data corroborate Lister's speculation that family problems following the death of a child "may be due in part to the lack of synchronicity in the grief process" (1991:231).

Conversely, those survivors who reported a more positive emotional adjustment spoke of a relatively active synchronization of reactions, such that the individuals who most needed support at a given time were able to receive it from others. These others put their own grief on hold briefly and took their mind off their own pain. As one woman pointed out:

Exactly. That's exactly what keeps you going. If I didn't have the children, if I didn't have the support from my husband, things would be a lot worse. We kind of leaned on each other at that point, cause when one was up the other one was down and vice versa, and, fortunately, we weren't down at the same time. We kept ourselves going that way. (Interview #1: Female, age 47). (Emphasis added).

Another man observed:

It helps you to get through that you're helping somebody else. And then, you give them the opportunity to help you on your down days, and that really helps them. It takes your mind off your own pain and sorrow. Nothing helped me as much. (Interview #32: Male, age 47).

Third, closely related to these different, and differently perceived reactions of family members is the quality of **communication** within survivors' families. Survivors who felt they fared worse emotionally typically reported problems with **overt** communication in their families, which only facilitated negative perceptions of others, as well as a perceived lack of reciprocal support. For example, women complained about family members not wanting to discuss what happened:

My husband didn't kind of want to talk about it. He didn't have the nerves to deal with it. He kind of wanted to get on with life too. He didn't want to dwell on this. He wanted to pretend that it didn't happen. (Interview #16: Female, age 56).

Our families won't let us talk about it cause they're dealing with guilt or something of their own, and they won't allow us to really express ourselves and hear this stuff, you know. (Interview #19: Female, age 53).

Men, more typically complained of unwelcome attention from family members:

If anybody tried to pull you out (of depression), you went in deeper, or you kicked them. Boy! Like, and not physically, but boy oh boy, they may have suffered a rage that they never really wanted to face. (interview #32: Male, age 47).

On the other hand, survivors who felt they fared better emotionally expressed thankfulness for the quality of **communication** in their families in relation to synchronization of support. Considered particularly important in this regard were family members' perceived ability to subtly **pick up cues** from others when they needed support, wanted "space" to be left alone, as well as an unspoken willingness to take up the slack when needed. Consider, for example, the complementary comments of the husband and wife below speaking about their family:

I think that one reason why our family has dealt with it this, well, what I consider successfully after I've seen some other families, is because there is an **openness** in our family. There is support in our family, but there is also a **respect for everybody else's space**. All 3 of us act like that. If I come home from work one day, and I slam the door a little extra hard, then both of them (respondent's wife and daughter) know. 'Oops, it's time! It's probably not a good time to say anything' (laughs). So, that's it, you know? Or, if _____ (respondent's

daughter) is having a bad day, we'll all pick up on it, and that's why there's three TV's in the house (laughs). But that's just the way we do it. (Interview #24: Male, age 47). (Emphasis added).

If _____ (respondent's husband) is in a foul mood, you can pretty much tell. And so, I'll go into the bedroom and watch TV, he'll stay there, _____ (respondent's daughter) will go into her room. We give each other space. And, you know, there'll be times I'll be sitting there (makes incoherent crying impression) just blubbing. He'll go 'What's wrong?' (Respondent mimics a crying tone of voice) 'Like you have to ask?!' (He'll reply) 'Oh, I'm sorry. Anything I can do?' 'No!' That's all you can do. And he'll go 'OK. Well, I'm here.' So, basically if one of us is having a bad day and the other one is reasonably OK, we kind of take turns, and take the slack for each other. If I'm having a bad day, he'll do all the answering the phones and that. And, if he's having a bad day, then I'll do the same. And if we are both having a bad day, _____ (respondent's daughter) will take over. You know, it works out. I guess we read each other well. So, it really helps. (Interview #25: Female, age 45). (Emphasis added).

Fourth, it is important to note that these factors of perceived support, relative synchronization of reactions, and communication were felt to be closely related to evolution of family dynamics over time that either helped survivors cope, or increased their emotional upset. For example, in survivors' families characterized by lack of support, upsetting, conflicting reactions by others, and poor communication, a variety of upsetting family dynamics were reported by survivors to have occurred. First, there was blame:

My spouse was withdrawn and self-absorbed and enormously angry and in fact blamed me for _____ (the deceased's) leaving and probably still does. (Survey #20: Female, age 53).

Moreover, survivors who fared worse tended to take others' blame, anger and upset in this environment personally, and to take it out on others.

People that were close to you would kick you in the teeth, and didn't even know they did it to you, and you would certainly do it to them. (Interview #32: Male, age 47).

Not surprisingly, survivors both exhibited and observed gender differences in this regard with members of their immediate family. For example, long-term depression, upset, talk about the murder, and helplessness by wives were key complaints from many men:

I'll tell ya. Man I'll tell ya. When it first happened, it didn't matter what I did in the house, my wife was down on me. She was constantly down on me. I went through all of that. I went through every day when I said 'Geez, look at this good thing that happened.' She'd reverse it into something bad. She's still the same way today...She wants to die. She wants to be with her daughter. She feels that if she's up there with her daughter she would be in a better world, in a better place. She says 'If I get up there, I can assure you, I'll find out what happened and send you a message.' And this is the way she talks. She sees no future in living and, you know, we keep saying 'Jesus, but what about the grandkids? What about the other members of the family? You can't just leave this earth and leave us? I mean, you're not helping anyone. (Interview #26: Male, age 61).

As another man noted:

I personally have recuperated more than my wife, who still gets into very depressive periods of time, getting nervous, crying for hours and not being able to cope with anything. She is so different now. We used to be outgoing and go to weddings and parties. Now, we don't socialize. Not even to weddings. That's her decision. First, she'll say 'yes.' The week before 'I don't know.' The day before 'No, she won't go.' Our married life and sexual life is not the same as before. She's always sleeping. You'll find her at the kitchen table any hour that you want. She doesn't seem to be improving. (C.I.C.B. #46: Survivor's Handwritten Response on Board Questionnaire: Male, age 54).

This corroborates Cook's (1988) observation that women's ongoing upset and helplessness frustrates men. Women identified different problems in this regard. Unlike those men who typically complained about their partners' continued upset, depression, and helplessness, these women interpreted men's attempts to "be strong" and return to work as uncaring, and as men getting on with their lives:

I became totally engrossed in the legal process. My husband and son just seemed to want to lead a 'normal' life. I had 3 months off work and just barely coped. My husband went to work in a week's time and didn't seem as stressed as I was. He wanted to get on with living. My son responded by not wanting to be home too much. (Survey #21: Female, age 56).

This corroborates Sobieski's (1994) observation of how women find such behavior irritating. Such conflicting gender dynamics speak to Lister's (1991) speculation that lack of synchronicity in the grief process may be behind marital stress in bereaved parents. Certainly, the data showed that these conflicting patterns eventually manifested themselves in marital problems. In the words of one woman:

My spouse disappeared back to Calgary without so much as a goodbye. (Survey #6: Female, age 37).

Respondents also clearly observed such dynamics evolving into marital problems among their fellow survivors:

I'm not sexist, but in my experience with this, men don't want to talk about it. It's too awful. They - especially in my experience with this - they were more concrete, they were more certain to problem-solving, you know, what to do, and so forth. Like 'Let's not talk about it at all.' You know, 'Let's not get into it too much.' 'Forget about that it happened.' 'Don't tell people about it.' You know, like 'Put it away....' without...you know, you can't. You can't put it away until you've dealt with it. Sometimes that causes problems with different relationships. (Interview #29: Female, age 37).

As another woman observed:

Sometimes men will throw themselves really heavily into their work, and they work so much...and sometimes in marriages men want to stay away from home so much because their wife is really upset all the time and they want to kind of get away from it, and it kind of pulls them further apart. They throw themselves into their work to kind of keep their mind off it, and they forget about their family...Yeah, the divorce rate after the death of a child is something like 78% - and I can see it. (Interview 25: Female, age 45).

Indeed, professional observers also commented on this dynamic:

Mr. ____ displays his grief and suffering in a much quieter manner. I perceive that this couple is suffering in their spousal relationship because of the differing ways in which they express their sorrow and pain. It is certainly not drawing them together. It appears to be alienating them. My opinion is that their marriage is very unstable at present. (C.I.C.B. #60: Doctor's Letter re: Male, age 46).

Interestingly, there also appeared to be gender differences with regard to talking about the crime that extended to the children. Most females appeared to want to talk about what happened at length, while most males did not. As one woman observed:

One time, within a day after the murder, I said to my son 'Come and sit down, talk to Mom about this.' I asked him what he felt. He said 'nothing.' And then, afterwards, I said 'Come on, talk to Mom about this.' He shouted at me, 'I don't want to talk about it!' Then he stomped out of the room. As I slumped in the chair, tears stained my eyes and anger flooded my heart. _____ (the offender) took the life from my daughter and is beginning to destroy my son. (Extract from Letter written by Interview #1: Female, age 47).

A man also noted:

With the rest of the family it's bitter. We get into more fights. I have a daughter that, if I said I went to the police, and they said 'Well, we're really happy with what's going on. We've done two things, we can't tell you about it, but we're happy.' This one daughter, as soon as I mentioned that to her, she'll ask me a thousand questions, in different ways, related to what I just told you. And I get mad at her. I get so mad that I get her crying. When I get her crying, it gets my wife upset. But I feel I'm telling the truth but they don't believe what I'm saying. (Interview #26: Male, age 61).

A third manifestation of upsetting family dynamics expressed by survivors was disruptive or upsetting behavior by children:

My stepdaughter scowled at me at every opportunity and made many loud derogatory remarks about me to Sheriffs, friends, media and strangers. (Survey #6: Female, age 37).

Such interpersonal difficulties with surviving children were corroborated by observers. Interestingly, observers perceived upsetting behavior on the part of both male and female children, but females were seen as combining hostility with fear and increasing insecurity. As one prosecutor observed:

The victim's twenty-year-old sister, _____, is in her second year at _____ University in _____. The change in her since the incident occurred and as the Court case progresses is very obvious to her parents. Whereas she was previously a happy, courteous young woman, she has become rude and very often directs her hostility towards her mother. Of all the family, _____ (the sister) is the most insecure and frightened. She carries protective devices with her and keeps doors and windows locked at all times - even getting up during the night to check the locks. _____ has come to distrust males and no longer goes on dates. (C.I.C.B. #5: Prosecutor's Predisposition Report commenting on Female, age 20).

Male children, on the other hand, were seen by observers to be not only rude and upsetting to their

parents, but to act out their anger. As a psychiatrist noted:

_____ is aged 10. He has considerable knowledge of the details of the crime. He rarely goes out to play and it is very difficult to get him to go out at all. There seem to be some behavioral disturbances with _____. He often wants to beat up his younger brother. He has been heard making statements like 'I will kill you like _____ killed Mommy.' The feedback to the family from teachers is that _____ is hard to teach. _____ has made a number of drawings over the past year of people with knives always talking about killing and when he grows up he wants to be a police officer so he can shoot people. I found in talking to the little boy he tended to deny or at least not discuss with me many of the things relayed to me. (C.I.C.B. #61: Psychiatrist's Letter to Survivor's Lawyer re: Male, age 10).

A C.I.C.B. Board member observed:

Their son testified that he felt that life was not worth living. Before the incident he had a couple of drinks, but never got drunk. Afterward he got drunk all the time with his friends. He feels anger towards the offender. He has fought with kids on the street. He has nightmares to this day about the incident. He feels guilty because it should have been him instead or that he could have prevented it. With his parents he does not talk much. He tries not to get too close because he might lose them too. he has had problems with the law doing B&E and stealing cars. He gets angry and needs to do something to release it. He gets violent with other people. He never used to be like this. Now he thinks he will end up in jail. (C.I.C.B. #4: Board Member's Summation of Survivor's Testimony at Board Hearing: Male, age 14).

Interestingly, in those survivors' families characterized by support, synchronized reactions, and open, understanding communication, these problems were rarely reported and only infrequently evolved to the point where survivors' reactions were exacerbated. This is because such survivors usually found ways to deal with situational problems before they evolved into something more serious. For example, one woman expressed how she dealt with angry outbursts and blame:

I mean, you also have to realize that when you lash out in anger, that it's because you're angry inside, you're frustrated, and, so you take it out on the closest one. I do that, but I don't mean it personally. So, when _____ (survivor's husband) and _____ (her surviving child) say things, I have to realize that that's not directed at me personally. And a lot of people just don't realize that. (Interview #25: Female, age 45).

Indeed, speaking of the need for synchronization of support, she added:

The one thing you have to realize is that you and your counterpart, and if you've got another child, or, somebody else living in your house, your ups and downs aren't going to be the same, at any one time. (Interview #25: Female, age 45).

Marital problems and problems with the behavior of children in such families were reported in only a minority of cases where support, synchronized reactions, and open, understanding communication were felt to be evident.

Running through all of the above was the implicit concept of **balance**. Those survivors whose immediate

families were perceived to be characterized by lack of support, conflicting reactions, and poor communication typically exhibited one of two interrelated problems: (1) a prolonged emphasis on their own needs to the exclusion of others brought on by repeated upsetting interactions with family; or (2) prolonged initial emphasis on the needs of others to the exclusion of their own. Each of these, representing active coping strategies that weren't successful in restoring functioning in the long run, eventually resulted in survivors like these reporting becoming overwhelmed.

In the case of the former, repeated perceived negative interactions with family appeared to continually upset survivors, so they began to increasingly focus on how this environment affected their own needs to the exclusion of others. As one male put it:

It's tough going out to work. For a long time I never said a word. I just tried to go in and do my job. I'd leave the house with a wife that is so frustrated, so down crying, that, when you left to go out to work you thought 'Oh shit, is it even worth going?' But I'd go - the market I was in is so competitive. Then, I'd go upstairs when I came home. Bang! It would start again. She'd start at me again. It's been tough on me. (Interview #26: Male, age 61).

Observers corroborated survivors' observations in this regard. For example, a doctor reported a father's shifting focus in the face of such overwhelming family problems:

_____ (the applicant) has had to adjust and live with the effect of this tragedy on his wife and family, who have become nervous and depressed. This knowledge serves to create a tremendous sense of guilt. As he attempts to struggle with the guilt this appears to set in motion a vicious cycle of repeated recollections and increased anxiety and feelings of despair. He admits to being overprotective of his children, and as they struggle to cope and establish independence his attempt to control can result in problems. Probably his wife's difficulty adjusting and coping is what makes things most difficult for him. He does admit that he has felt like leaving on occasion when it becomes 'too much.' (C.I.C.B. #60: Psychiatrist's Report re: Male, age 46).

Observers noted a similar shifting of focus in women who became overwhelmed with family problems - particularly in dealing with their upset children. These women increasingly focused on their own upset. As was noted in one psychiatric assessment:

_____ found that immediately following _____'s death she could not tolerate _____ (her daughter's) presence, despite being her primary reason for living at that point. She recalled that she was unable to look at _____ (her daughter) without seeing _____ (her son's) face and hearing his voice. Now, _____ appears to have a heightened awareness of the differences between _____ (her daughter) and _____ (her son). Whereas she believes that _____ (her son's) personality was similar to hers, she believes that _____ (her daughter) has been changed by the death and now has taken on characteristics of meanness and sneakiness. In addition, _____ has observed that her daughter has been whiny and 'clingy' to the point where _____ (her daughter) frequently insists on not letting her mother out of her sight. _____ complained that she finds this, which began immediately following _____'s death, difficult to tolerate.

However, _____ admitted that she is 'paranoid' with _____ (her daughter), because she has a fear that some harm will come to her only child, and feels that her daughter picks up on this. The mother-daughter relationship is at high risk, because of the tendency on her part to emphasize memories of the positive behavior of the dead child, and to have a heightened awareness of the negative characteristics of the surviving child." (C.I.C.B. #16: Psychiatric Assessment re: Female, age 26).

In contrast, other survivors, who reported they fared worse, initially "took over," did "everything," and focused so much on helping others that they ignored their own needs. Eventually, their own health suffered:

I tried to do everything for everyone, especially our daughter. That took its toll on me as I, two years to the day, came down with a stress related cancer, neuro endocrine carcinoma of the colon and had to have extensive surgery and chemotherapy. (Survey #20: Female, age 53).

Such reactions were corroborated by observers as well. As one doctor put it:

Mrs. _____'s initial reaction to the loss was to maintain absolute control as much as possible over herself, her family, and her environment. It took much of her energy to try to understand and support her husband's grief, and up until April, was 'holding the family together.' She was working to take her mind off it. She had two younger children. She kept going - anger building up - until it became overwhelming. Inevitably, Mrs. _____ herself has had to let go and allow herself to grieve. She is overwhelmed by this experience which has interfered with her ability to work, to sleep, and to relate openly to the rest of the world. Mrs. _____'s anger has been generalized to the world around her, and has left her feeling isolated, alone, and in search of meaning. Presently, her ability to cope is impaired. (C.I.C.B. #55: Doctor's Letter re: Female, age 36).

As another doctor noted:

_____ suffers her own sense of loss for a very dear sister (the 3 girls ages 18, 14 and 11 all shared one large bed) but suffers doubly because she is the confidante of her mother, Mrs. _____. She has had to help settle her mother and she has had to be strong so that she doesn't further upset her mother. She has at times felt overwhelmed. She has made visits to the emergency department to get medication which will help her cope and help her sleep. At a very crucial time in the development of social skills and maturation, it is as if she's lost a year of her life. (C.I.C.B. #60: Doctor's Letter re: Female, age 18). (Emphasis added).

Most members of such families appeared to operate as a collection of individuals out of sync with each other, but whose underlying interconnections nevertheless added to their torment. As one man put it:

How can members of a family relate to each other when each has to handle his or her grief in his or her own fashion - some silent, some wanting to talk to the point of nausea - and the very faces of the different family members cause pain to each other because they carry a resemblance to the one who has been lost? (Survey #5: Male, age 63).

On the other hand, survivors in those families with much perceived support, synchronized reactions, and good communication did not experience such extended emotional upset. These survivors typically reported mutual support from family members, taking turns supporting and being supported, and the ability of family

members not only to communicate well, but to understand subtle cues regarding when to offer support. As one woman noted:

My husband and I are very close, and I would see that, of course, he was in a huge amount of pain, so I would try to be strong for him, which meant I have to hold...hold off, OK? Give him a turn, and then he would hold off and give me a turn - and that's not usual. I don't know what happened with us, we just...it just happened that we were able to support each other at a time when each other...we needed each other. (Interview #2: Female, age 51).

To sum up this section thus far, most survivors, in interaction with their close family members, varied to the extent that they reported that they focused on their own or others' needs. This focus appears to have often been done consciously, in an attempt to ease their own or others' emotional upset, and was a reflection of the family dynamic itself. The extent to which this strategy for coping was successful in facilitating better "functioning" varied however. Those whose focus was more evenly balanced between their own and their family's needs, characterized themselves as more successful in alleviating extremes of emotional distress. Their families, also characterized as having a balanced self-other focus, were felt to operate in unison to absorb the shock of the bereavement, and to support one another in moving forward in their lives. Those who reported their coping took the form of attending to their own needs to the exclusion of others and/or of focusing on the needs of others to the exclusion of their own needs, felt that they fared less successfully. These individuals and families did not appear to achieve the same relief from emotional pain or the motivation to move forward. In some instances, the very nature of their interaction and the coping strategies which evolved from it appeared to exacerbate their pain.

The interactional construction of the self was evident throughout these data through the process of "taking the role of the other" (Mead, 1934). For example, survivors who, through poor communication, lack of synchronization, and focusing exclusively on how their evolving family problems upset them personally did so in a way that repeatedly encouraged their anguish, and thereby ongoing damage to the self. On the other hand, those took turns attentively helping and being helped in their immediate family environment in a balanced way suffered fewer upsetting family dynamics, less ongoing damage, and simultaneously

reconstituted their selves in ways that found them coping better.¹³⁶

It should also be pointed out that while these were the general patterns of reactions and coping within survivors' immediate families, there were nevertheless gender differences in the more specific coping strategies they employed. For example, while many women were more prone to withdrawal from outside social activities than were men (Janoff-Bulman & Frieze, 1987), they also tended to choose more open, interactional strategies involving those close to them, such as not allowing themselves or others to be alone in the house, gathering their family together at difficult times, and supporting others emotionally. These women also talked to their spouses and children, and expressed their feelings not only to "get them out," but to encourage others to express their grief as well. In the words of one woman to her husband: "We are going to sit and we are going to talk! And you are going to like it! (laughing)." (Interview #1: Female, age 47).

However, when focusing on the needs of the other children in the family, or other family members, women attempted to avoid upsetting them by not revealing everything. Sometimes this simply involved not telling them upsetting facts; other times this took the form of hiding their own private grieving strategies such as crying, "talking" to the deceased, or praying privately.

Many men, on the other hand, did not typically withdraw from as many outside social activities, particularly their jobs, but chose more closed, less participatory strategies of coping with regard to family problems. In the blunt words of one man: "I'm the only male. They talked. I listened." (Survey #8: Male, age 68). This corroborates the literature suggesting that men cope in a much less interactional fashion than women (Lister, 1991; Cook, 1988).

Thus, while many men worked long hours to provide financial support, they avoided their home and family, and worked on hobbies or projects. This supports the literature suggesting that fathers use activity based

¹³⁶ Of course, this is not to assert a unidirectional causality between these behaviors and reportedly faring better. Rather, these appear out of the dialectical interaction between survivors' own and others' relative levels of upset, and the strategies and behaviors engaged in by each. In some cases survivors' own level of upset was such that they were unable to help family members; in others these family members were themselves so continuously upset that the choice of helping or not became an either/or proposition not allowing for balance. Thus, while individual survivors undoubtedly have choices and helpful behavioral possibilities in these contexts, it must not be forgotten that these are circumscribed to some extent by their own reactions and the behaviors of others.

coping styles after the loss of a child (Mandell, McAnulty & Reece, 1980). In interactions with family, they were more prone, on the one hand, to avoiding closeness with others ("in case they die too") or to changing the subject; but, on the other hand, to acting out, manipulating others, and responding with hostility. Indeed, many men only cried alone, or when given tacit permission by others beginning first.

There were, however, a variety of strategies shared by both men and women equally. For example, survivors of each gender repressed their feelings publicly, choosing to grieve in a more private setting. Some others took turns supporting and being supported. Others "acted" for the benefit of others (e.g. attempting not to fight for their children's sake). Security, and the means to ensure it for family members, was a great concern bridging the gender gap.¹³⁷ Further, both men and women avoided talking to their spouses about certain things, preferring to have separate support networks in order not to upset them. Survivors of each gender also recognized different coping strategies in others, learned to not take things personally, gave others needed space, and understood that they had to grieve in their own way. Many focused on their own good memories, sometimes to the point of having a "shrine" of items associated with the deceased in their homes. Finally, many blamed their spouse, considered marital counselling, or separated when family problems became too much to bear.

Summing up, survivors' perceived experiences with their immediate family had a profound effect on their experience following the murder. Those who felt they had positive, supportive experiences with the majority of their family members, coupled with good communication and synchronization of support, felt they fared better. Those who did not, appeared to get caught up in a series of upsetting family dynamics flowing out of conflicting reactions, including blame, gendered perceptions of female helplessness and male uncaring, subsequent marital problems, and disruptive children. Indeed, the observations on synchronization lend empirical support to Lister's (1991) speculation about this matter.

Secondly, where it was perceived that there was a frequently shifting balance between survivors' own suffering and their caring for others, they and other members of the family seemed able to break their attention to their own suffering into smaller, more manageable chunks and to deal with it a bit at a time. Survivors in

¹³⁷ One difference regarding safety, however, was that most men were afraid for their families but not themselves, while most women were concerned about personal safety as well.

such families avoided the twin pitfalls of elongated focusing on their own grief, punctuated by upsetting family interactions on the one hand, and focusing so much on others that they did not deal with their own issues, on the other.

Third, both of these are relevant to the interactional reconstruction of survivors' selves. Survivors who, through poor communication, lack of synchronization, and focusing largely on themselves or their evolving family problems, did so in a way that repeatedly encouraged their upset, and thereby ongoing damage to the self. On the other hand, those took turns helping and being helped in their immediate family environment in a balanced way suffered fewer upsetting family dynamics, less ongoing damage, and simultaneously reconstituted their selves in ways that found them coping better.

Finally, differences were observed in coping strategies among male and female survivors, with women, particularly, utilizing more open, interactional strategies relative to men. These corroborate, in a new substantive context, various aspects of the past literature on gender noted above.

(iii) Extended Family and Friends:

It is important to note that there is a direct relationship between the way a death is handled in society and the way we handle life. Caring and sensitivity towards the victims and their families shows that society respects the sanctity and frailty of life. You represent society's attitudes. How you handle the victim will have a direct bearing on the recovery and healing of the grieving families.

This quote, taken from workshop materials prepared by one of the interview respondents, succinctly summarizes the theme in this part of the thesis: social responses to survivors interactionally shape not only the course of their grief, but the degree to which they are reconstituted as coping selves as well. The depth of survivors' grief experiences and subsequent ability to cope was strongly influenced by interactions with their extended family and friends following the murder.¹³⁸ Survivors reported a variety of common experiences in their dealings with their extended family and friends that influenced their grief experience for the better or worse.

¹³⁸ While parents and siblings are dealt with in this section as well, these were generally older individuals that did not live under the same roof as survivors on a regular basis.

Generally, survivors who reported a lack of support from the majority of their extended family and friends over time felt that this made their experience worse. For example, one survivor, speaking about her extended family noted:

The only thing I remember is that I was alone - all the time. All the time. There was nobody came around. My family hasn't been supportive. I haven't seen any of my family. None of them have come, and that hurt...It's been two years, and I think you are the third person that's been in this house. (Interview #10: Female, age 60). (Emphasis added).

Another woman observed:

Because this incident occurred between two first cousins who were very close to one another, because I only have the one sister and no brothers and because my father lives in my home, my life has been totally ruined. I am unable to enjoy the family life which I had prior to my son's death...My son, the deceased, and his cousin were extremely close. Both my nephew's family and my family did things together and we visited one another on a continuous basis. Since the death of my son, I have literally been ostracized from my only sibling. My sister and her family find it most uncomfortable to visit with my father who resides with me. Therefore, this relationship for me has also been severed. (C.I.C.B. #9: Survivor's Letter to Board: Female, age 41). (Emphasis added).

Similar comments were made by survivors about their friends:

We were ostracized in a sense, in our own minds we felt ostracized anyway by everybody we knew (Interview #14: Male, age 54). (Emphasis added).

This was a time for me to find out who my real friends were, and it sometimes hurt a lot to see that you friends are not always the one that you had considered. It is a shock. (Survey #3: Female, age 58) (Emphasis added).

This lends credence to the suggestion that the loss of support systems characteristic of all parental grief "seems to be exaggerated in the case of murder" (Klass, 1988: 130). Indeed, it corroborates survivors' publications suggesting that they lose up to 90 percent of their friends (Young 1991; Provincial Secretariat for Justice, 1984).

This perceived lack of support from survivors' extended family and friends was manifested in variety of ways. First, survivors who reportedly fared worse emotionally spoke of unsupportive behavior among their extended family and friends which was apparent to them even as early as the funeral. As one man put it:

People in general don't understand. My brother and sister did not even come to my son's memorial service in Detroit. They never came to the funeral and yet they go to everybody else's. That has always haunted me. I had two parents then, and they acted like they were at somebody they didn't know's funeral! And the day of the service, and we were standing there in this blizzard...when the service was finally over, all I could hear was my father laughing behind me. I wanted to strangle him. That really irritated me. My mother never came anywhere near me...Once they came and went, they did their thing, they came down, and they left. I never even heard from them for months. People in general think it won't or can't happen to them, ergo, they don't help in

a positive way. You are left to be tormented by the 'what ifs' (Survey #16: Male, age 71).

Another woman observed:

It would have been nice if I could have said 'Look, with all of these people wanting to come to help...', but nobody actually took a vacuum cleaner, (laughing) or dusted the furniture, or did the things that I needed. It just would have been nice if someone could have come and said 'Look, I will do....' It would just be kind of nice to have. It didn't happen. (Interview #16: Female, age 56).

In other cases, survivors spoke of perceived early support from their extended families and friends dropping off rapidly after the funeral:

The day after the funeral? (chuckles) No, I'm just saying, (respondent bangs fist on table) the day after the funeral! I mean, they'll say, 'Oh, if you need me, just call, whatever. If I can do anything for you...' But, its like, you know, nobody follows through. After the death, after everything is over with, people seem to disappear from the face of the earth. (Interview #21: Female, age 45).

Whenever it began, however, survivors faring worse emotionally ultimately reported perceived avoidance by their extended family and friends. As one man said:

It was an eye opener. Like, walking through a grocery store, walking down the aisle, I'd see somebody that I knew, and, before, they would talk to me. When they saw me coming, they turned their cart around and went the other way. (Interview #32: Male, age 47).

Another woman noted:

The hurt and devastation to your existence extends further than the death of your child. Family and friends slowly keep away, as though they don't want to talk to you about your grief, you are left alone, you are different, and it shows. They abandon your life, your daily living, and feel unsure of what to say to you. This is the time when you need moral support more than ever, and ironically, this is the time when you are most vulnerable to further pain and hurt, only to be abandoned by the friends you thought you had. (Interview #10: Extract from Manuscript written by Female, age 60).

Rationales for this avoidance varied. In some cases, for example, survivors attributed this avoidance to the perceived stigma or discrediting that went along with having a family member murdered:

The rest of my relatives were worthless and acted like a stigma attached to us, like something about us caused us to have a murder victim. (Survey #7: Female, age 38).

Many people dissociate themselves from the victims of misfortune as if it were contagious. This has a real impact on our morale and our feelings. (Survey #5: Male, age 63).

In other cases, this perceived avoidance by family and friends was attributed to a crippling uncertainty about what to do or say, underlined by a paralysing fear of upsetting survivors. As one woman pointed out: I know that my family just damn well didn't know how to cope and how to deal with me (sounds angry). They

were scared. In fact we talked about it after the phone call. After the phone call they sent me a plane ticket, and so we went home and it was discussed - and they said that they had no idea, and they really didn't know how to deal with me, and they were afraid to even phone me because they knew the minute they heard my voice that they'd start crying (sounds tearful). (Interview #15: Female, age 49).

Another woman said:

Like my friends are afraid to keep bringing it up, and they shy away because they're afraid you're going to bring it up. Or, they're afraid they're going to 'Say something that's going to hurt you.' So they shy away. Cause, maybe they don't know that you want it. That its alright to talk about it. So they're afraid to. I think that's what happens with a lot of them, they're afraid to start...Cause, I had a few people that I've bumped into, and I've said: 'Oh, you haven't been around.' 'Well _____ (respondent's name), it's not that we didn't want it. It's just that we just don't know what to say, and we didn't want to say the wrong thing and hurt your feelings.'" (Interview 21: Female, age 45).

Interestingly, survivors relating this latter rationale observed that this was particularly problematic among those extended family and friends whom they had been closest to in the past. As one woman noted:

You'll find that the people that were the closest to you pull back, and (sighs), initially I was really annoyed, but then, after sitting there and thinking about it, it must be very, very hard for them to face you...Something like this, you expect your closest friends to be there, but they can't, because they don't know what to do, and they're afraid that if they bring up _____ (the deceased)'s name, that you are going to fall to pieces. (Interview #25: Female, age 45).

Another woman observed:

A lot of the people I knew more closely before kept their distance a lot longer. The vast majority. Now, when we meet them, you know, if we meet them in the store and that, they'd stop and talk to us, and they always apologize for not coming by: 'But we just don't know what to say. We don't want to upset you.' But they still never come (coughs). Yeah, I think a lot of people just don't realize. (Interview #31: Female, age 46).

Third, many survivors themselves openly admitted that there might be a grain of truth in family and friends' fear of upsetting them. Some survivors talked of their own upset driving family and friends away:

Anytime you cry, they think they've upset you. (Interview #16: Female, age 56).

I think if I'm showing signs of emotion, I mean showing tears or emotional stress to others, they don't feel very comfortable, because they don't know how to handle it. And so, if you are at a stage where you can't speak about your son or daughter clearly, openly, and without showing an awful lot of undue stress, it drives people away. (Interview #5: Male, age 50).

Conversely, a fourth rationale for perceived avoidance of survivors by family and friends involved these others' own upset about the murder. Some survivors reported how previously close family and friends were so upset themselves about the loss of the deceased that they just couldn't handle seeing the survivors:

My sister didn't stay with me. She didn't phone or anything, and this surprised me as before the crash we spoke

every day. I heard later that all she did was cry and she didn't want me to know. (Survey #1: Female, age 51).

Our friends? It varied. I think...I understand that the only reason why some of them kind of were standoffish, was because they couldn't handle it themselves. I figure that because they knew _____ (the deceased) personally, they just couldn't handle it. It was too close to reality for them, so they kind of backed off. I was a little bit taken aback by that and I was very hurt. It's been difficult because you really do need your friends at a time like that. (Interview #1: Female, age 47).

Finally, perceived avoidance by survivors' closest extended family and friends was attributed by many to interactions in which one party initially made an effort, but one, the other, or both quickly found it too upsetting to be around each other:

Our friends, for the most part, kept their distance. And, occasionally when we'd come by, they would just sob and cry, and they'd be so upset. The few that did come by, they'd just break down. Horrible. And felt that they were just upsetting us more and be all apologetic...And I think they felt that they were upsetting us more. So then they wouldn't come by. (Interview #31: Female, age 46). (Emphasis added).

People don't know what to say. They don't know how to treat you. Like, they tend to ignore you and not talk to you, and don't know what to say. Or, they become oversolicitous, and crying, and...You're not prepared to talk about it. It's too hard. You can't. So, it was too difficult. (Interview #29: Female, age 37).

The ultimate result of such perceived avoidance, whether motivated by stigma, uncertainty regarding how to behave, survivors' or others' own upset, or generally not wanting to further upset each other, was that survivors considering themselves faring worse emotionally tended to become socially isolated at a time when they needed support - which merely exacerbated their reactions.

Fourth, when not grappling with social isolation related to avoidance by their extended family and friends, some survivors reported the opposite problem: unwelcome or inappropriate attention from the same quarters.

As one man said:

Many family members and friends who had lent us money during the tragedy have now come to us for reimbursement as we have not yet reimbursed them financially. We have put them off for as long as we can. (C.I.C.B. #41: Survivor's Letter to the Board: Male, age 41).

Unwelcome attention from extended family and friends was particularly noteworthy where survivors characterized the attempts to help of extended family and friends as "too much":

My family - sisters and brothers took over. This was very hard as _____ (respondent's late husband) and I were private people and for everyone to be going through our affairs was upsetting. (Survey #1: Female, age 51).

Some friends phoned and insisted on me talking - and I didn't want to talk. So, that's not helpful. When you respect what people are saying at the time, even though you feel you want to talk to that person, you (should)

back off when they say, you know, 'I don't want to talk to anyone.' But that wasn't helpful. They were thinking about themselves rather than the person that was grieving at that point. (Interview #1: Female, age 47).

Fifth, survivors who felt they fared worse emotionally pointed to poor communication with their extended family and friends, which appears to be at the heart of many problems in such interactions. Problems in communication occurred in a variety of ways. First, extended family and friends were perceived to make many well meaning, but upsetting comments to survivors, particularly when they used cliches and attempted to identify with survivors' feelings. As one man noted:

At certain times, people who I had expected better of would try and console me by saying 'I know what you are going through,' and all of this prompted comments. I can say that normally I don't get upset, but I did get a little wild on a couple of occasions with family who just should have known a little bit better. (Interview #5: Male, age 50).

A woman also observed:

I remember when I was at the funeral how people kept saying to me 'be strong.' You know, that's annoying. Or, 'I know how you feel,' that's annoying. Or, let me see, what are some of the other ones? Uh, 'Remember you have other children.' 'It's God's will.' 'Things work for the best.' 'Well, at least you had her for 25 years.' 'Time heals all wounds.' 'God doesn't give you more than you can handle.' You know, things like that are very negative. I mean, I understand where its coming from - people don't know what to say at that time, and they come out with ridiculous remarks sometimes without thinking. They mean well, but the remarks are very negative. Your fists clench, and you feel like punching their lights out, but you try to get control of yourself...(laughing). If they only saw the reaction on my face. I never said anything, but the reaction on my face showed: 'If I hear this one more time!' Really, it's better to say nothing than to say some of those, you know? I mean, they're so stupid, so (sighs)...so inappropriate. All you want to hear is 'Dammit! Life's unfair. This shouldn't have happened! I feel terrible.' Sometimes they don't even have to say anything at all. Sometimes just a hug is all you need. Just to know that someone cares. (Interview #1: Female, age 47).

Second, some survivors reported a problem with dishonesty in communication by extended family and friends, such as in using euphemisms for death:

Before sympathizers express their sorrow, they should use common sense. It's very important that people start to use the language that's important to people. You don't say 'I'm sorry your son passed away. I'm sorry that your son has gone to another world.' We use that because we don't want the person to cry or to be upset. But it actually upsets them more to hear that kind of language. We need to be straight about it. Dishonesty in communication is another area that prohibits the grief recovery. My son did not pass away, he was brutally killed. (C.I.C.B. #87: Extract from Manuscript written by Female Survivor, age 65).

Third, problems with communication involving extended family and friends were felt to revolve around matters that were continually left unexpressed. For example, some survivors referred to the reluctance of their extended family and friends to talk about the deceased or the crime:

They don't talk about my daughter or the crime and insist I should do the same. That makes it hard for me. (Survey #3: Female, age 58).

The silence is the hardest part. The not talking about things that I'd like to share. (Survey #14: Male, age 35).

Others, however, noted **unwelcome reactions** when they attempted to discuss these matters:

They would start changing the subject a lot, so we would just pick up on it that you just 'OK, we won't talk about this any more.' We caught the vibes, right? **Bad vibes. Some pulled back from us, and this continues right up to the present. Nobody really wants to talk.** (Interviews #8: Female, age 45).

Survivors went on to explain how others' "ignoring the elephant in the room" made them feel:

I think its sad that people don't bring up my daughter's name. If they only knew they're hurting us by not mentioning her name. (Interview #31: Female, age 46).

If, when people ask how you are doing and you could tell the truth instead of lying and saying 'fine' you would feel better, but invariably you shrug off your true feelings for fear of upsetting them! Even when you do try and explain how the tragedy has affected you they change the subject, and you are left with the sinking and consuming hurt that no one wants to hear your broken hearted tale. It is like having a big hole in the middle of your face that no one notices. I cry and appear sad because **LAM**. I cry and appear weak because my spirit, life, and physical body is weakened by what I am forced to go through. (Interview #10: Extract from Manuscript written by Female, age 60). (Emphasis in original).

Fourth, poor communication was felt to be manifested in **unwelcome admonitions** by extended family and friends for survivors to forget what happened and get on with their lives:

Some family say that now that my daughter is buried, to try to forget what happened, and 'let it go.' But I've still got to face the trial, the news media. It keeps coming up and coming up. (C.I.C.B. #1: Survivor's Letter to Board: Female, age 32).

We had some very close friends who came out to visit us, but their recommendation to us was, 'You've got to put this in the past, like, bury this right now.' (Sarcastically) The closest friends we had! He'd say to me '____ (survivor's name), You've got to put this behind, get back to work, and you've got to get on with your life.' You know, 'You've got to maintain your business, you've got to...' And, I'm not thinking any of this stuff! (Interview #14: Male, age 54).

Fifth, some survivors reported poor communication from extended family and friends in the form of questions, comments, and gossip which they felt invaded their privacy:

The questions? 'Aunt ____...aunt ____?' (respondent's name). That was my nephew, my young dumb nephew. He said to me 'Aunt ____, is it true what I heard?' And I said 'I don't know,' what did you hear?' 'That (the deceased) was pregnant again, and she couldn't face you with that, so she asked (the offender) to kill her?' I just looked at him, and I turned away, and I went up to the casket and I started to cry...So then the next day I come in. The same little...brat came up to me, and he said, 'Oh, aunt ____, is it true what we heard?' And I said (sarcastically) 'I don't know. What did you hear today?' You know, like by this time I was angry, I'm defensive, right? And he said 'Oh, that she had got her Mothers' Allowance cheque cashed and bought (the offender) some coke.' And I just went 'You little *&%#@!' - I don't say that word... (Interview #21: Female, age 37).

Observers also noted this to be a problem:

_____ (survivor's youngest son), _____ (the deceased)'s younger brother, found it very hard to adjust. At school, the looks and questions of his friends and school mates brought it all back, over and over again. He became very withdrawn and depressed at even the mention of _____ (the deceased)'s name. Such problems resurfaced during the murder trial because some of the children began defending the man who killed _____'s Mom and referred to _____ as 'stupid' for going to Court one day. (C.I.C.B. #53: Excerpt from Psychological Assessment re: Male, age 12).

Sixth, poor communication was seen by some survivors in overt criticism of their reactions by others:

I got attacked a couple of times at the funeral: 'How can you be so cold? You're not crying.' Oh yeah! (Interview #19: Female, age 53).

As one man said:

If I'm upset, like, around the time last year when my sister was killed, around the anniversary time, I get upset. You know, it's a rough time of year for me. And, one of the guys at work, he started saying I was slacking, you know, and that I'm not pulling my weight. And I had warned them ahead of time, 'I'm probably going to be upset.' You know, 'It's not like I'm doing this on purpose. I warned you. I'm going to be upset, and I'm going to be...maybe I'm not going to pull my weight, you know? Just deal with it.' And he still gets on my ass about it! (Interview #3: Male, age 24).

Seventh, poor communication was felt to be manifested in comments that struck survivors as being grossly inappropriate:

Before, I would say that I had two very close women friends. The one could do no wrong. The other one from the first moment could do no right, and I no longer see her. Yeah, everything she said, everything she did, just...a lot of cliches and stuff, and the questions. I know one of the things - and this comes under the heading of awful things that people say: 'I know how you feel, I had to have my cat put down.' (Interview #2: Female, age 51).

Friends wanted me to get over this. They wanted me to get better, and get back, and get over this, and it doesn't happen that way. Oh! My very best friend, just couldn't handle it. I remember that first Christmas. She said 'Aren't you over that yet?' I just started avoiding her. Totally. (interview #16: Female, age 56).

Observers also noted that such comments could be hurtful. As one female survivor said about another:

Oh, I've got a collection. We have one mother who worked for a woman, and, this young lady lost her only child, a sixteen year old boy. And, _____ (mother's name) was putting up, decorations around the store where she worked, and this woman was saying, '_____ (mother's name), if you feel upset about Christmas, you could come down and watch my children unwrap their gifts.' Okay, that's story number one. Story number two, at the funeral home, that lady comes up to another bereaved parent and says, 'Well, now you have the perfect family, a boy and a girl.' And she is, thankfully, really quick, and she said 'Yes? Which one of your children would you like to die so you could have a perfect family?' Can you imagine? (Interview #2: Female, age 51).

Finally, poor communication was seen to be manifested in overt blaming by friends, either of the victim, or the survivors themselves:

Some asked me 'How could you let him kill the kids?' A few other people I counted as close friends suddenly were distant. The press had picked up that when _____ (the offender) was arrested he shouted that I had done it. Some of these 'friends' seem to have doubts about my involvement. (Survey #6: Female, age 37).

The excuses they come up with! 'If he didn't race a car.' 'If he didn't do this.' 'If he didn't...' Wait a minute! You're finding excuses for this guy to shoot his gun! (Interview #19: Female, age 53).

Considering these various manifestations of poor communication, it is perhaps not surprising that survivors who characterized themselves as faring worse noted the last type of unsupportive interaction with their extended family and friends: overt conflict. In many cases, this had to do with family disagreements over reactions to the crime, and actions taken subsequently. As one woman pointed out:

It caused a rift in our family (sighs). My oldest sister was very angry that I was the one that was around, I guess, and identified him, and made the funeral arrangements and stuff. But she wasn't around. We couldn't get in touch with her. There were also some hard feelings between her and another one of my sisters, and this was the sister that told her. She thought I should have been the one to tell her, because we were closer, and we haven't spoken since...It had to do with the family dynamics that existed in the first place. My father was an alcoholic, and, in many ways, we parented him. So (chuckling) I think that's what it basically boiled down to was my sisters thought, you know, we were all supposed to take care of him, and that I let him down...I also think part of the rift was the different way that people did grieve, because some people reacted with shock and numbness, other people got very upset or become enraged. There's just a whole gamut of reactions in my extended family, it was so complicated! (Chuckling) It sort of split the family - I have no other description for it - it split the family sort of down the middle (sighs)... (Interview #29: Female, age 37).

Observers corroborated such observations by survivors. As one psychiatrist wrote:

Her family wants her to forgive her nephew (the offender) and not to make so much fuss about her son's death. She feels isolated and without a support system...there seems to be more family sympathy for the offender than for the victim, and this has left the applicant feeling isolated. (C.I.C.B. #9: Female, age 41).

Indeed, in some cases, observers noted that overt conflict was eventually expressed in litigation:

Apparently the husband and father of the children has not cooperated with the applicant in his application for legal custody. In fact, as a result of an inability of the children's father to care for them following the victim's death, the applicant and his wife were obliged to assume the care of the children and the consequent expense of same. In order to be in a position to properly provide for all of the children's needs, including any medical needs that might arise, Mr. and Mrs. _____ were obliged to seek an order for custody of the children in the District Court of Ontario. (C.I.C.B. #53: Lawyer's Letter re: Male, age 55).

(The deceased), to ensure that his mother is well taken of subsequent to his death, had taken out an insurance policy naming his mother as sole beneficiary in 1971. Upon his death in 1985, the insurance policy paid to Mrs. _____ the sum of \$38,000.00 However, action was commenced by (the deceased's) wife and his ex-wife, and the action was eventually settled wherein the two wives were given a total of \$18,000.00. _____ (the applicant) did not feel the wives were entitled to any monies whatsoever. However, she felt that she had to resolve the case because she could not mentally cope with the issues in the lawsuit. (C.I.C.B. #87: Lawyer's Letter to Board re: Female, age 65).

Summing up, survivors who experienced many of the variety of unhelpful, unsupportive interactions with friends discussed above generally assessed themselves as faring much worse than those with perceived long-term support. Such accumulated indignities confirmed that survivors were often perceived as “emotional deviants” (Thoits, 1990). When accomodation of their upset broke down, they were avoided, stigmatized, encountered difficulties in communication and/or conflict. Moreover, their resulting social isolation, which was commonly employed as a defence or reaction to this labelling, could be cited as evidence of “secondary emotional deviance.” (Thoits, 1990; Lemert, 1951).

Taking the role of the other” in these interactions did little, if anything, to aid survivors in reconstituting their selves, and indeed, not only gave survivors more reasons to be emotionally upset, but resulted in their feeling that they had suffered further losses. For example, the loss of interaction with extended family members and friends could be construed, theoretically, as a further depletion of one’s sense of self. Moreover, stigmatization, if internalized, could result in the reconstitution of the self in a more negative image.

On the other hand, those survivors who reported predominantly helpful, supportive interactions with the majority of their extended family and friends which continued over the course of their experience generally felt they fared better:

I've always had people really look after me. I've never been left to do this alone - and that made a huge difference. My friends were there morning, noon and night for at least 2 years, which made me feel good - to know that they were there for me. (Survey #19: Female, age 45).

There was an overwhelming response from our family and friends, which is wonderful...absolutely wonderful. I mean, the friends that we had, you know, stayed with us, and supported us, and continued to support us afterwards...Every one of them is still there today, as strong as they were then...The support, you know, the support that you were looking for was always before anything. It was natural. It was there from their heart. (Interview #4: Male, age 56). (Emphasis added).

Perceived helpful support from survivors' extended family and friends was felt to be manifested in a variety of forms. First, others came and stayed with survivors after the murder:

Oh yeah! Yeah, everybody came. My brother was her godfather, and my sister in law, she was the godmother, and my wife's sister came up and stayed with us for almost a month, I guess. My family was right with me. (Interview #12: Male, age 61).

My one friend literally breathed for me. It was 'OK, time to go to the bathroom. OK, time to eat...time to go to bed. Come on let's, you know, put your feet on the floor, you are getting up now.' She literally moved me through the first two weeks. (Interview #2: Female, age 51).

Next, survivors spoke of their extended family and friends providing initial emotional support:

The wake was such a draining, but supportive experience. We gave and received so much. Why can't we love like this all the time? (Survey #14: Male, age 35).

I surrounded myself with family and friends. As we talked, I remembered happy things which I came back to many times. It helped me bear the hurt and heartache I was feeling. (Survey #13: Female, age 60).

Often, such initial emotional support was seen to be manifested in taking turns supporting survivors. For example, one uncle described his experience in comforting the deceased's wife shortly after the murder, beginning where he stepped in to relieve her emotionally exhausted friend:

I think that what it was is that she (a good friend of the deceased's wife who had been comforting her) was trying to regain her strength, so that she could jump back in at a later time when I'm so exhausted from it (doing the same thing) that I couldn't do any more. Which I...now that I see it, that's exactly what happened because, after about one hour (of comforting the deceased's wife), her girlfriend finally saw that I was exhausted, because I just had no strength any more, you know? And I couldn't cry any more, OK? I had no voice left, OK? Finally, she stepped back in, and, you know, and she grabbed a brush and she started brushing (deceased's wife's) hair, and starting to relax her more, and that gave me a chance to get out and get a glass of water, because my throat was so dry I couldn't talk. I had no voice, and I was completely drained with tears. (Interview #20: Male, age 37).

Moreover, such emotional support was seen to be particularly helpful when survivors could somehow identify with the individuals involved. For example, consider the following man who was approached by a friend:

I had to learn about his (another father's) anguish (in also having lost a child). I guess the sympathy from my side, you know, reached out to him, and, I guess, vice versa. It really helped. To this day, we still see each other every weekend, and have breakfast or lunch. (Interview #4: Male, age 56).

Third, these survivors spoke of extended family and friends either taking on, or helping with their responsibilities. As one woman put it:

Well, at the beginning, before he (the offender) was captured, my family came and, right away, took over all of the phone calls, took over the food, you know, the organization, cleaned through the house...just general, everyday things. I mean, this may sound very general for you but, at that point in time, you can't think let alone do anything physical. We had multiple phone calls plus the media and what not wanting to have interviews and so on. They were very good about screening things like that...So, they took over a lot of this type of thing, plus helping with _____ (respondent's surviving son). For instance he had a paper route at that point, and the police officer did not want anyone outside the house without protection, so, my brother in law took _____ around while he delivered his papers. So, (they did) different little things like that, which really helped. (Interview #1: Female, age 47).

Another male noted:

Friends, brought things over because we had a lot of company staying with us...stuff to feed all your company with, you know, and calling cause a lot needed places to stay, or picking people up at the airport for us, or whatever. People were very nice like that. They called and expressed their sympathy and their help if we needed it - and those things do help. We were lucky. Like, I can just see other people going through this thing being alone. Oh! It would be devastating. (Interview #13: Male, age 46).

Another woman observed:

I didn't even bother with bills that month, and I still have trouble doing that...We were lucky enough to have a friend who was an insurance investment guy, and we just phoned him up and said 'Help!' Cause we have no idea. We gave him all our insurance policies and said 'Here, go for it.'...And we have a neighbour across the street, he was a pastor, and we said that we would like to have him do the service. The pastor took us up and made all the arrangements. Between (the pastor), our friend, and the insurance guy all of the arrangements were made. (Interview #25: Female, age 45).

Finally, survivors who felt they fared better reported continued helpful communication over time with their extended family and friends. Key to this was the ability of extended family and friends not only to communicate well, but to pick up on subtle cues regarding how and when to offer support:

I found a very good support network of friends and family who allowed me to find my own way through this - but whom I always knew were there to listen and help when needed. (Survey #15: Female, age 28). (Emphasis added).

Close friends pick up clues from us and act according to our moods. We appreciate the comfort and support friends give us. (Survey #12: Female, age 68). (Emphasis added).

I have two friends that I visit quite often. They know and understand my moods. If I want to talk, they listen. If I want to cry, they let me. Everyone should have friends like mine. I couldn't have made it without them. (Survey #13: Female, age 60). (Emphasis in Original).

With such perceived understanding in place, many survivors reported a wide variety of ongoing, supportive communication with extended family and friends. First, some respondents noted how their extended families continued to remember their loved ones in touching ways:

They pause to remember the good things - always have _____ (respondent's deceased son) in the back of their minds. It's just the way I think it should be. Our grandchildren who knew _____ (the deceased) talk about him, laugh about their happy memories. We have all passed the good memories down to the younger grandchildren, so they feel they know 'uncle _____' too. (Survey #12: Female, age 68).

One woman said:

My dear Dad, _____ (the deceased's) grandfather, is still living. He says still that _____ should be alive today. _____ is buried where he lives - we go up to the cemetery on Saturdays and (the deceased's) grandfather goes to tidy up and water the plants on _____'s grave. I have cousins and my husband's sister who send us cards and letters on _____ (the deceased's) murder day - they write and mention _____ (the deceased). They can understand our continuing and deep sadness and think it's admirable that we give so much

to ____ (local victims' organization). (Survey #11: Female, age 60).

Second, some survivors noted how extended family and friends continued to demonstrate their concern. Some did this quietly, simply by tactfully refusing to avoid survivors when others had:

They included me in their social plans. (Survey #21: Female, age 56).

That couple is one of the few couples that has stood by us. They haven't been here every week like, or every day like some of the good friends that we was talking about, but they certainly keep in touch regularly. They still call about every month and make a point of coming over, or having us over. (Interview #30: Male, age 64).

On the other hand, some survivors were struck by the overwhelming, overt thoughtfulness of others:

When this came about, she came over and practically lived here. I mean, she would just do anything. She's been just an absolute pet. She calls me every single day and doesn't ever seem to get tired of hearing if I'm complaining or crying or anything. She's just a wonderful friend. (Interview #31: Female, age 46).

One friend has been a staunch supporter ever since it happened, and before. He was even more so during the period that he was away and travelling a lot in his business. I would get phone calls. If he was away on a weekend or something, I would get phone calls on a Saturday afternoon from Butte, Montana, from all over North America saying 'Hey, I was just thinking about you, I had a few moments, and I was near a phone, so I thought I'd give you a call.' And these sort of phone calls helped a lot. (Interview #5: Male, age 50).

Third, extended family and friends were perceived to tactfully provide helpful encouragement to survivors.

As one man put it:

There was one friend at school who helped me, and he stayed by my side and was a good friend. I don't think I would have been able to do it (finish school) without the help of my friend - and, to be honest, he's a Reformed Christian. He's a 'born again,' although, he never once - well, he invited me a few times to go to his church - but he never once pushed me. He never once said 'You know, you should get in touch with God.' I really appreciated that. (Interview #3: Male, age 24).

A woman also noted:

If I'm on TV - which I'm on a fair bit here - or I'm in the newspaper, my friends are really helpful by the fact that they phone me and say 'I saw you' and 'you did a great job.' You know, they keep encouraging me to keep going - and that helps. A pat on the back. (Interview #1: Female, age 47).

Fourth, survivors spoke of extended family and friends providing helpful advice:

My mother in law phoned in the middle of the night every night, and she's the one person who really gave me the advice I needed. She just basically said 'Look, my God, don't stop.' But nobody told me don't stop before. (She said) 'Put your head down in your work, that will get you through.' It's absolutely true. (Interview #17: Female, age 50).

I have a friend who lost his son - I guess it was some sort of cancer. Well, because of his loss, he had sought help with (a self help group). So, knowing what had happened to me, to us, he went on to tell me about the group, and he told me about himself, and how his grief had been helped. He highly recommended it, saying

that he wouldn't have survived without them. So, I approached my wife, and we went from there. It was valuable in dealing with our anger and grief. (Interview #4: Male, age 56).

Fifth, survivors spoke of helpful communication by extended family and friends during various court proceedings:

Our entire family and many friends were at the first and the second trials. Our side of the courtroom was always full. It was so very stressful - however, it helped so much to have each other. (Survey #11: Female, age 60).

At the sentencing, I learned that over 200 letters were received by the judge, written by friends, to give the strongest sentence possible. The judge was quite impressed. (Survey #13: Female, age 60).

Sixth, extended family and friends provided survivors with helpful information related to their case:

I got a lot of support from my police friends. They gave me all the information and help I wanted (chuckles). (Interview #12: Male, age 61).

We had a friend in a U.S. Department which will remain unnamed retrieve his (the offender's past) crimes from a central computer. Then we got his records and let the D.A. and the detective know we had it. (Survey #20: Female, age 53).

Indeed, applicants to the C.I.C.B. were sometimes advised of their right to apply by friends.

Finally, continued helpful communication was seen to be occurring when these others assisted survivors with protests and petitions, sometimes even giving the initial impetus for their campaign. As one woman said:

A friend of mine called and said 'some people at work want to talk to you, because they're really upset about what happened' (a verdict of manslaughter) and 'we can't believe this is going on.' They got together at a friend's house, and they started talking. Some of the people were in the employment equity at work for the women - but it wasn't just women. They wanted to protest it, and I just went along with it, and it was just like...everything just like...I don't know! All of a sudden, we were, protesting, and on the radio and TV, and it was just like this mass media thing, you know? Just everything kept happening, and, I think probably because of the publicity and the 7000 signatures that we got in a matter of two weeks - not even two weeks - and petitions and everything, and letters. But it just all happened. You know, it just kept going on, and snowballing. (Interview #22: Female, age 46).

Another woman noted:

I was on the radio, and (my friend) heard me. She phoned me sobbing her eyes out, cause she's very emotional, and said 'I couldn't phone in, but you've got to do that petition. You've got to...I've got to do something, I'm going to go mad!' And she said '_____ (respondent's name), please...' and she kept on until we did it. So that is how it happened. And she just said, 'Look, write the petition...and we'll do the rest. You don't have to do another thing.' (Interview #17: Female, age 50).

In the end, it is not surprising that with all of the varieties of perceived support from their extended families and friends, these survivors reported few insensitive comments and obvious avoidance behaviors from

those previously close to them. Ultimately, those survivors who experienced a wide variety of these perceived supportive actions from their extended families and friends tended to report milder grief experiences overall, supporting, at least in part, the literature suggesting that "social support is the most important factor in helping parents find new social and psychic equilibria" (Klass, 1988:179). Moreover, in "taking the role of the other" in these various helpful interactions, survivors had a cornucopia of material to aid in the gradual reconstitution of their sense of self in ways that not only avoided contributing to their ongoing suffering or depletion of self, but encouraged them to cope.

Finally, before closing this section, it is important to consider gender differences in survivors' coping with extended family and friends. While both men and women reporting helpful, supportive interactions with extended family and friends said they fared better, and those that did not said they fared worse, this relationship was frequently mediated by survivors' gender roles. For example, female survivors appeared far more willing to accept intimate emotional support from family and friends than were men. For example, a typical woman stated:

At the time I just let everyone take over and I believe this helped. It is important to be able to receive help and support. (Survey #1: Female, age 51).

This corroborates the literature suggesting that women are more communicative than men about their loss and willing to accept support (Sobieski, 1994; Staudacher, 1991). When accepting support, women frequently talked about the deceased to let their feelings out, typically confiding in other women. They frequently made efforts to contact others far away for support, sometimes arranging family gatherings around difficult times such as holidays and the trial of the offender. Moreover, once they felt supported, women were more inclined to express the view that supporting others emotionally helped them. Indeed, it is instructive to note that far more women adopted the children of the deceased than did men.

Further, when they encountered difficulties in interaction with extended family and friends, women were inclined to cope by attempting to work out problems regarding their continued upset and others' inappropriate comments:

I try to let them know that talking about it helps me - tears are healing - it's on my mind anyway so we might as well talk about it. (Survey #21: Female, age 56).

I try to get them alone and explain to them how their comments have upset or hurt me. I let them know in a

constructive way how I'm feeling if it is uncomfortable. (Survey #6: Female, age 37).

Indeed, in the case of inappropriate comments, women typically only warned the problematic interactant, or expressed anger, when the other person was important to them - ignoring such people otherwise. Yet, it is also important to note that those female survivors who encountered many problems with their extended family and friends were far more inclined than men to ultimately resort to social withdrawal (Janoff-Bulman & Frieze, 1987). In the words of one woman:

I felt they really didn't understand what I was going through. I felt very alone and tended to avoid people. (Interview #16: Female, age 56).

Such women expressed the view that they preferred not having to deal with uncomfortable social situations. Moreover, this was a way for them to simultaneously assuage their fear, distrust, and wariness of others flowing from the murder.

Most men, on the other hand, were less likely to accept emotional support from others and to talk about their feelings with extended family and friends:

I don't feel - I insulate to get a job done. I don't discuss my feelings. (Survey #22: Male, age 65). (Emphasis added).

I have my own insights and 'inner space,' and work from these. (Survey #5: Male, age 63).

This again corroborates the previous literature (Sobieski, 1994; Lister, 1991; Staudacher, 1991). Yet, unlike women, who largely talked among themselves, when they did open up, men were as inclined to talk to women as to other men - whom they did not always find supportive:

I find it easier to talk to women, because what I find when you talk to men, is that they don't really seem to want to have to be the one that you are talking to. You know, 'I'll listen, and I won't cut you off, but I...' You always get the sense that 'I'd really prefer that we weren't talking about this.' (both laugh). And you start talking about something else. I don't get that from women. (Interview #13: Male, age 46).

All the same, most men tended to cry alone, or in situations where tacit permission was given by others who began crying first.

When some men encountered difficulties in interaction with extended family and friends, fewer attempts to work out interactional problems were noted. Instead, these men typically either ignored and avoided those who made inappropriate comments, or directed blunt comments at them:

Ignore them. They are not about to change. (Survey #4: Male, age 48).

Sometimes people, they just like to give you a hard time about these things. I just told them 'Leave me alone, or, it's going to come to blows.' And it would have. (Interview #3: Male, age 24).

While many men exhibited social withdrawal to some extent in the face of interactional problems with extended family and friends, this was not as marked as among women - largely due to the fact that many more men continued working outside of the home to support their families, and took care of responsibilities in concert with others to take the pressures off their families.

Finally, it is important to note that these gender differences in coping strategies largely appeared among survivors adhering to more traditional gender roles.¹³⁹ Those of both genders who did not shared many coping strategies more or less equally. Among this group, for example, some men and women reported repressing their feelings publicly and grieving privately, typically "acting" OK so as not to upset other family and friends. In the words of one man:

You've got to act. You've got to put on...like, you could win an academy award for the way that you've got to act. (Interview #12: Male, age 61).

Indeed, this was often carried out in the context of survivors taking turns supporting others.

Next, both men and women were equal in recognizing that they were powerless to grieve for others, respecting their space when necessary, and that these others may have had different coping strategies than their own. In the words of one woman:

Everyone grieves in his or her own way, and goes about it differently. (Interview #18: Female, age 55).

Third, men and women with more flexible gender roles shared a variety of interactional strategies for dealing with problematic family and friends.¹⁴⁰ For example, some gauged how much to say to others on the basis of "gut feeling" and the importance of the context, choosing to talk about only those aspects that they felt

¹³⁹ "Adherence" to traditional gender roles was determined by the presence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles (e.g. men repressing upset and remaining strong; women expressing upset openly).

¹⁴⁰ "Flexibility" in gender roles was determined by the absence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles, coupled with behaviors noted in this literature as traditionally indicative of the opposite gender (e.g. men expressing upset openly and publicly; women "taking charge" and remaining strong for others).

comfortable with. Others chose to put others at ease about it in conversation, directly bringing up the topic first to give permission to talk, and then observing from others' reactions how much to say after they "broke the ice." As one man stated:

I guess one of the things I normally do is say something about my son, to almost give them permission to talk about it. That by sort of breaking the ice, so to speak, others feel more comfortable knowing that it's okay. (Interview #5: Male, age 50).

Finally, it was only after such attempts had failed that these less "traditional" survivors chose to withdraw and avoid problematic extended family and friends.

Thus, it is clear that while those survivors who assessed themselves as faring better had helpful, supportive interactions with extended family and friends, and that those who assessed themselves as faring worse did not. Survivors who experienced many of the variety of unhelpful, unsupportive interactions with friends discussed above generally assessed themselves as faring much worse than those with perceived long-term support. Such accumulated indignities confirmed that survivors were often perceived as "emotional deviants" (Thoits, 1990). When accomodation of their upset broke down, they were avoided, stigmatized, encountered difficulties in communication and/or conflict. Moreover, their resulting social isolation, which was commonly employed as a defence or reaction to this labelling, could be cited as evidence of "secondary emotional deviance." (Thoits, 1990; Lemert, 1951).

Taking the role of the other" in these interactions did little, if anything, to aid survivors in reconstituting their selves, and indeed, not only gave survivors more reasons to be emotionally upset, but resulted in their feeling that they had suffered further losses. For example, the loss of interaction with extended family members and friends could be construed, theoretically, as a further depletion of one's sense of self. Moreover, stigmatization, if internalized, could result in the reconstitution of the self in a more negative image.

On the other hand, survivors reporting a wide variety of perceived support from their extended families and friends reportedly fared better. These survivors reported few insensitive comments and obvious avoidance behaviors from those previously close to them, along with support and encouragement. Ultimately, these survivors tended to report milder grief experiences overall, supporting, at least in part, the literature suggesting that "social support is the most important factor in helping parents find new social and psychic equilibria" (Klass, 1988:179). Moreover, in "taking the role of the other" in these various helpful interactions, survivors

had plenty of material to aid in the gradual reconstitution of their sense of self in ways that not only avoided contributing to their ongoing suffering or depletion of self, but encouraged them to cope.

Lastly, this relationship was mediated by a variety of survivors' coping strategies, which were influenced by gender. Generally men chose less open strategies than women, who, as suggested in the literature, were more open and willing to accept support from others.

(iv) Acquaintances, Strangers, and the Community: Another factor influencing the course of survivors' experiences and the interactional reconstruction of their selves involved their interactions with acquaintances, strangers, and the community. Those survivors who assessed themselves as faring better reported remarkable, and somewhat surprising support from mere acquaintances. This was in sharp contrast to the earlier comments of many survivors regarding those previously closest to them:

It was really strange because you found out who you could lean on. You know, and sometimes it's the people you least expect. (Interview #16: Female, age 56). (Emphasis added).

We found some friends that we considered to be close friends never showed up again. Yet, there were other people that came out that we had sort of considered acquaintances, and we became very close. (Interview #24: Male, age 47).

Similarly, strangers in the surrounding community were seen to become involved in supporting these survivors:

Oh they (the community) were really good. They couldn't do enough for you. The whole community was that way. Like, the response of the community was unbelievable, and I can't believe how many nice people that were doing so many nice things. (Interview #32: Male, age 47).

I don't know why it is that it's the strangers that end up coming. (Interview #31: Female, age 46).

Examples of community support included large groups of volunteers helping to search for the deceased, sending innumerable, meaningful sympathy cards, flowers, and food, creating memorials to the deceased, and supporting survivors' position in court. For example, one woman spoke about how receiving numerous letters of support helped her experience:

The mail started pouring through, and I'd literally sit and read every single card. Every verse in every card and every note that was written, on every piece of mail that we got - and it would take me four hours a day for weeks. We'd have stacks of mail like this (shows how high with arm) delivered every day. It was unbelievable, and it was a big help. It was 99.9% from people we didn't know. Every one of them had something special to say. Something very heartwarming. It really made me feel really warm inside that there were so many caring people out there...Just a card, or a mere call or something would really make you get through the day. (Interview #31: Female, age 46).

Particularly interesting was when such widespread support evolved into community based movements lobbying for justice:

As soon as it was confirmed that it was a young offender, there were people crying out 'We've got to get him tried as an adult.' There was a mother of a friend of (the deceased) who we didn't even know who started a petition to get him raised to adult court. That had nothing to do with us. Eventually that got twenty four thousand signatures in three weeks. We took it ourselves to the Regional Crown Counsel. (Interview #24: Male, age 47).

Indeed, this widespread community support for survivors, in several cases in the data, was the genesis of more permanent victims' rights organizations. For example, one woman, a founder and head of a high profile victims' rights organization, observed how she was cast into this role:

I went on the radio (to thank the community search teams). A policeman phoned in and said 'I searched for (the deceased), now what are you going to do?' And that's how it sort of started. I wrote a petition, and this whole thing kept going and kept going. So that is how _____ (survivor's organization) happened. People just kept coming to us and saying 'what are you going to do?' There was never a day when the phone didn't ring thirty times. (Interview #17: Female, age 50)."

Two factors were clearly associated with such a widespread, supportive community response to survivors.

First, either the deceased was well known, or survivors had extensive involvement in the community, or both:

_____ (the deceased) had a lot of friends. She was a very popular girl. She had a lot of friends from school and that. And I was very...fairly active in the community, socially wise. I belonged to the Optimist Club, I coached baseball, I coached hockey, and so on - so I was very active in the community, as far as that goes, with kids and all that all the time. I worked in other various organizations, working bingos and fundraising and things. So, I mean, there were a lot of people that it stunned too. Then, as the trial went on, they were reading the newspaper and they were getting upset with what was being said, and most of the people got together, and they wanted to do something. So, basically that's how it started. (Interview #23: Male, age 49).

Second, there was widespread media coverage sympathetic to the survivors:

It was...I guess not until the Saturday that it made the papers. The local paper did a good story, and people started coming to the door then, and we had literally hundreds of total strangers just arriving at our door in tears, very upset. It was obviously, you know, that their prayers with us. Food started arriving in trays, flowers, baskets of fruit, it was just incredible. I would say from 10AM to 10PM there was just a steady stream of traffic, and probably thirty to forty people at all times. (Interview #31: Female, age 46).

Survivors who felt they fared worse, on the other hand, reported a variety of negative interactions with acquaintances, strangers, and the community. In some cases, these arose out of ignorance of the survivors' situation:

People sometimes ask me the innocent question 'How many children do you have?' My mind still tells me the answer is six. I stutter, I shrink from it but I say I have five. I cry inside for hours. (C.I.C.B. #13: Letter to Board from Female, age 48).

Sometimes they asked the dumbest questions. Friends were wondering if it was our _____ (the deceased) that was killed. (Interview #1: Female, age 47).

Key, however, were survivors' interactions with the press at a very stressful time - often very shortly after the murder itself. Just how difficult such interactions can be is described by the following man:

A very short time after they told us the media were here. Immediately! There were so many of them all over the place...and then it got late in the evening and they're still out there, with the lights, camera lights and the floodlights and all that type of stuff. They wanted some statement and all this type of stuff, and, as soon as you'd walk out that door they're shoving microphones right in your face and all...asking the stupidest questions, like, 'How do you feel?' (Interview #30: Male, age 64).

When these interactions with the media went well, or the rest of the press' investigation of the crime resulted in a portrayal favourable to the deceased and survivors, much support from the public was evident as seen above. However, when they did not, either because of lack of interest in the story, refusal to speak with the press, or "unsavoury" circumstances of the case turned up by the media, the negative effect on both survivors, and on community support was enormous. As one woman asked:

Why isn't our daughter being talked about? (Field Notes: Female, age 50).

A man observed:

All this stuff came out in the paper. These lies and twisted things, and the stories they were making up about _____ (the deceased). They talked about it being a gang thing, because they just automatically assumed, well, three against six, there's some kind of gang thing. There was totally nothing to do with gangs, or anything else. Of course, I went ballistic at that point. (Interview #24: Male, age 47).

A woman also noted:

The publicity made it worse. The fact that the murder had to deal with drug dealing made it much worse, as there was no sympathetic community support. It was almost 'like AIDS.' (C.I.C.B. #91: Testimony of Female, age 46).

Aside from a simple lack of support, a variety of negative interactions with acquaintances, strangers, and the community flowed from such circumstances. First, there was harassment. For example, one woman told of obscene phone calls she received after the murder made the news:

Like, we got obscene phone calls to the house. The minute that we became public, I got phone calls that 'If you and your family had belonged to the right religion, these horrible things wouldn't happen to you. God is punishing you.' We'd get phone calls like that. One day this guy phoned and asked if I was the mother of one of these children that had been murdered. I said I was, and he says 'Well, would you stay on the line while I masturbate?' And like this is for real! This is going on like every hour around here. Like - not just sporadically days apart - this is for real! And it's going on constantly. (Interview #15: Female, age 49).

Next, survivors who felt they were faring worse noted a problem with acquaintances, strangers, and members of the community blaming the deceased or survivors for the murder, particularly in the context of ongoing speculation, innuendo, and gossip. For example, one woman commenting on the behavior of a female acquaintance of the deceased observed:

One young girl come to the funeral home, and I think when you have that type of thing, some do come just to be nosy, like, to see what they can see, and she had just come with these other girls. And she says 'Well, the little slut got what she deserved.' People had to hold us back. (Interview #21: Female, age 45).

Finally, notoriety resulting in uncomfortable interactions when going about one's business in public became a problem for some survivors. As one woman noted:

You know, you're a bit of a freak for a while because people don't really understand: 'Oh, that's the woman that lost her daughter.' People point you out. When they hear the name, they say, 'Oh, are you the _____?' (respondent's first name). Like, that kind of thing. And you go 'No, I'm just me.' I kind of lose it there. (Interview #16: Female, age 56). (Emphasis in Original).

A male respondent also said:

We went on a cruise, a company cruise. When we'd come down to dinner, we'd be the last, so everyone's sitting around their tables are laughing and having a good time. Whatever table we'd pick, Whew! Dead silence. In the end we sat by ourselves in the corner. Cause when you sit at a table with people who are feeling that way, I had to start the conversation, and you know what it's like to try and talk...I mean its bullshit that you have to come up with these little weak things to keep the conversation going. (Interview #26: Male, age 61).

Ultimately, survivors who reported encountering such negative responses from acquaintances, strangers and the community were far more likely to feel that they were faring worse emotionally and to have more difficulty reconstituting their sense of self in a positive way. It could be argued that these negative interactions "revictimized" those who reported experiencing them.

Summing up, many of these findings regarding acquaintances, strangers, and the community are surprising, and are not reflected in the previous literature on survivors or the bereaved. It is hypothesized that supportive acquaintances and strangers, without a close prior relationship, and perhaps with an interest in the case, were not as nervous about upsetting survivors as were extended family and friends. Of particular interest was the role of popular protest, fed by the media, to not only provide meaningful support to survivors, but also to inculcate positive new role identities (e.g. "victims' advocate") indicative of tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980). Of course, the more negative interactions simply added to the labelling process discussed earlier.

It is now important to consider survivors' coping strategies related to their interactions with acquaintances, strangers, and the community, and any gender differences that were obvious. Survivors exhibited a variety of coping strategies in these contexts, which, for the purposes of clearer exposition, are classified into five categories.

First, some survivors, particularly those who felt they had predominantly helpful, supportive interactions with acquaintances, strangers, and the community, both accepted and focused on community support itself as a means of coping. A majority of this group was made up of women. A typical response with regard to widespread outpourings of sympathy to survivors' family was:

I used to look forward to the mail, the sympathy cards, and my husband couldn't wait till they stopped. (Interview #16: Female, age 56).

On the other hand, survivors who felt they did not experience predominantly helpful, supportive interactions eventually developed a variety of avoidance strategies in their dealings with acquaintances, strangers, and the community. For example, some survivors, particularly women, became wary and distrustful of others. These survivors withdrew from previous social contacts and tried to avoid attention from the public in their community. They preferred isolation to uncomfortable moments in the company of others. Indeed, some took trips elsewhere during the investigation; some even moved elsewhere.

Third, some survivors, again dominated by women, became very safety-conscious, taking extensive security precautions at home such as frequently checking locks and windows, installing a security system, getting a guard dog, buying a gun, and calling the police when afraid. Some of these survivors had unlisted phone numbers, and many had not dated since their bereavement. Consider the following extract from the Field Notes, detailing the author's interaction with Interview #6 following the interview:

She also showed me her guns. She has a collection of guns, and she keeps those, and its something that she enjoys and helps her feel safe. (Field Notes).

Fourth, survivors engaged in a variety of interactional tactics to cope with their encounters with acquaintances, strangers, and the community. Many men, for example, spoke openly of their case in the workplace, tacitly giving others permission to talk about it. On the other hand, some men would not indicate who they were when others seemed to recognize them in public. As one man pointed out:

If I stop for lunch, several times, somebody will come up and say 'You're Mr. _____, aren't you? I've even

had some of my customers say to me 'You look awful familiar.' (chuckles) Most of the time I say 'Geez, I don't know. Where have you seen me before?' I get that all over the place. I'm more exposed to it than _____ (my wife). She's not as exposed to it. (Interview #30: Male, age 64).

Men also tended to change the subject, and either ignore those who made inappropriate comments, or confront them, become hostile, and sometimes act out their frustration.

Women's interactional tactics were similar in many ways, differing largely in terms of context. Unlike men, who more frequently continued to work outside the home, women's interactional tactics often were utilized more in social as opposed to employment settings:

If I'm out somewhere and meet somebody, and they say, you know, 'How many children do you have?' - I found it difficult to even answer the question at first. It was like 'What do I say? what do I say? Do I have two children? Do I say I have three children but one's dead? Oh, that would be hurtful, how can I say that? Can I say that without crying?' Well, for months it bothered me. Of course, now I know that I would never deny the existence of my child. So I say I have three children. One is no longer living, but I have three children. (Interview #2: Female, age 51). (Emphasis in original).

All the same, like many men, women attempted to put others at ease in conversation. They often gauged their interactional responses on the basis of the other person's initial reaction to the topic:

If a situation comes up where I tell my story, I will perhaps say the bare bones of the story, and then, sort of watch for a reaction. You will either get people who are very sympathetic, or those who'll change the subject and walk away, or get out...just absolutely terrified of it. (Interview #2: Female, age 51).

Survivors also gauged what they themselves felt they could discuss without becoming extremely upset, as well as the other person's importance in the social context. Women alternatively warned others about inappropriate comments or ignored them on the basis of these criteria.

Finally, survivors used a variety of these strategies with specific relation to their interactions with the media. For example, some, particularly women, avoided the media by going elsewhere, refusing to talk, or giving a quick statement coupled with a plea to be left alone. One woman in this group explained her rationale for not complaining about press coverage:

(Sighs) It'll make an even bigger issue of what's already been said anyway. To give them a response would just heat the fire. (Interview #31: Female, age 46).

Other survivors, particularly men, chose to interact with the media for various reasons, such as to lodge complaints about inaccurate coverage, or to protect others from the media glare. With regard to the former, for example, one man reported "going ballistic" upon hearing inaccurate coverage, adding:

I picked up and called the radio station saying 'Guys get it straight.' (Interview #24: Male, age 47).

However, women using the press did so more often to educate others:

I was able to make a graphic statement and get all the facts on record and the media recorded it all. We invited them to be there to show people what people go through after something like this. (Survey #20: Female, age 53).

Summing up this section, many of these findings regarding acquaintances, strangers, and the community are surprising, and are not reflected in the previous literature on survivors or the bereaved. It is hypothesized that supportive acquaintances and strangers, without a close prior relationship, and perhaps with an interest in the case, were not as nervous about upsetting survivors as were extended family and friends. Of particular interest was the role of popular protest, fed by the media, to not only provide meaningful support to survivors, but also to inculcate positive new role identities (e.g. "Victims' advocate") indicative of tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980). Of course, the more negative interactions simply added to the labelling process discussed earlier.

In addition, survivors utilized a variety of coping strategies in their dealings with acquaintances, strangers, and the community. These ranged from accepting support among those who characterized their interactions as helpful, to avoidance among those whom did not. A variety of interactional strategies were also utilized, both with other individuals and with the media. Finally, there were several variations in these strategies on the basis of gender, with women more readily accepting support, avoiding outside social contact, and employing security measures. There were also more subtle gender variations in the use of interactional strategies, largely revolving around men's employment and women's social contexts, as well as survivors' interactions with the media.

(v) Orientation to Seeking Help: A significant factor impacting on the experiences of survivors was their initial orientation towards seeking help, often deeply rooted in their previous gender role identities. These, in turn, were influenced by a variety of incentives and disincentives in their social contexts. Taken together, these two factors ultimately influenced their choices in this regard. Whether survivors fared better or worse as the result of seeking help or not will not be dealt with in this section. This is dealt with specifically under the sections concerning self-help," victims'" organizations, the medical and psychiatric professions, as well as under the section on gender and grief cycles.

Survivors in the wake of a murder essentially faced one major decision: either to situate their attempts at coping through some form of withdrawal, attempting to deal with the murder primarily on their own; or to seek out help from other individuals, groups, and institutions. Strategies of withdrawal were more typically utilized by men, who often avoided seeking help from medical professionals, self-help, and/or "victims" groups. This was reflected, for example, in the estimates male survivors active in self-help and victims' rights groups made of male levels of interest and participation in general:

Our (local bereavement) group have been trying to put a men's group together for almost a year now...There are people out there, but they can't ever get the number (together) that it would require at the same time. (Interview #4: Male, age 56).

Even in our experience here (in a local bereavement group), I think about four ladies come out for every fellow. (Interview #5: Male, age 50).

In the meetings we go to with _____ (a national victims' rights organization) it (the ratio of women to men) is deeper than that. It would be 19 women to 1 man. (Interview #26: Male, age 61).

When asked about this imbalance, one man explained as follows:

I think again a lot has to do with (sighs) macho bullshit, for want of a better term...male psychology (chuckles). 'Why, I don't need a shrink.' You know 'I don't need a counsellor.' Like, women are more inclined to reach out for help than men are. Men will try and deal with it themselves, and, sometimes, they'll go and crawl into a bottle of beer. (Interview #24: Male, age 47).

Instead of seeking help, a majority of men appeared to prefer to repress their feelings, deal with the bereavement themselves, and attempted to get on with their lives. As one man so bluntly put it:

I did not permit feelings. (Survey #22: Male, age 65).

While in some cases men's focus in adopting this approach appeared to be to avoid their own upset, in others it had to do with being strong for their family. In the words of one man:

Well, somebody had to be strong. (Interview #12: Male, age 61).

These themes were corroborated by the observations of female observers:

I think women feel and let the pain come. Men tend to push the pain down - they are afraid to show their pain. Women tend to act and do, while men tend to want to put it in the past and get back to normal - like my husband. (Survey #21: Female, age 56). (Emphasis added).

As another woman pointed out:

I think most male children grow up thinking 'Well, you know, I'm the head of this family, and it's my job to love and protect my family,' support them, and all these kinds of things. So that, lots of times, it's been my

experience, and many people that I've dealt with, that most men will throw themselves right into their job. 'I'll work day and night whatever, it don't matter.' They don't talk about it, but they're throwing all of this frustration and everything into this job. They just want to keep busy, and they don't deal with it. (Interview #18: Female, age 55). (Emphasis added).

These data clearly corroborate the literature suggesting that men are less likely to talk about their grief (Wilson et. Al, 1982), often finding it necessary to remain strong and refrain from overt displays of sadness (Sobieski, 1994; Littlewood, 1992).

Women, on the other hand, appeared to be far more inclined to seek out help from others, and this was reflected in the data in their reports of far greater levels of seeking out medical and psychiatric care, involvement in victims' and self help groups, and economic support from social service agencies when unable to maintain employment. For example, a therapist and survivor who treats victims estimated that her clientele was approximately:

One quarter men, the rest women. Women are more willing to come out and seek somebody. The men don't. I think that women are socialized to talk. Period. I think that women are given a lot of permission to open up. I mean, culturally, its acceptable in our culture for women to cry. But, not a fella. So, its much harder on fellows, I find. (Interview #6: Female, age 46). (Emphasis in original).

These data clearly corroborate, in a new substantive context, the literature suggesting that women, more than men, are not only are more willing to accept support (Sobieski, 1994; Staudacher, 1991), but seek out help when experiencing personal difficulties (Butler, Giordano & Neren, 1985; Rosario, Morch & Chestnut, 1984).

In addition to survivors' initial orientation to seeking help, they faced a variety of incentives and disincentives to do so within their social contexts. Perceived and actual support from family, friends, acquaintances, strangers, and the community at large, or the lack thereof, was complexly associated in the data with medical and psychiatric care, as well as with survivors' involvement with self-help and victims' rights organizations.

Frequently, there was an obvious relation between perceived or actual level of support and survivors seeking outside help. For example, there were survivors who eventually sought outside help from professionals or self-help groups because of increasing social isolation:

I did go to a psychiatrist on a regular basis, because...(sighs) after a while your friends don't want to hear about it any more. They just don't want to talk about it, or they're uncomfortable talking to you about it. (Interview

#16: Female, age 56).

If it wasn't for the group, I would be so isolated, and I wouldn't have a network, and I wouldn't have...soul companions...Because our families won't let us talk about it, cause they're dealing with guilt or something of their own, and they won't allow us to really express ourselves and hear this stuff, you know? So we do it amongst ourselves. (Interview #19: Female, age 53).

Observers backed up survivors' comments in this regard. For example, a survivor who also happens to be a practising therapist observed:

The people that I deal with, people get tired of hearing them. They might say: 'We're tired of hearing about that! Talk about other things, eh.' Many people lose their friends. Yeah! (chuckles) Because if a person's processing it, they don't want to hear the same old 'O there he goes again, talking about...' You hear shouts like that. (Interview #6: Female Therapist, age 46).

Conversely, other survivors felt they did not need to seek help as they had sufficient support already:

We didn't require any counselling. We've got good family around us, and that's how we've dealt with it. (Interview #24: Male, age 47).

A few times I thought I should've gone to the hospital, but I didn't want to. I'm lucky I have friends. It's nice to have a support system behind you. You know, a support system is very important to mental health. (Interview #1: Female, age 47).

Observers corroborated survivors claims in this regard. Indeed, in the following extract the survivor's sister, a psychiatric nurse, observed that:

I am convinced, had it not been for the intervention and availability of myself (the applicant's sister) and her family, she would have required psychiatric hospitalization. (C.I.C.B. #8: Sister's Letter to Board re: Female, age 52).

Yet, the perceived or actual level of support did not tell the whole story. Going hand in hand with this, survivors also spoke of encouragement to seek help. In some cases, survivors noted that family, friends, and others, particularly others with whom survivors could identify, tactfully and altruistically encouraged them to do so for their own good:

I have a friend who lost his son - I guess it was some sort of cancer. Well, because of his loss, he had sought help with (a self help group). So, knowing what had happened to me, to us, he says 'I'd like to talk to you for a minute.' We talked a bit, and he went on to tell me about the group, and he told me about himself, and how his grief had been helped. He highly recommended it, saying that he wouldn't have survived without them. So, I kept it to myself for a while, and it was interesting, so I approached my wife (about it). (Interview #4: Male, age 56).

Other survivors, most often men, appeared to resent such "interference" and avoided seeking help, which

suggests that gender plays a role as well. As the following fathers observed:

Unhelpful attitudes include trying to 'fix' our lives when we have our own agendas." (Survey #5: Male, age 63).

There were so many people that wanted us to go (to a support group), and sit down and tell these people all your problems, and they're going to tell you all their problems. No way. (Interview #26: Male, age 61).

It is interesting to speculate that survivors, encouraged to seek help for their emotional upset, were in some sense being labelled as maladaptive or deviant by others. Specifically, the labelling theory perspective stresses the importance of studying social definitions and the social processes by which actions and individuals are labelled or defined as deviant. Social reaction, and, more precisely, social rejection can lead to the social isolation of and/or the withdrawal of the individual being labelled. Running through much of the reporting of helpful and unhelpful interactions with family, friends, strangers, and the community was the perception that these others were willing and able or unwilling and unable to deal with the respondents' emotional upset. Indeed, a key factor in whether survivors continued to interact informally with their intimate others or seek other, more formal or official assistance from counsellors, self-help or other victims' groups was whether these intimate others were prepared or able to "accommodate" the emotional behaviors of the survivors. In theoretical terms, this accommodation would be reflected in these others' characterizations of survivors' reactions as normal or to be expected. When accommodation was no longer possible, these others may have suggested therapy or avoided the survivors they found problematic. Theorists have already argued that labelling can have both adaptive and maladaptive consequences (Plummer, 1979:118). In this instance, it appears that this informal labelling was important in either directing survivors to therapy and self-help or "forcing" them into further patterns of social withdrawal, as noted above in the case of many men. It should further be noted that a breakdown in accommodation with a resultant labelling of individuals as "deviant", in this case "emotionally deviant", can have a significant impact on their sense of self-identity (Rubington and Weinberg, 1987:289-384). In these cases, in particular, the theoretical concept of "secondary emotional deviance" (Thoits, 1990; Lemert, 1951) was strongly suggested.

Finally, there was the element of choice, in modes of coping, which is key to any discussion of agency and active coping. Consider the words of the following woman who, after unsupportive interactions with her family during the funeral, and avoidance thereafter, chose to become involved in a newly formed survivors'

support group:

I started getting into that. I had people there who I could talk to, and that was good for me. In fact, it became, rightfully or wrong, I made the decision that that would be the only place I'd ever talk to this about. I would not talk to my friends or family unless I had to. But fortunately, you know, a survivor will find a way - and that's exactly what I did. I felt 'Hey, who needs them?' (Interview #18: Female, age 55). (Emphasis added).

Summing up this section, the data corroborate, in a new substantive context, the literature suggesting that men are less likely to talk about their grief (Wilson et. Al, 1982), often finding it necessary to remain strong and refrain from overt displays of sadness (Sobieski, 1994; Littlewood, 1992). It also corroborates that women, more than men, are not only are more willing to accept support (Sobieski, 1994; Staudacher, 1991), but seek out help when experiencing personal difficulties (Butler, Giordano & Neren, 1985; Rosario, Morch & Chestnut, 1984). These behaviors all appear to be rooted in traditional gender roles.

Yet, in addition to initial orientation to seeking help, social incentives and disincentives appeared to play a part as well in survivors' coping choices. Overall perceived level of support from family, friends, and the community, coupled with gender, the relative maintenance or breakdown of accommodation by others to the emotional upset of survivors, and individual coping choices all played a role in the evolution of survivors' interactions beyond the "unofficial" sphere, to those with more "formal" helping agents. Often, the labelling process appeared to be at work here (Plummer, 1979; Lemert, 1951). This can have a significant impact on an individual's self-identity, particularly when a "deviant identity" is being inculcated (Rubington & Weinberg, 1987).

Finally, it should be pointed out that these observations put in question the earlier study by Rynearson and McCreery (1993). The current data shows that some survivors find alternatives to psychiatric care, and that there is a social component involved when survivors end up under psychiatric care for treatment of severe reactions (e.g. "Post traumatic stress"). Coping badly such that survivors were labelled with a "mental disorder" often had as much, if not more to do with the social conditions survivors faced than it did the murder. Moreover, under the right conditions, many survivors reported coping reasonably well over time. This again suggests that Rynearson and McCreery's sample, composed of 18 survivors, two thirds of whom had antecedent psychiatric histories, represented a biased group instead of "a normative response to homicide."

(vi) Subsequent Activities and Involvements: Also significant in both the evolution of survivors' grief experiences and the interactional reconstruction of their selves were their activities and involvements following the murder. Survivors engaged in a variety of activities following the murder which reportedly exacerbated their grief, while other involvements reportedly mitigated their experience. Each class of activities will be dealt with, and apparent gender differences discussed in turn. Survivors' dealings with self-help groups, "victims" organizations and the medical profession are not discussed here, however, as these are each dealt with in separate sections. This also applies to survivors' involvement with legal institutions.

Survivors, who reportedly fared worse subsequently, engaged in a variety of upsetting activities or involvements. First, for example, survivors reported that identifying the body upset them greatly:

They more or less had to drag me down the hall to identify her. I saw a bruise on her face and that was it - I freaked out. (C.I.C.B. #1: Survivor quoted in Newspaper Article re: Female, age 32).

Some survivors reported similarly upsetting interactions when viewing the deceased's ravaged body at the funeral:

They opened the casket the day of the funeral, and they had her head covered and everything. They had her prepared. But they had to put a plastic bag over her face because of parts that weren't there...to keep the embalming fluid in. And - what do you always teach your kids - don't play with plastic, don't put it on your head. So I sort of...(respondent quickly becoming upset) freaked because I could see the plastic sticking out underneath the towel. It didn't get tucked in enough. And I'm thinking "Oh my God, she's going to smother!" (Interview #21: Female, age 45).

Other survivors reported that frequently visiting the deceased's grave was upsetting:

I used to go to the cemetery a lot, but found I'm more depressed. (C.I.C.B. #14: Survivor's Testimony: Female, age 60).

I think when we go to the cemetery it really hits us both really hard, and I think at those times that the overwhelming sense of loss, of missing _____ (the deceased) is even greater...(voice shaking)...We both get very emotional when we're down there. (Interview #31: Female, age 46).

Observers corroborated survivors' statements in this regard. As one survivor noted of her husband:

My husband did not want to feel better and continues to punish himself in different ways. He went to the cemetery each night, every single night, with our dog, regardless of the weather - including snow, lightning, sleet, rain, and hail - for five years. Every night without fail. (Survey #20: Female, age 53). (Emphasis added).

Indeed, some added the related observation that visiting the crime scene or the deceased's place of death profoundly affected survivors:

For some reason _____ (the deceased's son) was actually shown the apartment by the superintendent where his mother had been killed when there was still evidence of the crime about, and she (the applicant) feels this had a profound effect on him. There seem to be some behavioral disturbances. (C.I.C.B. #61: Psychiatrist's Letter re: Male, age 8).

Mrs. _____ advises that in June and July of 1989 she visited her daughter's grave on numerous occasions, visiting the hospital room where her daughter died, and went on a two month 'drinking binge.' (C.I.C.B. #61: Lawyer's Letter re: Female, age unknown).

Finally, there appeared to be some additional aggravating activities that were more specific to gender. For example, women sometimes reported difficulties caring for the deceased's orphaned children:

Yes, since the death of my daughter I've been taking care of her child. I've become a mother again to a young child. I've had sleepless nights and after many years went through raising a young baby again. (C.I.C.B. #80: Female, age 41).

Observers corroborated this, adding that this sometimes created other problems in women's families:

Following the daughter's death, Mrs. _____ had the added stress of taking the girl's young children in. This seemed to disrupt her own common-law relationship as her common-law husband had difficulty adjusting to the young children. At this point she became openly depressed with poor sleep and weight loss. (C.I.C.B. #61: Doctor's Letter re: Female, age unknown).

Other women found it difficult working when it involved encounters with others the same age as the deceased:

I work as a retail sales clerk. Everywhere I turn I seem to see boys that look like him and his death flashes through my mind again. It brings back the constant tears that never dry up. (C.I.C.B. #13: Female, age 48).

Many women noted the ultimately depressing effect of their social withdrawal from activities and involvements:

I can't go to family or holidays any more. I avoid social and family events. (The) first couple of years I used to be able to go on. Now I'm more and more depressed. (C.I.C.B. #14: Survivor's Testimony: Female, age 60).

Observers corroborated survivors' comments in this regard:

Since her son's murder, has stopped taking her part-time course at the University of _____, stopped bowling and all other recreational duties. She feels that her life has also stopped even though the event was some six years ago. (C.I.C.B. #87: Lawyer's Statement of Facts re: Female, age 65).

This corroborates the literature suggesting that women are more likely to engage in social withdrawal (Janoff-Bulman & Frieze, 1987). Finally, women reported the ultimate negative effect of talking incessantly about the murder:

I talk about it from morning to night to whoever will listen, so there is no putting it behind me and getting on

with my life. (Interview #8: Female, age 45).

Observers corroborated this assessment regarding some women continually going over what happened:

After five years, she is still obsessed by the death of her son - her son is still the centre of her conversations and of her attention. For example, on family occasions she has an empty chair and a place setting for her son _____. This is far from being the normal grieving process. (C.I.C.B. #8: Sister's Letter to Board re: Female, age 52).

This corroborates the literature suggesting that women remain depressed and "obsessed" with the deceased (Clyman et. Al. , 1980).

Men, on the other hand, only reported one gender-specific aggravating activity: engaging in activities previously shared with the deceased:

Where I really feel is the little things. For me, the worst time is, Goddamn it, I've got to go out and cut the grass, or try hanging a sheet of drywall by myself, or shovelling snow. You know, it's those little things that jump up and bite you all the time. There's no doubt about it! (Interview #24: Male, age 47).

This corroborates Cook's suggestion that men often define intimacy in terms of shared activities rather than shared feelings (1988:289).

The only other potentially aggravating activities that varied by gender surrounded women's far greater involvement with self-help, survivors' organizations, and the medical profession - each of which is dealt with separately.

Engaging or not engaging in activities and involvements was largely a matter of choice, and survivors could increase or decrease their participation in most of these matters. It is important, therefore, to examine gender differences in the coping strategies reportedly chosen by survivors to deal with such subsequent activities and involvements. Generally, those survivors who felt they fared better participated in fewer, if any, of the aggravating matters discussed above. Indeed, some expressed relief in this regard. As one woman stated: I thank God I didn't identify my son. That would have been horrible. (Interview #19: Female, age 53).

Women predominantly appeared to choose strategies of avoidance when faced with upsetting activities and involvements. For example, many more women quit their jobs, took medical leaves of absence, reduced upsetting social activities, accepted economic support from social agencies and others, and retreated to bed. Many, such as the woman quoted above, also delegated responsibilities to others, choosing to only do what they felt capable of, and didn't push themselves.

Other women were heavily represented in activities related to the expression of grief. For example, some engaged in prayer, wrote to express their feelings, or found some other artistic way to express their upset.

Men, on the other hand, largely chose strategies of diversion. For example, many attempted to "live a life after the murder," keeping to their regular lifestyle and working routine. Some worked at hobbies that kept them busy, such as one man who worked hard restoring the deceased's sailboat (Interview #11: Male, age 57). Others engaged in physical activity, such as exercise, or, in some cases, criminal behavior. Interestingly, the only major diversionary activity reported by women was that of one woman starting to train for a new career (Survey #7: Female, age 38). These gender observations on expression and diversion are in line with the previous literature (Littlewood et.al., 1992; 1990).

In many cases, strongly emphasizing one of these strategies, such as avoidance, expression, or diversion, meant that survivors felt they were either not dealing with their grief, or constantly focusing on it without a break. This became important when considering subsequent activities of survivors that reportedly mitigated their grief experience. Survivors who reported faring better integrated activities that helped with their grief into their regular routine. One man, for example, stated:

At first, it was tough going out to work because you'd go out to a dealer, he doesn't know what to say, and they're waiting for you to make the first statement on it. So, I guess I really decided in my own mind that I'm not going to fall down. So I started, when I'd go into dealers, I'd start giving a little bit about how our case is going, and what I found is that the more I talked about it, the more interest there was in these guys about crying and all. So, I came out of it. (Interview #26: Male, age 61).

Another man observed:

Like, you're in the car all day long. In and out of customers. But I find that's where I got a lot of my relief. When you're in the car, you're in there by yourself. You only have customers if you take them out to lunch - and that doesn't happen too often. But, you have a lot of times to think about her (the deceased), about the situation, and you go back and you break down. There's lots of times I'd be driving down the road crying my eyes out. But then, when you're going into a customer, you knew quick you had to straighten up like that (snaps fingers). But I found that the crying part pretty well was on my way home. I was able to pretty well control things during the day, cause I knew I had to go to the customers. But that gave me a lot of relief, because I could think about her and about all the good times we've had. (Interview #30: Male, age 64).

Women, as well, sometimes engaged in work or other activities which served to occupy their minds for a time, breaking their periods of upset into smaller, more manageable segments:

(Some people) cut themselves off from society, and it makes it even more difficult to get back in. So, I know it was a good thing I went back to work, and, you know, sort of got my feet wet. Because, had I left it, it would have been either incredibly difficult, if not impossible. It helped to get my mind involved in other things. I

could deal with it a bit at a time. (Interview #2: Age 51). (Emphasis added).

I think if a woman is working, I think they tend to rely on that work too. I find the days that I don't work, I either have to make myself work at home, like doing stuff with _____ (a victims' rights group), or writing thank-you letters, or catching up on...whatever - or I very easily slip into a depressed mode. (Interview #31: Female, age 46).

When somebody starts me off then, you know, I'm weepy for the day. But, I indulge it, and then I've got to get on. So that there's never been an extended indulgence. (Interview #17: Female, age 50.)

Interestingly, it appears that both men and women who reported faring better adopted similar approaches, integrating helpful activities into their daily routines. Indeed, this appears to help restore a sense of control - one of the dimensions of loss of self discussed earlier. These survivors felt they could alternate between activities occupying their minds when they needed to get away from their upsetting thoughts, and other periods when they could let themselves go and experience their pain on their own terms. By thus actively alternating between activity and reflection, periodically avoiding and experiencing their pain, both men and women dealt with their grief a bit at a time, and fared better in the end. Moreover, in contrast to Knapp (1986) who asserts that grief is put on hold in homicide bereavement such that survivors lack the opportunity to grieve, these data indicate that while this can be the case, it is also possible for survivors to integrate their grief into their daily lives.

This is not to say, however, that men and women did not differ with regard to subsequent mitigating activities. These differences were evident in the far greater involvement of women with self-help, survivors' organizations, and the medical and psychiatric professions, which are each dealt with in the upcoming sections.

Summing up this section, survivors' grief experience and reconstitution of self were influenced by their interactional involvement with a variety of subsequent activities. Some, like identifying the body, visiting the crime scene and the deceased's grave upset them more, and added more damage to their selves. Moreover, some of these upsetting activities varied by gender, with women reporting problems with caring for the deceased's children, social withdrawal, and continually "obsessing" about the deceased; men engaging in activities previously shared with the deceased. These reflect, in this new substantive context, regularities already observed in the literature on bereavement.

Both men and women chose various strategies to cope with difficult subsequent activities, with women more often choosing avoidance and expression; men diversion (Littlewood et. Al.1992; 1990). Nevertheless,

the survivors, of both genders, who reportedly fared the best appeared to balance, indeed integrate these strategies into their regular routine, and operate as functioning, relatively "in control" selves on a day to day basis. This challenges the work of Knapp (1986) who asserts that the bereaved in homicide cases lack the opportunity to grieve. It also challenges Rynearson & McCreery (1993) who argue that the treatment of post-traumatic stress takes precedence over grieving in these cases.

(vii) Self-Help Groups: Moving past "unofficial" social contexts such as family, friends, strangers, acquaintances, and the community, perhaps the first "semi-official" contact survivors had when dealing with their bereavement was the self-help group. Survivors who interacted with these groups generally found that they profoundly affected their grief experience, identities, and ultimate ability to cope. These organizations were often comprised of individuals with similar experiences who meet for mutual support - typically when meaningful social support from significant others is either perceived to be unavailable, or fails:

One of the best things I ever did, I joined Bereaved Parents in _____ (a local city). I found that was where I got the most help, because all those people have been through it...And, uh, that helped me a lot, cause I found my own friends wanted me to get over this. They wanted me to get better, and get back, and get over this - and it doesn't happen that way. (Interview #16: Female, age 56). (Emphasis added).

Interestingly, some survivors also spoke of their self-help group as an alternative to seeing a psychiatrist:

I feel lucky I've never had to go to a psychiatrist. I found the group...they're all there for me. (Interview #19: Female, age 53).

We're helping each other instead of having some kind of a major psychologist, or something, coming in. (Interview #4: Male, age 56).

Without a doubt, in this sample women were clearly in the majority among survivors reportedly involved in self help groups:

You don't get as many men coming out as you would women. In our experience, if you had a hundred people, or families, who have lost a child, I would say that if you got thirty or forty ladies out, you would be lucky to get seven or eight men. (Interview #4: Male, age 56).

We run maybe six mothers' groups to one fathers' group. (Interview #2: Female, age 51).

Indeed, some survivors observed that men would support women's involvement, but not actively participate themselves:

Husbands will drive their wives to a group, but they won't go themselves. We have all that. We have coffee hours at Bereaved Families, on 'family share and support night,' but it's the women who come and do the talking and the emotional work, and the men, who sit around on the outskirts and listen, and perhaps nod every

once in a while. But, very rarely do they get involved. (Interview #2: Female, age 51).

Survivors appeared to imply that one reason for this gender imbalance in participation revolved around women's generally more open emotional expressiveness:

There tend to be a lot more women than men because women seem to be more able to talk about it among themselves. (Interview #32: Male, age 47).

The difference between the men's groups - the fathers' groups and the mothers' groups: mothers' groups run twelve weeks; fathers' groups run six to eight weeks. So, mothers have a greater need to talk and verbalize and emotionalize than I think fellows do. You couldn't get a men's group to last twelve weeks. They'd...(chuckling)...they'd run out of things to say! (Interview #2: Female, age 51).

Relatedly, some suggested that this had to do with gender differences in empathy:

I think, again, if you are talking about the grief support, and the emotional part of it, I think it's because of the very nature of the caring - and I think that's probably why you see more women involved in it. It's the same reason that you see a lot more female nurses than you do males, because there's that mother instinct, or that caring for other human beings. It's something that is more prevalent in women than it is in men. (Interview #24: Male, age 47).

Indeed, some spoke of the difficulty involved in organizing men's groups. Others described men's groups as "unusual" - particularly those involving open expressiveness:

There's always group sessions available for the women, but not for the men... We had an unusual experience (as group leaders) where my husband had the husbands, I had the wives, and my son had the young adults - but they were all talkers. So it was quite parallel with the kinds of things that we (the women's group) have. It was quite an unusual men's group with so many fellows who really wanted to talk all the time, and who weren't afraid to say 'I need help with this. I need support from other men to get through this, to walk along this road.' This was the first men's group really, in and around this area. (Interview #2: Female, age 51).

Going hand in hand with this, some survivors observed that men in groups appeared to feel out of place:

Now there's one father in our group. When he does let down his defences he's really so sympathetic, you know? I mean, he lost his son, but he thinks he looks weak. (Interview #21: Female, age 45).

All of this corroborates the literature suggesting that women are more likely to seek out support when experiencing personal difficulties (Sobieski, 1994; Staudacher, 1991; Butler, Giordano & Neren, 1985; Shinn, Rosario, Morch & Chestnut, 1984). However, it is interesting to note that this apparent gender imbalance sometimes evened out at the administrative level. As one woman pointed out:

There's very few men involved in our support groups, but on the Board and volunteering on our professional advisory committee, it's just about an even split. (Interview #2: Female, age 51)."

Those survivors attending self-help groups who felt they fared better shared certain common experiences.

First, while initially wary, by observing other individuals opening up these survivors quickly found that they could do the same:

They get you to talk. They get you to open up...Like, it doesn't keep you piped up. The first group that we had, we had a fairly large amount of people. A couple of other people had set it up, so they started off. And then I told them about my sister, and a few other people opened up, and eventually we all talked. We didn't, like, compare notes or compare deaths, if you want to talk about that, but it was just letting each other know that there are people out there who feel similar. (Interview #3: Male, age 24).

Second, these survivors appeared to find solidarity with an accepting, non-judgemental group of people with similar experiences who could not only understand what they were going through, but didn't continually pressure them to "get over it":

I found it easier to talk about (the deceased) and my experience at ____ meetings because I was among people of similar situations and feelings. (Survey #14: Male, age 35).

Who else would understand how me, a mother, feels losing an adult son or daughter in a death, in murder, if it isn't another mother? Homicide survivors seem to be people that are always glad that you are there, and they are very supportive of anything that we ever do. And I'm thinking, 'Well, this makes us different.' And, in most other things, most people will try to get beyond this, but we never try to get beyond it, because this is just what we have to live with, so then we always stick together. (Interview #18: Female, age 55). (Emphasis added).

These survivors soon found that they were free to "lower their guard" and express their emotions as they wished, questioning aloud, discussing their fears and frustrations, getting angry, and "unloading" on each other without criticism, avoidance, or fear of upsetting those close to them:

As I reflect back, the other mother (in the group) and myself were non-functioning as whole, living human beings, but rather as robots just trying to get through each long, dark day. In our group, for the first time we could cry freely, holding no tears back. Not having to be strong all the time is very therapeutic. We could question, get angry, and we could wonder aloud if we could ever be able to find meaning in life again...It wasn't until I found solace in the group that the healing process began. There I found a place to unload my anger, fears and frustrations. The healing starts with the opportunity to share intense emotions with others who've experienced the same. I can come here, and we can dump on each other without criticism. (C.I.C.B. #87: Survivor Quoted in Newspaper Article: Female, age 65).

Sometimes the most important thing is to be listened to without judgement. ____ (Respondent's group) can offer support and more. (Survey #14: Male, age 35).

Fourth, for these survivors, the group acted as a "safety valve" enabling them to "counterbalance" other aspects of their lives:

An outlet such as a peer support group is crucial in the grieving process to help offset the other factors survivors are forced to live with. (C.I.C.B. #87: Survivor quoted in Newspaper article: Female, age 65).

I thought of things with (the group coordinator). I said 'Let's make videos of each parent talking about their child, and get their photos out from the past, and get some positive ways of dealing with grief. Not sitting there being solely by yourself feeling sorry for yourself, cause that's not going to bring that person back. But, why waste that person's life. What they did have? Let's emphasize what they did! Show it off! Because our families won't let us talk about it, cause they're dealing with guilt, or something of their own, and they won't allow us to really express ourselves and hear this stuff, you know? So we do it amongst ourselves. (Interview #19: Female, age 53).

Interestingly in this regard, some survivors emphasized the group as an alternative to support from their spouse:

We (survivor and his wife) have tended to get our support not from each other, but from our friends in the group. I find it difficult to talk to her about how she might be feeling. I guess it's more from the point of view that I wouldn't want to hurt her with my description of the incident, my feelings, and everything else. There's nothing against her, but I just feel I have to shelter her from it. (Interview #5: Male, age 50).

Actually, if it wasn't for the group I don't know how I would have handled it, because my husband couldn't talk about it. I couldn't discuss (deceased daughter) with him. (Interview #21: Female, age 45).

Fifth, many of these survivors found new friends in self-help groups to replace those who had previously disappeared in the wake of the crime - which helped both to reduce loneliness and feelings that they were "the only one" in this situation:

If it wasn't for her, I don't know what I would have done. That lady and I became very good friends in and out of the group. (Interview #21: Female, age 45).

Indeed, this appears to mitigate one of the aspects of loss of self discussed earlier.

Sixth, these survivors found the opportunity to learn positive things from each other. For example, some spoke of their relief at discovering that their reactions were "normal":

It was as a result of being involved in the groups that, all of a sudden, I found out that these strange feelings that I was having - aches, pains, you name it - Geez, it was the sort of thing that everybody else was experiencing, or had experienced, as a result of their loss as well. And so, it was reassuring to feel that 'Hey, like, I am normal, and not experiencing something that's abnormal for the situation.' I better understood my feelings. I better understood that, as a result of the emotional trauma I have been through, that the feelings that I was experiencing were quite normal. I guess it was just peace with myself that, like, I'm not going crazy. The things I'm feeling aren't unusual, and I should be feeling these, and, if I wasn't, maybe there was something wrong. So, I think that was more what I got out of it, as opposed to anything else. Basically that was the trend, to try and, I guess better understand my feelings, to try and find out what the repercussions could have been, and how to handle them. (Interview #5: Male, age 50).

Clearly, this represents the "normalization" technique of neutralization discussed by Sykes & Matza, (1957), which counters the negative self-identity encouraged by stigmatization.

Other survivors welcomed information on how others had successfully and positively dealt with similar

problems that arose:

We were concerned with how we were coping, with trying to live with this thing. I found it very helpful to me to be able to talk about it with people, and ask them 'Well, how did you deal with your first Christmas?' 'How did you deal with...?' You know 'How do you handle these things? There's hundreds of little problems that come up because life goes on, but people can come here and dump on one another or on me - and by doing it we can give each other feedback, and learn to live with it. (C.I.C.B. #87: Survivor Quoted in Newspaper Article: Female, age 65).

I was in a men's group, and it was interesting because, like, you would get talking about 'How do you open up and talk to your spouses?' And 'How much do you talk?' - and we weren't really doing that. But then, you hear the others saying the same thing. Because of that, eventually, we got to the point where I said 'I think maybe we should talk about it more.' And, slowly, we began to develop (rapport). I felt that I didn't have to search for a day or a time. If I wanted to say something about a question, or her feelings about (the deceased), how we miss her, or anything like that, it became easier because of the group. (Interview #4: Male, age 56).

Nevertheless, few survivors in this category reported being told "how to feel" or having medical ideas about grief pushed on them as gospel, as the group stressed that each person's grief was "unique." As one woman put it:

Everybody is different. There's no set rules or nothing written down that says if you acted this way, it's the wrong way, and, if she acted that way, it's not the wrong way. It's their way of dealing with it. There is no right way or wrong way of grieving. It's all personal. There's lots of psychologists out there in all kinds of fields that know the book work, but they've never had the personal experience. That's where our group helps. (Interview #19: Female, age 53).

A man also noted:

Stages, we don't...that's something that, if people bring it up, we talk about, but we don't push it. If somebody really shows an interest we might spend forty five seconds on it, but we don't say 'This is how you should feel at this time, or this stage,' or whatever, you know, whatever stage they talk about. Our role is to be supportive. If that works for them, that's wonderful. If somebody's turning away, that's fine too. Basically, whatever gets you through the night. (Interview #4: Male, age 56).

Importantly, in contrast to the 'loss of control' noted among the metaphors of loss, these survivors found that being active in their groups somehow helped them restore their sense of strength and being "in control," a sense they felt they might not have achieved with a therapist:

What you have to understand is that for that few seconds or minutes or whatever time it takes to tell your little (revenge) fantasy, you are in control. There ain't no better feeling than that, because that's what you were struggling so hard to regain - and that's what it's all about. This is what, I swear, 3/4 of these therapists never understand. (Interview #18: Female, age 55).

I feel lucky I've never had to go to a psychiatrist. I found the group, they were all there for me when I went to court. And then, after the trial, our (group) coordinator, she gave me jobs to do. She kept me busy. She asked me to do an interview on the radio. She said 'I think you're ready.' I said 'I've never done an interview in my

life!' (laughs). She says (in a suggestive, cute tone of voice) 'This will make you stronger.' It did. (Interview #19: Female, age 53).

Moreover, others who felt they had grown through their grief and learned to live with it tried to give survivors hope for the long haul:

I learned to help others, newer to murder than me. (Survey #13: Female, age 60).

Observers elaborated this dynamic:

She 'sees' in a new way, not without temporary recurring bouts of sadness, how all this can be of help to others and she is taking steps (big ones for her) to talk to others, share her experience, strength and hope with other bereaved persons in order to give them HOPE for the long haul ahead of them. (C.I.C.B. #62: Psychiatrist's Letter re: Female, age 39).

Such evidence of growth in others potentially offset the "loss of future" metaphor of loss, particularly in comparison to its opposite, as discussed further below.

Seventh, these survivors reported that they found that by helping others they helped themselves - by focusing on something other than their own pain and upset they could gain a measure of fulfilment by doing something positive:

I guess there is a fulfilment, from my perspective, in doing it (leading the groups). It's from the point of view that you see the fathers grow. Like, they themselves will not actually see it. But, I think when the groups are over after 8-10 weeks, I think they do feel that there has been a big change. From my perspective, we can usually see that change as they go through. Not so much in the first three weeks, but certainly after that - and that, in itself, is kind of fulfilling, and, as a result, it's worth going back and doing it again. (Interview #5: Male, age 50).

I coped through helping others to cope. I worked with the Sheriff's Department, going out on notification visits and helping family through early grief, funeral, justice system. (Survey #12: Female, age 68).

In this research, survivors who reported faring better were involved with two types of groups: (1) those which were informal, unstructured and unlimited in duration; and (2) those which were formal, structured and finite in duration. With regard to the former, the following extracts are relevant:

We find support with the sort of little group that we have. It's not a structured group. It's not like we meet every second Tuesday or that sort of thing, or we're going to have a meeting and we're going to have a speaker in. Basically, what we do is just, like 'I feel like holy shit! I'm coming over for a beer.' (laughing). You know, and that's, to me, the way that you have to deal with it. (Interview #24: Male, age 47).

Yeah, we've got each other's phone numbers, and when we feel blue, I'm always picking up a phone and calling _____ (another respondent). (Interview #19: Female, age 53).

Essentially, this type of group operated much like an informal group of friends that are there when

survivors need them.

The other type of group that proved helpful had a relatively structured program and finite duration with the express purpose not of "getting over it," but of reconciling or "including" survivors' pain back into a new direction for their lives. As one participant put it:

Groups are finite. They're 12 weeks. Everybody starts new, everybody ends. So this is not an ongoing group where you have people coming in and going all the time. During that 12 week period, we basically walk with each other and support each other, and help each other reconcile this event into our lives so that we can get back to the business of living, having this now included in the new direction that your life is taking. (Interview #2: Female, age 51).

Both of these types of groups were reported by survivors to be helpful - in sharp contrast to more formal, yet relatively unstructured groups which survivors could be involved in for unlimited periods of time. These will be discussed later in this section.

Those survivors who reported that they fared worse shared certain typical experiences with self-help groups.

First, some found that they did not feel free to approach a group, or to "lower their guard" and express their emotions as they wished without fear of criticism. Frequently this appeared to be due to the fact that they had difficulty finding a group of similarly bereaved people - as homicide is not very common compared to terminal illness and accidents. As one man stated:

(Victims' Services) suggest things like going and contacting _____, or _____ (general bereavement groups) or things like this. But then, you think why bother, because 99% of the people that are involved in _____ (the first group) - I mean, don't get me wrong, it's a great organization, and they do really good stuff - but they are dealing with, again, usually the loss of a child through illness, or an accident, something like that. Nowhere near the same. The whole idea, for one thing, of going and sitting with a group of people who are talking about how badly they feel that their child died of cancer. I mean, I don't want to minimize their loss, because I realize it's a loss, but it can't be compared to losing your child because somebody did something intentionally. It's a whole different ball game, you know. I'm sure they would not be happy with a bunch of victims of violent crimes sitting in on their little groups, because they don't want to hear about the criminal justice system - and all you hear, when you get a few people sitting around that have been involved in the criminal justice system, or a violent crime, it doesn't matter how long you talk for, invariably you are going to get around to talking about 'Well, where are you? Where is your child at?' Or, 'Where's your case at?' Or, 'When does he come up for parole?' It'll always get around to that, and those people are not going to want to sit around listening to that. (Interview #24: Male, age 47).

Others found themselves annoyed by certain individuals in the group, which was not conducive to open expression:

The person in the group that I have the most difficulty personally with is a 'God's will' person. I think 'Why aren't you angry at this person,' and 'you are being very complacent.' It's hard for me to talk about my own issues when she makes me so mad. (Interview #2: Female, age 51).

Such a perceived lack of being "understood" simply increased these survivors' feelings of isolation and loneliness - particularly when others with different circumstances said "I know how you feel":

I see that as a leader in our college groups. (Losing anybody other than a child). It's just not the same. A number of people have come up to us and they will say 'I know how you are feeling,' and, if they haven't gone through it, they have just absolutely no idea. (Interview #5: Male, age 50).

Second, these survivors were either upset by, or learned negative things from each other. Some, for example, spoke of others' grief and upset triggering or exacerbating their own reactions:

I can't say that it's been so helpful to me. When you sit and you ask the fathers to tell their story - in the two groups that I've done so far - in each and every case, I'll tell you it's like taking the scab off the wound again, because you get very emotionally upset about it, and, you might start to cry or whatever. It comes right back as if it were yesterday - and it was close to 3 years ago. (Interview #5: Male, age 50).

Others, when vulnerable, noted that conflicting advice from others, who were experiencing their own problems, actually increased their upset:

A lot of the people in the group were afraid to move out of their house, because they felt that they'd be leaving the child - and that crossed my mind too a bit. There were different views there about whether you should stay in the home, or whether you...Different people feel differently. Some people felt, you know, Christmas they should be out of there. They should have a new setting. A lot of people did that. I tried it, but then withdrew at the last minute cause I didn't know what to do. (Interview #16: Female, age 56).

Survivors in this category also reported "cross-contamination": subtle, and sometimes less than subtle - suggestions regarding "how they should feel", "how they would feel", and having half-digested medical ideas about the course of grief pushed on them as gospel - all at a time when survivors were particularly vulnerable to suggestion:

You go to a group and you start listening how other people feel, and you think 'That's the way I'm supposed to feel.' You take on - especially when you're hurting, you look for something that makes sense. That can do more harm than good. (Interview #6: Female, age 46).

Indeed, some groups even distributed brochures outlining the passive stage models of grief, which, as noted in the literature review chapter, did little to encourage active coping by survivors (Attig, 1991). This suggests that many of the problems inherent in the medicalization of deviance may, in some cases, be fostered by these groups as well (Conrad and Schneider, 1980).

Moreover, observing others who had been attending the group for a long time without improvement dashed some survivors' hopes, and exacerbated their loss of future:

You come out thinking 'Well I'll never be better. Look at them.' You know, 'They spent the whole time crying and freaking out, and they've been in there for ten years and they're there. Well, I'm going to give up. There's no hope for me.' I see a lot of that. (Interview #8: Female, age 45).

Third, those survivors who felt they fared worse spoke of the encouragement they received in self-help groups to continually rehash the same stories and emphasize their own grief. By encouraging these survivors to "keep the wound open," these groups, in a very real sense, appeared to confirm individuals in a "victim" role:

I've seen people tell their stories, about how it's affected their lives and (sighs), again, you get some people there that have been going, like, for eight to ten years! Going to this, and sitting there and just keep rehashing the same story. You know, about how badly they feel. (Interview #24: Male, age 47).

I just don't go for these bereavement things. You go there, and it's like 'Oh well, you know...' (said in a syrupy tone of voice), and they give you this sweet little chit chat. I don't want to hear about it, because, you know, I just feel that that's a problem. All of these people that have become victims, they go to these bereavement groups, and they say like 'OK, now you have to understand that this is what happens here, and now you are going to be angry...' Well, that's why nothing ever changes, because you just sit there and you just feel sorry for yourself for the rest of your life, or, you just try and be so complacent about everything. (Interview #22: Female, age 46). (Emphasis added).

Finally, many survivors observed how those appearing to fare worse attended a group which had formal meetings, yet a relatively unstructured program of infinite duration. These groups may have claimed to provide a new direction for survivors' lives by actively reconciling or "including" survivors' pain in the process, but they, in fact, appeared to do just the opposite by prolonging survivors' emotional emphasis on their pain:

I think an informal group is better than constructed. I had a friend that went to _____ (a self-help group). They lost their kid, and they were there and were talking to someone who lost their child eleven years ago -and he's still coming to _____ (the group). So he's dragging this whole thing out. (Interview #25: Female, age 45).

Now that the positive and negative dynamics of self-help groups have been examined, it is time to consider survivors' coping strategies in this context. In one sense this seems somewhat absurd, since attending a self-help group is in itself a coping strategy, indeed a strategy dominated by women. However, as noted above, there were times when survivors who choose such a strategy encountered problems within these groups, and it is how they coped with these that will now be examined.

The most obvious strategy, considering that survivors were there by choice in the first place, was simply to leave when the group was too upsetting. As one group leader observed:

If you have anybody dropping out, it's usually in the first one or two meetings, because it is like opening up wounds that have started to heal. It's like pulling a scab off. It's a very highly emotionally charged couple of evenings, and a lot of people do go away feeling that it's not helping them. (Interview #5: Male, age 50).

Such an avoidance strategy was particularly evident among men, who were not as comfortable with sharing their feelings.

On the other hand, there were survivors, particularly women, who found the self-help experience so helpful that they didn't want it to end. Faced with a group of finite duration, some survivors chose to take group leadership training in order to continue their involvement:

Because I wanted group never to end, I became a group leader (chuckles). So now I have group go on and on and on and on. (Interview #2: Female, age 51).

During their time in the groups themselves, survivors, largely women, found several ways to deal with upsetting interactions. For example, one woman reported how she dealt with another member of her group whose opinions upset her:

I have to really watch what I'm saying, and I have to really force myself to be very supportive. When somebody is like that, I remember my job is to be supportive. So I have to bite my tongue, quite literally. (Interview #2: Female, age 51).

Others, instead of saying something supportive, simply ignored upsetting comments made by others, often because they could identify with where it was coming from:

People in group will say 'Now, this is what I'd like to do to this...bird.' (the offender). Usually it has something to do with the same type of death that they have given yours. You know, if it's been ten stab wounds, while then you might double that to 20, or something like that. So people will say this in group, but they will never get a reaction from me because I've been there. I've thought those things. (Interview #18: Female, age 55).

Finally, when there was a real problem with a member of the group dominating, or otherwise upsetting members of the group, survivors spoke of calling on their group leaders to step in:

Our leader is there to make sure we all say something and have our chance to speak. (Interview #19: Female, age 53).

Indeed, such a situation was observed in one of the C.I.C.B. files, where members of the group were upset by the behavior of a particular survivor, and the group leader intervened:

Apparently _____ and his girlfriend could not control their laughter about a private joke and had to leave

the meeting upon the organizer's request. He made no further attempts to participate with this self-help group. (C.I.C.B. #83: Psychiatrist's Letter re: Male, age 39).

Summing up, some survivors who approached these support groups felt that they found the help and solace that they needed through "non judgemental" individuals who "understood" them; a place they could "open up," not only counterbalancing the other difficulties in their lives, but where they could find new friends as well. In this context, these survivors emphasized learning, particularly that their reactions were "normal;" various practical suggestions for problems they faced; how by helping others they helped themselves; an ethos that each person's grief is unique; and helpful encouragement, indeed hope to eventually cope with their loss as survivors. Individuals experiencing such positive interactions and practical help interactionally reconstructed themselves in a manner that facilitated coping with grief. Indeed, it was noted how certain dimensions referred to earlier under the metaphors of loss, such as loss of control and future, could be mitigated in interaction with these groups.

Other survivors, even though they were at times dealing with the same groups, at a time of great vulnerability felt a lack of understanding and experienced difficulties with others - which may have extended the labelling process. These survivors spoke of conflicting advice, having their reactions exacerbated by others, and/or learning what they felt were negative things (such as other members being just as upset many years later). Not only did they feel that others had an expectation of how they should be reacting (such as continually rehashing their upset), these were sometimes backed by half-digested medical ideas disseminated by these groups. Essentially, these survivors' real or perceived difficulties with support groups, particularly when experienced over an extended period, encouraged continued feelings of being "victimized" and led to reconstitution of their selves as "victims." This is relevant to, and expansive of the interactionist literature on deviant identity (Rubington and Weinberg, 1987). Indeed, it shows that sometimes such groups may unintentionally reinforce the very difficulties that they were set up to alleviate.

Moreover, Conrad and Schneider's (1980) ideas of the removal of responsibility and expert control (by others in the group) were observed within the dynamics of these organizations through survivors "taking the role of the other." Essentially, as the passive medical model becomes increasingly disseminated into popular culture, less formal, less institutional agents such as members of support groups use it in providing therapeutic

help to other members. In other words, members of the group act as experts and, through the ideas they disseminate, in effect displace responsibility from survivors. This was reinforced by many survivors who saw such groups as an alternative to seeing a psychiatrist.

Finally, it is important to emphasize that survivors made choices to cope with problems they encounter in these groups. Men were more likely to choose avoidance strategies, while women selected more participatory methods. More will be said about these factors and their theoretical implications at the conclusion of the next section on survivors' and victims' rights groups.

(viii) **"Victims" and Victims' Rights Organizations:** Survivors also reported involvement with survivors and victims' rights groups affected their experiences and coping abilities. These organizations are comprised of individuals who have been victimized by violent crime who meet for mutual support, fight for changes to the justice system, or both. These groups exist on a continuum between pure support groups at one end and pure lobby groups at the other. Those closer to the support group end are simply self-help groups with a specific focus on crime "victims." Other groups are much more politically active in pressuring the courts and government for change. Most actual groups fall somewhere between these two extremes. Like self-help groups, survivors most typically became involved with other "victims" when social support from "unofficial" social contexts was either unavailable, or failed:

For me _____ (another survivor who heads a victims' group) is like a rock. I mean, I finally had somewhere to turn to. I had somewhere to go for help, someone to talk to. (Field Notes: Extract from TV Interview with Male Survivor, approximately age 40).

Other survivors became involved after they were briefly contacted and offered support by other survivors and their organizations:

We had calls from other parents who have lost children through violence, either a year before, or a couple of months before, and those calls were helpful. They weren't long calls, it was just 'I know what you are going through.' And they did. You're really fortunate if other victims find you and help you. (Interview #25: Female, age 45).

As in the case of self-help groups, survivors saw these groups as an alternative to therapy:

I think that when you've been through something like that, you're in a much better condition to be of assistance to each other than someone who has no concept. I mean, I think more helpful than a therapist. But, that's just my opinion. (Interview #29: Female, age 37).

Also, like self-help groups, women were without doubt the majority among survivors choosing this option.

It is important to note, however, that active involvement in these organizations is far from the norm among survivors. Several survivors, for example, noted how very few individuals actually become involved in support and lobby groups relative to the number of murders. Nevertheless, women were predominant among those who did become involved:

What I saw in (a large victims' organization) was that women get involved. Very few, I think maybe two men were involved in the organization. All the rest were women. (Interview #13: Male, age 46).

Most of the victim's groups we see out there forming are largely made up of women. (Interview #22: Female, age 46).

Survivors give a variety of reasons for this gender imbalance. Many, for example, spoke of men's employment obligations. As one man said:

I mean, I still have to work for a living. I'm sure that there are a lot of cases where women have maybe a bit more time to do something than somebody who is out in the workforce, you know, doing a full-time job...if they're...if the woman's at home - especially if the kids are grown. (Interview #24: Male, age 47).

A woman also observed:

Well, I think that's because of our age and our circumstances. I mean, my husband goes and busts his butt at work. I mean he's totally heroic. He works hugely hard so that I can do this (work in a victims' group). And, I mean, he and another of our...a number of us - three or four of us anyhow - our husbands funded us, totally. Outrageous! I mean, it's just that we were all middle aged women whose husbands had good jobs, and so we had the leisure to do it. I'm in a position to do what I'm doing. Had (respondent's son) been nine or ten, I would have been looking after a child at home. I wouldn't be doing this. I'd be doing a little bit, but nothing else. It's just that the circumstances are so much. (Interview #17: Female, age 50).

Some survivors also spoke of factors more closely related to women's emotional makeup:

Women are far better at networking, they're far better at dealing with emotions. Probably this has a large amount to do with it...with sort of networking. I suppose. _____ (survivor's organization) really was a network. It was like a huge chain letter. It still is, actually. (Interview #17: Female, age 50).

Finally, some perceived women as being more used to being turned down than men, coupled with self interest, as factors:

Maybe women don't feel threatened by getting turned down, or, maybe it's because of their children. They're a mother, and they feel that since they weren't able to protect their child, they have to do this in another form to get some kind of answer, or some kind of retaliation somehow. Like, to say 'Look, you know, I will not take this, you took my child.' I mean, what worse could happen to a mother other than her child was taken? A father also, but, for men, maybe it's because men get angry, and, of course, men think that they have to, you know, be really strong, and maybe they just can't deal with being turned down all the time, because you do get turned down a lot by a lot of people, you know? 'Well, we don't do this,' or 'We can't help you here,' or, you know. I mean there's a lot of things you have to do, eh? Yeah, our group is mainly made up of women. But a lot of

women are violated, you see? So, I mean, let's face the facts. It's the women who are getting killed mostly. It's the women that are dying. It's the children that are being assaulted and sexually assaulted and being killed by men. You don't see that many women doing that type of thing, right? So, I mean, hey. They are the ones that are doing it and the women are trying to just protect what is right. I guess maybe some men can't deal with it. Like, they know it's the men. I mean, maybe it's just this man thing. (Interview #22: Female, age 46).

These data again corroborate the literature suggesting that women are more likely to seek out and accept help than are men (Sobieski, 1994; Staudacher, 1991; Butler, Giordano & Neren, 1985; Shinn, Rosario, Morch & Chestnut, 1984). Whatever the reasons for this gender imbalance, however, it is clear that survivors involved with "victims" and victims' groups, who felt they fared better shared a number of traits. First, survivors felt that they encountered people who understood them, and with whom they could readily identify - a potentially significant factor in their eventual reconstitution of self:

I lived to be with those families. When you put your arms around a woman and she breaks down in tears and says 'My daughter's been murdered,' and we tell her that our son has been murdered, there's a bond there that nobody else can understand. They are your lifeline because you feel their heart breaking the same as your own breaking, and it's a strange thing because we know all of them in this area. We've talked to them, and I've found that they felt my pain - so you cling to those people. They're the only people that, when they see you, they'll give you a hug - something that you really need! (Interview 15: Female, age 49).

You're really fortunate if there's somebody that finds you and helps you. That is, another victim. Because victims will help other victims. Yeah, I was fortunate that there were families in this area that were going through it, and, one particular family was very helpful to me in my down days. I remember what (the other girl's father) said. He says '_____ (respondent's name), I know how you feel. Not many people will be able to ever say that.' He did. (Interview #32: Male, age 47).

Indeed, some spoke of other survivors being "family" or sharing an "instant bond":

If you're a victim of crime, and you're introduced to me as you've lost somebody, like, we're now family. We're relatives, and it's between us that we can give each other comfort. (Interview #26: Male, age 61).

I find that as soon as I hear these people's names, and know that they have lost a child, that there is an instant bond, like, the doors open right away. And, it still takes me an incredibly long time if I meet new people, and I don't know anything about them. I am very, very hesitant about letting in new people, unless somebody says 'You know, they have lost a child too,' or something. People will go out of their way to tell you that, and then it's OK. They are instantly in, they are one of the group. (Interview #2: Female, age 51). (Emphasis in original).

Second, as in more general self-help groups, but perhaps even more so because of the shared context and this "bond," these survivors said they felt free to "lower their guard" and express their emotions as they wished, questioning aloud, discussing their fears and frustrations, getting angry, and "unloading" on each other without criticism, avoidance, or fear of upsetting others:

Victims of crime really know what you're feeling. They know, and you tell them, and they tell you, and there's

none of this pussyfooting around. You can say it as it is. (Interview #16: Female, age 56). (Emphasis added).

I found it easier to talk about (the deceased) and my experience at ____ (victims' organization) meetings because I was among people of similar situations and feelings. Sometimes the most important thing is to be listened to without judgement. ____ (The organization) can offer support and more. (Survey #14: Male, age 35).

Third, survivors discovered that others in their group acted as a confidential "safety valve" - enabling them to "counterbalance" other areas of their lives:

Actually, if it wasn't for the group I don't know how I would have handled it, because my husband couldn't talk about it. I couldn't discuss (deceased daughter) with him. (Interview #21: Female, age 45).

Fourth, as a result of this newfound understanding of their experiences, many survivors reported finding new friends among other survivors and victims' organizations to replace those who had previously disappeared in the wake of the crime - which helped to reduce loneliness and isolation:

I felt hurt by the reaction of some people, and then I felt astounded by the reactions of others. _____ (another survivor)...I mean, God, for somebody who doesn't even know us, to come out and support us the way she did, and be here with us, you know? When she came on the scene it was just like I'd found my best buddy. (Interview #8: Female, age 45).

Well, a couple of friends we've had for 25 years we haven't seen, and it's changed that friendship, eh? So the friends we have now (coughs) are victims going through the same thing as we are. At least we've got a pal somewhere. (Interview #10: Female, age 60).

Indeed, in some cases this intimate understanding between survivors and their new friends even gave way to sharing "black humor" as an aid to coping:

We've developed a real sick sense of humor over the whole thing, and I think that is something. Like _____ (another female survivor) and I get together, and she and I have just a...it's real black humor. _____ (respondent's daughter) just looks at us and goes 'You two are sick.' (I laugh). And we go (in a sinister voice) 'Yes, and we love it.' (Interview #25: Female, age 45).

Fifth, these survivors reported that they found the opportunity to learn from each other:

We learned by doing, by watching others, by helping others, by forming the support group. (Survey #12: Female, age 68).

For example, many survivors spoke of the relief of discovering, through observation and discussion, that their reactions were "normal." This hints at a "normalization" technique of neutralization being learned in these groups, and being integrated into survivors' sense of self (Sykes & Matza, 1957):

The shock and horror that others share with us is a step back for us to normalcy. Our grief at something so

horrific and unexpected is shown to us to be normal when we witness the same reaction in others." (Survey #5: Male, age 63).

I've talked to some people, and they've told me that they've seen their lost one. There's a number of people have said that. Not one person. More than one. There's some very sane people have told me this. Very sane and high profile people, and it's almost like it's a normal thing to talk to somebody about - who's gone through it. We can say 'this is normal,' what our normals are have changed. (Interview #32: Male, age 47).

Others felt that they learned how their fellow survivors had dealt with similar problems, and learned what pitfalls to avoid:

I reached out to other victims for advice and help with ways to cope with the justice system. (Interview #12: Male, age 61).

I see in so many cases with the groups, that if you do get involved in any of the court cases, you're emotionally involved, and you can't get on with your grief. So, when I think back, I think that that (avoiding the court case) was a wise thing to do. (Interview #5: Male, age 50).

Survivors also welcomed feedback on each others' experiences, helping to explain their own ups and downs, which mutually impacted on their reconstitution of self:

We see _____ (another couple of survivors) at least once a week. If we don't see them, it's almost like a withdrawal, and we talk on the phone at least a couple of times a week, and it really has helped. I mean, just to say 'God, I feel like shit, and I can't figure out why.' And she'll say 'Well, here's a reason why. The 18th is coming up.' You know, whatever. And then she'll phone up, and she'll say 'Oh God! I'm feeling like shit and I can't get out of bed, and (mimicking an incoherent crying expression).' And I'll say, 'Well, this is your 13th anniversary,' or whatever, you know what I mean? See, we pick up on each other, and then she'll go 'Oh, yeah, that's right.' (Interview #25: Female, age 45).

Yet, despite this collaborative problem solving, no survivors in this category reported pressure regarding "how to feel" or having medical ideas about grief pushed on them as gospel. This appeared to be the case because other survivors' understanding and knowledge of the experience were reportedly tempered with tolerance, and an emphasis that each person's grief was "unique":

It (grieving) is a very personal thing and you do it in your own way and I would never tell somebody how to do it. (Field Notes: Television Interview with Male Group Leader, approximately age 45).

Keep in mind that your friend's grief is unique. No one will respond to the death of someone loved in exactly the same way. While it may be possible to talk of similar phases shared by grieving people, everyone is different and shaped by experiences in his or her life. (Field Notes: Materials Prepared by Victims' Organization).

Finally, some survivors reported that they also learned from others who had grown through their own grief, accomplished much, and learned to live with it. This, survivors reported, gave them a modicum of hope:

Yeah, it kind of made me think more positive. Maybe, you know, this would work. (Interview #22: Female, age 46).

Indeed, this appeared to offset, to some extent, survivors' earlier metaphor of "loss of future."

Some survivors also found that by helping others and fighting for change they helped themselves - by keeping busy and focusing on something other than their own pain and upset they felt they could gain a measure of fulfilment by doing something positive:

Helping somebody else who is a victim is probably the best thing that can happen to you. It takes your mind off your own pain and sorrow, and it helps you to get through that you're helping somebody else. And then, you give them the opportunity to help you on your down days, and that really helps them. Nothing helped me as much as having somebody else that I could help, and they could help me. (Interview #32: Male, age 47).

In idle minds, evil grows and so do destructive thoughts (revenge, etc.). I have tried to keep busy and help others as much as I can. Victims' rights has become a cause for me. Victims' Services were invaluable to me and I want to try to give back to them what they gave to me so selflessly. (Survey #6: Female, age 37).

Also, in contrast to the earlier metaphor of loss of control, some survivors found that their involvement with survivors and victims' rights organizations helped restore at least some sense of direction and control:

If enough people get together, maybe something, someday will be done. But, if we don't fight, we might not get anything. Working as part of a group to change the Canadian justice system makes you feel like you are doing something about it. At least you aren't sitting around doing nothing. (C.I.C.B. #1: Female, age 32).

I think this is your cure. I think that the only way you sort of get any...you've got to do something positive with the rest of your life - be it short or long. Or try to. If it goes flat, it goes flat. At least you've tried. (Interview #10: Female, age 60).

Moreover, by getting involved, these survivors reported that they were able to share skills, and divide up their chosen tasks in a functional, efficient way, thus enabling them to accomplish more than they would have been able to otherwise:

We work together. By sharing responsibility and helping one another, we can and will accomplish these goals. (Field Notes - pamphlet).

Like, _____ (respondent's husband) does all the speaking, and he does all the legalese, because that's just too much for me. I deal with the victims. If they want, I deal with them on the emotional level. If they need advice, or something on a legal end, then (respondent's husband) will handle them. But I go to court with them. hold their hand, and babysit. (Interview #25: Female, age 45).

These last three items are suggestive of the "political" dimension in survivors groups observed by Klass (1988). Moreover, they suggest transforming the typically negative identity of a "victim" into something

positive and fulfilling - a characteristic of "tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980).

Seventh, these survivors reported making important contacts - obtaining information and support from survivors and associates of victims' organizations dealing with outside bodies. For example, some groups helped survivors learn what rights they had:

We gathered some people...some victims together the other day, and we told them about the (proposed) 1-800 number (for obtaining information), and what we were trying to do, and they thought it was a great idea. Under this plan, they'll receive a booklet giving this number, and a general understanding on what a victim is entitled to. They'll receive this from the police first, and then from the Crown's office as well - I want it done three times so that they won't miss - it's not hit and miss. And then, during the time of conviction, they will receive another copy from Corrections Canada, with a note reading 'This is the 1-800 number. We are here to help you. If you wish information, please contact us.' Also, a victim is entitled, in some cases, to financial balancing from the government, and a lot of people don't know about that. So this number will also be available for them, and also a number if you want to make a victim impact statement, somebody could help you with a general guideline on it. (Interview #1: Female, age 47).

After the sentencing, of course, I was interested, and I said 'Why is he (the trial lawyer) talking about a civil suit?' Well (another survivor representing a victims' group) said 'Yeah, you want to go after him, you know, for, uh, damages. (Interview #16: Female, age 56).

Survivors' important contacts with survivors and victims' rights organizations also appeared to help guide them through the pitfalls of the justice system:

We went back to court. The judge didn't even bother...nobody bothered to tell us nothing. They'd changed the courtrooms. But (the local victims' group) was on to that. Apparently that's a trick they have. It's a trick they have. So, thank heavens they (the victims' group) were with us, because it was in a different place altogether. (Interview #16: Female, age 56).

Next, survivors reported that contacts made through survivors and victims' rights organizations provided specific help in their dealings with the C.I.C.B. For example, some were advised of the existence of Criminal Injuries Compensation by these organizations:

I am a member of _____ (a national victims' organization), and it was through them that I found out about the C.I.C.B. (C.I.C.B. #33: Female, age 62).

Other survivors' contacts provided support in their ongoing dealings with the Board. Consider, for example, the following extracts from letters written on behalf of survivors. The former, written by the president of a large victims' rights organization, taking a constructive, conciliatory tone; the latter, from a well-known "victims' advocate," somewhat more strident:

We would respectfully ask that you overlook the lateness of the application because the _____'s were unaware of the Board's existence prior. (Our victims' organization) has been very pleased with the Board's

actions on behalf of other claimants heard previously, who, like the _____'s, were unaware of the Board and unable to make application within a specified time frame. (C.I.C.B. #47: Female, age 64).

It is common knowledge that the wheels of justice grind slowly. It is becoming public knowledge that the process of Criminal Injuries Compensation grinds even more slowly, when and if it grinds at all!...For the most part, the 'clients' you are dealing with are real people. They are people in grief, people in shock, people utterly shattered by events over which they had little or no control. Surely the Board can show some semblance of compassion and settle _____ (the applicant's) compensation claims with dispatch. (C.I.C.B. #56: Male and Female, ages 69 and 57).

Contacts made with survivors and victims' rights organizations also were reported to have helped provide emotional support to survivors at various hearings that they attended:

We've been so involved with supporting each other in these trials. Like, (another respondent's trial) was already over with when I joined (the group). Then there was my trial, and then, with me trying to get over it. And then, (another couple) came in, and now their trial has been going on. I've been going there supporting that mother and her daughter... (Interview #19: Female, age 53).

We had a lot of support from a lot of these people when we were at our hearings. Oh yeah, we leaned on each other all the way through. Then, in January '93, when _____ (the son of a well-known local male survivor) was murdered, I did the same thing with him. (Interview #24: Male, age 47).

Next, contacts with other survivors reportedly helped survivors obtain additional information on their case. Consider, for example, the following extract from a letter written to a woman by a victim of the same offenders:

I understand the kids' gang members that were in your son's shooting are the gangsters that murdered my husband on February 4, 1996 of this year. He was gunned down by four _____ gang members in the parking lot of _____ homes. I may have good news for you. _____ (One of the offenders) was certified as an adult at the age of 14 years old on counts of murder. Your son's and my husband. _____ (another offender's) certification hearing comes up in 3 weeks and I promise to keep you informed, OK. _____ (a third offender) on the loose since the murder supposedly has been picked up. He was involved in your son's murder. Last but not least _____ (the fourth offender) was carrying the sawed off shot gun. He also was believed to have been involved in your son's murder. They are all locked up as I write this letter to you. (Survey #19: Female, age 45: Letter to survivor).

Next, survivors' working with survivors and victims' rights organizations helped other survivors with advice on forming their own groups and organizations:

It's amazing to this day. People phone me for help and advice and that, and still a lot of people starting victim groups now hear my name, and it gets thrown up, and a lot of them, they're told 'Well, why don't you phone _____ (respondent's name). He can help you with how they got started and that stuff.' People still call. _____ (Another respondent) saw me. (He) phoned me, I guess about three weeks ago to ask advice on how to start a victims' group in that town. But it was just a support group. We met, and I lent them a lot of stuff on how we started, and how victims groups got started. (Interview #12: Male, age 61).

Next, survivors reported that the contacts that they made with survivors and victims' rights organizations enabled them to more effectively lobby against the offender's parole:

Everyone knew about the case, right? We had a meeting, and I just gave out a copy of the address and the fax number for the Parole Board, and I just asked them if they would write on how they'd feel about a person of that nature getting out on parole. And, just to omit my name and address on that letter, because that's a good idea. And, just to fax up a letter. I didn't ask anyone if they wrote a letter, I didn't tell them they had to write a letter, it was just something that I left up to the individual, right? And, I found - I know - a lot of people must have written. (Interview #22: Female, age 46).

Survivors' contacts with survivors and victims' rights organizations also helped them deal with the media: I received support from _____ victims' group when I spoke to the press. (Survey #21: Female, age 56).

Finally in this regard, survivors' contacts with these organizations reportedly helped them find appropriate counseling when needed:

They helped me find a counselor who specialized in this area. (Survey #15: Female, age 28).

The last major factor among survivors who felt they fared better in their dealings with survivors and victims' rights organizations is that many of these individuals, after a period of time, eased away from their ardent involvement and into other activities, or reduced their involvement to a relatively minor role:

After about three years, I thought 'No, that's enough.' It's been about a year since I went out speaking for (the organization), and I find that it's less on my mind, by not having to prepare to deal with it each week, and speak. Yeah, you've got to break away. You've got to put it behind you and get on with things. Say 'OK, that's over, it will come in once in a while, but it's over, and I can't keep going over it and over it and over it...' (Otherwise), you have to keep reliving this all the time. You can't put it behind you. You can't say 'Okay, that's done, I can put that away now, and let's get on with things.' It continually comes up in your life - and, that's what happened to me. Now I can put it behind me. (Interview #13: Male, age 46).

Turning now to consider those survivors who felt they fared worse in their dealings with survivors and victims' rights organizations, it was clear that these individuals also shared many common experiences.

First, some perceived others' grief and upset as triggering or exacerbating their own reactions:

Being with other crime victims makes me very sad, because I know what's taking place - it also brings back such reality of our own experience. I still find the violence gets to me. Like, the brutality really bothers me, so I don't find it helpful. (Survey #11: Female, age 60).

Suicides and stuff are just horrible. You know, (in a crying voice) 'Oh, I feel like shit, come on over.' You just look, and you go zipping over there, and here's a lady standing there with her arm...wrists slit, and you are going 'Awww Geez! Gimmee a break! You've got another kid in there, what the fuck are you doing?' You know? (sighs). (Interview #25: Female, age 45).

Second, some survivors, when vulnerable, felt they were criticized and given inappropriate advice by

others - individuals who hadn't sorted out their own problems - thus increasing their upset. Consider the following survivor's observations:

So many victims try to become counselors, and we knew that would hurt a lot of people, but nobody would listen to us. We knew that would hurt people. We said that you're there to give a loving ear to people, and a helping hand, but never try to counsel them, because you're not trained. And so many of them did more harm than good, because they tried to tell people how they should feel without even sorting out their own feelings yet. If you haven't sorted your own feelings out, how can you tell a family? (Interview #12: Male, age 61).

Such situations were also characterized as containing subtle, and sometimes less than subtle, suggestions regarding how survivors should feel and how they would feel. Others reported having half-digested ideas about grief pushed on them as gospel:

Other victims or advocates have an expectation of how one should grieve or respond. That isn't realistic. (Survey #7: Female, age 38).

We, tell them that they have to face it, that the worse part is going to come - the trials, and if there isn't an arrest made, its even worse. And we tell them that it's never resolved until - no matter how many years down the road - until the other person dies. It's like waiting for the last shoe to drop, because they think the trial is the end of it, but the big let down starts at the trial, because they hit a brick wall then. (Interview #12: Male, age 61).

This reflects Conrad and Schneider's (1980) idea of "expert control," transferred from the strictly medical context to these groups. Since survivors sometimes accepted this information as helpful (e.g. "normalizing"), while others do not, it would appear that its effect has much to do with both the content of the information and survivors' interpretation of it in their own situations. For example, information with an inherently pessimistic message, such as that immediately above, may be interpreted as disempowering by survivors, and contribute to reconstitution of self as a "victim."

Moreover, observing others who had been attending the group for a long time without improvement dashed some survivors' hopes for recovery:

Well, you know what really threw us for a loop? The couple sitting beside us were in their late fifties to early sixties. Their daughter was murdered and their three kids - two or three kids - were murdered by _____ (offender's name). Anyways, they sat there, and in telling their story, it was as raw, and they were at the same level of recovery as we were. And this happened fifteen years ago? They're still there! And we thought 'This is our future.' You know, its not going to go away. They have the same hatred, they have the same fear of him. Nothing has ever been done for them to heal them. (Interview #8: Female, age 45).

Third, survivors who felt they fared worse found more encouragement to continually rehash the same stories and reemphasize their own grief. These survivors reported they experienced a disempowering chorus

of depressed individuals who echoed and reinforced their pain and self-pity:

It's hurtful in the fact that it makes you continue to **relive**, and to **reexperience** the feelings each time you talk to somebody who's living proof of the trauma they are dealing with. Of course it's very debilitating, for someone who has suffered a loss, for that to be your life - you know, to be in a victim's group, and that's your life. (Interview #13: Male, age 46). (Emphasis added).

When I met these women and listened to what they were going through, I simply left here wondering how they held their sanity all that time. (C.I.C.B. #87: Survivor's Letter re: "Homicide Survivors' Group": Female, age 65).

These survivors, in such a context, saw themselves first and foremost as "victims." In a context where they felt a powerless self-image was encouraged, they felt exposed to an escalating, socially reinforced pattern emotional upset that continued unabated. One survivor, the organizer of a support group who often provided emotional support to others, stated:

I'm depressed as hell. That's the way my life is. You know, we're set back from society and feel like a minority now. You know how they go on about these minority groups? Well, we **are** a minority group: victims. (Interview #10: Female, age 60). (Emphasis in Original).

Similarly, a man, referring to his long-term dealings with other "victims," stated:

This is an exclusive club, but nobody ever wants to join. Once you're in it, you never get out. (Interview #24: Male, age 47).

Indeed, some survivors chose to avoid such groups in the first place to avoid being reconstituted as "victims" :

I don't let myself get drawn into discussions with victims of crime. If a person wants to believe - take on the belief they're a victim - they believe that, it becomes part of their identity, and that disempowers them. It's one of the reasons why I haven't joined a group. I don't want to label myself a victim, because I'll start believing I am. (Interview #6: Female, age 46).

Fourth, a minority of survivors who felt they fared worse went "too far" in the opposite direction, working so hard for change that the rest of their lives suffered. As one woman observed:

Some people throw themselves into this type of work so much that the rest of their life, and maybe their family life will suffer - like me! I've changed totally. Actually _____ (respondent's son) lost his mother, and it's interesting how desperate he is for me to start (working on my hobbies) again. Desperate! Cause it's a way of showing that I was back. _____ (respondent's husband) certainly wishes I was alive in the old sense. Every now and then he gets sort of desperately sad. (Interview #17: Female, age 50).

Indeed, observers considered that such individuals remained so busy that they never allowed themselves to deal with what happened:

(Over dinner) both survivors were talking with me about _____ - the head of the organization - about how she stays busy, busy all the time, so she doesn't have to think about what's happened in her life. They both were saying that she is getting by on about two hours of sleep a night, and she basically stays busy, busy, so she doesn't have to deal with or face up to what she's gone through. This was their concern, and they were afraid that she's going to, in that case, eventually drop dead from all the stress. She is just driven, but she is so into throwing herself into this so that she doesn't have to deal with things. She doesn't have to think about what's happened in her own life. She hasn't dealt with a lot of the aspects of her own grief. (Field Notes).

In addition, some of these survivors were criticized by others for focusing only on the very narrow issues in their own cases to the exclusion of other, more broadly-based initiative affecting a greater number of people¹⁴¹:

I see some of these people who are supposedly the spokespeople for victims of crime on TV, and we turn them off now. 'Cause we know they're not. They are not really advocates yet. They haven't gotten to that stage yet. They are still doing something for their own personal vengeance. That's the way I look at it. They want to change a law because of that, but they forget that that might have affected only four victims that year, but this one affected every victim of a violent crime, be it assault to murder. They focus on what happened to them personally. So they're not advocates, they're still vengeance people. Too narrowly focused." (Interview #12: Male, age 61).

Moreover, when these individuals and organizations were characterized as having an overwhelming focus on activism, other survivors spoke of how they perceived a palpable lack of support from such individuals and organizations:

Until (another survivor) came on the scene, I was really a little disappointed with (the local victims' group), because ____ (famous survivor) is there, but she's above all of this. She's just up there, doing what she needs to do to change at the government level - and that's great, and I thank God for her. But, she's not there to give moral support. So, the only contact that we had was with (the office administrator), and that was a little bit of support, but nothing solid. And with ____ (famous survivor), it was just like letters back and forth, but, nothing there. (Interview #8: Female, age 45).

Fifth, and perhaps going hand in hand with this, there were reported conflicts between survivors within various victims' organizations. There are a variety of factors involved here. For example, conflict sometimes had to do with jealousy over individuals who got a better verdict in their case, or perhaps more favorable attention in the media:

In our case, they (other victims) were very jealous of the fact that I persevered and got a first degree murder conviction, and they didn't know the difference, and they thought life was life. They were very angry because there had been nobody speaking out for victims, and when I started, the media focused on me and our case

¹⁴¹ It is noted that these survivors are imposing their own standard of what constitutes adjustment on others.

because I was the only one speaking out, and they resented that. They thought 'Why wasn't their daughter or son being talked about?' A lot of victims hurt each other, and they've hurt us badly, and that's why we left (the organization). (Interview #12: Male, age 61).

Because some may not have the same media coverage, just a little thing like this in the paper becomes a big thing (measures out with hands). This divides victims, absolutely! And then it creates huge problems. I'll tell you, this is the huge problem with (another survivor). Why she's so malevolent, why she's bitterly attacked me many times publicly, and will I think ultimately destroy (this organization)...From the point of view of (the other mother) - and you could use this as a link throughout - she said to me one day ' _____ (Her daughter's) death was only made legitimate because (the killer's other victim) died.' (I gasp). And its media, and she mixes up the media, the public sort of show, and what its really all about. It was just the way their child's death was perceived. It's very personal with her - I mean its a very personal thing. You know, I had a book written, so she's determined to have a book written. She pitted herself against me personally. I mean that's been our relationship from day one. She's extraordinarily vulnerable. She loathes and detests anything, and is bitterly jealous of the _____'s (other famous survivors) and of me. Bitter! (Interview #17: Female, age 50).

In other cases, this internecine conflict simply appeared to involve survivors' overwhelming anger at the offender, whom they couldn't reach, being directed at those closest to them: other "victims":

I guess they have to put their hate and anger out at somebody, and another victim is the closest person to them. They can't get at the offender. (Interview #12: Male, age 61).

In some cases this internal conflict reflected intolerance of differing viewpoints:

My wife and I went to one memorial service, and, when I saw the Liberal Members of Parliament standing up there speaking, my wife and I walked out. We walked out. It was in _____ (name of city), and my wife and I walked out of the church. When I saw politicians getting up there speaking, I left. We walked out We just walked out. When we saw people who we knew, from personal experience, who had fought against victims rights, it's bad enough they're taking credit, and being introduced by the lady in _____ (the victims' organization), we walked out - and we had no contact with any of them people again. (Interview #12: Male, age 61).

In still other cases, internal conflict revolved around the day to day running of victims' organizations:

Let me give you an example. When you're a small group, there's always infighting. We had an auction going, it was slated for this October. It was canceled till April of next year, and canceled again until November of '96. We put \$500 down at a hotel to reserve the room. Well, the lady that was running the auction had a guy on the executive of (the organization) that didn't see eye to eye. They got sitting down one night a week ago about the funds, and he suggested that maybe the \$500 that we have at that hotel should be pulled back and put in the bank at 2% interest. And he convinced the board. But, what he was really doing was trying to screw this woman. They went and got the cheque, canceled the room, and it was the hotel that phoned the lady running the auction to say 'Your organization just quit.' That's the kind of infighting that you have in these groups. (Interview #26: Male, age 61).

Whatever the source, however, such conflict, when it began, was very unsettling to vulnerable individuals who had opened their hearts to such trusted confidantes:

Unfortunately, a lot of victims' worst victimizers are other victims. That's what causes so many victims to fall

out of the victim movement. They come in, and they're victimized by other victims. They strike out. It's the person who hears their weaknesses a lot of times, and their fears. It's the person that they resent, because these persons hear their fears and their weaknesses. And that's what causes a lot of the movers and shakers of the victims' movement to quit. (Interview #12: Male, age 61).

Such conflict forever soured some survivors on "victims'" organizations, and prodded them to cease their involvement.

Sixth, there appeared to be a degree of conflict between various organizations, which took members' time and energies away from helping others. Sometimes this had to do with the definition of just who could be considered a "victim" in the first place:

This is one of the things that really hurts me about the N.A.C. and the status of women, and so on. They slammed me within a week or two of (the deceased)'s death in the press. You know, not once 'I'm sorry that your daughter...' 'One of the head people wrote me a note on her own personal notepaper saying that 'I personally would like to express my condolences.' But, from the movement itself, they stated that 'I'm a middle class woman and she was a middle class privileged brat child.' (Interview #17: Female, age 50).

During breakfast, _____ (the rally organizer) took swipes at _____ (the president of a large local victims' organization). He said that M.A.D.D. were good allies that had had to fight to be recognized as victims. (They had expressed the same thing publicly at yesterday's rally). He said it was ridiculous that _____ (the president of the group) had told them they were not victims. (Field Notes).

Other times, inter-group conflict sprang from differences over each others' business practices. As one woman noted:

There is an organization in _____ (a large city) that make their living doing this, and I find that kind of distasteful. I don't collect a salary. I'm happy if I can get my expenses once in a while. But, I can't see someone doing it with the ultimate aim in mind of making enough money so that they can put bread on their table. Something is wrong about that. (Interview #18: Female, age 55).

A male respondent also pointed out:

There's also a lot of them who want to make a career out of helping victims. But, they fall into the old trap of letting the governments use them. Like, appointing them to a Crime Convention. They use them, they use them. They trot them out in front of their Justice Committee with Alan Rock, or, whoever the Solicitor General is. They trot them out, and they say 'Lookit, we're good because we've got the leader of the victims group involved with us.' And they did this...they've been doing this - not only the Liberals, Mulroney's people did it. Now the Liberals are doing it again, and the victims lose sight. All of a sudden, there's a chance 'Oh! I can get paid to do this?' When they do that, they're no different than anybody else. They are in somebody else's pocket, and they own them. They are like the token victims too, and they can trot them out. They do. They trot them out. They use them. I kid you not. (Interview #12: Male, age 61).

Still other times, conflict between organizations was seen in differing agendas, particularly when these were later highlighted by bad publicity. Consider, for example, the following Field Notes surrounding a poorly

attended protest rally. The group being observed had told the researcher not to inform anyone involved with the rally of my affiliation. Upon arriving, an official organizing the rally noted that another group locally (members of whom I had telephoned regarding an interview later that day), had not been cooperative, and had written a "to whom it may concern" letter declining to participate. Several days later, upon returning:

I spoke to several people at _____ (the local organization) after the rally. They were asking me about what happened, and were very upset. I guess Mr. _____ (the rally organizer) had gone to the press and had blamed the poor turnout on _____, _____, and some of the other victims' groups. One person I spoke to who was very upset was _____, who was the office manager at _____ (the local organization). She goes 'How dare he (_____ the rally organizer) blame us for the low turnout.' She said 'we only got three weeks notice,' and that 'there was no input on organization, they only wanted a speaker.' I think that more than anything else they were upset that they weren't asked to help organize things. But, of course going to the press and blaming other groups didn't go over really big. This is just another example of the infighting between these groups. (Field Notes).

Another source of hostility and conflict between organizations resulted from scandals affecting one organization that made all local groups look bad in the public eye:

We have this God damn _____ (victims' group donations scandal) out there. But, you see, he's painted us all. Not much money is flowing now. He really fucked us up that way! (Interview #26: Male, age 61).

Naturally, media attention played a large part in these inter-group conflicts. As one woman said to another survivor during a search:

We've come here to make sure that you've gone looking for (the deceased's) killer, don't just spend your time looking for a bunch of reporters. (Field Notes).

Some survivors who fared worse in their dealings with survivors and victims' rights organizations did not feel that they received sufficient support for their purposes. Sometimes this involved an inability to effectively obtain information on the offender or their rights:

I tried twice (to call Correctional Services), but it took all my courage to make that call. It was just too close. So, that's when we contacted (a local victims' organization) and asked them if they would do that part for us. But, even though (the group) was told that they would be advised of his movement and whatever, they weren't told either! So, a lot of good that does! (Interview #8: Female, age 45).

On other occasions, survivors dealing with survivors and victims' rights organizations reported little or no information provided on available services.

On yet other occasions, survivors reported lack of support from other "victims" and victims' organizations at important times. As one woman stated about a victim's family:

They (the D.A.) already knew that the 14 year old who was sodomized (by the same offender) was not going to be permitted to take the stand by his family, who would not permit the boy to acknowledge what happened. They were prepared to send him back to (his country of birth). He refused to cooperate and eventually his family made him disappear. (Survey #20: Female, age 53).

Another woman noted:

And then, this big victim organization in B.C. was going to help us. (sarcastically) Oh, they would help our way out and everything. Oh, then that all fell through because it was a car accident! Nothing to do with them. So, you know, the big bottom line with us was 'You just fell through the cracks.' I said, 'My God, cracks! Those are Ravines!' So that's the way it went. There's no way we were getting anything from anyone, and we were shut out everywhere we turned. (Interview #16: Female, age 56).

Finally, those survivors who felt they fared worse were characterized by ardent involvement with "victims" and victims' rights organizations for an indefinite period of time, thereby prolonging the focus of their attention on the crime and its aftermath.

Summing up this section thus far, survivors reported a variety of experiences in their encounters with "victims" and victims' organizations. In many cases these were felt to be positive in much the same way as were supportive interactions with self-help groups, with the exception of the political dimension and the fighting for change exemplified by "tertiary emotional deviance." Indeed, these appeared to assist in the reconstitution of survivors' selves in ways that restored their sense of control, gave them hope for future growth, and ultimately helped them to cope. However, many of the difficulties present among self-help groups were apparent here as well, supplemented by a degree of internal and external political conflict not seen earlier. These were more likely to encourage survivors to see themselves as revictimized in these interactions, and to encourage reconstitution of their selves as "victims."

Now that survivors' encounters with "victims" and victims' organizations have been reviewed, it is time to consider how they coped with these by gender. At first glance this may seem somewhat absurd, since interaction with other survivors and victims' rights organizations is in itself a coping strategy - indeed, a strategy particularly favored by women. However, survivors' many reported problems in these encounters necessitate an examination of how they dealt with such matters.

First and foremost, since involvement with other survivors and their organizations is a voluntary choice, it was clear that many survivors, particularly men, tested the waters before deciding to settle in to longer term involvement. Indeed, some found it didn't help:

I started going to the meetings at first. It was hard because I'd get too angry, OK? So I stayed away from (the group)...(chuckles). (Interview #23: Male, age 49).

During their involvement with "victims" organizations, female survivors, particularly those oriented more to a self-help orientation, reportedly coped much as those in self-help groups did - by not reacting to provocative statements, openly disagreeing, or arguing, and instead attempting to say things that were supportive. Some women also used "sick" humor amongst themselves:

Well, we've got a bet on a family right now. Quite a prominent family. We're taking bets as to how long it (their marriage) will last. (Interview #25: Female, age 45).

Others, dealing in more of an advocacy capacity, used direct, business-oriented practices, for example, to deal with internecine conflict. This was notable among men:

In our company, we have what's called 'Workout,' and its the same thing when you take the bureaucracy out of a business, you take out the layers of management and you empower people. We're going to have that in two weeks time in Vancouver, and I'm going to run it, and this bullshit of this infighting is going to be put out on the table and its going to be settled. If some of the women don't agree with what we're doing, then they have no alternative than to leave. 'Cause you can't have it. If you're not a team player, ready to work and play as a team, then get going! They can just get on a tractor. (Interview #26: Male, age 61).

Finally, some survivors, though actively involved for a long while, were either hurt by others, or experienced disagreements over business practices and politics. These individuals chose to withdraw from contact:

We walked out - and we had no contact with any of them people again. (Interview #12: Male, age 61).

This final strategy was particularly prominent among women, although this may simply reflect their higher involvement in these groups in the first place.

To sum up these two sections on self-help groups and victims' rights groups, several more general observations can be made: (1) Survivors sought out or approached these groups when informal interactions with significant others were perceived either not to help or to no longer help them deal with their bereavement. (2) This move to more formal groups was often the result of others labelling the emotional grief of survivors as excessive, incomprehensible, or deviant in some way and psychiatric help was not viewed positively. (3) Whether survivors reported positive or negative experiences with individuals, the group, or the philosophy of the group depended on their perceptions and interpretations which, in turn, were influenced by their sense of their own needs or attitudes toward grieving and recovery. This influence of perception and interpretation was

clearly demonstrated in those instances where individual survivors spoke, on the one hand, of the liberating power of being able to express their feelings openly and often in self-help and "victims" groups, whereas other survivors identified this sharing of feelings as excessive, prolonged, and interfering with recovery as they defined it. (4) Within the context of these groups, it also became evident that philosophies about recovery varied, with one group stressing an open-ended approach with an emphasis on unique grieving patterns, and another group advancing a more formal and universal stage model of the grieving process. Again, whether survivors assessed these groups as helpful or not depended on their own ideas about what might work for them. Indeed, many survivors complained about the lack of direction in a group while others complained about the group "pushing" a particular model of victimization on them - which suggests that these organizations may sometimes impart many of the problems inherent in the medicalization of deviance to survivors (Conrad and Schneider, 1980). (5) Survivors, to a greater or lesser extent, characterized other survivors as helpful, harmful, or of no value whatsoever in terms of their own experiences of bereavement. This assessment was often linked to their own perceptions of the motives, intentions, or stage of recovery of other survivors, particularly those involved in leading the groups. (6) This assessment extended, in some cases, to other self-help and "victims" groups although the level of assessment varied from personal assessments of the leaders to the bureaucratic and business-oriented nature of these groups. While gender differences were noted, these did not appear to be radically different with both men and women engaging in withdrawal from the group when they were dissatisfied. Perhaps most noticeably, women were more likely to participate in these groups, and more likely to be supportive of others when dissension arose. This clearly corroborates, in a new substantive context, the literature suggesting that women, more than men, seek out help when experiencing personal difficulties (Butler, Giordano & Neren, 1985; Rosario, Morch & Chestnut, 1984). (7) Finally, survivors who reported that they were faring well emotionally seemed to take what was positive from the groups they participated in and withdrew from the group when they felt they had accomplished what they could in the grieving process. Those survivors who reported that they were not faring well did not perceive self-help or "victims" groups as particularly helpful even though, in some instances, the same groups were being evaluated by both groups of survivors. These survivors either avoided self-help and "victims" groups altogether, or became involved in what they characterized as an excessive focus on grief.

These data also provided ample corroboration of Klass' (1988) observed dimensions in bereavement support groups. For example, the "experiential" dimension was seen in survivors sharing solutions to common problems that they all faced; the "interpsychic" dimension was found in the emotional attachment some survivors invested in their groups; and the "political" dimension was seen particularly among those "victims" organizations where lobbying for change became a way of life. Indeed, survivors emphasizing this "political" dimension also corroborated the earlier suggestion that some survivors may engage in "tertiary emotional deviance," where, to paraphrase Kitsuse, they may confront, assess, and reject the negative identity imbedded in victimization, and transform that identity into a positive and viable self-image (Thoits, 1990; Kitsuse, 1980). However, the potential downside of these dimensions also came out clearly in the data, particularly in survivors being expected, indeed encouraged to grieve in a certain manner, being hurt by those they had become close to, and in conflicts over various courses of action.

Attention will now turn to survivor involvement with the medical and psychiatric professions.

(ix) The Medical and Psychiatric Professions: A key factor in survivors' experiences, both those who worsened and those who reported improvement over time, were their interactions with medical and psychiatric professionals. Like their involvements with self-help groups and "victims" organizations, survivors frequently chose to become involved with doctors and mental health professionals after social support from family and friends dropped off. Moreover, as discussed more fully below, women were again in the majority of survivors choosing these options (Sobieski, 1994; Staudacher, 1991; Butler, Giordano & Neren, 1985; Shinn, Rosario, Morch & Chestnut, 1984). Not surprisingly, those survivors who reported they fared better typically had shorter involvements with psychiatrists and counselors, and these encounters often revolved around particular issues. As one woman put it:

I did go to a psychiatrist about...when was it? (respondent can't remember). Anyway, I did go for a while. We used to toss things around, 'cause sometimes you don't know if you're acting normal - like, whatever normal is! I also had trouble with decisions and things. Anyway, I did that, and it helped. (Interview #16: Female, age 56). (Emphasis added).

A man also noted:

I developed a very intense anger, which, of course, didn't help deal with the feelings. It just sat and kind of intensified. So I went and talked to a counselor a few times. That made a difference. (Interview #9: Male, age 48). (Emphasis added).

However, those survivors who assessed themselves as faring better also felt it was best for survivors to deal with professionals on a short-term basis. For example, one survivor, in commenting about the counseling received by herself, family members, and the wide variety of crime victims she deals with in her own career, observed:

Did the therapists help? (sighs), I think it depended what type of counseling that you went for. I think that those that went for the intensive short-term crisis branch of counseling fared better than those that went to the sort of therapist that dealt with all different things, and dragged it out. (Interview #29: Female, age 37).

On the other hand, survivors who assessed themselves as faring worse were typically found at one of two extremes. The first group had a desire to undertake counseling, but it was unavailable when they felt they needed it. They felt that they were left to suffer on their own at a time they needed help:

My search for help for myself and my family in _____ (respondent's home city) was hopeless. I was given a list of places to call and the only response I received was that they had a two to three or three to six month waiting period! (C.I.C.B. #62: Female, age 39). (Emphasis added).

The second group, including most survivors reportedly faring worse, experienced the opposite situation: long, drawn out involvements with doctors and mental health professionals. Not surprisingly, these survivors were typically "under a doctor's care" for extended, indeed open-ended periods of time. As one woman put it after six years of treatment from a variety of psychiatrists and mental health professionals:

I just can't put it out of my mind. (C.I.C.B. #8: Survivor's Evidence at Board Hearing: Female, age 52).

There were a variety of reasons for these differences, which will be explored in detail below. Before getting into the reasons behind these differences, however, it is important to consider that these largely relate to an interaction between: (1) the ongoing severity of survivors' upset; and (2) professionals' general orientations to survivors and their problems. While the former was a factor with a wide variety of influences as outlined throughout this chapter, professional perspectives appeared to be at the root of many reported aggravating and mitigating factors influencing survivors' assessments of the care they received. For example, in many cases where survivors felt they fared worse, professionals initially viewed survivors as somehow limited, weak, and incapable of coping:

_____ has never been a mentally or physically strong person and does have limitations on her ability. (C.I.C.B. #1: Doctor's Letter re: Female, age 32).

He is a very sensitive man and I think probably very easily frightened if the approach taken (in therapy) is more

than he can handle. (C.I.C.B. #11: Doctor's Letter re: Male, age 35).

Such professionals tended to identify the locus of the problem within the individual. For example:

Mr. _____ has since experienced several episodes of acute endogenous depression, which is a depression which originates inside the individual with no apparent external incident triggering the depression. (C.I.C.B. #11: Psychiatrist's Letter re; male, age 35).

A prolonged grief reaction is a form of pathological depression, associated not only with depressed mood, but with presumed biochemical changes in brain functioning. (C.I.C.B. #6: Psychiatrist's Letter re: Female, age 53).

Not surprisingly, when therapy did not go well, such mental health professionals tended to focus on individual-level factors to explain their lack of success:

Her response to treatment has been largely insufficient. (C.I.C.B. #13: Doctor's Letter re: Female, age 48).

On the other hand, any improvements in survivors' condition were typically credited by professionals to medical or therapeutic intervention:

I feel that psychotherapeutic treatment aided him in diminishing his suffering, and curbing his temptation to behave inappropriately. (C.I.C.B. #96: Psychologist's Letter re: Male, age 60).

When I saw her again on February 1st she had actually improved on the antidepressant. (C.I.C.B. #61: Doctor's Letter re: Female, age unknown).

Given such an individualistic orientation, survivors were often officially labeled by such professionals as suffering from some type of psychological disorder:

As a result of her son's murder, she has been diagnosed as having Post Traumatic Stress Disorder, Depression and Panic Disorder with Agoraphobia. (C.I.C.B. #55: Psychologist's Letter re: Female, age 36).

Finally, given their orientation, such professionals typically considered survivors under their care to require a great deal of professional help in the future:

She will need considerable assistance in the foreseeable future. (C.I.C.B. #1: Doctor's Letter re: Female, age 32).

Indeed, survivors were told as much. As one survivor wrote:

My psychiatrist told me that I would have to go and see him for a good length of time. I asked how long did I have to go and see him, and he said he did not know - could be a year or two - but he said he wanted to see me every 3 weeks instead of 6. (C.I.C.B. #2: Survivor's Letter to Board: Female, age 45).

Moreover, many of these professionals themselves felt that survivors would never recover from their loss:

I believe she will never fully recover from this trauma. (C.I.C.B. #13: Doctor's Report re: Female, age 48).

There is a strong indication that he will continue to have varying grief-related feelings, symptoms and behavior indefinitely for the rest of his life. (C.I.C.B. #94: Psychiatrist's Letter re: Vietnamese Male, age 48).

Such an orientation by doctors and mental health professionals affected their perceptions of survivors' problems, and such a definition of the situation may have shaped their further interactions. Significantly, the behavior of professionals with such orientations, embodying the tenets of the medical model of grief, exhibited many of the traits outlined by Conrad and Schneider (1980) with regard to the medicalization of deviance, particularly "expert" control, masking moral judgements (e.g. on a survivor's inherent strengths and weaknesses) as medical ones, and the individualization of social problems.

In contrast, survivors reportedly faring better dealt with doctors, psychiatrists, and other mental health professionals with a far broader orientation. For example, rather than focus so strongly on pre-existing individual factors, these professionals frequently located the problem in the survivor's current situation. In the words of one doctor:

In essence we have a case of a well-adjusted family oriented woman whose home life has been tragically upheaved by the shock of the tragic events that have befallen her. (C.I.C.B. #56: Female, age 57).

Significantly, these medical professionals did not focus as heavily on long-term medical treatment. Instead, they frequently offered brief, practical assistance and suggestions to survivors to help them to deal with problems in their environment flowing from the murder, such as decision making or dealing with family conflict. For example, one man, whose doctor helped him avoid conflict with his wife, pointed out:

My wife was constantly down on me, and I had to go to the doctor and say 'Geez, what do I do?' He says '_____(respondent's name), pretend you're putting on a hockey helmet, and when she fires at you, you have to listen, but don't retaliate, don't start something that would cause a fight. Just let her get it off her chest.' You know, it helped. (Interview #26: Male, age 61).

Such professionals, perceiving situational problems to be as significant as individual ones, frequently made suggestions or wrote supportive letters regarding survivors' employers, landlords, creditors, politicians, M.P.P.'s, and the parole Board, to name just a few. They also interceded with the C.I.C.B. on behalf of survivors, over and above the standard medical reports they were required to submit.

Not surprisingly, such survivors were more often given a good long term prognosis by mental health professionals, despite their quite severe upset when first observed. For example, in one such case, a woman's

doctor wrote:

I feel that she has enough assets and strengths to make her prognosis very good for a full recovery. (C.I.C.B. #55: Female, age 36).

Such a broader initial orientation, more reflective of the "task oriented" models of grief, when coupled with an implicit belief in survivors' abilities may have affected professionals' interactions with survivors in a different way from those first discussed. It is to just how these orientations affect interaction that I now turn.

First, it is clear from the data collected that doctors and mental health professionals' with an individual-centered orientation frequently exhibited a strong emphasis on drug treatment to deal with "post traumatic stress":

I recommended strongly that she take the medication. (C.I.C.B. #61: Psychiatrist's Letter re: Female, age unknown).

I again explained the importance of regular taking of the antidepressant drug. (C.I.C.B. #85: Psychiatrist's Letter re: Female, age 55). (Emphasis added).

While survivors experiencing this emphasis on drug treatment held differing opinions about the length of time drugs should be prescribed, there appeared to be a consensus that short-term medication could be beneficial. For example, some considered a short period of drug treatment helpful when their medication enabled them to perceive things other than their pain and anger:

I started taking prozac, and it was like I got my peripheral vision back. Like, now I haven't been on it for a little while, but I found like...almost immediately I could start to see other things around me. (Interview #32: Male, age 47). (Emphasis in Original).

I went to see our family doctor and he prescribed medication - it helped me to come in touch with reality and to deal, better, with the following weeks and months." (Survey #11: Female, age 60).

However, survivors became quite critical of this emphasis when long-term medication was prescribed:

Maybe, in a situation like this, for a short time, something like Prozac is necessary - but not for years and years and years on end. Not from a doctor who says 'This stuff should be in everybody's drinking water.' I mean, that's irresponsible as far as I'm concerned. It's just outrageous. (Interview #2: Female, age 51).

We came out of there with a feeling that we were hopelessly lost in this thing, and that there is no ending to it - and the only way out of it was to change your drugs. (Interview #26: Male, age 61).

The emphasis on drug treatment among individually-oriented professionals appeared to have some effect on survivors' assessments of their recovery. The relative extent of survivors' drug treatment was one of the key

factors separating survivors' assessments of faring better from those faring worse. For example, while survivors reportedly faring better may have been medicated early, they generally did not use drugs for an extended period of time:

The doctor prescribed valium for me. I was on that for a month, and one day I looked at myself and thought 'This is sick. I mean. I've got to start facing this thing sometime' - because I had knowledge of where valium can take you. So I flushed them, and I thought 'I've got to get on...not 'get on with my life,' but I've got to face it without any type of pills. And so, thank God, I've never...both _____ (respondent's husband) and I have never, ever had to rely on drugs or pills. Thank God for that. (Interview #15: Female, age 49).

I don't take much medication, because I found pills weren't going to really help me. Like, I was taking Prozac. I was at the maximum for a while there. It made me into another...into something else, you know? (Interview #23: Male, age 49). (Emphasis added).

On the other hand, survivors reportedly faring worse tended not only to be medicated early, but to continue on tranquilizers and antidepressants for an extended period of time (i.e. 1.5 to 6 years). Such long term use of medication had two major pitfalls. First, it was reported that it exacerbated survivors' initial feelings of shock and numbness, thereby prolonging the time when they might come to fully feel. Many survivors linked this need to feel pain and grief to recovery. In the words of survivors:

Taking pills doesn't do anything to deal with it. It just prolongs it. (Interview #25: Female, age 45).

You have to feel to heal. There's no two ways about it. To do that, you need to move towards your grief, not move away from it. If you try to hide from it, if you try to bury it, or you try to push it away, the longer your reconciliation will take. If you move towards your grief, then you will heal faster. And, of course, if the medical profession medicalizes it, and turns it into an illness that you can prescribe drugs for, that is not moving towards your grief. That is really moving away from your grief. (Interview #2: Female, age 51).

Observers corroborated that long-term drug use had this prolonging effect. For example, one survivor, a therapist, noted how research on long term use of tranquilizers shows that they "tend to mess up memory." (Interview #6: Female, age 46). Others added:

My mother went on medication to try and keep her more calm and to try and help her deal with the emotions. We really lost our Mom for about four years after that, because the medication that she was on just left her...not here. Like, yes, she wasn't upset all the time. She wasn't emotionally disturbed, but she wasn't here either. If you'd ask her a question, or try to have a conversation, all of a sudden you'd realize that she is answering as if this was 1980. That took four years for her to get over that - so she could get back so that she's here in the present, and, you know, knew what people were talking about. She's still not the same. Her physical health deteriorated, and her emotional health deteriorated as well. She wasn't as mentally sharp as she used to be - just not the same woman. (Interview #13: Male, age 46).

One young couple lost their child. Both of them were on Prozac for about three years, OK ? She would keep saying 'I don't understand why I feel so numb. I don't understand why I feel so numb.' (Interview #2: Female,

age 51).

The second major drawback to long term drug treatment identified by survivors and observers was the ever present possibility that some survivors, after use of medication for an extended period, could become physically or emotionally dependent, and not be able to function without it:

When the doctor prescribes a certain medication after an incident like ours, where you take a sleeping pill or some kind of a small drug doses to calm you, and to keep you calm for a while, through weakness, you know, you can become an addict to it. (Interview #5: Male, age 50).

Indeed, observers point to dependence on medication as a problem:

Details of injury: Deep depression, shock, subsequent addiction to medication, inability to concentrate and maintain employment. (C.I.C.B. #83: Solicitor's Letter re: Male, age 39).

He is on medication. He tried to stay off it but found that he needs it to calm him. (C.I.C.B. #89: Memo in File re: Male, age 47).

Implicit in all of this is that long term use of medication did not help survivors in many cases. While undoubtedly this was undertaken in response to genuine, indeed quite severe upset in many instances, these data lead one to at least question whether survivors required drugs for an extended period of severe upset, or whether their extended periods of upset were continued by the numbing effects of drugs. Whatever the answer to this dilemma, it is clear that long term drug treatment was a therapy of choice for those professionals who identified individual psychology or biology as problematic.

Second, doctors' and mental health professionals' relative orientations were reflected in the kinds of **emphasizing interactions** they had with survivors and what they emphasized. These ultimately translated into survivors reportedly faring better or faring worse. For example, professionals with an individualistic orientation reportedly continually encouraged survivors to **emphasize** what happened, and to "ventilate" their feelings of grief:

It is felt that a solid therapeutic relationship to help her once again **look at the horror** in an effort to gain some understanding of the death of her daughter would be useful. (C.I.C.B. #54: Psychiatrist's Letter re: Female, age 40). (Emphasis added).

Yet, there were risks inherent in this encouragement. One survivor, herself a therapist, explained:

A therapist has to be very careful to the client. They believe every word. If I'm a therapist, and I say 'You're feeling very sad.' They go out of there feeling very sad. They believe. You have to be very careful what you say. It's almost like you're giving them a vision from on high. 'Well if my therapist says, then I must be.' And then they believe that, and that determines the train of their life a lot of times, I find. They stop believing in

themselves. (Interview #6: Female, age 46).

When therapists' encouragement to vent was pushed what survivors felt was "too far" during sessions, some respondents quickly reported becoming "overwhelmed." Indeed, such survivors, when commenting on therapy, later asserted that they were "better off without it." (C.I.C.B. #85: Female, age 55). Observers corroborated this dynamic:

_____ met with a counselor at _____ Assessment and Counseling Centre, on the advice of her family physician. However, when encouraged, she found that she could not talk about her feelings at that time because she became overwhelmed, and terminated the counseling after two sessions. (C.I.C.B. #16: Memo in File re: Female, age 26).

While it may be stated that what therapists were doing was merely moving survivors "towards their grief" so that they could "feel to heal" as stated by a survivor earlier, this appeared to involve a careful balancing act on the part of therapists. The point is that sometimes they pushed individuals to emphasize their grief to an extent that survivors found made things worse.

Of particular concern in this regard was the tendency toward psychiatric labeling, particularly among professionals with an individualistic orientation. Survivors faring worse often reported that their reactions were deepened by treatments, labels, prognoses, and agency-limiting ideology. They felt that they never got beyond concentrating on their upset. One woman who had seen both sides of this, both as a survivor and as a practicing therapist counseling "victims of crime," stated:

I think some of these labels get overused. For example, if a person is diagnosed as having 'borderline personality disorder'- credibility out the window right away! My problem with these labels is that people given them tend to internalize them and believe them, and say 'Hey, I am sick!' Or, 'I have been.' They never get beyond that. They just take them on - especially when they're hurting - they look for something that makes sense. (Interview #6: Female, age 46). (Emphasis added).

Thus, some survivors initially found encouragement to ventilate their feelings and "move toward their grief" helpful. However, by continuing to do so over an extended period - giving therapists what they wanted - they reportedly became fixated on their grief and risked developing long term, debilitating emotional dependence on professionals. For example, there were cases in the data where survivors spent many years in therapy, moving from an initial focus on their grief to other matters such as "blockages to wholeness carried from their childhood." (C.I.C.B. #62: Psychologist's Letter re: Female, age 39). One woman, whose psychiatrist openly stated that she would "forever remain disabled," wrote:

At times you become very hopeless. Never in your life are you as helpless as you are in a situation like this. Everybody takes over and you sort of stand on the edges of life, watching it all transpire. My concentration level is very low, and I still have very bad nights. I still have nightmares. I see Dr. _____, and will continue to do so. (C.I.C.B. #87: Survivor's Responses to Board Questionnaire re: Female, age 65). (Emphasis added).

Another woman, unable to afford the cost of continued counseling, desperately wrote the Board for assistance:

I am finding it EXTREMELY difficult to get my life back into 'order' without my sweet _____ as I feel still like 'half a person.' I am still suffering extreme anxiety and still have not gone back to work as I do not feel capable. I am still seeing Dr. _____ and now I am seeing _____ (another counselor) again, as he seems to be the person who is helping me the most. I HOPE I can continue to see him!! (C.I.C.B. #62: Survivor's Letter to Board: Female, age 39). (Emphasis in original).

Such emotional dependence did not go unnoticed by other survivors. For example, one survivor, who had seen others in his situation undergo long-term care without improvement, pointed out:

I have problems with some grief counselors. Like, (Sighs) I know a woman who is still seeing a grief counselor three times a week - three and a half years after the murder! Three times a week! Now, to me, there is something very wrong here. I think what's happened is we've got a grief counselor who has not weaned the person who is bereaved back into life. Because, right now, we've got a victim here, somebody who has got a grief counselor as a crutch. I think that's totally wrong. I'm sorry, but I can't believe it that for three and a half years after the murder, no matter how vicious the crime and everything else, that she is still going to see a grief counselor three times a week, and then going to a group session once or twice on top of that. There is something seriously wrong here, and I think it's the grief counselor. (Interview #24: Male, age 47). (Emphasis added).

Another survivor noted:

Psychologists and counselors! They're in it to make money, and the longer they can keep you on their payroll, the better they like it. They make you dependent on them. You are going to be a victim, not a survivor. (Interview #25: Female, age 45). (Emphasis added).

It would appear from the data that the ultimate effect of such interactions was the evolution of prolonged, recurring grief reactions. The emphasis, indeed the reinforcement of grief and horror by an encouraging authority figure, coupled with the development of emotional dependence, often led in this direction. As one woman commented, after receiving six years of psychiatric care:

My concentration level is very low. I have very bad nights. I still have nightmares. I am taking medication every day plus sleeping and antidepressant pills. Almost six years after my youngest son was brutally murdered, it still feels like it happened yesterday. I idealize about suicide. I see Dr. _____ and will continue to do so. (C.I.C.B. #87: Letter to Board re: Female, age 65).

Doctors themselves commented on their patients' deterioration while under care:

I am sending this letter to verify my continuing contact with Mrs. _____. Since my last letter, Mrs. _____'s condition has deteriorated to the extent that she was having increasing feelings of panic and

agoraphobia. Mrs. _____ continues to be seen by both myself and Dr. _____ for psychotherapy and counseling and has been **very compliant and cooperative** with both her medication and psychotherapy regimes over all of this time. (C.I.C.B. #55: Psychiatrist's Letter re: Female, age 36). (Emphasis added).

I first saw _____ on the 24th of December 1990. I have been seeing her on a regular basis either every week or every two weeks since that time. _____ continues to grieve for her daughter _____. Mrs. _____'s distress has not abated with the passage of time. In fact I believe that _____ has progressed from a severe grief reaction, to a major depression. _____ has difficulty with sleeping, and requires Diazepam 7.5 mg at night for sleep. _____'s energy level and concentration are both impaired. Her appetite is variable. _____ feels hopeless about her situation. (C.I.C.B. #62: Psychiatrist's Letter re: Female, age 39).

Such apparent amplifying interactions with mental health professionals are to be contrasted with others that survivors found helpful. For example, survivors faring better reported that their counseling largely consisted of a great deal of listening by the mental health professional enabling them to talk about their concerns:

They don't have any answers for you in counseling. It's just that you can talk. (Interview #32: Male, age 47).

Indeed, counselors themselves pointed to the importance of such reserved behavior on the part of medical professionals:

In therapy, people will give the therapist what they think the therapist wants. OK, its a demand characteristic. It happens all the time. That's why you have to project a persona. You're not allowed to dress like a therapist or anything. You have to project a certain persona and be very neutral. 'Cause people are always asking a therapist 'What should I do?' 'What should I say?' So when selecting a therapist, victims should find someone they feel safe and comfortable with to just be alongside. You want someone who's open and accepting. Someone very neutral, who can reflect your grief, all your feelings, your anger, but the client is doing the work. (Interview #6: Female, age 46).

Assessed as particularly important, however, was when counselors occasionally punctuated this supportive listening with insightful comments. For example, some survivors found it helpful to find out that their reactions were "normal":

I went to a counselor, and I said to him 'I'm really concerned that drinking is starting to catch up to me. I don't drink heavy liquor. I just drink beer.' And he said to me 'Well, I know you're going to be alright, because coming in to talk about it is a signal that it's OK.' (Interview #26: Male, age 61).

I went to a psychiatrist because I was afraid of what I could do, because all I ever constantly thought about was how I could kill him (the offender). Like, what I could do to torture him. I thought, 'This isn't normal, I must be going crazy. Something's wrong with me.' But, the psychiatrist told me 'That's very normal. As long as you don't act out on it.' (Interview #32: Male, age 47).

These again encouraged the "normalizing" technique of neutralization first noted by Sykes & Matza (1957).

Moreover, the lack of official labeling in such encounters was in itself assessed as helpful. Other survivors reported helpful encouragement to work their own way through their feelings:

This doctor has it, as far as I'm concerned, right on the money. His thing is that if you move towards your grief, then, you will heal faster, and it is work. (Interview #2: Female, age 51). (Emphasis in Original).

Still others pointed to support facilitating coping, and suggested practical strategies that helped them deal with problems developing in the wake of the murder:

They took us through the grieving, they took us through the denial. There was a birthday coming up, they built us up to that, they built us into Thanksgiving, they built us into Christmas, and they did it so professionally that we could slowly get ourselves up to do these things. (Interview #26: Male, age 61). (Emphasis added).

We went to marriage counseling, and, I tell you, it saved my marriage. The counselor said 'Part of the problem is people have to learn to communicate.' Cause we weren't talking. We weren't doing nothing. He says, 'You've got to learn to communicate.' Then, the other part was doing little things for each other. Those little things sure made a big difference. (Interview #21: Female, age 45).

Again, the difference here with the examples above is largely one of degree. The choice was clearly phrased, but the pace was left to the survivor, whereas in the earlier, reportedly less helpful situations, professionals continually pushed survivors to emphasize their grief.

Although some types of support from medical and mental health professionals were assessed as encouraging active coping on the part of survivors, some survivors reported a variety of negative interactions with doctors and mental health professionals that exacerbated their experiences. For example, survivors expressed discomfort with their doctors and mental health professionals for a variety of reasons. Some came from a cultural background that was not inclined toward open discussion of feelings. Some women were not comfortable with male counselors. A number of survivors indicated discomfort due to negative experiences with counselors in the past, such as breaches of confidentiality. Finally, several survivors pointed to the disillusionment with mental health professionals they had experienced while they observed them in the court process, either giving conflicting opinions, discussing personal details of survivor's lives, or "making excuses" for criminals.

Many survivors also reported widespread lack of knowledge among doctors and mental health professionals regarding those bereaved by homicide:

I have yet to meet a counselor, or a psychiatrist, that really knows what they are talking about when they're dealing with the death of a child, especially (one that was) murdered. I do really wish that the mental health

people would become a little more knowledgeable than what they are now. I'm not going to tell anyone to go to any psychiatrist, because they are not helping us that much yet. (Interview #18: Female, age 55).

A person can see different therapists and they'll get different labels. For example, if you look at different psychiatric manuals, the description of the symptoms list for Post Traumatic Stress Disorder has changed over time. (Interview #6: Female, age 46).

Finally, such lack of knowledge was often felt to be reflected in what survivors considered to be bad counseling:

Interference and inappropriate advice (even from professional counselors) is resented and even destructive. Bad counseling not only costs money, it can do devastating harm as well. (Survey #5: Male, age 63).

Survivors quickly went on to give several examples of what they considered to be "bad counseling." In some cases, these were felt to be simply indicative of professionals' lack of knowledge or understanding:

When you say something, he goes 'Oh, oh, yeah...' and he gets his book out, and was quiet for a minute. Then he says, 'Oh well, that's normal.' And I thought 'Oh yeah, OK. Look up chapter 2, section 74, and respond in this way.' I thought 'Give me a break!' And then 'We'll see you again next week again?' 'Uh huh...yeah. Yeah, (sarcastically) 'and fill out the bill then.' No, I have no use for them. (Interview #25: Female, age 45).

When people go to a therapist, as soon as they show any anger, or say 'I'd like to kill that son of a bitch.' Oh! You can just feel them withdraw. 'Now, now, just calm down now.' Like, this is not what it takes to really help people. You see, the more times that you can describe your fantasy, the less likely, in my mind, the chances are of them ever doing it - because each time that you say this it's helping get this stuff off your chest. What you have to understand is for that few seconds or minutes or whatever time it takes to tell your little fantasy, you are in control. There ain't no better feeling than that, because that's what you were struggling for so hard to regain. And that's what it's all about. This is what, I swear, three quarters of these therapists probably never understand. (Interview #18: Female, age 55).

In other cases, "bad counseling" was assessed as having more to do with inappropriate advice that survivors found offensive. As one man stated:

It's really tough when we go to places like doctors, and so on, that say 'Look, you've got to get on with your life. Forget what's happened. Get on with your life.' I don't know where they get the authority to talk like that! Who the Christ gives him the right to tell me that I have to get on with my life. Let him walk in my shoes for a year and see what its like. (Interview #26: Male, age 61).

I don't think forgiveness of the offender is necessary to the healing process, or to deal with what happened at all. I think that its an issue that's raised by therapists. A lot of them are saying 'In order to be healed properly, forgive your offender.' I think that is bogus. I don't think that it's necessary at all. In some cases I think it might be unhelpful. Another thing a lot of therapists do is they note the court process as healing. Absolutely not true! (Interview #29: Female, age 37).

It is significant to note that most survivors faring better reported none of these problems in interaction with medical professionals.

Summing up, survivors in this context assessed themselves as faring better or worse depending on the types of interactions that they had with doctors and mental health professionals. In turn, the type of interactions that survivors had appeared to be frequently linked to the dominant orientations of the professionals they saw. Specifically, those who were predominantly individualistic in orientation emphasized long-term drug treatment, repeatedly encouraged expressions of grief during extensive psychotherapy, and frequently were felt to misunderstand survivors. It appeared that survivors in such interactions often reconstituted their self-identities in a predominantly passive manner rooted in the orientations and medical models of the professional. Those survivors assessing themselves as faring better, on the other hand, reportedly dealt with professionals who also emphasized broader environmental or situational factors, briefer drug treatment and therapy, and who encouraged coping strategies in various sectors of survivors' lives - thus assisting survivors to reconstitute their selves in a coping mould. Indeed, it appears that these data suggest a wider contrast than originally anticipated between professionals espousing the largely passive medical and stage models, on the one hand, and those emphasizing therapists' role in encouraging survivors to accomplish various coping tasks, on the other (Attig, 1991; Klass, 1988; Worden, 1982; Bowlby, 1969-1980; Lindemann, 1944).

These data also corroborate, in a new substantive context, many of the theoretical observations of Conrad and Schneider (1980) with regard to the medicalization of deviance. This was particularly evident among survivors dealing with individually oriented "experts," who tended to assume control, individualize survivors' problems with reference to psychiatric labels, and "control" their emotional deviance with drugs.

Finally, these data put in question the earlier study by Rynearson and McCreery (1993) suggesting that treatment for post-traumatic stress takes precedence over grief. This study shows that there were a wide variety of reactions to the murder of a loved one, and not every survivor ends up under long term psychiatric care for treatment of severe reactions. Indeed, while some form of medical treatment was commonly undertaken shortly after the homicide (e.g. in the form of tranquilizers), in many cases this was only brief and temporary, with no follow up. Coping badly such that one was officially labelled with a "mental disorder" often had as much, if not more to do with the social conditions and medical orientations survivors faced than it did the murder. Moreover, under the right conditions, many survivors reportedly coped reasonably well over time. This again suggests that Rynearson and McCreery's sample, composed of 18 survivors, two thirds of whom had antecedent

psychiatric histories, represented a biased group instead of "a normative response to homicide."

Before moving on to discuss survivors' gender differences and coping strategies related to their involvements with medical professionals, it is necessary to consider two interrelated issues which may potentially affect the analysis in this context: (1) survivors' reported faring better or worse; and (2) the demand characteristics of the Criminal Injuries Compensation data.

With regard to the former, I admit that the nature of the data does not allow for any completely "objective" measurement of who ultimately fared better or worse - indeed, as noted earlier, even medical professionals with their standardized psychological tests come up with differing diagnoses of the same survivor, and such differing assessments of the severity of survivors' reactions were clearly observed throughout the C.I.C.B. data. Moreover, even if such measurements were accurate, direct professional opinions on the severity of survivors' bereavement were absent from the interview and survey data making strict comparisons difficult.

These difficulties were further enhanced by the demand characteristics of the Criminal Injuries Compensation Board. The Board generally requires that applications for compensation be made within one year after the injury or death.¹⁴² This was reflected in the fact that the survivors dealing with the board were generally much closer to the time of the murder than the interview and survey respondents, which may make comparisons of the severity of their reactions with the other sources difficult. Moreover, survivors were asked to state on their application whether they required psychiatric help, and, if seeking compensation for "nervous shock" (i.e. pain and suffering), informed that "the Board requires psychiatric evidence to establish the injury." Indeed, the Board's policy is that "the person's reaction to this violence must go beyond what would normally be expected in the particular circumstances of this occurrence."¹⁴³ This further complicates matters as: (a) survivors who may not otherwise have seen a mental health professional were required to do so in order to obtain such compensation; (b) even allowing for a range of orientations and knowledge of such bereavement, more survivors in this group are likely to encounter the problems surrounding "individually" oriented

¹⁴² Compensation for Victims of Crime Act, R.S.O. 1990, c.24, s.6.

¹⁴³ C.I.C.B. Information Booklet (A Guide to Applicants) July, 8, 1996, at pp.7-8.

counsellors than they would have if they had not applied for compensation; and (c) it is in the pecuniary interest of both applicants and those mental health professionals who treat them (who may eventually stand to gain from an award paying for therapy) to appear as ill as possible. Indeed, in these latter cases survivors may use the victim role both as a shield (to elicit sympathy and deflect criticism) and a sword (to elicit shame when criticized).

Thus, while it may be objected that many of these survivors reportedly faring worse could have fared worse in any event, I respond that there was no really objective way to measure this. The only common thread running through all of the varying sources of data were the words of survivors with relation to types of interactions in particular contexts that they found helpful or harmful to their bereavement experiences - which is the focus here in any event. Moreover, by careful triangulation and negative case testing between the sources of data, the potential biases inherent in the C.I.C.B. data were offset by the accounts and observations of survivors outside this context, particularly considering that these files were generally used only when related patterns were observed elsewhere. Under such circumstances, when the data became saturated with repetitive codes, "practical certainty" was achieved to the extent that it could be under the circumstances.

Turning to the major gender differences surrounding survivors' involvement with medical professionals, these were seen to be twofold. First, in accordance with the previous literature, the clear majority of survivors involved in therapy were women, possibly due to their more open emotionality and willingness to talk about their grief (Butler, Giordano & Neren, 1985; Rosario, Morch & Chestnut, 1984). Concomitantly, men adhering to traditional gender roles regarded engaging in therapy more difficult due to gender role prescriptions emphasizing strength, silence and handling difficulties on their own (Sobieski, 1994; Littlewood, 1992; Wilson et. Al., 1982). Indeed, noting how "women want to talk," a survivor, who works as a practicing psychotherapist counselling victims of crime, confirmed this imbalance, observing that her ratio of male to female clients was "one quarter men, the rest women." She added:

The men tend to act out their feelings. They won't talk about them. They're there. They're just as strong. But it comes out in a different way. If men talk about their feelings, its what they'd like to do to the son of a bitch. They're more apt to punch a wall, fight with another person in a bar, ruin their car...so they end up in jail sometimes. If they cry, they do it privately, hit the bottle, go to the grave themselves, and I won't hear from them. (Emphasis in Original).

Secondly, and related to this imbalance in involvement, women reported being medicated far more

heavily. One woman commented on the difference between her treatment and her husband's:

What I found interesting was the difference between the way the doctor treated me, and the doctor treated him. He got the pat on the back, and, you know, 'You are doing great, just hang in there.' I got the pills. I feel that that's typical male medicine, really. (Interview #2: Female, age 51). (Emphasis in original).

Finally, many women reported that they were not only counselled and medicated more often, they were hospitalized as well. For example, one woman recounted that:

The doctor wouldn't let me come home from the hospital. He put me right in, and I was in for 3 weeks. (Interview #21: Female, age 45).

There was also, however, some evidence that counselling was suggested to men less frequently. For example, in C.I.C.B. #11 (Male, age 35), it was noted that until the applicant's family doctor did so, a full seven years after the crime, nobody had suggested counselling to him, his wife didn't think he'd be interested, and the doctor took great care even bringing the subject up.

Before closing this section, it is important to consider the coping strategies employed by survivors in their dealings with medical professionals. These do not refer to coping strategies learned from these professionals. Rather, they involve strategies that survivors employed to deal with doctors and counsellors, particularly with regard to various negative interactions as noted above.

First, with regard to the problem of the availability of counselling, the following survivor observed how the deceased's best friend came up with a direct solution. Unable to obtain counselling without being put on a waiting list for several months, he intentionally got caught stealing to jump the queue:

As soon as he became an offender, he had all the emotional help... everything that he needed within a day or two. (Interview #24: Male, age 47).

Second, while it is clear that the vast majority of survivors who had involvements with doctors and mental health professionals deferred to their authority and "expertise," easily going along with the suggested treatments and counselling, there were some who were much more guarded. Several strategies of "hedging" were equally apparent among male and female survivors. For example, one woman wore dark sunglasses during therapy sessions to make it harder for the therapist to gauge her reactions. Another survivor, a teenager whose brother was murdered, kept avoiding counselling sessions arranged by his parole officer until his parents brought him in. When he arrived, however, the therapist described his behavior as follows:

The session today wasn't too productive. _____ was quiet but listened well. He didn't volunteer very much

information and I spent our time talking to him about what our roles were in the program and what we try to do with our clients. I had the impression that he was getting bored. I offered to give him some reading material but he declined saying that he does not read very much. We talked about grief and after we had talked about this, I asked _____ if he understood the subject, he said 'yes' but he didn't get anything out of it. I find it a problem in working with _____. He listens well but he says he doesn't get anything out of talking to me or anybody. I don't know if _____ will actually come back for another session. I felt that he didn't really want to be here but came because of his probation order or because his father brought him in. (C.I.C.B. #4: Psychologist's Letter re: Aboriginal Male, age 14). (Emphasis added).

Thirdly, survivors did not always go along with their doctors' advice when they found it unhelpful. For example, both men and women chose to adjust their prescribed medication levels on their own. Some continued to take sedatives, and obtain them elsewhere, despite the disapproval of their doctors. Others reduced their medication when they found it too sedating. Indeed, some survivors simply stopped taking medication altogether.

Some survivors simply took these actions on their own; others spoke to their doctor first before reducing their prescription. The data indicate that slightly more women than men chose these courses of action, although this may merely be a reflection of women's greater representation among those who received this kind of medical care.

Finally, considering that medical and psychiatric care was a matter of choice in the first place, when survivors found that their doctors or counsellors were not helping them, they simply chose to quit, and sometimes find another. In the words of one man who "shopped around" until he found a counsellor with whom he felt comfortable:

I think you should go and see a counsellor. I think victims should have...have another pair of ears that can help. And if that pair of ears doesn't match with what you're doing, then you should get another. (Interview #32: Male, age 47).

Women were, again, in a slight majority in choosing this strategy.

Summing up these latter sections, the major gender differences in survivors' interactions with medical professionals were that women were in the majority of those under care (Butler, Giordano & Neren, 1985; Rosario, Morch & Chestnut, 1984), and were medicated more heavily than were men (Biener, 1987). Both of these observations reflect the literature, but extend it to a new substantive context.

When it comes to coping strategies, survivors had a variety of choices or strategies which enabled them to cope with negative encounters with these professionals. For example, they found ways around waiting lists

to attend counselling, or "hedged" when uncertain about such treatment. They adjusted their medication to suit their needs, and they changed doctors or quit when they were not happy with their encounters. Women were slightly better represented in these strategies, but, again, this may simply be reflective of their greater representation among survivors under medical and psychiatric treatment as a whole. In this context, in particular, evidence of such agency stands in stark contrast to the passive models of grief outlined in the data chapter.

(x) Involvement with Legal Institutions: A highly significant factor influencing both the course of survivors' experiences and the interactional reconstitution of their selves were their interactions with legal institutions, particularly the criminal justice system. Generally, those who felt they fared worse were involved in long, drawn out, and disturbing encounters with legal institutions. As one man stated:

The legal process (pre-trial, trial, verdict and sentencing) only brings the pain of my daughter's death back to the first days after she was killed. (C.I.C.B. #82: Survivor's Written Response to Board Questionnaire: Male, age 58).

A woman also noted:

It was normal grieving up until we got to that court. Like, it was disbelief, it was grieving, but the court was like a double whammy. When you go through the system, and go through what they did, then it's like everything is compounded. (Interview #8: Female, age 45).

Particularly noteworthy in this regard were survivors' observations that involvement in a lengthy series of court hearings prolonged their grief:

When it's before the courts, you have to constantly relive it. You don't get the opportunity to put it behind you and start getting on with your life until it's over. (Interview #29: Female, age 37).

Last week was in appeal court. I waited three years. Now they are starting a new process and I must wait up to a year to find out if there is going to be a new trial. The grief process is set back and prolonged by this stuff. (Field Notes re: Presentation by Female, age approximately 45).

This sentiment was corroborated by both professional and lay observers. Consider the following extracts, the first of which is a man's vehement response to another survivor who had complained that the offender in his case had committed suicide, and was thus never "brought to justice":

After spending twenty months in court, I don't wish that on a family of any victim. So just leave it alone! You can start to deal with your grief now. (Interview #24: Male, age 47).

A psychiatrist observed:

From a psychiatric view, the tragedy creates far deeper wounds because it inhibits the normal grieving process. The ongoing police investigations, the court cases, and the unresolved murder place the inhuman burdens of constant involvement alongside Mrs. _____'s need for vigilance to make sure that justice will be done. The stress of these additional circumstances create a syndrome of what would be equivalent to being in war. At this juncture, her treatment will be long and arduous, and the resolution of _____'s death may never be forthcoming. (C.I.C.B. #91: Psychiatric Report re: Female, age 46).

Conversely, survivors who reportedly fared better were generally not involved in long, drawn out, and disturbing interactions with legal institutions, in many cases because the offender was dead:

There was no trial, which, in the final analysis, was a blessing for us - although we did not think so at the time. A trial would have been a grievous assault upon us and caused us great harm and injury. (Survey #20: Female, age 53).

When people say 'Oh, you're such a strong woman,' I say 'No. Not at all. I'm just a very ordinary housewife. But (since the offender was dead) circumstances were such that I didn't have to watch that animal jerk my chain for three or four years. I didn't have to deal with these fools in parole who say 'Well we never predicted dangerousness.' I didn't have to deal with all that. It was over and done. So, it frees you. You can get on with it. (Interview #17: Female, age 50).

The one exception to this were cases where survivors were unaware of legal proceedings, or avoided them only to discover later that the offender had been acquitted, or received what they considered an "unjust" sentence.

These data thus qualify Knapp's (1986) observation that those bereaved by homicide lacked a chronic stage of grief (i.e. a stage where they felt intense loneliness and preoccupation with the deceased), in his view, because they became so wrapped up in the criminal justice process. Certainly it was confirmed that extensive involvement in legal institutions generally both provoked and prolonged their anger and suffering, often prompting survivors to put their grief on hold and giving them little opportunity to move into grief (Klass, 1988; Knapp, 1986; Magee, 1983). However, a "chronic" stage of grief was not always precluded, for example, among survivors who had little involvement with legal institutions, and could thereby get on with their grieving. While it was clear that, at times, survivors had to put their grief on hold, these data do not necessarily support Knapp's broader generalization.

In those cases where survivors did have dealings with legal institutions, those who fared better often reported that their involvement was minimal. Note, for example, the following man's opinion on his own level of involvement when compared to others he has observed:

The only thing that we both discussed, and is probably very unusual, is that we didn't want to get involved with the court case at all. We put in a victim impact statement, and that was the extent to which we wanted to be involved - and I see in so many cases, and with the (support) groups that, if you do get involved in any of the

court cases, you're emotionally involved, and you can't get on with your grief. So, when I think back, I think that that was a wise thing to do. (Interview #5: Male, age 50).

Indeed, in those very few cases where survivors faring relatively well did have extensive involvement with legal institutions, they reported three moderating factors. First, they noted the assistance of helpful officials guiding them through the process:

We had a lot of support. The Sheriffs were good. We had a fantastic Crown Counsel that kept us really informed, and our Victims' Service person, our Crown Victims' Service person was really good. (Interview #25: Female, age 45).

Second, they reported the offender receiving a sentence over which they felt they had some input, typically through the procedure of presenting a victim impact statement:

Apparently, given the sentence, my input was fairly effective. It was very consistent with what we had asked for in this particular case. So I don't think that there was an injustice done. If it was effective, you know, that's enough for me. (Interview #7: Male, age 58). (Emphasis in Original).

Finally, the offender received a sentence that survivors considered as just as possible under current law:

It (the sentence) was the best that could be done for our daughter. (Survey #11: Female, age 60).

It was the greatest feeling of satisfaction. Just a total feeling that it was done. It was completed, that he had been sentenced to what he should have. Now, whether that punishment is entirely just, again, I don't believe in the justice system, and I certainly don't believe in their punishment, but it was the best I could have expected. (Interview #32: Male, age 47).

This is not to say these individuals who fared better did not suffer after receiving a "just" verdict. For example, many still reported feeling upset after the verdict because the deceased was still gone. It is simply to assert that they were better off relative to those others discussed below, who had something else to be upset about as well.

Turning from survivors' relative levels of involvement with legal institutions, it is next important to note that those faring worse generally reported a variety of aggravating factors during their generally more extensive dealings with legal institutions. First, for example, these survivors reported poor treatment by unpleasant or uncaring officials:

The Crown said to us, 'If you scream and cry, and make a great big fuss in the paper or on TV that we've barred you from attending this raise hearing, we will move the preliminary hearing.' So they basically gagged us. (Interview #27: Female, age 44).

The defence were absolutely obnoxious! They did everything they could to try to break us, and have us concede to a plea bargain. They did things that were very hurtful in the courtroom. (Sighs) _____ (the offender's second defence counsel) deliberately stood 6-8 feet in front of us with pictures of _____ (the

deceased) that they took after they found her body. And they were facing us, not the witness, not the jury, not the judge. They were facing us. And we had never seen these pictures. We didn't want to see these pictures. (Sighs) So it was like emotional blackmail. (Interview #32: Female, age 46).

Next, there were problems with survivors being excluded from the courtroom:

I got verbal instructions from the Crown that I wasn't allowed past the door. I wasn't allowed into the courtroom because I was a witness. So that's what they do. They've got a special way of keeping you out. They make you a witness. Even if they're not going to let you appear, they just say 'you are a witness,' and they may call you, so they can keep you out of any process they want to by doing that. (Interview #32: Male, age 47). (Emphasis in Original).

Third, there were numerous delays between court proceedings (e.g. arraignment, bail, preliminary hearing, trial, sentencing, and appeals) which reportedly prolonged survivors' upset and uncertainty:

We went to court, and the prosecutor comes in and says 'Your honour, I just got a call from the attorney representing this man. He forgot about today, and he'd like to get a thirty day extension.' 'Granted.' And it's over. We come back in thirty days. The same thing happens. We're all pent up with this emotion of 'Finally, something's going to happen.' You get in 'Your honour, we just got a call from, uh, lawyer so-and-so, he had double-booked and he's in court and he can't make it. He wants it thirty days...' The judge said 'No problem.' (Interview #26: Male, age 61).

I found that I was living from one court date to the next. That's how I was gauging time. Your life is sort of on hold until that day is there. It's always like that's the big day! But then, once you get to the big day, it's just as disappointing, and the next day too. The delays are the worst! You are all ready to go, and then you psych yourself up for days beforehand. And then, you get there, and it's a delay of some sort, and you've got to go home, and then you crash. (Interview #25: Female, age 45).

Fourth, survivors were greatly upset by matters pertaining to evidence. Their complaints in this regard took three forms. First, perhaps the most distressing thing for survivors was the graphic, lurid evidence presented in court, particularly when they had no warning. For example, consider the following graphic extract from a case where a sex offender was arguing an insanity defence after killing a little girl:

_____ (the offender) made a video re-enactment for the police the day he confessed. First we hear about it! Boom! There we are, we're in the court, they put the video on, and we're watching as he goes through it. You could not imagine how horrible this tape was. We were watching this, and he showed how he picked her up, and how he carried her, and he was nonchalant, you know, hands in the pocket, not nervous. It showed how he, like he made this claim on the videotape that he heard _____ (the deceased's brother) calling her, and he was molesting her, and she screamed 'Mummy!' So he killed her! Just like that. She was dead when he assaulted her. She was on the ground, and he said on this videotape that he kicked her in the head once, and then he stood on her chest. Then, he showed them how he jumped on her. He took this tremendous leap in the air and jumped on her. We're like...we're sitting there going like... (respondent gestures expressing shock and horror). Then it showed how he went back to the apartment, and he went up to the bathroom and he said 'I had to take my shoe off.' He said 'there was this thing in it. I think it was shit' - and he laughs on this videotape! So we just freaked. We just freaked. I...we were just...you know how you know that you're going to scream, and you're going to cry, and you're just completely out of control? And we'd never been warned. (Interview

#27: Female, age 44).

Next, survivors complained about the court's exclusion of evidence that they considered relevant:

I was disgusted. The jury did not hear half the story because they were out of the courtroom. (Survey #3: Female, age 58).

At some point in court (sighs) the judge found out when his (the offender's) rights were read. And he found out that they weren't read until the police had had quite a bit of dialogue with him...zzzzzz! Out go the jury again. They can't hear anything. I think this is really important stuff here, and the jury's not listening to this, and anything that related back to that period when they'd had made the arrest. This jury was flip-flopping in and out of that room, and a lot of stuff they never even heard. And I thought (sarcastically) 'Oh, this is just great! Beautiful!' (Interview #18: Female, age 55).

Finally in this regard, survivors were very upset by evidence presented in favor of the offender:

For the jury to believe the garbage that he (the offender) was saying, that he needed to defend himself, and so on, it was like a slap in my face as a man. It was an insult to me. (Interview #23: Male, age 49).

The system is brutal, because it makes the victim out like it was his fault, and they give all these stupid reasonings why the criminal did what he did. All the excuses, you know? And it just really ticked me off. (Interview #25: Female, age 45).

Fifth, survivors complained about what they considered to be harmful procedures. As one woman stated:

To see that the scales are not balanced, that you are excluded from the entire process, that you are now viewed as the aggressor while the offender is depicted as the victim, is a total revictimization and it cannot go on. To expect us to be the only people in that courtroom without representation, I think is shocking. (Interview #17: Female, age 50).

A man also asserted:

I definitely consider myself victimized by the justice system after having to deal with that (young offender) transfer hearing. That whole process. Because it adds that much more of a chunk of time which I have to deal with. I mean, face it, if we didn't have the six months that we spent dealing with the transfer process until the appeal courts raised it, we would have been out and finished in roughly a year, instead of nearly two. Yeah, so we were revictimized there, definitely. (Interview #24: Male, age 47).

Sixth, survivors complained about what they considered to be "unjust" rulings. For example:

We had no idea what was going to happen. _____ (the offender's) lawyer, the first time he ever lay eyes on us, stands up and he says to the judge 'Your Honour, I'd like to put forth a motion to the Court that we move the trial to _____ (another city far away).' The guy from the Crown - we're waiting for him to get up and say 'We live here. This is where everybody lives. This is where the family is, this is where the murder happened...'. He stands up and he said 'We have no argument with that.' He sat down, and then the judge said 'Well I...I have no choice here.' And we're going like 'Wait a minute here. Who...who's in here for us?' (Interview #27: Female, age 44).

Seventh, survivors were upset by verdicts that they considered unjust. As one man noted:

The verdict came in, and they said 'they find the defendant guilty of manslaughter,' and I don't remember too much that day, because I started crying. I couldn't stop. I guess a nervous breakdown, and they ended up bringing an ambulance. I mean, it was just like somebody had just stuck the knife in me. (The deceased) was stabbed 30 times in the face. Her face looked like hamburger, and (respondent makes noise of disgust) _____ (the offender) got off on manslaughter! 'Accidental death!' How in the heck can it be? How? That's what bothers me. How can it be 'accidental death' when he had stabbed her that many times? (Interview #23: Male, age 49)."

A woman observed:

So, we get down there. All of a sudden, we get down there and we find out now that _____ (the offender) is medically not guilty by reason of mental disorder, that he had multiple personality disorder. This was a shock! He should have been found guilty of 1st degree. (Interview #27: Female, age 44).

Professional observers corroborated survivors' accounts of the negative effect of such verdicts:

My own clients (sighs), I try to prepare them that they're going to lose the case. I always prepare them. They're always disappointed. They still see (in sad voice) 'Ohhh! The person got off'; and, 'How come it's only that way?'; and 'I went through all this and they only got x number of years...', or whatever. Or probation. Or community service. They come out very angry. Bitter, very bitter. (Interview #6: Female Therapist, age 46). (Emphasis in Original).

Eighth, and closely related to the verdict, was the upset survivors expressed regarding what they considered to be "unjust" sentencing of the offender:

The sentence in no way suited the crime - the judge said he was bound by YOA. (Survey #21: Female, age 56).

This guy _____ (the offender)...(respondent bangs fist on table)...as far as I'm concerned he got nothing. He got nothing! The sentencing was a sham. We felt we were suckered and left in the sewers. (Interview #20: Male, age 37).

Observers corroborated survivors' accounts of the negative impact of such sentences:

The last straw for the applicant was when justice did not seem to occur and the offender, who had a hand in her son's death, walked away with a \$1000 fine, connected to the mistrial. (C.I.C.B. #12: Extract from Board Order re: Female, age 56).

To refer back to this patient's persistent anger and hostility over the years since the incident in 1975, I believe the outcome of the legal aspects of the case, which, to him, was a gross injustice - and I can't see how anybody can think of the judgement made in any other terms than the patient - contributed significantly...The perpetrator of this crime was given only a ninety day sentence to be served on weekends. (C.I.C.B. #11, Psychiatrist's Letter re: Male, age 35).

The reality is that survivors' encounters with "the system" are not over once the trial, sentencing, and any appeals are concluded. Rather, the parole system may bring the whole matter up again. Compare, for example, the two sharply contrasting extracts: the first from a woman who has had dealings with the

corrections and parole systems; the second from a man who doesn't have such worries because the offender is dead:

_____ (the offender) is coming back out. You've got to really decide whether or not you want to put your life on the line to say what you need to say. I mean, (my husband and I) we're making this fellow pretty mad! Oh my God! I mean that one phone call (from parole officials) where he was coming out at one year and four months: I was at work. I couldn't stop crying. I just had to leave, and, after two hours of non-stop, I went to the doctor. I had to go on drugs to get control of myself! That's how traumatized I was by it. There's no putting it behind us and getting on with our life. It just won't happen - until he's dead! (Interview #8: Female, age 45).

You can start to deal with your grief now, and one thing you've got to look at is _____ (the offender) is never going to be paroled (laughs). He's gone. He's toast. (Interview #4: Male, age 56).

Finally, similarly unpleasant encounters with other legal institutions such as the C.I.C.B. or the civil courts also did little to help survivors:

I feel the Compensation Board wanted me to be in a psychiatric ward before it would help me. (C.I.C.B.#1: Survivor quoted in a newspaper article: Female, age 32).

And then, after that (the criminal trial), the civil suit went on for ages - writing all these letters, lawyers writing back and forth with each other, and all that stuff. Oh! And then the lawyer, when we finally did settle, called me, and said 'Oh! I've got real good news for you today Mrs. _____!' And I said 'What?' 'You got...' 'What was it?' '\$8,000?' 'Between \$8,000-\$10,000. Just to cover the expenses.' And I said (cooly angry) 'Look, don't you call that good news to me! Don't you dare!' I said '\$10,000 for the loss of my daughter, covering the expenses, and you're talking like its good news.' Oh! (Interview #16: Female, age 56).

Indeed, sometimes lack of coordination between various legal institutions and other help agents presented further problems for survivors:

I had a real hard time because, on the one hand, I had RCMP, Crown, etc. telling me to keep trying to remember details, and, on the other hand, I had Criminal Injuries, doctors, friends and family and counsellors trying to help me forget and get on with some semblance of a normal life. How can you do this and stay sane? (Survey #6: Female, age 37).

Survivors' comments regarding difficulties with other legal institutions were supported by observers in this regard:

His mood and affect were one of anxiety. He was feeling burdened by the processes in which he was involved which constantly reminded him of his son (i.e. court process recently completed, process of the CICB). (C.I.C.B. #29: Psychiatrist's Letter re: Male, age 53).

The emotional trauma of this event was evident and ongoing, and appeared to be aggravated by continuing litigation which resulted in discussion and reviewing the happenings again. Her fear of losing custody (of the deceased's children) added to the grief issues she was experiencing daily. (C.I.C.B. #61: Doctor's Letter re: Female, age unknown).

Summing up this part, it is clear that in most cases, those survivors who had little or no dealings with legal institutions fared better, and were reportedly able to move on with their grief; those with extensive involvement did not. Essentially, those without extensive dealings with such institutions were freed to concentrate on grieving; those with much involvement experienced revictimization in interaction with the procedures, and particularly the evidence graphically adduced in hearings. Such interactions merely damaged their selves again and again, inhibiting their ability to grieve and, ultimately, to cope. These variations qualify the literature suggesting that survivors lack a "chronic" stage of grief due to the intrusions of the justice system (Knapp, 1986). Moreover, involvement or noninvolvement was not the sole dimension to consider. The data show that the various types of encounters survivors experienced, plus their sense of justice being done, also mediated their experiences and ultimate coping abilities.

Turning to gender, it is interesting that men and women, while both traumatized by extensive involvement with legal institutions in most cases, found their experiences exacerbated in different ways. For women, the overwhelming problem was fear:

I think the worst part of this is fear - and the fear isn't going away, because he (the offender) is not going away. You can't let go. (Interview #8: Female, age 45).

Men, on the other hand, reacted with overwhelming anger towards the offender:

At the trial, I was within maybe five minutes of killing him (the offender). I took my shoelaces off and tied them in a knot - and my brother and I were sitting right behind him. And, my brother put his hand on my knee and said 'Don't.' (Interview #12: Male, age 61).

Survivors coped with the justice system in a wide variety of ways. The majority simply chose to acquiesce as they were simply too grief stricken to do anything else. As one woman put it:

Most families are not up to dealing with the system. Most follow what comes without question as they are not emotionally capable of coping with much. (Survey #20: Female, age 53).

A man also noted:

We had little involvement. The police and attorneys did their 'jobs.' We were too busy grieving. (Survey #14: Male, age 35).

Yet, it is just this issue of involvement that is most telling. The most striking differences between women and men in coping with legal institutions was in their relative degree of involvement and activity. For example, despite their fear, far more women than men in the sample pressured officials in legal institutions about their

cases, sought information, and became involved politically in fighting for change in the form of victims' rights. This greater involvement by women mirrored their greater representation among self-help and "victims'" organizations. The rationales given in those sections for these imbalances applied equally here. In the words of both male and female survivors with extensive involvement with others, as well as in such lobbying:

I have found that it's the mothers that seem to fight. It's amazing! (Interview #16: Female, age 56).

As one man observed:

With the people that we've dealt with, we'll usually find that there's one person in a family who might be more aggressive with regard to finding out any information and dealing with their case. We've found it's usually the women in most cases who are more aggressive, more outgoing, demanding answers, and looking for change, that sort of thing. So, the difference in the way people handle it, I'm not sure of the reason why, but, in most cases it seems to be the women. They're more into it. I mean, it's everywhere. There's _____ (famous survivor), there's _____ (another famous survivor), you can just go on and on. (Interview #14: Male, age 54).

Many more women wrote letters, for example, to explain their situation, or to get things off their chests.

The following extract is from a survivor's letter to the C.I.C.B. in response to a negative investigation report regarding the deceased:

As far as your 'allegations' that my daughter was involved in 'prostitution' where is your proof? I want to see the arrest papers!!! How DARE YOU accuse someone of such a crime who cannot even defend herself? And worse than accusing her is you have no proof of such an 'allegation!!' I do not understand why I even applied to your agency. I thought you were here to help families in need. I guess I obviously was mistaken. My sweet _____ has not even been gone away for a year!! Yet you send me such a cruel and degrading letter. Why? Where is your compassion? I have been told that our judicial system was very unfair but I did not believe it, but as time goes on I am beginning to believe it. My daughter was NOT AND I repeat NOT a prostitute and how dare you call my _____ that!!! (C.I.C.B. #62: Survivor's Letter to Board: Female, age 39).

Perhaps no better example of using the victim role as a "sword" can be found.

Other women became intensely involved with police and other officials in the criminal justice system.

Consider the following woman's comments regarding her behavior relative to that of her husband, and how these differed from what she would have expected:

I was doing all the fighting. I was fighting with the police. I was going to the press, I was doing it all - and it's not in my nature to do that. It's very much in his nature - and he's going behind trying to patch up the remarks I'm making, you know 'Get into your act here Crown Prosecutor! You're representing my daughter. Get your act together!' And probation officers, he's going out apologizing for me being nasty to her, because she was nasty to me and didn't want to see me. Like, the whole thing was just totally different from what I was expecting and counting on. It really surprised me. (Interview #16: Female, age 56).

Indeed, these new behaviors might be construed to reflect a changing self-concept among those who

engaged in them, from passive "victims" to active 'crusaders.'" One such woman was even quoted as saying "I hate the word "victim" (Interview #17: Female, age 50).

For example, women more typically lobbied politicians:

I have a direct approach about it. I write Herb Gray, I write Marian Boyd, I write the Solicitor General, whoever I could write. I mean, why not? Why am I going to just sit there? I couldn't take that. (Interview #23: Female, age 46).

Similarly, twice as many women sought out legal help regarding their cases, statements, recommended courses of action, and possible civil suits. As one woman stated:

I got a lawyer to sit with that Crown Attorney. Even though he couldn't talk, just to coach him. If somebody ever has this problem, get a good lawyer. That's all I've got to say. Take a loan out and get a lawyer. That's it, because you need one badly. You need one just to relate to you when all this is going on, to talk to you, because you need somebody who knows what's going on in the courtroom. Get a good lawyer to sit with that Crown and to give you some answers. If you are paying a lawyer out of your own pocket, he's going to give you those answers. (Interview #22: Female, age 46).

Another woman wrote:

I have spoken to a lawyer, Mr. _____ of _____, a legal firm in _____, who will gladly represent my claim. This is an avenue that I did not wish to take as I would prefer not to, however my efforts in trying to obtain answers from your office have been to no avail. Should I not receive word from your office in the next few days, I will proceed to hand over all to Mr. _____, who feels we have a substantial claim. (C.I.C.B. #43: Survivors' Letter to Board re: Female, age unknown).

Indeed, some women used the threat of litigation to great effect. One woman discussed her interaction with a prosecutor as follows:

I said to him, 'Well, you know what, if he gets bail, I'm going to sue you.' I said 'If he comes one inch near me, I'm going to sue you, and I'm going to sue this damn city for allowing it.' He says 'You can't do that!.' I said 'Oh yeah, watch me!' (Interview #22: Female, age 46).

It is instructive to note that bail was later denied in this case.

Ultimately, it is clear from the data that many more women than men focused their lives, even their identities around applying pressure to legal institutions, frequently postponing their grief to concentrate on what was coming up next, marking time from hearing to hearing:

Your life just literally revolves around it. It's on hold for that amount of time. (Interview #10: Female, age 60).

Men, on the other hand, seemed frequently less involved with such political activism, although they attended legal proceedings only slightly less frequently than women. Sometimes this had to do with their need

to support their families inherent in the male "provider" role:

You know, in our case I started probably doing most - but then it was a matter of dollars and cents and necessity. (Interview #14: Male, age 54).

Other times, men did not get involved in protests at the outset as they had faith in justice being done through the judicial system:

I think I probably coped better at that time than I did after the trial, after the verdict. I mean, I still had this belief in law and order. I mean, I said 'Well, they got the guy. He's going away.' (Interview #23: Male, age 49).

Most often, however, this was due to their fear of their own emotions, particularly anger. For example, some men reported being overwhelmed with anger upon their initial encounter with organized protest, something, it might be added, that conflicts, at least in one way, with their gender role prescription to "be strong." Indeed, some men avoided much of their trials for this reason:

The very first week (sniffs) of the trial stuff, I came. I couldn't come no more. I just couldn't come no more. I didn't even go for the final sentencing and all that. I couldn't go. I couldn't face him any more. I could not handle to see that guy's face in front of mine - in fear of what I would do without thinking. Because, I'll tell you, I just wanted to grab him, and rip his head off. You know? (Interview #20: Male, age 37).

Such concerns were not unfounded. It was noted in the data that many men who did become extensively involved in police investigations, court cases or political action coped by ruminating constantly about revenge. As noted earlier, some men even planned ways of accomplishing this goal in court, or after the offender was released. Others confronted the offender's family. In one man's words:

I would welcome a chance to have a head on with him (the offender). I'm not saying that I would kill him or anything like that, but I would love an opportunity to. (Interview #9: Male, age 48). (Emphasis in Original).

This same man indicated, following the taped interview, that he was considering plans to kill the offender when he was released from prison.

Women observers corroborated this. Consider the following mother's observation of her surviving son:

You know what I'm frightened of? I'm frightened of what _____ (respondent's son) is thinking, what he might do eventually. Because he is a strong believer in 'an eye for an eye,' for a start, and he's a strong believer in 'You took my brother. You're not going to get away with this lightly'- and he has said it in so many words. He is very much like his Dad. He is a quiet person, a quiet man. He even went - oh my God! - he even went and got a tattoo on his chest with his brother's birth date on it, and the date of the murder, and then he's put underneath in brackets 'Yes, but you can't kill us both.' So, I'm wondering. He worries me. He really worries me. I said to him '_____ (son's name), don't do anything that I'd be hurt about.' He says 'You leave it to me Mum. You leave it to me.' (Interview #10: Female, age 60).

There was thus good reason why many men stated they liked 'to get away from it' (Interview #30: Male, age 64).

Finally, male and female survivors employed two strategies equally when coping with legal institutions.

First, both men and women relied on knowledgeable contacts to obtain helpful information:

They'd changed the courtrooms. But, _____ (a local victims' organization) was on to that. Apparently, that's a trick they have. So thank heavens they were with us, because it was in a different place altogether. (Interview #16: Female, age 56).

They've got a special way of keeping you out - they may make you a witness. But I was told how to get around that. A friend of mine told me what to say to the Crown Attorney, and I said it, and, lo and behold, he took about five steps back, and said he'd look into it. And, a day or so later he came back and said 'Yeah, you are allowed to go in, but your testimony will be tainted if you do appear, so you are going to have to make the choice now.' And (laughing) I said 'Well, as long as I've got the choice, I won't go in.' (Interview #32: Male, age 47).

Secondly, both men and women submitted victim impact statements detailing to the court how the crime had affected their lives:

I didn't want to get involved with the court case at all. I put in a Victim Impact Statement, and that was the extent to which I wanted to be involved. (Interview #5: Male, age 50).

We had the chance to read our Victims' Impact Statement - a wonderful new law given to the survivors of murdered victims. (Survey #11: Female, age 60).

In many cases survivors found this helpful, most often when the sentence given reflected their input. For example, the following man expressed satisfaction that:

The sentence was very consistent with what we had asked for. (Interview #5: Male, age 50).

Others who did not have this opportunity were upset by being "shut out" of the process. In the bitter words of one man:

I wanted to make a victim impact statement, and the Judge replied: 'I am not here to concern myself with those left behind to grieve. I must deal with the quality of the crime.' (Survey #22: Male, age 65).

Summing up this last part, while most survivors were not up to dealing with legal institutions, those men and women who did frequently coped differently. Women more typically became involved in pressuring legal institutions through various means, both living their lives around their case and either using the victim role as a sword, or recasting their identities as crusaders. This speaks not only to theoretical literature suggesting the interactional effectiveness of the victim role (Holstein & Miller, 1990), but to "tertiary emotional deviance"

(Thoits, 1990; Lemert, 1951). Men were not as likely to become involved in these ways, nor to make these identity transformations, largely due to the inhibitions inherent in their provider role and their fear of losing control of their emotions. However, both men and women found well-placed contacts in the legal system and the submission of victim impact statements useful.

(c) Discussion: Interactions, Reconstitution of the Self, and Coping: Beginning with a discussion of how the murder of a loved one results in a multidimensional loss of the self, much of this chapter has reviewed a series of factors that influenced the course of survivors' grief. Further, through the interactional process of "taking the role of the other" (Mead, 1934), respondents appeared to gradually reconstitute their self-identities in different ways. From the data it was apparent that the influence of social interactions on intensification of grief, acquisition of coping skills, and/or survivors' reconstitution of self were often closely intertwined. Some clarifying remarks are thus in order.

Throughout each of the factors discussed in the above section, those interactions which subjects reported as unhelpful often further victimized survivors, leading to additional reasons to be upset, ongoing damage to the self, and acted as impediments to reconstitution of the self in a form that could function on a day to day basis. For example, survivors found that their upset was intensified by interactions reminding them of the murder, which often took them back to the emotional upheaval they experienced at the outset. Survivors who were avoided by extended family and friends lost more of a sense of themselves, and often took on stigmatized, isolated identities. Interpersonal conflict with self-help and "victims'" groups had a similar effect. Finally, survivors' identities were profoundly shaped by their encounters with legal institutions, those survivors with extensive involvements often seeing themselves as more victimized than ever.

In addition, there were ideological factors, particularly in interaction with some self-help, "victims'" groups and medical professionals, that encouraged the reconstitution of the self in a passive mould with a similar effect on coping ability. For example, some found themselves recast as "victims" encouraged to continually rehash their upset. Similarly, among survivors interacting with medical professionals, some encountered "individualistic" counsellors with ideologies and treatment modalities that often cast them into helpless roles.

On the other hand, survivors experiencing what they interpreted as supportive interactions had fewer

additional reasons to feel victimized, and frequently helpful encouragement to make choices and cope in ways that enabled them to “live with it” and function in their day to day lives. For example, survivors who attentively took turns helping and being helped in their immediate family environment actively took the role of the other, and gradually changed not only their own intimate, personal experiences of grief, but more typically avoided the evolution of further upsetting family dynamics as a result. Survivors with a great deal of familial and community support did not have the additional reasons to feel victimized as those who did not. Moreover, those encountering extended family, friends, acquaintances, and, particularly, other survivors with whom they could identify, often noted helpful suggestions regarding how to deal with particular problems.

The ideological dimension in these interactions were often focused in the same direction. For example, those with a great deal of community support took it in as part of a new role identity - sometimes even becoming altercast as “victims” activists. Those survivors who sought out more “official” types of help represented by self-help and “victims” groups sometimes found what they considered to be a positive “normal” identity. Indeed, some of these individuals experienced interactions enabling them to regain a degree of control and hope - offsetting the metaphors of loss of control and future respectively.

In addition to these interactions, survivors of each gender developed a variety of ways to cope with each of the specific factors over which they had choices. Sometimes these varied by gender, sometimes not. Sometimes these were most strongly rooted in the contexts that they faced (e.g. family dynamics); other times in gender role socialization (e.g. repression versus expression). In still other cases they emerged from individual innovation under trying circumstances (e.g. discovering that briefly talking about it at work put co-workers at ease, thereby reducing stress). Whatever their primary source, however, these choices suggested a gradual, evolutionary reconstitution of the self in interaction. The breadth and variety of these strategies, and the contexts in which they occurred, expand the literature on emotion management presented by authors such as Hochschild (1990) and Thoits (1990), and add to the variety of coping strategies observed among assault victims by Hagemann (1992). They are also illustrative of the literature suggesting that the type of support and treatment suggestions offered (or not offered) may either be the most important factor helping survivors to cope (Klass, 1988), or may contribute to their upset and powerlessness rather than alleviate it (Miall, 1994). Indeed, these data corroborated the theoretical literature suggesting a dynamic relationship between the type and degree

of support received by survivors, on the one hand, and the passive and active forms in which their selves were interactionally reconstituted, on the other (Emerson & Messinger, 1977).

The variety of coping strategies encountered throughout these data sections suggest that the relevant question is not *whether* active coping takes place during bereavement, as suggested by Attig (1991), but rather, what are the *social conditions* most conducive to it. This suggests a widening of the various medical models of grief discussed in the literature review chapter to include a central place for human agency. Indeed, if survivors choosing active coping strategies can be found in a traumatic bereavement situation like homicide, it is likely that such choices may be made by other bereaved as well.

Finally, it is important to consider that survivors' experiences, and regularities in their active coping, appeared to be inextricably linked to both the gender roles inherent in their self-identities and these various interactional contexts. While the bereaved frequently had coping choices to make, some survivors faced with similar situations chose them, while others didn't. Taking inspiration from Mead (1934), this suggests that the relative extent of one's *engaged agency* is *socially influenced* by a combination of the self one brings to interaction, the form and content of the interaction itself, and how *reflective, active individuals*, through taking the role of the other, *actively synthesize* these into either innovative or largely pre-patterned responses. The implications of this theoretical position will be taken up in the concluding chapter.

(d) Coping Attempts, Grief Cycles, and Survivors' Health:

In this final subsection, I turn from largely external factors shaping survivors' experiences to consider the ultimate effects of survivors' coping attempts, particularly grief cycles that differed by gender, and in terms of their effect on survivors' health.

(i) Coping Attempts: The analysis of the data revealed that survivors' experiences were shaped by the sort of coping strategies that they chose. It is important to recall, however, survivors' earlier comments regarding what they meant by coping. They did not consider it to be a return to "normality" - at least not in the sense of how they were before the murder. Instead, survivors pointed to the ability to make *choices*, to live around what happened, and to go on *functioning* in their day to day lives *despite* this permanent change.

Broadly speaking, survivors, who chose (a) strategies that enabled them to balance their focus between their own pain and that of others, and (b) activities that enabled them to compartmentalize their thoughts and

deal with them one at a time, felt that they handled their grief better. Those, who continually focused on their own pain, or chose simple avoidance strategies which appeared to prolong their feeling fully their pain, felt that they hadn't handled their grief well.

Survivors who reportedly fared worse were frequently individuals who engaged in what some might term "dysfunctional" attempts to cope. These typically included suicidal ideation, drinking, and drug abuse. As one man put it:

Life seems so worthless that the best thing may seem to us to end it all. It is a dangerous state that can pour over us in waves, and may persist for years. The suicide may indeed take place - or we may kill the pain we feel instead with drugs and drink, which doesn't help in the end. (Survey #5: Male, age 63). (Emphasis Added).

Often these so-called dysfunctional attempts to cope were accompanied by a tendency for such survivors to focus on themselves and to engage in social withdrawal:

We hid. We thought we were just the poorest parents that lived because we allowed a daughter to get involved with a man that was a psychopath. My wife wouldn't talk to anybody. I wouldn't talk - it took me 6-8 months before I could even talk to my own family. When we'd go shopping and walk down an aisle, if we thought we saw someone we knew, we'd immediately backtrack and go the other way for fear they'd want to say something to us. We went inward. We went home, we shut our doors, and as much as said "Let's just wait our turn to die." (Interview #26: Male, age 61)." (Emphasis added).

There were also four clear-cut gender differences in these types of "dysfunctional" coping attempts used by men and women. First, men more typically chose to drink alcohol:

Well I'll definitely tell you that drinking did become a major problem. (Interview 26: Male, age 61).

This was corroborated by observers:

Before the incident he had a couple of drinks, but never got drunk. Afterwards, he got drunk all the time. (C.I.C.B. #4: Notes on Survivor's Testimony at Board Hearing re: Aboriginal Male, age 15).

My observation, and this has been supported by comments made by family members, is that he drinks alcohol regularly, and I assume this is his way of handling his pain. I cannot comment on how this compares with his alcohol consumption before his (the deceased's) death. I see it as a problem now. (C.I.C.B. #60: Doctor's Letter re: Male, age 46).

This corroborates the literature suggesting that men are more likely to drink than women (Sobieski, 1994; Lister, 1991; Biener, 1987).

Secondly, men typically had a tendency to take their anger and frustration out on others:

Nobody really wanted to come and bother me, because I would jump all over them. (Interview #32: Male, age 47).

This was also corroborated by observers, who added how this, at times, translated into criminal behavior as a release:

He feels anger towards the offender. He has fought with kids on the street. He has had problems with the law doing B&E and stealing cars. He says he gets angry and needs to do something to release it. He gets violent with other people. He never used to be like this. He always got along well with people. He would hunt, fish and trap, hang around, and work at a camp. Now, he thinks he will end up in jail. (C.I.C.B. #4: Notes on Survivor's Testimony at Board Hearing re: Aboriginal Male, age 15).

This corroborates the literature, written by survivors, suggesting that men are more likely to be irritable and aggressive (Schatz, 1986; 1984).

Third, as suggested in the literature (Biener, 1987), unlike men, women far more typically became dependent on prescription medication for anxiety and depression:

I HAVE BEEN ON SLEEPING PILLS EVER SINCE BECAUSE OF MY NERVES. (C.I.C.B. #12: Survivor's Letter to Board: Female, age 56). (Emphasis in original).

I idealize about suicide. I need to take medication every day, plus sleeping and antidepressant pills...Almost six years after my youngest son was brutally murdered, it still feels like it happened yesterday. (C.I.C.B. #87: Survivor's Letter to Board: Female, age 65). (Emphasis added).

Observers corroborated survivors' comments in this regard, elaborating how extended use of drugs appeared to prolong survivors' anguish:

Because of the extent of shock and trauma and her one and a half years of a sedative haze, _____'s grief reaction is prolonged.(C.I.C.B. #16: Hospital Crisis Intervention Record re: Female, age 26).

Even though it has been over five years since the murder, the applicant is incapable of performing most of the activities of daily living. She is unable to concentrate and continues to require anti-depressants. (C.I.C.B. #87: Psychiatrist's Letter re: Female, age 65).

Finally, as noted in the literature (Janoff-Bulman & Frieze, 1987), women were far more likely than men to engage in social withdrawal, which largely related to men's traditional provider role and their need to work outside the home to support the remaining family.

On the other hand, those survivors, who reportedly fared better in the end, chose what some of them termed "constructive" coping attempts:

I try to use my anger constructively (exercising, using the energy to work on a project) rather than destructively (hurting myself or others). As the experts say, emotions are not inherently good or bad; what makes a difference is how you deal with them. (Survey #14: Male, age 35).

Survivors gave several examples of "constructive" coping attempts. For example, one male survivor wrote:

Anger is not necessarily evil - it provides us with the energy we need to deal with the mounting problems that have come from our victimization. It does, though, need to be directed in constructive directions. We may look into the workings of the criminal law. We may organize petitions to toughen up the Young Offenders Act. We can write to newspapers and to M.P.'s, or join organizations devoted to fighting crime. It's a useful outlet for the energy our anger provides. (Survey #5: Male, age 63).

Similarly, a female survivor spoke of handling interpersonal difficulties:

I don't allow myself to be uncomfortable. I let them know in a constructive way how I'm feeling if it is uncomfortable. (Survey #11: Female, age 60).

Several things were significant about such "constructive" attempts. First, they exhibited a less exclusive emphasis on self. Instead they were characterized by helping others or achieving goals:

I coped with the grief because my husband and some of the siblings were having a most difficult time. You heal by helping others heal or understand. (Survey #13: Female, age 60).

I've become more focused in what I'm trying to do, and I think I owe it to my daughter and to the memory of other victims to do the best I can to bring about changes to the justice system, and to get other victims' groups together, and other victims to try and bring those changes about. (Field Notes: Male, age unknown).

Second, survivors choosing "constructive" coping strategies recognized that they had choices to make in dealing with their grief:

I don't think grief is a stage, I think it is a process, and I think it's very personal. I think how you react, and in how you grieve, I think that you can make choices and decisions that can help you personally. No, I think you have choices. (Interview #29: Female, age 37). (Emphasis Added).

Is grief an illness? I don't think it's an illness. I think it is something that you have created within yourself. I mean, you could take prozac, you could get into major alcoholic problems. In each case, you do this, and create this for yourself, within yourself, within your own understanding. Nobody has to drive you to any one of the things. It's you. You're the one that's got to choose. (Interview #4: Male, age 56). (Emphasis in Original).

Third, these survivors reported an implicit balance between focusing on themselves and their grief, on the one hand, and attention to outside activity, on the other. For example, on the one hand, such men and women typically found ways to express their own grief when necessary to "get it out." For example, one woman said:

I find, for me, the pain is just so great that you can't keep it all in or you'll just explode. You have to talk about it so to kind of ease up on the pressure that's building up inside. I have to talk about some of it, because it just fills up and I almost feel the pressure. So talking about it gives me a chance to release the pressure. (Interview #31: Female, age 46).

Men also found ways to express their grief when necessary:

If I'm upset, or want relief, in my particular case I go for a drive. Sometimes I'm driving down the road crying my eyes out, but I can calm down. I can do a lot of thinking when I'm driving - and a lot of people can't see that. (Interview #30: male, age 64).

Yet, on the other hand, these survivors balanced the temptation to focus exclusively on their grief in other ways:

Like, I'm in the car all day long. In and out of customers. But I find that's where I got a lot of my relief. When you're in the car, you're in there by yourself. But then, when you're going into a customer, you knew quick you had to straighten up like that (snaps fingers). I was able to pretty well control things during the day, cause I knew I had to go to the customers. That gave me a lot of relief. (Interview #30: Male, age 64).

Going to work, I could deal with it in reasonable chunks. I find - and I still find - going back and forth to work in the car is when I would bawl my eyes out, just cry. I like opera, and I took every tragic aria that I could lay my hands on. I put it in the car, I cranked it up loud, and I cried my eyes out driving back and forth to work. But I got it out. (Interview #2: Female, age 51). (Emphasis added).

Indeed, another woman noted:

I think that time gives you the ability to cope better, but I don't dwell on it all the time. Like, the pain I feel today, when I sit and think about _____ (the deceased) and what's happened, the overwhelming pain is just crushing. I don't think that ever goes away. I think you just learn to put it into perspective. You kind of tuck it away in a special corner of your heart, and learn not to take it out too often because you have to go on with life, and you can't do that if you're crippled with grief. So you have to try to put it into a perspective in order to go on. I think as time goes on you learn to deal with it, to cope with it a little bit better. (Interview #31: Female, age 46). (Emphasis added).

Moreover, such survivors, recognized both the varying patterns to their moods, and learned from prior experience what type of activity worked best at a particular time. Essentially, these survivors worked through their grief a bit at a time as they felt necessary. As one man put it:

You have to let it out sometimes. You have to. You know, the spells come further apart...fewer and farther between. Like I said, when I went up (to the grave) the other night it was just the circumstances. You know, everything just seemed right, and I'd say it was the first one I've had for, you know, for a number of months. (Interview #24: Male, age 47).

Women also noted:

Some days, when I am stronger, I am able to talk, work, and live - not unconscious of our _____ (the deceased), but somehow I have the strength to go on. And yet, other days my body and mind take over and grieve for her presence. (Interview #1: Female, age 47).

You are up, you are down, and, they gradually lengthen so your highs are longer and your lows are a little shorter. And now, you might get like three months, maybe four months where (clears throat) things are fairly decent. But then, when you do crash, you'll crash for maybe like three days, and you'll just sit there and just cry, cry, cry, cry, cry. And there's nothing you can do about it. You have to work through it and just accept the fact that that's the way its going to be, and you can't fight it. And I think if you try and fight it, and the longer

you try and push this off, when that low point hits, it really hits, it's worse. So its better to just go with the flow sort of thing. (Interview #25:Female, age 45).

Finally, there was often a practical element to such strategies which somehow mitigated a troubling aspect of survivors' experience. For example, one observer noted:

Mrs. _____ was feeling very frightened living alone and had ordered a guard dog for protection. (C.I.C.B. #88: Psychiatrist's Letter re: Female, age 68).

To sum up, survivors who engaged in these so-called "constructive" strategies, characterized them as balancing between active involvement in grief and pulling back; and focusing on themselves versus focusing on individuals, activities and goals other than themselves. These survivors, generally, did not report experiencing alcohol and drug addiction, displacement of anger, or suicidal ideation as frequently as those who did not choose these strategies. Indeed, choosing to alternate in such a practical fashion enabled them to avoid the twin pitfalls of a prolonged emphasis on grief, on the one hand, and it's repression on the other. This lends empirical support, in a new substantive context, that Attig's (1991) theoretical emphasis on choices in coping with bereavement was fruitful.

This is not to suggest, for example, that men who chose such "constructive" strategies didn't drink, or that such women never took medication. It is to assert, rather, that drinking did not appear to become a problem for such men, and that these women merely took medication for a brief period without developing dependence, or prolonging their grief through the numbing effect of drugs.

(ii) Gender Roles and Grief Cycles: The analysis of the data also revealed that survivors experienced what are termed "grief cycles." These reflected ways that survivors responded to their grief, and the various circumstances discussed above such that the same painful patterns were repeated again and again. Survivors whose circumstances, reactions, and coping choices lead them into these "traps" invariably felt that they fared worse in the end. On the other hand, survivors who managed to avoid such cycles tended to report that they were faring better. Significantly, these cycles were inextricably related to survivors' traditional gender roles and self identities.

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

I could write on and on. The pain, guilt and 'what if's' will always be with me forever. I'm always wondering what I could have done. (C.I.C.B. #41: Survivors' Response to Board Questionnaire: Male, age 41).

The true impact that this savagery has had on me could never be adequately described. My role as family protector has been violated. No matter how old a son or daughter is, Dad is there to protect - at least that's how this father feels. (Interview #10: Male, age 57).

Coupled with this, these men found it necessary to repress their upset, corroborating the literature suggesting that men are less likely to express their grief (Wilson et. Al, 1982), often finding it necessary to remain strong and refrain from overt displays of sadness (Sobieski, 1994; Littlewood, 1992). As one man stated:

I think fathers feel that they're the father. They have got to be strong for not only his wife, but for all the other kids. So, you'd better not letting down too dang much, cause they're going to be going now. You've got to be up there all the time. (Interview #30: Male, age 64). (Emphasis added).

Many men dealt with this need to repress by becoming very busy, throwing themselves into their work or other activities. This corroborates the literature suggesting that men engage in activity based coping styles (Littlewood et. Al., 1991; Mandell, McAnulty & Reece, 1980), as well as the literature suggesting that men deny and attempt to get on with life (Lister, 1991; Clyman et. Al., 1980). However, this frenetic activity could only take them so far. As one man stated:

Night is hard because you're not busy. You have time to think. You lay down in your bed, you've had an exhausting day, 10-12 hours, and you lay down and you relax - and then you realize you got nothing to do. You're just laying there and then the thoughts start coming. And then, of course, I can't get to sleep because I have these pictures. And you question yourself: 'Is there anything I could have done? Why wasn't I there for her?' Because I'm her father I should have been there. (Field notes: Male, approximately age 45). (Emphasis added).

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

In order to deal with this guilt flowing from their failure in the "protector" role, and the repression of grief required of men being "strong" for others, men reported feeling overwhelming anger: one emotion traditionally regarded as appropriate for men:

Grieving is a normal thing that you have to go through. But you get so hung up on anger. (Interview #32: Male, age 47). (Emphasis added).

One survivor perceptively commented on the dynamic nature of this anger - a dynamic that he had both experienced himself, and observed in others:

You can stay in that stage fluctuating between hate and grief, hate and grief forever. You're all the time in a vicious circle. (Interview #12: Male, age 61). (Emphasis added).

Indeed, this man, the former leader of a victims' rights group, added that, among the many survivors he has known through this work, he has known men stuck in this "vicious cycle" for thirty years. This corroborates the literature written by survivors suggesting that men are more likely to be irritable and aggressive (Schatz, 1986; 1984).

Finally, these factors of guilt, repression, and anger led many men to recurring depression. For example, one man, who could not continue repressing his thoughts about the murder indefinitely, found that these made him so angry that he could not function. Then, this "failure" repeatedly sent him into depression. He continues:

I went into deep periods of depression and would then have to miss work because I was so deeply depressed about the death of my son. This led to an inadequate income while I was not able to work, and I had to buy groceries and other necessities on credit, until I suddenly found I could not pay off my creditors.(C.I.C.B. #11: Survivor's Letter to Board: Male, age 35).

Importantly, this leads to the consideration of a number of ongoing factors that feed back into men's guilt and begin the process over again, all of which are intimately related to men's traditional gender roles. In the case above, for example, not only did inability to remain "strong" represent a personal failure for this man, inability to work and provide economic support represented a failure in relation to his traditional "provider" role as well, which reportedly added to his guilt and depression. Other men reportedly found their initial guilt, anger, and depression exacerbated as the result of their ongoing inability to help their suffering families:

My remaining children are also denied the protection I would like to give them. No adequate reasons for the way (deceased)'s life was ended can be put forward by me. I can do very little to ease their pain or the pain of my wife. The mental trauma and stress often leaves me at a loss for words. You know, I really have been held captive because I sit and watch my family suffer, and there is nothing I can do about it! And, as a father, you know, it doesn't matter how old your kids are, they're still your kids, like, they can't look after themselves, you know? From a father's mental point of view, you're still the protector. And I can't...I couldn't protect _____(the deceased), and I can't protect my family now. Because, you know, the thing is...the thing that's hurt my family, I can't control. ... (respondent becoming frustrated and angry) Now...now I can't retire and enjoy my life because, I can't let the system get away with it! I'll tell you, I can go through a litany of the things I'd like to do to _____ (the offender).. (Interview #11: Male, age 57). (Emphasis added).

Still other men found that their guilt and depression was exacerbated when they were no longer able to repress their feelings, leading to their angry outbursts that hurt loved ones. For example:

When I couldn't keep it in anymore, I put stress on the rest of my family. All those around me came under the stress of their loss, and then what I was going through as well, so they suffered sometimes twice as much, maybe, as I did. Everybody was walking around here with kid gloves. Any kind of problem magnified itself through what kind of crap you can cause. I mean, boy, you can really dish it out when you want to. I was very, very angry. I was angry for numerous things, and the anger that came out in me was really unbelievable - and then I'd I feel awful about that too. (Interview #32: Male, age 47). (Emphasis added).

Essentially, men adhering to strict gender roles reported that they got caught in the nexus between guilt over not being able to protect the deceased, repressed grief over their loss, anger over what had happened, and depression over finding it hard to remain strong, protect and provide for their families - which simply fed back into their guilt to begin the whole process all over again. This **guilt-repression-anger-depression dynamic** typically became cyclical in these men, and a block to developing other coping skills. For example, one man, consumed by guilt over both his "failure" to protect the deceased and the fact that he had previously saved the offender from overdosing on drugs, stated:

You have so many emotions that are hard to control. You are like a roller coaster. One minute, you are...sad, and in tears, and the next minute you are angry. I'm afraid of myself, in the sense of what I might do. I find myself getting angry a lot of times, because I can't handle...because of the whole failure. Not just losing her, but my failure...I mean I had other reasons too, because I traded his life for her life...in a sense, you know? Because she would be here, and he would have been gone. I'm sorry. That can be a real hard thing. I don't think I'll ever get over it. (Interview #23: Male, age 49).

Of course, the ultimate response of these men to this frustrating emotional deadlock was either to turn their anger outward at the offender and/or others, or inward, and to consider suicide. With regard to the former, the following man stated:

I just wanted to make sure that he (the offender) went down. Big time. I wanted the justice system to work how I thought it should work. I became so focused, so narrow minded, so set on one thing. That was the only thing in my whole life. It was all-encompassing. Everything. Like, there'd be stuff going on around me. Nothing mattered. Nothing mattered to me other than this guy (the offender) going down (chuckling). I dropped out really. Like, I didn't care if I lived. I didn't care if I ate. I didn't care if anybody around me was alive. I was so focused. (Interview #32: Male, age 47).

Another man added:

I'm determined to get this guy. I'm so determined to get him that the hatred I have in me drives me to keep going. (Interview #26: Male, age 61).

Indeed, this overwhelming anger at the offender is sometimes directed into socially unacceptable behavior. As one survivor wrote:

I said to the Solicitor General of Canada: 'If you ever release him, I'll kill him.' And I told it to the Chairman

of the National Parole Board too - _____(name). I said 'If you ever release him, I'll kill him.'
(Interview #12: Male, age 61).

At the arraignment, I got my first view of him, and I wanted to climb the fence then to get him. But I didn't. _____(respondent's current wife) sat on my leg. And so, that went through. And then, uh, and I almost made it out of the court without causing a commotion, but there was a relative of his in the courtroom - a cousin or something - I didn't like him. I didn't know him, but I had to go over and tell him what I thought of him too. So, I almost got in a mini kind of brawl there in the courtroom. (Interview #32: Male, age 47).

Moreover, there were men in the sample who reported almost going through with an attempt on the offender's life, and others who said they had plans to kill the offender when s/he was released from prison.

Men's guilt-driven anger was also displaced and directed at others. For example, the following man stated:

We were going through a very, very difficult time in our home. We were screaming at each other, and I was blaming _____(respondent's wife) for letting him go to the store without the dog, and she was blaming me...and I had blamed myself anyway for going to university to take classes that day. (Interview #14: Male, age 54).

Another man wrote:

Perhaps anger is too mild a word. It can be described better as raging fury. It can be directed against rational objects - the criminal, the police, the justice system, for instance, though even in such cases, the intensity of the emotion is likely to be out of proportion to the fault of the offender. It can stretch much further than this, against neighbors, family members, the press, the church, God himself. (Survey #5: Male, age 63).

When men's anger was directed inward, however, they were prone to becoming suicidal. The following man stated:

You know, there's the IF's and the WHY's, and there's no answer to them. There's no reason to ask them, or even think about them that long, but you do. And you do beat yourself up. When you're feeling a lot of anger and depression, you'll want to hurt yourself. Suicide's not a problem. You're not worried about that. Like, you can get to the point where you want to hurt yourself so much.(Interview #32: Male, age 47).

Other men wrote:

Life seems so worthless that the best thing may seem to end it all. It is a dangerous state that can pour over us in waves, and may persist for years. (Survey #5: Male, age 63).

I have emotional breakdowns, periods of depression (too many), the will to enjoy life has just about disappeared. (C.I.C.B. #41: Survivor's Letter to Board: Male, age 41).

Summing up, men reportedly faring worse emotionally adhered to strict, traditional gender roles that trapped them between guilt and grief over not protecting the deceased and their family on the one hand, and a need to be strong on the other. Guilt flowing from their failure in the protector role intensified their grief and

depression, while their need to remain strong necessitated its repression. The resulting internal pressure cyclically exploded along the socially more appropriate (and seemingly strong) path for males: into anger. This anger, along with various other ongoing “failures” under traditional male roles, quickly led men into depression and further inability to function, which fed back into guilt and began this dynamic all over again. When turned outward, this guilt-driven anger was manifested in furious rage directed at the offender and others; when directed inward, it resulted in suicidal ruminations. In either case men experiencing this guilt-repression-anger-depression dynamic appeared to fare worse, and remained stuck in this mode for extended periods of time. Moreover, not only did this holding pattern act as an obvious block to their reconstitution of a sense of self in a way that could function, it frequently resulted in physical health problems, which will be discussed in detail below.

This male grief cycle is implied in literature written by survivors suggesting that men’s traditional roles require many men to use much of their energy to control the emotions evoked by grief (Schatz, 1986). One of its components is seen in the literature suggesting that men see controlling their emotions as a test of masculinity (Sobieski, 1994). It is also implied, but never elaborated, either theoretically or empirically, in the double binds outlined by Cook (1988). The grief cycle elaborated here goes well beyond these earlier works, identifying the dynamic, central mechanism that illustrates why and how men’s grief is blocked in the bereavement process.¹⁴⁴

Turning to women, it is significant that, unlike men, who generally became dominated by the guilt-repression-anger-depression dynamic, women’s gender roles allowed far more flexibility in emotional expression. As one woman stated:

I think it’s more acceptable for a mother to just break down whenever. (Interview #25: Female, age 45).

This typically more open approach to the expression of emotion resulted in a different blockage to coping among women: a focus on emphasizing their grief and sadness. Thus, men, who were usually not accustomed

¹⁴⁴ This cycle differs significantly from the stage models criticized earlier in that (1) it is specifically linked to survivors’ gender roles; (2) it is empirically grounded in this particular form of bereavement; (3) it reflects the culmination of survivors’ dealings in various interactional contexts, rather than simple, decontextualized observations of individual behavior; and (4) unlike the passivity inherent to the stage models, this shows the impact of various choices (e.g. repression), and thereby the role of agency in inhibiting coping.

to helplessness or seeing themselves as “victims,” typically harmed themselves by repressing their feelings until their anger exploded, they became depressed, and/or they died of stress-induced heart attacks. Women, on the other hand, whose behavior reflected rigid gender roles, were not only more open with their feelings, they tended to continually focus on what they have lost. As one woman put it:

My son's face is the first thing I see in my mind's eye when I wake up each day, and he is the last thing on my mind before I try to sleep. (Interview #10: Female, age 60).

Another woman stated:

I spend my days wanting him back desperately. I want to hug him, to say goodbye, to tell him how much I loved him. Will this ache inside never go away? My constant tears never seem to dry up. I have his picture on the wall with the rest of the family pictures. Sometimes late at night I stand in front of them and talk to him. He doesn't answer me but somehow I never give up hope. Maybe one morning I will wake up and find it has all been a horrible nightmare. It is a nightmare and it is never ending. (C.I.C.B. #13: Survivor's Letter to Board: Female, age 48).

This corroborates, in a new substantive context, the literature suggesting that women tend to remain depressed and preoccupied with thoughts of the deceased (Clyman et. Al., 1980). Significantly, some women related this upsetting focus to adherence to the traditional nurturing role. As one woman stated:

I feel betrayed by my own devotion to carrying out the plan of parent. My age is 60, isn't this the time of great peace and fulfillment, knowing that your job as mother is accomplished to the extent that you can do no more to further your children's upbringing, you can sit back and watch their lives blossom, their dreams come true, and enjoy with them, their children? So a cruel act has destroyed my pleasure in seeing this all happen to its fullest. (Interview #10: Female, age 60).

Secondly, these women repeatedly reviewed the emotionally upsetting events of the murder. As one woman stated:

I start each day with taking each hour at a time, my brain going over and over the events of the murder: 'maybe this was missed, maybe that!' 'Maybe it wasn't (the deceased),' 'maybe he just hasn't phoned, he's been too busy!' 'Maybe he'll come home soon.' This is constantly on your mind. It never goes off. Like, you are not thinking about anything else, you are only thinking about this. You are going way back to before it even happened, to after, to working through the information that you know, what little you do know at this point, and you are just always thinking of this stuff with tears coming down your face... (Interview #18: Female, age 55)

Another woman stated:

My world was shattered on August 31, 1985, and it has never been the same since. Almost six years after my youngest son was brutally murdered, it still feels like it happened yesterday. The agony of living this event over and over in my mind, unable to think of anything else for days at a time, can only be guessed at by one who has not experienced a violent murder. I still cannot accept the fact that _____'s life was taken for nothing. You are just shocked over and over again, because you keep replaying it in your mind. Everything

keeps going over, and it's just like a movie reel. You are trying to think of everything that went on, and what happened, and why did it happen, and it's just the amount of questions you know? It just doesn't stop. (C.I.C.B. #87: Survivors' Response to Board Questionnaire: Female, age 65). (Emphasis added).

Third, women reported how this concentration prolonged their upset, indeed blocked them emotionally at the point where they found out about the murder. As one woman stated:

I never slept at all. I didn't eat, just cried, cried, cried, and was angry. I kept trying to think 'Well, how can we get it right? 'We should be able to do something... We should be able to do something.' And you get thinking ... 'You just cannot be unaccountable...': and end up very similar to the reaction at the first when the policeman came and told us of the murder. It just starts all up again. (Interview #10: Female, age 60). (Emphasis Added).

Fourth, women reported that this continuing emphasis on their losses and the events of the murder evolves, indeed progressively intensifies over time. As one woman put it:

The first couple of years I used to be able to go on. Now I'm more and more depressed. (C.I.C.B. #14: Survivor's Testimony at Hearing: Female, age 60).

Indeed, some women reported how their experiences were worse with reference to the number of years since the murder, particularly due to concentration on events in previous years. As one woman put it:

Actually, you die a little slower each day. It gets worse with time, because this has been the second year, and I feel ten times worse this year. I can say with all honesty that the second anniversary of the murder of (deceased) is more painful than the first. The first year is so taken up with the justice system, and all the frustrations you deal with there. Now, there's no memory of last year. There is nothing to say, _____ (the deceased) did this last year, _____ (the deceased) did that last year. You've got nothing to look back to last year, apart from pain and anger, so to me its worse this year. You know, it's just pure hell. (Interview #10: Female, age 60).

You know, they say 'the first year is the worst.' The first year is not that...well, yeah, its bad. But what you do is for that first year is go back to the year before and think about everything that you did with your child. Say...July, like, you go over the July of that year, you did this and this. August, OK, we went camping, and that...The second year, you've got the year before. OK, you had the funeral, you had all the court time, you have this, you have that. The third year...I found, was even worse. It was cause you've got nothing to relate to. Its just sort of like 'Did I really have a child?' You know, like, 'I know I had something for 16 years, but..' You can't put your arms around a memory. (Interview #25: Female, age 45)

Fifth, these women began to feel not only helpless to change this pattern, but hopeless that things would ever be any different. As one woman stated:

I have feelings of powerlessness over any negative attitudes I feel, desperate longing to have life back as it was, and a need to seek unscathed pastures of peace. I feel agonized that my golden years will not be as I expected, that my heart and soul will ache with longing until my dying day. I don't want to live with this agony to a great age. The screams from my heart are silent screams taking many forms of behavior, many outbursts of denial to myself, even to punishing myself for giving in to self-pity, and no interest in life around me. How can my very being mend? (Interview #10: Female, age 60).

Another woman added:

It will most likely be in my mind for the rest of my life. I can't get what happened off my mind. (C.I.C.B. #93: Survivor's Response on Board Questionnaire: Female, age 52).

Finally, it was hardly surprising that these women emphasized the victim role. As one woman stated:

Just let us sit and just vegetate, because, boy, as victims, that's exactly what you want to do. You don't want to do anything. You just curl up and die, really...(Respondent becoming emotional). (Interview #8: Female, age 45).

Indeed, it should be pointed out that while women, like men, often felt great anger about the murder; unlike men, in addition to an emphasis on their grief, women in the midst of this grief cycle were more typically beset with fear - a natural corollary of the victim role. Sometimes this had to do with crime in general:

I don't want to go out, and fear offenders. (C.I.C.B. #14: Survivor's Testimony at Board Hearing: Female, age 60).

When somebody is murdered, you go paranoid. The whole world turns nasty, and, you don't trust anybody. You just don't trust anybody. (Interview #2: Female, age 51).

Other women expressed fear for their children:

I can't face living alone, and was forced to move from my house. I'm fearful for my son's well-being. with my kids now because I know what could happen.'(C.I.C.B. #1: Survivor Quoted in Newspaper: Female, age 32)

No matter how bad life seemed I always used to tell myself - 'You have six wonderful happy healthy children so just say thank you and get on with life. I can't do that anymore. I'm afraid to even think about it. What if something happens to one of the others - I don't think I'd be able to go on. (C.I.C.B. #13: Survivor's Letter to Board: Female, age 48).

But perhaps the biggest fear among women was of the offender in their case. One woman explained:

With us, I think it's fear. Every woman in this family is terrified of meeting him. There's a lot of tears when we're together. Since we went to his parole hearing and got to sit there and listen to him, we don't doubt for one second when he comes out he's going to hurt somebody else. So, with us, it's definite fear. The guys don't feel the fear the same because, well...they could...unless he's coming at you with a gun or something, they've got a chance. You know, we have the same chance as (the deceased) had... (Respondent starts to cry and leaves room). (Interview #8: Female, age 45).

Under such circumstances, It is interesting to note how such women ultimately adopted the victim role as a shield against overt criticism, and even other survivors' encouragement, and how this ultimately acted as a blockage to managing their lives. One survivor recounted how this operated in her interactions with another mother. The mother repeatedly "retreated" to a mental hospital, but the other survivor failed to directly

criticize her choice during their interaction in the face of the mother's clear self-presentation as a helpless victim. Moreover, this was despite the respondent's own profound misgivings about this course of action:

When she left court, she didn't go back home at all during the entire four months - and remember she's got a child at home. On the weekends she would go off to the rest home. She was dreading going home. I encouraged her to, but she didn't - she went to the psychiatric ward instead. She came out once, and I was talking to her on the phone, and I said 'How are you?' 'Oh,' she said 'You know, I've just come out of (the psychiatric ward).' And I said 'Yes, I know.' I mean, I didn't even comment to her. She said, 'I've got to go home, but court starts again next week.' The problem is at some point there won't be court to go to. And then you've got to go home. So, the point is that some people can face that and some people can't, and some people can find a way of dealing with it and other people can't. (Interview #17: Female, age 50). (Emphasis added).

This empirically elaborates the literature suggesting that "victims" are not entirely powerless when they can control the definition of the situation to forestall criticism (Holstein and Miller, 1990).

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

Both the male and female grief cycles indicate that the simple application of concepts generated in conjugal bereavement did not translate well into other contexts in our culture. For example, these data corroborate those authors who suggest that, in the case of parental bereavement, reactions to the loss of a child in any manner do not necessarily follow the temporal uniformities characteristic of the stage models, particularly with regard to a gradual lessening of suffering (Rando, 1983; Fish and Whitty, 1983). Indeed, these show that suffering can increase over time, and, more importantly, explain why and how this takes place.

The data on the female grief cycle also strongly qualifies the literature suggesting that survivors, due to numerous intrusions and upset by the criminal justice system, are unable to move into grief in the sense of experiencing intense loneliness and their longing for the deceased (Knapp, 1986). Indeed, this is an integral

part of this cycle.

Notably, through adherence to more flexible gender roles,¹⁴⁵ men who felt they fared better did not appear to become dominated by the dissonance between the male gender prescription to "be strong" and "to protect," largely because they were able to express their upset more openly to others:

I cried, we all cried. I cried to make them (respondent's parents) cry, or not to make them cry, but, I cried with them so that they would feel better, get it over with. It was a good way to deal with it. (Interview #3: Male, age 24). (Emphasis in Original).

Moreover, consider the following man's observations about his family experience:

In my family, grief style was based more on personality than on gender. The differences we've heard about, e.g. 'big boys don't cry' were true a generation ago, but less true nowadays...Dad cried a lot at first, and in time tears would come less frequently, but still as intensely. Healing for him came in the form of sharing and listening at _____ (a victims' organization) and a men's support group. He was considering leading a branch of _____ (a victims' organization) in _____ (the local community). He wanted to direct his energies towards helping others. (Survey #14: Male, age 35). (Emphasis added).

Indeed, instead of the guilt-driven grief, repression and anger cycle typical of men reportedly faring worse, these men appeared to lack the element of continual repression necessary for such a cycle to continue.

Moreover, men faring better appeared to learn consistent ways to understand their guilt, and to control the hatred and anger flowing from it. By doing so, they ceased to be eaten up by their alleged "failure" to protect, and eventually moved on to actively work their way through the grief process. For example, as one man observed:

There is only one person that's guilty here: the guy that did it. (Interview #24: Male, age 47).

Another man noted:

You've got to channel something. You've got to do something out there and try to help other people, or help your mate, or help your children, help your grandparents, help somebody. Otherwise, you're all the time in a vicious circle going from vengeance to grief to vengeance, and never getting out of the guilt stage. You can control the hate and vengeance, but you can't control the grief, the sorrow, the disbelief, and the 'what ifs.' You

¹⁴⁵ "Adherence" to traditional gender roles was determined by the presence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles (e.g. men repressing upset and remaining strong; women expressing upset openly). Conversely, "flexibility" in gender roles was determined by the absence of behavioral patterns previously identified in the literature on gender and bereavement as indicative of conformity to either typical male or female gender roles, coupled with behaviors noted in this literature as traditionally indicative of the opposite gender (e.g. men expressing upset openly and publicly; women "taking charge" and remaining strong for others).

can't control that. That will always be there, as they're natural feelings. Hate and vengeance are unnatural. They're not natural to us. That's why they are the ones that you can get rid of more easily. You can control the hate and the vengeance, and the best way to control that is to fix in your mind 'I'm not going to allow myself to be victimized by a person from prison. He's not going to keep me as his victim.' (Interview #12: Male, age 61).

Like men, women who reportedly fared better, did not adhere to rigid gender roles. For example, they did not let themselves become dominated by the helpless side of the victim role, did not continually focus on their grief, and refused to be altercast as "victims." Rather, as one woman put it: "You discover that anger is not necessarily a bad emotion." (Interview #18: Female, age 55). If these women adopted the victim role at all, it was as a sword to fight for change. Choosing an active orientation towards their experience, these women harnessed their anger towards an end, such as involvement in victims' rights groups:

I was very angry, very disappointed in our country's legal system, hurt, and that kept me fierce. (Survey #20: Female, age 53).

Let's face it. It's the women who are getting killed mostly. (In an angry tone) It's the children that are being assaulted and sexually assaulted and being killed by men. You don't see that many women doing that type of thing, right? So, I mean, hey. They are the ones that are doing it and the women are trying to just protect what, you know, what is right. Working as part of a group to change the Canadian justice system makes you feel like you are doing something about it. At least you aren't sitting around doing nothing. (Interview #22: Female, age 46).

Such individuals strongly embodied the earlier theoretical suggestion that some survivors may move past secondary deviance and begin to politically engage in "tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980).

Finally, before closing, the concept of **balance** must again be considered. While it was certainly true that survivors avoiding these grief cycles tended not to adhere to strict, traditional gender roles, it must be noted that there were also survivors who went so far in the opposite direction as to harm themselves in the same way as those of the opposite sex. For example, there were women who repressed their grief and tried to get on with their lives until their anger exploded, and "sensitive" men who openly focused on their grief to such an extent that they collapsed into depression. Thus, it was those survivors who flexibly blended gender roles in a **balanced** way who were most successful, not those who completely adopted those of the opposite gender. All of this suggests that Cook's (1988) emphasis on examining men's grief on its own terms, if pushed too far, may not be helpful as practical advice.

Summing up, both men and women adhering to traditional gender roles were at risk, through adopting the coping choices related to those roles, of becoming frozen in their grief in one of two types of grief cycles. For men, the situational dissonance between various aspects of their "protector" role resulted in a guilt-driven cycle in which they alternatively repressed their grief, exploded in anger, and sank into depression. Women, on the other hand, emphasized their upset and grief to such a degree that it fed back on itself, and never allowed them to move beyond the victim role.

Interestingly, it was those survivors who incorporated various aspects of the other gender's traditional roles into their coping who fared better: men expressing their grief openly removed the aspect of repression necessary for their cycle to continually repeat; women harnessing their anger for action did not become overwhelmed with helplessness. However, there were a few cases where men and women took this to the other extreme, and fell into the cycle more typical of the other gender. This points to a need for balance to avoid these cyclical pitfalls.

(iii) Health Problems: The culmination of survivors' interactions, coping choices, and whether they fell into the grief cycles discussed above, was reflected in the incidence of health problems exhibited by survivors.

It was reported throughout this chapter that survivors' bereavement experiences were exacerbated by a variety of factors. These included: a close relationship with the deceased; horrific circumstances surrounding the murder; aggravating personal traits; subsequent misfortunes; frequent reminders of the murder; upsetting interactions with family, friends, strangers and the community; and difficult experiences in subsequent involvements, particularly during interactions with self-help, "victims," mental health professionals and legal institutions. Those survivors who encountered many of these exacerbating factors typically reported a variety of severe health problems, some of which were new; others, like the following survivor, reflecting previous conditions which intensified:

I personally feel that the profound blow of losing one daughter and watching a second fight for her life, the stress of attending the pre-trial hearing on the murder and attempted murder charges brought against ____ (the offender) have acted as a catalyst in the advancement of my own terminal illness. (C.I.C.B. #15: Survivor's Handwritten Response to Board Questionnaire: Male, age unknown).

Interestingly, survivors' comments in this regard were backed up by the comments of professional medical observers. Consider, for example, the following doctor's opinion on a male survivor's heart disease:

His predominant organic problem is the disease of the heart muscle, the cause of which is not known. It is, however, widely accepted that there is a connection between emotional stress and illness, particularly heart disease. The second most important organic disease is the atherosclerosis (thickening) of his coronary arteries, and the relationship of emotional stress to this is well recognized certainly as a precipitating cause, and even as a basic aetiological cause. (C.I.C.B. #29: Doctor's Report re: Male, age 53).

Similarly, one woman recounted what her doctors stated to her about the onset of her terminal ovarian cancer:

I was diagnosed 12/92 - 3 years after the 11/89 murder of my son. Doctors say that they believe my cancer was definitely triggered by the murder and it's aftermath. They often see cancer triggered by the trauma of loss of child, spouse, or significant other. (Survey #12: Female, age 68).

On the other hand, some survivors who encountered fewer stressful factors, coped in a balanced way, and gradually learned to work through their grief and to function on a day to day basis. These survivors typically did not experience the incidence of health problems noted above. For example, one man who had been very open about his grief, and had found ways to "exorcise his demons," when asked if his health had been affected, responded that it was "pretty good." When asked if this experience had affected his health, he went on to say:

Not that I could really say. I've had some problems with a slipped disc in my back, and some nerve problems that was tied to the disc - but that probably comes from being old and trying to still play hockey! (both laugh). But has it affected my health? Not that I've really noticed. (Interview #24: Male, age 47).

Similarly, the following active woman stated that:

Given my age and my outlook on life, my health is probably better than most people who have gone through what I have. No complaints! (Interview #6: Female, age 46).

Apart from the relationship between multiple stressors and subsequent health problems, it is important to point out apparent relationships between gender and the types of illnesses experienced. For example, men were observed to typically experience heart problems and sudden deaths:

Well, the grandfathers in six or eight cases have died almost immediately. (respondent lists off three incidents of "massive heart attacks" and then continues): I could go on. If I sit and think about it, it's the grandfathers very often, and in some cases the fathers. But, yes, there have been health problems. (Interview #18: Female, age 50).

What I've seen, fathers that are in their late fifties to early sixties, people at that age, usually their health will start to fail. All of a sudden they will get a heart problem. I don't know that many women that's ever had a heart attack, but I know men I've met...(respondent lists off two cases, and then continues): Very few men can be very open with their feelings, and I think, from the observations that I make, while certainly not based on any study or anything, this is what I seem to notice all the time. It's always this way. (Interview #18: Female, age 55).

These were related by observers to the repression of grief implicit in traditional male gender roles:

Mr. _____ became withdrawn and depressed, slept poorly and never talked about the loss of his son. Presumably, the only way that Mr. _____ could cope emotionally with his son's murder was to suppress thinking about it to such an extent that he did not wish to talk about it. It is noted that there was a gap of about five months between the loss of his son and the onset of his illness. Mr. _____ suffers from coronary artery and heart muscle disease as well as asthma and the side effects of one of the treating drugs. He has been extremely sick and many people would have been permanently disabled by this illness. Mr. _____ has an unusually determined personality and he has been able to rehabilitate himself and return to work. His prognosis is poor, and the probability of dying of his heart disease during the next very few years is high. (C.I.C.B. #29: Doctor's Report re: Male, age 53).

There are some guys, sure, and I've run into a few that you can see that they want to bust loose. They just can't. They just won't permit themselves to do it - and I encourage them to. I say 'Man, let it out. You've got to let it out. It'll kill you if you don't.' (Interview #24: Male, age 47).

On the other hand, women faring worse more typically reported mental health problems. Of course, this probably reflects the greater involvement of women with mental health professionals, as well as the predominance of heart disease and sudden heart attacks among men. Given these caveats, however, this is in line with the literature (Cleary, 1987). As one woman noted:

I was in a psychiatric ward for three weeks. Is that normal? I wasn't in a psych ward for my Mom or my Dad or my sister. I could handle it. I didn't dream. I didn't wake up and see my parents standing in the front room. But I do wake up seeing my daughter standing there. I hear her walking upstairs. I see her walking across from I room to the other. So, if I'm nuts, I guess I'm nuts. (Interview #21: Female, age 45).

These mental health problems were corroborated by observers, and were noted to be the ultimate reflection of women's emphasizing their upset, frequently by engaging in activities which continually reinforced the horror of what happened:

After five years, she is still obsessed by the death of her son - her son is still the center of her conversations and of her attention. For example, on family occasions she has an empty chair and a place setting for her son. This is far from being the normal grieving process. She has been unable to overcome the shock of her son's death. She still wavers on the borderline of a psychotic state. For example: she sees her son on the bingo cards - she thought that the accused was watching her house and feared for her own safety and that of her children. (C.I.C.B. #8: Sister's Letter to Lawyer re: Female, age 52).

In addition, women reportedly faring worse were observed to experience physical health problems as a result of stress, particularly when they were already in sensitive physical condition:

Intuitively, I would think that the close proximity between the husband's death, his funeral, and the miscarriage, does suggest a causal relationship. (C.I.C.B. #57: Doctor's Letter re: Female, age 20).

Her poor emotional state has affected her prior physical condition and worsened it. She suffers from diabetes

mellitis, hypothyroidism and peptic ulcer. Since her daughter's death she has had frequent admissions to _____ Hospital and _____ Hospital. Her ulcer has bled. (C.I.C.B. #64: Psychiatrist's Report re: Female, age 50).

Again, these various health problems were related by observers to women's subsequent activities which emphasize the horror of what has happened:

The applicant, in pursuit of justice for her son, has brought on herself severe emotional problems leading to a chronic angina (a heart condition) and anxieties, which were brought on by the tensions of the various trials that the applicant went through to exonerate her son, the shock of learning of the brutality of her son's death and her understanding of the questionable circumstances surrounding that evening. (C.I.C.B. #12: Extract from Board Order re: Female, age 56).

Summing up, both men and women who experienced multiple stressors, and who adhered strictly to traditional gender roles in coping styles, tended to fare worse, and to do so in differing ways. While a wide variety of health problems were noted for each gender, men were perceived to most typically suffer heart problems and early deaths. Women, on the other hand, were more prone to mental health related problems (Cleary, 1987). Men's problems were perceived to be rooted in the repression of emotion inherent in traditional male gender roles, while women's related more to their more traditional emphasis on emotionality. With regard to survivors' coping with these health problems, women were far more likely to seek out medical, particularly psychiatric help than were men (Butler, Giordano & Neren, 1985; Shinn, Rosario, Morch & Chestnut, 1984). Women also took much more medication, and were hospitalized more often for mental disorders. While there was not much literature on these matters, these results are suggestive of further epidemiological research.

(4) Conclusion:

The foregoing chapter has reviewed in detail the data in this study. Following a brief outline of the demographic makeup of the three main sources of data, it was shown how the murder of a loved one results in nothing short of a loss of self for survivors, expressed in a variety of ways. Yet, it was not only what was lost that was important. For in what remained of survivors' identities, particularly those aspects relating to gender, were found both the seeds of their reactions, and the strategies of coping that they would choose.

Survivors' reactions were examined with regard to a variety of common factors that they typically encountered throughout their grief experiences. These common factors were divided into those over which survivors had no control, such pre-existing factors as: (a) prior relationship with the deceased; (b) the circumstances surrounding the murder; and (c) personal traits and circumstances at the time of the murder.

Added to these were: (d) subsequent misfortunes that happened to survivors. Helpful and harmful aspects of each of these factors were discussed largely in survivors' words, and gender differences noted, if any. No discussion of coping strategies was undertaken here, because there were none readily observable that could be separated out from more general coping strategies noted later.

There were also ten common factors over which survivors could make choices and employ coping strategies: (1) reminders of the murder; (2) immediate family environment; (3) interactions with extended family and friends; (4) problems with acquaintances, strangers, and the community; (5) their own orientation to seeking help; (6) subsequent activities and involvements; (7) involvement with self-help groups; (8) involvement with victims' rights organizations; (9) involvement with mental health professionals; and (10) involvement with legal institutions. Each of these factors was discussed, first, with regard to its helpful and harmful variants. Then discussion moved to gender, and particularly to those coping strategies employed by men and women in response to each factor under review.

Finally, the discussion turned to the final section, in which survivors' more general coping attempts by gender were related to two specific grief cycles that emerged from the data. Men adhering to traditional gender roles were seen to become lodged in a guilt-driven cycle emerging from situational dissonance in the male protector role. This cycle emphasized repression of emotion, but this could not be sustained indefinitely. Men then exploded in anger, subsequently falling into depression and guilt - which started the whole process over.

Women adhering to traditional gender roles, on the other hand, experienced the opposite problem: emphasizing their grief and upset to the point that it fed back on itself and never subsided.

These grief cycles blocked the resolution of survivors' grief as defined by survivors in this chapter, and not only did little to reconstitute their initial loss of self, but actually reconstructed their identities in a way that confirmed them in the victim role. They also, along with the various potential stressors noted above, appeared to be reflected in survivors' subsequent health problems.

Interestingly, however, it was those survivors who incorporated balance in their gender roles who avoided these pitfalls. Indeed, in addition to gender, such active balance was the fundamental concept behind much successful coping herein: balance in self-other focus, balance in activity and reflection, taking turns helping and accepting help, grieving in "reasonable chunks," etc. In the end, those survivors who incorporated balance

into their coping choices were invariably those who felt they fared better.

CHAPTER SIX: DISCUSSION AND CONCLUSION:

(1) The Dissertation:

(a) Statement of the Problem:

This Ph.D Research on survivors was stimulated by the observation of a striking parallel between the powerless position of "victims of crime" in legal institutions, and the largely passive medical ideas applied to them by various help agents.

On the one hand, the legal literature in Chapter 1 traditionally frames criminal justice in terms of an adversarial process between the state and the accused where "victims" are generally not permitted to participate on their own behalf (Dickson, 1984). Their effective agency is further limited by procedural, pecuniary, and bureaucratic impediments in their dealings with civil legal institutions, such as the civil courts and the Criminal Injuries Compensation Board (Toronto Star, April 14, 1994, p.1; Dickson, 1984; Minister of Supply and Services, 1983; Linden, 1969).

The review of the psychological literature on bereavement in Chapter 2 adds to this powerlessness by outlining a variety of positions that implicitly limit the agency of the bereaved in coping with their loss. Some take the view that there are stages of grief that the bereaved must pass through before resolution (Casarez-Levison 1992; Young, 1991; Rosen, 1990; Kamerman, 1988; Gilliland and James, 1988; Ford and Ford, 1987; Rando, 1986; Knapp, 1986; Bard and Sangrey, 1986; Schneider, 1984; Symonds, 1983; Seyle, 1982; Cohen and Ahearn, 1980; Kubler-Ross, 1969). Others stress that it is advisable for the bereaved to have professional assistance to accomplish various tasks leading to recovery (Klass, 1988; Pine and Brauer, 1986; Worden, 1982; Bowlby (1969-1980). In still other cases, the bereaved are perceived to be suffering from a variety of "ready to label" mental disorders such as "post traumatic shock disorder" (Walker, 1992; Brown, 1988; Douglas and Colantuono, 1987; Rosewater, 1987; Figley, 1986; 1988; Piquet and Best, 1986). Once so labelled, the bereaved are seen as incapable of coping and in need of medical intervention.

This unique intersection of survivors at a powerless point in two powerful, often intersecting institutional matrices, generated a question: are they really powerless? More specifically, is their presumed powerlessness

a result of what has happened to them, or how they are perceived and acted upon by two of the most powerful institutions in our society? Ultimately, it was felt that if human agency could be found among this group, it could be found anywhere. Further, this might lead to a major re-thinking of not only the role of agency in bereavement, but of the roles played by medical and legal institutions in our society.

(b) Critiques of the Literature:

A review of the literature in Chapter 2 revealed that major criticisms of the psychological models of bereavement revolved around four main themes:

(i) Empirical Inapplicability of Culture and Situation-Bound Models to Other Contexts:

It became immediately apparent that many of these psychological concepts were generated from observations of American and British widows and widowers in the specific context of conjugal bereavement (Rando, 1986; Lofland, 1985).¹⁴⁶ This raised the possibility that they might not be necessarily applicable in other cultures, nor to other types of bereavement.

First, these psychological models of grief, while implicitly universal in their scope, failed to take into account cultural and historical variations in grief and mourning (Lofland, 1985; Charmaz, 1980; Volkart and Michael, 1977). In contrast, several authors, particularly Lofland (1985), argued that grief is "profoundly socially shaped," and, by referring to different cultures and periods, were able to advance a number of reasons why bereavement is particularly difficult in our culture. Especially salient in this regard were: (a) the level of significance of the deceased; (b) the definition of the situation surrounding the death; (c) the character of the self of the bereaved; and (d) the cultural setting in which these occur. Noting that grief is variable in relation to these factors, Lofland's analysis suggested that our cultural situation may have more to do with the degree of suffering noted in these models than the fact of the loss itself.

Moreover, a preliminary review of the literature on parents and survivors immediately suggested that simple application of concepts generated in conjugal bereavement did not translate well to other situations within our culture. For example, the literature on general parental bereavement indicated: (a) that reactions to

¹⁴⁶ This is with the exception of post traumatic shock disorder, which was originally observed in cases of battle fatigue during the Vietnam War. This is not quite the same situation as the murder of a child or family member.

the loss of a child, in any manner, do not necessarily follow the temporal uniformities characteristic of the stage models, particularly with regard to a gradual lessening of suffering (Rando, 1983; Fish and Whitty, 1983); and (b) bereaved parents are construed as having failed to appropriately complete the "tasks" leading to recovery (Rando, 1983).

The literature on survivors was even more telling. It indicated: (a) that the element of intentionality inherent to homicide added a new, exacerbating dimension to individual reactions (Sullivan, 1992; Klass, 1988; Knapp, 1986; Schmidt, 1986); (b) that survivors lacked a chronic stage of grief (Knapp, 1986), instead frequently becoming wrapped up in the politics and Byzantine procedures of the criminal justice system, which both provoked and prolonged their anger and suffering (Klass, 1988; Knapp, 1986; Magee, 1983).

This literature alone suggested that deeper examination of homicide bereavement was warranted, if only to broaden the understanding of this specific topic beyond the implicitly universal, yet imperfectly transferable concepts currently being applied in practice. Moreover, evidence of such cultural and situational variations tantalizingly suggested that the bereaved's level of coping itself might be intimately related to their social conditions.

(ii) The Sociological Literature on Medicalization of Deviance:

If grief, indeed any kind of prolonged upset can be seen as "emotional deviance" (Thoits, 1990), then a medical frame of reference can be applied to make sense out of it, and to suggest solutions (Conrad and Schneider, 1980). However, there are a variety of implications arising out of adopting a medical definition of the situation for both practitioners and the bereaved. These are: (a) removal of responsibility from the subject; (b) the veiling of political and moral judgements in scientifically "neutral" terms; (c) expert control; (d) the possibility of medical social control; (e) the individualization of social problems; (f) the "depoliticization" of subjects' "emotional deviance"; and, particularly relevant to homicide bereavement (g) the exclusion of evil intent. To say the least, framing the problem of how to respond to the bereaved - any bereaved - in this fashion limits their seeing active coping as a possibility. Considering that all of the models of bereavement above are conceived in medical terms, the inevitable question arose: is the agency of bereaved individuals limited due to the intrinsic nature of their condition, or because of the frame of reference applied to them by various social agents and institutions?

(iii) The Literature on Agency, Emotion Management and Bereavement: This question was further shaped by the literature on emotion management, agency, choice, and bereavement. Sociologists of emotion have done studies on "emotion management" in a variety of stressful situations (Hochschild, 1990; Thoits, 1990). Social workers such as Attig (1991) roundly criticize the medical and stage conceptualizations of bereavement for their inherent passivity, and go on to outline a long list of choices available to the bereaved in dealing with their loss. Indeed, Hagemann (1992) empirically backs this up with a study of the coping strategies utilized by assault victims. Moreover, authors such as Clark (1990), Holstein and Miller (1990), and Loseke (1993) point to the manipulative power inherent in the victim role, and of "victims" place claims when accepted as part of the definition of the situation.

All of these strongly suggested that the assumed powerlessness of survivors might, in fact, mask choices and coping strategies that are both readily available and used frequently. More notably, the application of inherently passive psychological models might also obscure the availability of such strategies from survivors themselves.

(iv) The Literature on Gender: Going hand in hand with their implicit obscuring of human agency, these psychological conceptualizations of grief are implicitly gender-neutral. They imply that grief is the same for men and women. This ignores or minimizes the not inconsiderable literature on gender differences in grief and coping that has amassed over the past several decades which, though not providing data on homicide bereavement, still suggest a reworking of these models (Sobieski, 1994; Littlewood, 1992; Lister, 1991; Littlewood et al., 1991; Staudacher, 1991; Cook, 1988; Dyregrov and Matthiesen, 1987; Rando, 1986; Schatz, 1986; Butler, Giordano and Neren, 1985; Raphael, 1984; Shinn, Rosario, Morch and Chestnut, 1984; Forrest, 1983; Wilson et al., 1982; Clyman et al., 1980; Mandell, McAnulty and Reece, 1980; Lowman, 1979; Berg et al., 1978; Benfield, Lieb and Volman, 1978; Defrain and Ernst, 1978; Helmrath and Steintz, 1978; Hammen and Peters, 1977; Nixon and Pearn, 1977; Rosenblatt et al., 1976; Kennel, Slyter and Klaus, 1970). Indeed, some, such as Cook (1988), assert that they carry an implicit female bias when applied to grieving men.

Moreover, these psychological models have failed to take into account the extant literature on victimization indicating that men are both underrepresented (Roane, 1992; Hussey, Strom and Singer 1992; Brossard and Wagner, 1988; Janoff-Bulman and Frieze, 1987; Blanchard, 1987), and deal with different issues

and coping behaviors than do women (Janoff-Bulman and Frieze, 1987; Rogers and Terry, 1984; Nasjleti, 1980).

(c) Theoretical Parameters and Methodology:

Emerging from these telling criticisms were a set of theoretical issues that went beyond the tenets of the original psychological paradigms. On the one hand, Chapter 3 opened with an observation of the apparently powerless position of survivors in both medical and legal institutions, leading to the question of how various social influences might play themselves out in survivors "secondary emotional deviance." (Thoits, 1990; Emerson and Messinger, 1977; Lemert, 1951). On the other hand, there was the fact of a vocal, increasingly influential "victims" lobby in current political reality engaging in what may be termed "tertiary emotional deviance" (Thoits, 1990; Kitsuse, 1980) where, to paraphrase Kitsuse, survivors confront, assess, and reject the negative identity imbedded in victimization, and transform that identity into a positive and viable self-conception. Given these seemingly irreconcilable factors, it was felt that a deeper examination was necessary before formulating the theoretical assumptions to be investigated in this study.

This endeavor began with a detailed examination of those aspects of our culture which make bereavement particularly difficult, such as low birth and child death rates, relatively intimate familial connections in smaller families, and comparably greater time and space discretion to grieve. (Lofland, 1985). This suggested that "as selves are differentially separated, embedded, located, and sequenced, they will also be differentially sentenced" (Lofland, 1985). This was borne out in the research showing the profound upset in our culture surrounding the loss of a child (Defrain, 1991; Lister, 1991; Rosen, 1990; Kamerman, 1988; Rando, 1986; Lofland, 1985; Charmaz, 1980). The literature suggested that, under our cultural conditions, loss impacts upon the selves of the bereaved in a particularly damaging way (Lofland, 1985; Charmaz, 1980). Moreover, when such a loss is the result of violence, damage to the self may be even greater (Casarez-Levison, 1992; Hagemann, 1992; Klass, 1988).

This "loss of self" is at the crux of the whole thesis. For, while the literature suggests an enormous loss as the result of such bereavement in our culture, symbolic interactionist theory, particularly that based on Mead (1934), suggests that ripping away the organized social attitudes built up as the result of taking the role of a particular other (the deceased) does not extinguish the rest. The bereaved individual retains those social

attitudes built up as a result of taking the roles of other loved ones besides the deceased, as well as the social and cultural attitudes of the groups to which they belong - including gender roles. It is particularly in these remaining cultural attitudes, this "generalized other," where the seeds of both survivors' reactions, and of their coping abilities are likely to be found.

However, this is only the beginning of the story. Since the self is continually evolving through the mechanism of "taking the role of the other" in interaction (Mead, 1934), survivors' social interactions after the murder, the interactional construction, indeed reconstruction of their injured selves in interaction becomes relevant. Furthermore, the literature suggests that the type of support and treatment suggestions offered (or not offered) may contribute to upset and powerlessness rather than alleviate it (Miall, 1994). There were thus good theoretical reasons for believing that there was a dynamic relationship between the type and degree of support received by survivors, on the one hand, and the passive and active forms in which their selves were interactionally reconstituted, on the other (Emerson and Messinger, 1977). The literature suggested that this was so not only in private settings such as with family, friends, and the community (Young, 1991; Klass, 1988), but in survivors' interactions with help agents' paradigms of grief, as well as during repeated contact with legal institutions (Loseke, 1993; Sebba, 1992; Holstein and Miller, 1990; Schneider, 1985; Karmen, 1984; Supply and Services, 1983; Symonds, 1980).

Thus, it was concluded that a full examination of survivors' prior situations, plus subsequent interactions with family, friends, help agents, and medical and legal professionals would be necessary to gain a comprehensive picture of passive and active changes in their selves, and variations in coping by gender.

Chapter 4 outlined the research methodology developed to empirically examine these issues. As the nature of the study was exploratory in nature, largely stressing the viewpoint of the actor, the methodological approach taken was essentially qualitative, consisting mainly of intensive interviewing, open ended surveys, content analysis, and participant observation. When sampling began, it soon became apparent that it would be very difficult to locate individuals bereaved by homicide in the larger community who would be willing to participate in this research. Once located, through volunteering with a local victims' rights organization, contact with a "gatekeeper" led to a snowball sample of 32 interview respondents, supplemented by fieldwork. In time, due to persistent attempts at contacting other "victims'" organizations in Canada and the U.S., as well as

protracted negotiations with the Ontario Criminal Injuries Compensation Board, this was further supplemented with 22 open-ended surveys, 108 homicide files from the Board, and a variety of other written materials.¹⁴⁷ Since a random sample was impossible to draw under these conditions,¹⁴⁸ "theoretical sampling," utilizing the "constant comparison method" was undertaken throughout this research (Glaser and Strauss, 1967). This enabled the researcher to develop a "purposive sample" reflecting a wide variety of survivors on such demographic variables as race, class, gender, age, marital status, and relationship to the deceased.

(d) Contingencies Underlying this Thesis: As with any research endeavour, contingencies in the research undertaken must be admitted and their potential impact on the results outlined at the outset. It is thus germane to make some qualifying methodological comments about this research before discussing the results.

First and foremost, it must be noted that small, nonrandom samples, varying sources of data, and the relative lack of standardization in asking questions makes wide generalization of results from the interview, survey, participant observation and other written data difficult, if not impossible. In addition, the external validity or generalizability of these findings to the larger population of North American survivors is problematic.¹⁴⁹ Thus, as in most qualitative research, Glaser and Strauss's (1967) concept of "theoretical saturation" was used as the criterion for judging when to stop sampling this particular universe of respondents. Hence, sampling terminated when it became obvious that no new patterns would emerge from the data being obtained.

These problems with external validity and generalizability may have been offset somewhat within Ontario by the efforts made to cross-check and round out any conclusions based on these data with materials from the

¹⁴⁷ These other materials consisted of biographies, journalistic accounts, organizational newsletters and reports, CBC interview transcripts, and victim impact statements.

¹⁴⁸ This was largely due to the fact that it was impossible to find a comprehensive statistical picture of the overall population of North American survivors. Moreover, any records that did exist were poorly indexed, widely dispersed, and shrouded in a thick aura of legal confidentiality.

¹⁴⁹ Yet, the author feels that after much effort over a period of almost two years, that these along with the criminal injuries compensation data, were the only materials that could realistically be obtained, given the sensitive nature of the subject matter, and the necessity of developing credibility with a generally very traumatized and distrustful group.

more broadly based population of Criminal Injuries Compensation homicide files over a five year period. Yet it is possible, even here, that the structure of these files, unrelated to the interview schedule informing much of the other data, may make some specific comparisons problematic. Moreover, survivors who do not apply for compensation may have had a different perspective on their bereavement experience than those in these files.

In addition, these problems may be exacerbated by the demand characteristics of the C.I.C.B. For example, the Board generally requires that applications for compensation be made within one year after the injury or death.¹⁵⁰ Moreover, when seeking compensation for "nervous shock" (i.e. pain and suffering), "the Board requires psychiatric evidence to establish the injury." Indeed, the Board's policy is that "the person's reaction to this violence must go beyond what would normally be expected in the particular circumstances of this occurrence."¹⁵¹ This further complicated matters as: (1) survivors who may not otherwise have seen a mental health professional were required to do so in order to obtain such compensation; and (2) it is in the pecuniary interest of both applicants and those mental health professionals who treat them (who may eventually stand to gain from an award paying for therapy) to appear as ill as possible.

Nevertheless, despite these potential problems, I feel that the C.I.C.B. data were revealing in any event, and consistent enough overall with other sources to use as illustrations of the various patterns and arguments. Overall, this exploratory research has provided an initial data base on survivors in an area where information on the socio-demographic characteristics of these individuals is sparse.

Second, the methodological assumptions underlying this research also made generalizations difficult. Problems with the validity and reliability of qualitative research results were outlined, such as the potential, when using intensive interview data, for subtle interviewer bias to affect all stages of these two data collection processes.

To offset this problem, member validation was used as a way to deal with problems of validity. Interview and survey schedules were initially pretested with colleagues, the first interviewee, and the representatives of

¹⁵⁰ Compensation for Victims of Crime Act, R.S.O. 1990, c.24, s.6.

¹⁵¹ C.I.C.B. Information Booklet (A Guide to Applicants) July, 8, 1996, at pp.7-8.

two victims' rights organizations. During data collection itself, careful "role taking" and developing rapport (Berg, 1995), as well as careful questioning, re-phrasing of questions, and asking for clarifications, were utilized. When unclear, the researcher re-checked with interviewees to be certain of their responses, and later checked theoretical observations with key respondents as the analysis progressed. In addition, the participation of the researcher in the activities of a large victims' organization, with frequent opportunity to observe and interact with survivors, contributed to confidence in the validity of the results presented here (Douglas, 1972; Becker, 1970). Due to these safeguards, these data are likely to be much more detailed, and in-depth than what could be obtained using any other methods¹⁵² - and speak much more readily to the intensely personal matters being investigated.

Third, there is also the problem of reliability commonly encountered in criticisms of qualitative research. However, as the focus of this research is a preliminary investigation to generate hypotheses from data for more rigorous testing, the replicability of observations made here should be addressed in future research which uses a hypothetico-deductive research approach. Moreover, it should be pointed out that the results discussed in this research have reflected the limited study of these issues in the literature, more generalized, non-scientific observations found in self-help and journalistic works, and observations made through member participation by the author.

The fourth contingency relates to criticism of the culture-bound nature of much earlier work on grief. Criticism was levelled, for example, at the implicit assumption that once triggered, there are universal "normal" stages of human grief, independent of cultural or historical context. However, it must be admitted that this study is also largely bound to a particular cultural context: contemporary North America.

While this contingency is somewhat mitigated by: (a) incorporating Lofland's (1985:175) analysis of what it is about our contemporary culture that makes death particularly horrifying here and now; and (b) including significant minority representation in the present sample,¹⁵³ it is nevertheless clear that only additional cross-cultural work at a later date can properly address this matter.

¹⁵² It is important to remember here the "untested articles of faith" built into standardized, quantitative surveys (Denzin, 1978:114).

¹⁵³ See the breakdown of minority respondents in the data chapter, particularly for the C.I.C.B. data.

Finally, there are jurisdictional problems in both generalizability and making comparisons. These result from the fact that the available data for this study, while largely collected in Southern Ontario, are supplemented by a few interviews, plus surveys, journalistic and biographical data from other Canadian provinces and U.S. States. However, all criminal injuries compensation files (and therefore all medical and psychological reports) pertain to Ontario.¹⁵⁴ Thus, when talking of criminal law, procedure, and the impact of other legal institutions, the author can only speak broadly in terms of Canadian criminal procedure and justice institutions as administered in Ontario as that is where the data are most firmly grounded. The same is even more true of the medical and Criminal Injuries Compensation data. It was never the intended purpose of the present research to do a substantial cross-jurisdictional study comparing legal provisions and institutions. Therefore, while many of the conclusions of this study may certainly be relevant to other jurisdictions, it will also be important for readers to compare their substantive criminal law, administration of justice, criminal injuries compensation and victims' services programs before determining if, where, and how these conclusions apply elsewhere.

Summing up the above caveats - and this is critical - this study does not attempt to make universal generalizations about grief and coping strategies in the context of family, friends, help agents, medical and legal institutions. Much more wide-ranging cultural and historical research would still fall short of that goal. This research merely hoped to empirically investigate the coping strategies of those bereaved by homicide within the parameters set out above, in contrast to the limited models of grief current in our society, to obtain a broader, richer interpretive understanding of grief in our culture than has hitherto been the case.

This endeavour will likely broaden not only our limited empirical understanding of the criminally bereaved, it may also suggest useful ways to interpretively understand the coping strategies of ordinary men and women in other interactional situations. Much more research will be needed to replicate, broaden, or elaborate these conclusions in other cultural, geographic, and historical contexts. This study is merely the first step.

¹⁵⁴ There are, however, comments by a few interview respondents about the criminal injuries compensation schemes in other provinces.

(2) Implications for the Theory:

A number of important implications for sociological theory have emerged from this study. The relevance of these implications for accepted conceptualizations will now be considered, with particular reference to: (a) the role of cultural context and type of loss in shaping the bereavement experience; (b) the literature on medicalization of deviance; (c) the literature on agency and emotion management; (d) the role of gender for models of bereavement; and (e) loss and interactional reconstitution of the self under various interactional conditions. Each will be dealt with in turn.

(a) Cultural Context and Type of Loss in the Bereavement Experience: Cultural context emerged as a factor impinging on the bereavement experience in three ways. First, it affected survivors' interpretation of their loss in the section on aggravating personal traits. Next, culture affected survivors' choices regarding seeking help, with evidence, for example, of Aboriginal respondents not feeling comfortable with sharing their grief with counsellors. Finally, it affected coping choices and strategies, such as men from "English stock" repressing their grief and not talking about it. Indeed, in the end, this may indicate that acculturation to more traditional gender roles in our culture affects significantly the coping choices, and strategies employed by survivors. These findings tentatively corroborate the approach taken by Charmaz (1980) and Lofland (1985) that grief is "profoundly socially shaped," and suggest that further work in these areas is warranted.

Moreover, when different types of bereavement experience were taken into account, the data showed that the simple application of concepts generated in conjugal bereavement did not translate well to other situations within our culture. For example, the data corroborated that, in the case of parental bereavement, reactions to the loss of a child, in any manner, did not necessarily follow the temporal uniformities characteristic of the stage models, particularly with regard to a *gradual* lessening of suffering (Rando, 1983; Fish and Whitty, 1983). Indeed, a close prior relationship with the deceased, particularly a child, was found to be a significant exacerbating factor for survivors' grief (Schatz, 1986; Lofland, 1985). Further, many parents in this study found it harder to cope over time, particularly when they became embroiled in repetitive grief cycles. In addition, the fact that many survivors, particularly women, were involved in long-term psychiatric care, with little or no improvement, corroborated the suggestion that bereaved parents are construed as having failed to appropriately complete the "tasks" leading to recovery (Rando, 1983).

Finally, these findings relate back to the limited earlier literature on homicide bereavement. First, the data on circumstances surrounding the murder confirm that the element of intentionality inherent to homicide added a new, exacerbating dimension to individual reactions (Sullivan, 1992; Klass, 1988; Knapp, 1986; Schmidt, 1986). Indeed, it goes further than this earlier literature and elucidates a variety of other factors surrounding the crime that can expand this dimension for the worse, such as witnessing the crime, physical proximity to the murder, how survivors were informed of the crime, shocking, gruesome or horrific circumstances, nagging regrets, and unsolved cases.

Secondly, these data qualify Knapp's (1986) observation that those bereaved by homicide lacked a chronic stage of grief (i.e. a stage where they felt intense loneliness and preoccupation with the deceased), in his view, because they became so wrapped up in the criminal justice process. Certainly it was confirmed that extensive involvement in legal institutions generally both provoked and prolonged their anger and suffering, often prompting survivors to put their grief on hold and giving them little opportunity to move into grief (Klass, 1988; Knapp, 1986; Magee, 1983). The data merely expanded these observations beyond the criminal justice system to include the need to deal with disturbing interactions in other social and institutional contexts (e.g. family members in need). However, a "chronic" stage of grief was not always precluded, for example, among survivors who had little involvement with legal institutions, and relatively few upsetting interactions in other contexts, and could thereby get on with their grieving. Moreover, the nature of the female grief cycle, which is largely dominated by a focus on the loss, puts this in question, as does, to a lesser extent, those survivors observed to balance between times of intense focus on their grief, on the one hand, and integrating focus on other diversionary activities, on the other. While it was clear that, at times, survivors had to put their grief on hold, these data do not necessarily support Knapp's broad generalization.

Third, the data, in the sections on self-help and "victims" groups, provided ample corroboration of Klass' (1988) observed dimensions in bereavement support groups. For example, the "experiential" dimension was seen in survivors sharing solutions to common problems that they all faced; the "interpsychic" dimension was found in the emotional attachment some survivors invested in their groups; and the "political" dimension was seen particularly among those "victims" organizations where lobbying for change became both "therapy" and a way of life. However, the potential downside of these dimensions also came out clearly in the data,

particularly in survivors being expected, indeed encouraged to grieve in a certain manner, being hurt by those they had become close to, and in conflicts over various courses of action.

Finally, these data put in question the earlier study by Rynearson and McCreery (1993) suggesting that treatment for post-traumatic stress takes precedence over grief. This study shows that there are a wide variety of reactions to the murder of a loved one, and not every survivor ends up under psychiatric care for treatment of severe reactions. Indeed, while some form of medical treatment was commonly undertaken shortly after the homicide (e.g. in the form of tranquilizers), in many cases this was only brief and temporary, with no follow up. Coping badly such that one was labeled with a "mental disorder" often had as much, if not more to do with the social conditions survivors faced than it did the murder. Moreover, under the right conditions, many survivors coped reasonably well over time. This again suggests that Rynearson and McCreery's sample, composed of 18 survivors, two thirds of whom had antecedent psychiatric histories, represented a biased group instead of "a normative response to homicide."

These results alone broaden the understanding of bereavement, particularly homicide bereavement, beyond the implicitly universal, yet imperfectly transferable concepts currently being applied in practice.

(b) Implications for the Literature on Deviance and Medicalization: The results of this thesis confirm and elaborate many of the themes in the literature on deviance and medicalization, but extend their empirical purview to a new topic in the realm of "mental illness": homicide bereavement.

First and foremost, the data illustrating not only lack of support, but active avoidance of survivors by their extended family, friends, and members of the community confirmed that the grief associated with bereavement through homicide may be perceived as "emotional deviance" (Thoits, 1990). This was supplemented by survivors' own rationales of why this occurred, including perceptions of stigmatization, and others' fear of upsetting them. Indeed, survivors' additional reports of poor communication and "inappropriate" attention such as harassment and unwelcome comments further added to this evidence of labelling.

Significantly, when accommodation of survivors' "emotional deviance" broke down in these ways, survivors, particularly women, sometimes coped with this informal labelling and the social isolation it entailed by approaching more formal self-help and "victims'" organizations, on the one hand, or medical professionals,

on the other.¹⁵⁵

As discussed earlier, some survivors who approached these support groups felt that they found the help and solace that they needed through “non judgemental” individuals who “understood” them; a place they could not only counterbalance the other difficulties in their lives, but could find new friends as well. In this context, these survivors emphasized the practical suggestions for problems they faced, how by helping others they helped themselves, an ethos that each person's grief is unique, and helpful encouragement to eventually cope with their loss as survivors. Indeed, such survivors reportedly made many important contacts that helped with ongoing difficulties they faced such as court cases, obtaining information, etc. Some, such as those who became involved in fighting for change, even showed evidence of engaging in “tertiary emotional deviance” (Thoits, 1990; Kitsuse, 1980).

Other survivors, even though they were at times dealing with the same groups, at a time of great vulnerability felt a lack of understanding and that they were being judged or criticized by others - which merely extended the labelling process. These survivors spoke of conflicting advice, or learning what they felt were negative things (such as other members being just as upset many years later). Not only did they feel that others had an expectation of how they should be reacting (such as continually rehashing their upset), these were sometimes backed by half-digested medical ideas disseminated by these groups. Moreover, these survivors reported problems with conflict and lack of support at important times. Essentially, these survivors' real or perceived difficulties with support groups encouraged continued feelings of being “victimized,” and led to reconstitution of their selves as “victims.” This is relevant to, and expansive of the interactionist literature on “secondary emotional deviance” (Thoits, 1990; Lemert, 1951), as well as on deviant identity (Rubington and Weinberg, 1987). Indeed, it shows that sometimes such groups may unintentionally reinforce the very difficulties that they were set up to alleviate.

Moreover, Conrad and Schneider's (1980) ideas of the removal of responsibility and expert control (by others in the group) were observed within the dynamics of these organizations through survivors “taking the

¹⁵⁵ These data relate to observations by Cleary (1980) indicating that there are a significantly higher differential diagnoses of various mental disorders among women. However, the data in this study are unclear whether this may be explained simply by the fact that more women sought out help from mental health professionals than did men.

role of the other." Essentially, as the medical model becomes increasingly disseminated into popular culture, less formal, less institutional agents such as members of support groups use it in providing therapeutic help to other members. In other words, members of the group act as experts and, in effect, displace responsibility from survivors. This was reinforced by many survivors who saw such groups as an alternative to seeing a psychiatrist.

However, it was in survivors' dealings with doctors and mental health professionals that the relevance of Conrad and Schneider's (1980) observations on the implications of a medical frame of reference were most relevant. According to the data, medical professionals could be characterized as having an "individualistic" orientation or a more broadly based one. Those survivors who encountered the individualistic based professionals were more likely to experience the consequences of the medicalization of deviance noted by Conrad and Schneider (1980). Indeed, it appears that these data suggest a wider contrast than originally anticipated between professionals espousing the largely passive medical and stage models, on the one hand, and those emphasizing therapists' role in encouraging survivors to accomplish various coping tasks, on the other (Attig, 1991; Klass, 1988; Worden, 1982; Bowlby, 1969-1980; Lindemann, 1944).

Specifically, the data showed medical professionals with the former, more individualistic orientations viewing survivors as somehow limited in their abilities, weak, and in need of help, thus removing responsibility for improvement from the survivors themselves. This was coupled with these professionals seeing any improvements in survivors' conditions in terms of the treatment provided. Those professionals not exhibiting so individualistic an orientation were less likely to make these kinds of assumptions, emphasizing survivors' abilities rather than their helplessness.

This was closely related to Conrad and Schneider's second criterion, the veiling of political and moral judgements in scientifically neutral terms. Viewing survivors as limited, weak, and in need of long-term help is in itself a political and moral judgement: political because it impugns their abilities, interactional effectiveness, and casts aspersions on their objectivity; moral because it assumes an orientation towards survivors' sympathy-worthiness. Official labels merely confirm these judgements for survivors and for others. Again, professionals with a less "individualistic" orientation were more likely to refrain from communicating such perceptions to survivors, or to apply official labels they might be considering for their patients'

conditions, as they saw such things as an impediment to coping.

Third, there was much data supporting Conrad and Schneider's observations on expert control. For example, those "experts" with more individualistic orientations tended to encourage drug treatment, long-term care, and what were termed "emphasizing interactions." Despite this, many regarded these professionals' as having a widespread lack of knowledge concerning those bereaved by homicide. Incidents of bad counselling were also reported. In some cases, lengthy drug treatment was considered to prolong survivors' resolution of grief; in others, experts' emphasizing interactions, coupled with official labels, reportedly led not only to emotional dependence, but to self-fulfilling prophecies of helplessness and despair over lengthy periods of time. Nevertheless, such "experts" were quick to claim credit for any improvements in survivors' conditions. Again, these observations were not as notable among professionals with a less individualistic orientation, who encouraged survivors themselves to take control and "do the work."

Fourth, Conrad and Schneider's notion of the possibility of medical social control is borne out in the data which revealed that survivors were viewed as "emotional deviants" and avoided by many in society. They frequently ended up seeking help from medical professionals whose focus was to diagnose using medical labels, and to treat with psychoactive medications, or to encourage hospitalization. Theoretically, this supports the suggestion that such medical professionals act as agents of social control. Survivors' contact with such "official" agents means that others don't have to deal with them, as they are being "taken care of." Moreover, medication and/or hospitalization controls and circumscribes the behaviors that are so upsetting to others - such as persistent tears and upset - regardless, it might be added, of their ultimate benefits.

Fifth, and underlying all of this, was evidence of Conrad and Schneider's key theme of the individualization of social problems. This, not surprisingly, was largely found among medical professionals with a more individualistic orientation. For example, these professionals saw survivors' difficulties as internal, psychological problems, and similarly explained survivors' lack of improvement in terms of these individual factors. Such a frame of reference obscured the numerous and influential social influences on survivors' grief discussed throughout the data chapter - influences related not only to prior socialization, but to their significant personal and institutional contacts since the crime. This focused attention away from much that was empirically relevant to survivors' experiences. Again, professionals with a broader orientation placed emphasis on social

factors in survivors' grief, and practical strategies to deal with them, so these were not as representative of Conrad and Schneider's comments in this regard.

Sixth, while the data were sparse on this, this individualization of social problems may have depoliticized the meaning of survivors' related coping behaviors. Medical professionals who saw survivors' behavior as primarily the reflection of internal, psychological problems were prone to ignore its wider social meaning (e.g. protests as evidence of problems with the justice system, which directly impact survivors), in favor of symptomology. Moreover, the dissemination of the medical frame of reference into society may have reflected this depoliticization. For example, several survivors complained about others who felt that "victims" should not be given credit for being objective in their opinions.

Finally, one cannot close a discussion of the medicalization of deviance in this context without pointing to the potential for the exclusion of evil. While data were again sparse on this matter, it cannot be denied, for example, that mental health professionals working for the defence in the judicial process, who explained or rationalized the offenders' behavior in psychological terms, greatly upset survivors for this very reason.

As noted above, the results of this study thus broaden the scope of the theoretical explanation of deviance and medicalization by extending it to a new substantive area: the "emotional deviance" of the criminally bereaved. These results suggest how the ideas implicit to medical models of grief are applied by support groups and more individualistically inclined medical professionals - with significant implications for survivors' grief, coping, and the meanings of these processes to others.

(c) Implications for the Literature on Agency, Emotion Management, and Bereavement: The data in this study pointed to interesting, if complementary conclusions in relation to both the literature on bereavement and the literature suggesting human agency in coping. With regard to the literature on bereavement, the data suggest a restructuring of several of the accepted paradigms to broaden the emphasis on human agency in coping. In this regard, the data also suggest that the important question is not so much if active coping occurs, but rather under which social conditions is it likely to be most evident. Each of these matters will be dealt with in turn.

First, as noted earlier, much of the psychological literature on bereavement in Chapter 2, particularly the medical and stage models of grief, implicitly limit the agency of the bereaved in coping with their loss. Some

take the view that there are stages of grief that the bereaved must pass through before resolution. Others portray the bereaved as suffering from a variety of mental disorders for which they need treatment. Under each of these paradigms, the bereaved are seen as largely incapable of actively coping on their own without medical intervention. Even the more task-based models to some extent stress how it is advisable for the bereaved to have professional assistance to accomplish various matters leading to recovery.

The data in this study act as a useful corrective to this implicit downplaying of human agency, suggesting that it is far more widespread than previously thought. Indeed, the data showed that survivors chose a variety of ways to deal with their loss. They also developed many techniques for dealing or not dealing with stressors such as "triggers" to grief, their immediate family environment, problems with extended family and friends, difficulties with acquaintances, strangers and the community, subsequent activities and involvements, and their often difficult interactions with legal institutions. Moreover, not only did they choose self-help groups, victims' rights organizations, and medical professionals as means of coping, they developed coping strategies to deal or not to deal with further difficulties they encountered in these settings.¹⁵⁶ If such widespread evidence of active choices around coping can be found in a situation as traumatic as homicide, this suggests that it can be found in other bereavement situations. Further research on this matter is clearly needed.

Secondly, these data suggest that since coping is a choice, the choices survivors make, either explicitly when faced with a stressor, or less reflectively through the influence of their gender role socialization, may move their experiences away from a gradual lessening of suffering to the seemingly interminable suffering traditionally characterized as a "mental disorder."

Finally, in contrast to the traditional psychological literature that stresses how an emphasis on one's grief, or on getting in touch with one's feelings of loss can be therapeutic, these data suggest that counsellors advocating these approaches can overwhelm survivors and exacerbate their experiences of grief. Specifically, one theme running through the data on survivors who fared better was their ability to actively balance their reflection on their grief with periods of activity on other matters. This generally enabled them to take their minds off themselves and their grief for a while, and to focus on others or some form of engaging activity.

¹⁵⁶ Indeed, not coping by letting one's emotions take over is in itself a choice that is made each time one faces upset, and an example of the human agency referred to above.

Survivors who thus integrated their reflections on grief into their ongoing lives were able to deal with their feelings in "reasonable chunks" a bit at a time, and generally avoided the grief cycles noted in the last chapter. This should give clinicians pause over how often and how long they encourage survivors to "ventilate" their feelings, and suggests strategies that they may encourage survivors to adopt as well.

Turning now to the literature which criticized the models discussed above for their downplaying of human agency, the data, at first glance, appear to both empirically corroborate this approach and greatly elaborate the variety of coping strategies presented by Attig (1991) and Hagemann (1992); for example, in survivors' coping with self-help and victims' rights groups, the medical profession, and the criminal justice system. It also adds a new context and variety of strategies to the literature on emotion management presented by theorists such as Hochschild (1990) and Thoits (1990). Indeed, the literature on the interactional effectiveness of the "victim role" (Holstein and Miller, 1990) appears to be corroborated to some extent, for example, in the contrast between those survivors who used the victim role as a "sword" to educate and fight for change, and those others who used it as a "shield" to justify their otherwise passive behavior.

Nevertheless, it is not quite that simple. The data in this study indicate that various coping choices and strategies take place in a wider social context which influenced, but did not necessarily determine the form that these strategies took. Indeed, much of the previous chapter was devoted to the contrast between factors that exacerbated and mitigated survivors' grief experiences, coupled with an analysis of gender differences in coping. It would thus be absurd, in light of these, to assert some form of radical "free will" theory suggesting that coping choices take place irrespective of social context and gender role socialization. All the same, the variety and innovation shown by survivors offers a challenge to those who advocate a strict social determinism.

Mead's (1934) conception of the self and interaction as expressed through symbolic interactionist theory is useful in resolving this dilemma. Symbolic interactionists have had as a major focus the examination of how humans, engaged in interaction, perceive their situation and how they define one another's actions. One of the essential components of this perception and definition is the "subjective" meaning humans attach to their and others' social behavior. Symbolic interactionists further argue that humans in interaction "align" their actions to the actions of others on the basis of the subjective meanings they attach to these actions (Blumer 1969; Mead, 1934).

These subjective meanings are possible because humans, through socialization, develop a sense of "self." Mead saw the self as a social process, arising out of interactions where "taking the role of the other" allows individuals to see themselves as others see them and to identify with the way that other humans think of themselves and interpret social life. Although an individual's sense of self initially grows out of taking the role of particular others, eventually a "generalized other" is internalized which encompasses the organized attitudes of society in general. The self, according to Mead, is thus composed of two elements: the internalized attitudes of society, termed the "me", and something that he termed the "I", that spontaneous, unsocialized impulse that individuals contribute to the formulation of responses in interaction. It is this "I", this unique aspect of humans which allows for consideration of agency in action.

More specifically, in any interaction, the individual must interpret what is said by the other and formulate a response. The interpretation and formulation depend on the self assessing the "generalized other", but it is particularly in formulating a response that the "I" in interaction with the "me" produces the novel or creative response. Symbolic interactionists, therefore, argue that the creative aspects of human action and reaction make it difficult to rigorously predict future acts or the nature of responses in any given interactional situation.

Depending on the content of an individual's past socialization, and how this content is utilized in current interactions, it may be that some individuals will draw more heavily on past, socialized patterns of response characteristic of the "me." For example, individuals in this study appeared to draw on traditional gender based coping styles in response to grief, either repressing or expressing it, or they adopted a more balanced approach which incorporated both styles. Either of these lines of action could reflect the predominant influence of internalized social attitudes. Similarly, some respondents appeared to internalize and incorporate, without judgement, what they encountered in interaction, for example, medical diagnoses or conceptions of the grief experience from therapists. Others, however, reported the active synthesis of new ideas or coping strategies with past experiences, and/or the creation of new and, for them, original responses or ways of acting.

These data suggest such an extension of the Meadian perspective is a useful way to balance evidence of social influences on the grief experience, on the one hand, and data showing individual initiative and originality in coping, on the other. Indeed, they suggest that human agency, and the form it takes in coping choices, are socially constructed in interaction between: (1) reflexive, self-aware individuals faced with options; (2) a

variety of "tried and true" choices available in the "me" portion of their selves, dominated by the "generalized other"; and (3) the interactional choices presented by specific stressor(s) and individuals in the unique context of the current interaction. Each of these is synthesized by the individual into a new response which is then incorporated, as a "me" into the individual's sense of self. Importantly, some of these responses will be more reflective of past socialization and uncritical internalization of interactional content than others, which may be either helpful or not. Some, however, will show evidence of an original individual synthesis regarding how to cope under particular circumstances.

The data certainly appear to bear this out, with some survivors appearing to repeatedly make choices rooted in their strict gender role socialization leading to the perpetuation of grief cycles, while others, who internalized more flexible patterns, avoided them. Some survivors simply internalized the contents of the various helpful and harmful interactions, including the ideas on coping found among family, friends, support groups and medical professionals; others were more critical and produced creative, original ways to cope in various interactional contexts, thus enabling them to "live with it" and gradually return to functioning.¹⁵⁷ Naturally, the frequency and type of survivors' interactions with family, friends, the community, legal institutions and help agents play a part here, as do the coping ideas that they bring to the interactions.¹⁵⁸

These coping ideas were key. It appears from the data that many survivors were simply not aware of the choices available to them, while others forged ahead choosing a variety of strategies. Moreover, it was apparent, particularly in survivors' interactions with support groups and medical professionals, that they sometimes encountered coping ideologies that effectively limited their choices. Other professionals, with a more broadly based orientation, suggested alternate ways for them to work their own way through their grief. If anything, it was this latter type of support that was most conducive to the "functional" coping desired by many respondents. Help agents encouraging survivors to see the choices available to them appeared to go a

¹⁵⁷ There were always individuals who took a unique approach and "bucked the trend." Sometimes they stood out because of unique coping strategies they thought of themselves; others because they chose to try something new when old strategies were getting them nowhere.

¹⁵⁸ While survivors facing more stressors may make different choices than those who do not, and, indeed, may have fewer options, this does not mean that they have no choices. Indeed, even if survivors withdraw totally and allow their emotions to take over, these are still choices that they make.

long way to inculcating coping responses that went beyond mere choice to the ability to actively "live with it" and function in day to day life. However, whether or not survivors acted on this advice, human agency was reflected in both.

Summing up this section, the data in this study illustrate how survivors actively chose ways to cope with a wide variety of stressors. This suggests a widening conceptualization of the role of agency in several current psychological models of grief. Further, these data suggest that perspectives encouraging ongoing "ventilation" by the bereaved be tempered with balance.

While the variety of coping strategies documented in previous literature on agency and emotion management is undoubtably elaborated and extended, these data also indicate that these strategies must be seen in their social context. Specifically, as the role of gender and social interaction played such a large role, it is suggested that agency itself is a social construct, and the forms that it takes emerge in the accumulative interaction between past socialization, ongoing social interactions, and reflexive, self-aware individuals capable not only of choice, but of innovation as well.

(d) Implications for the Literature on Gender: The data in this study largely corroborated the literature on gender, albeit extending the scope of its application to a new substantive issue. The data also allowed for elaboration of a set of grief cycles that were only hinted at in earlier work (Sobieski, 1994; Cook, 1988).

As noted, much of the literature on gender was corroborated by the data. For example, the demographic profile of the data showed that men were slightly underrepresented in the sample, with a more pronounced imbalance in the mail-back surveys. This is in line with the literature on parental bereavement that shows that the vast majority of information regarding reactions to the death of a child comes from mothers rather than fathers (Lister, 1991; Staudacher, 1991; Lowman, 1979; Defrain and Ernst, 1978; Nixon and Pearn, 1977). This is also in line with male underrepresentation in the literature on victimization (Roane, 1992; Hussey, Strom & Singer, 1992; Brossard & Wagner, 1988; Smith, Pine & Hawley, 1988; Janoff-Bulman & Frieze, 1987; Blanchard, 1987). While the overall sample was undoubtably more balanced by gender than some past studies, there was an imbalance nonetheless.¹⁵⁹

¹⁵⁹ It is felt that male disinclination to discuss their feelings openly, coupled with differences in how respondents were approached to participate, account for the lower representation of men in the survey data.

Closely related to this, these data showed a male disinclination to seeking help, evidenced by their marked underrepresentation among self-help, "victims" groups, and among the clientele of mental health professionals. This corroborates and extends the literature indicating that women, more than men, seek help when experiencing personal difficulties (Butler, Giordano & Neren, 1985; Shinn, Rosario, Morch & Chestnut, 1984).

Of course, both of these matters can be traced to different coping styles among men and women. For example, these data corroborated the literature indicating that men were less likely to talk about their grief (Wilson et. al. 1982), often finding it necessary to remain strong and refrain from overt displays of sadness (Sobieski, 1994; Littlewood, 1992). Interestingly, however, while the data showed men repressing their feelings to protect the feelings of others, the data showed no resentment on their part about this, nor evidence of men being "tricked" into expressiveness by others, contrary to findings by Cook (1988). It also spoke to the literature suggesting that men more typically engage in activity-based coping styles, such as quickly throwing themselves into their work to keep their minds occupied (Littlewood et. al., 1991; Mandell, McAnulty & Reece, 1980), or denial coupled with attempting to get on with life (Lister, 1991; Clyman et. al., 1980). While engaging in such coping styles, the data corroborated the literature that men were more likely to drink (Sobieski, 1994; Lister, 1991; Biener, 1987), and to be irritable and aggressive (Schatz, 1986; 1984).

Women, on the other hand, were found to be more communicative than men (Rosenblatt et. al, 1976), and willing to accept support as suggested by the literature (Sobieski, 1994; Staudacher, 1991; Schatz, 1986). This is again evidenced by their relative levels of involvement with support groups, "victims" organizations and medical professionals, as well as women's own words in various contexts.

Yet, when problems were encountered socially, women were also found more likely to engage in social withdrawal (Janoff-Bulman & Frieze, 1987), remain depressed and preoccupied with thoughts of the deceased (Clyman et. al., 1980), and to use prescription drugs (Biener, 1987). The data suggested that, at least in part, these may have had to do with women's differential employment obligations linked to the male provider role.

For example, there were occasions where women were interviewed but their husbands refused. Moreover, many of the men who were interviewed were involved with "victims" or self-help groups, and thus more accustomed to talking openly. However, for the advertised surveys, it was common for women to contact the researcher and ask for separate questionnaires for their husbands - who typically did not share their interest in talking about grief. The gender ratio almost evens out again with the C.I.C.B. data - reflecting the unsolicited "captive sample" of government files.

Moreover, as suggested by the literature, women fit more readily into treatment models espoused by mental health professionals. The obvious exception here were those women who harnessed their anger to fight for change with victims' rights organizations. While a majority among such activists relative to men, the data indicated that the vast majority of survivors, including women, were not so engaged.

However, as the literature suggested, these data illustrate that these differences were rooted in survivors' gender role socialization. Men repeatedly referred to their protector role (Sobieski, 1994), which was frequently at the root of both their disproportionate emotional inexpressiveness and guilt over finding it hard to cope. Indeed, the data confirm Schatz's (1986) assertion that this role requires many men to use much of their energy to control the emotions evoked by grief. Men's provider role, moreover, was noted by both women and men as being behind men's continued economic activity relative to women.

Women, on the other hand, did not have these impediments to expression, nor, in many cases where their partners were working, the role requirement to be the provider. This enabled them, in some cases, to take the time to withdraw and focus deeply on their loss, or to engage various help agents to assist them in this regard. Moreover, their more communicative, expressive style may be seen as related to behaviors implicit in their traditional nurturer role.

Particularly interesting in this regard were the data on single parents, who often occupied both paternal and maternal roles at the same time. Some women gained strength from their experience filling the male role; others, more deeply ensconced in the traditional female nurturer role, did not. Traditional men, on the other hand, found that being a single parent frequently intensified the emotion that they felt, which, in their male roles, they felt they had to work harder to repress. This is a substantive contribution to the literature, and suggestive of further research.

Furthermore, the data suggested, through their behavior, that there was variability in the adherence of survivors to traditional gender roles. Certainly there were men who were openly expressive and devastated to the point of non-functioning, and women who repressed their grief and "took charge." However, the typical male and female roles were generally what were observed.¹⁶⁰ Generally, it may be asserted that the more

¹⁶⁰ This may have something to do with the age range of the majority of survivors in this study, with the biggest group in all 3 major sources of data falling between 35 and 65, and most heavily concentrated

closely survivors adhered to behaviors rooted in traditional gender roles, the more difficult their grief experience became.

For example, the data confirmed how men's silence, attempts to be strong and get on with life irritated their spouses, who often felt that it showed lack of caring (Sobieski, 1994). It corroborates the reverse observation that women's ongoing upset and helplessness greatly frustrates men (Cook, 1988). Indeed, the data on family dynamics in general indicates that unless individuals somehow learned to communicate, to be more flexible and to work together to deal with each others' emotions, a variety of upsetting family dynamics quickly surfaced that led to other problems with survivors' spouses and children. This confirms and elaborates Lister's (1991) assertion that "lack of synchronicity" in the grief process may be behind marital stress in bereaved parents.¹⁶¹

Moreover, the grief cycles observed in these data clearly confirmed and elaborated the psychological cost of strictly adhering to traditional gender roles. For example, building on Sobieski's (1994) observation that men may see controlling their emotions as a "test of masculinity," and the "double-binds" elucidated by Cook (1988), these data illustrated how guilt flowing from men's protector role intensified their grief and depression, while simultaneously blocking them from expressing it. When the pressure became too much, the emotion burst forth along the gender appropriate, seemingly strong path of misdirected anger, which quickly fed back into guilt and began the cycle all over again.

Women, traditionally lacking well-defined protector and provider roles, did not have men's strict impediments to open expression, and, indeed, open expression was felt to be part of women's traditional nurturer role. Hence, women adhering strongly to traditional gender roles tended to emphasize and continually express their grief to the point that it began feeding back on itself in a continuous cycle. Naturally, both of

between ages 45-55. Moreover, several survivors observed that traditional behaviors such as "big boys don't cry" are less true of the younger generation.

¹⁶¹ There are no clear data here on the percentage of survivors in the study who broke up since the murder, although marital problems were common, and the researcher has been informed that several interview respondents have separated since data was collected. Certainly I see no reason to doubt the figure that up to 70% of bereaved parents break up when children have been killed violently (Knapp, 1986; Rando, 1986; Klass, 1988).

these cycles were expressed in overt behaviors, which simply fed back into the family dynamics noted above.

This is not to say that there were not women in the sample who repressed their grief and became dominated by guilt and anger like men, or men that fell into repetitive emphasis and expression of their feelings to the point that they became self-fulfilling.¹⁶² This is only to say that these were the observed regularities among survivors adhering to strict, traditional gender roles - cycles that acted as blockages to coping in the sense that these survivors experiencing them could not "live with it" and function on a day to day basis, and often suffered a variety of health problems as a result. These cycles are one of the key contributions of this study.

Summing up, the data in this study corroborated much of the literature on gender, but extended these to a new substantive area. It noted different male and female coping styles rooted in different gender role socialization. It observed variations among single parents, and variations in coping ability depending on how close survivors' behavior adhered to strict, traditional gender roles. These influenced not only survivors' interactions with family members, but also carried the potential to develop into repetitive grief cycles which impeded survivors' ability to cope.

(e) Implications for the Literature on Self and Interaction: The data in this study indicated that self and interaction are central to the bereavement process. Not only does the murder of a loved one have a profound impact on the self, but the structure of the self prior to the murder, along with the variety and types of interactions that survivors experience afterwards, lead to the reconstruction of selves in either functionally coping or relatively "helpless" forms. Each of these matters will be dealt with in turn.

First, moving from Lofland's (1985) cross-cultural focus, the data on survivors' prior relationship with the deceased, particularly with regard to emotional closeness and frequency of interaction, indicates that her concept of differentially embedded selves being differentially affected by loss applies *within* our culture as well. It corroborates the literature indicating that the loss of a child in our culture impacts upon parents in a particularly damaging way (Defrain, 1991; Lister, 1991; Rosen, 1990; Kamerman, 1988; Rando, 1986; Lofland, 1985; Charmaz, 1980). Moreover, the data on various circumstances surrounding the murder elaborate

¹⁶² The data do confirm that men and women grieve differently, and that women, various help agents, and even some other men seem to judge men's grieving from a female perspective (Cook, 1988).

the literature which suggests that when such a loss is the result of violence, damage to the self may be even greater (Casarez-Levison, 1992; Hagemann, 1992; Klass, 1988).

Indeed, one of the key contributions of these data is the elaboration of the literature indicating that the death of a loved one results in a "loss of self" (Casarez-Levison, 1992; Hagemann, 1992; Klass, 1988; Charmaz, 1980). Not only do these data corroborate this literature in a new substantive context, the "metaphors of loss" elaborate various dimensions of the self that have been lost. For example, while speaking of "personality changes" and being "different people now," survivors' expressed metaphors of lost future, violation, lost innocence, devastation, loss of control, and permanence. These metaphors empirically extend this literature in new directions, and call for further investigation.

As noted earlier, symbolic interactionist theory, particularly that based on Mead (1934), suggests that removing the organized social attitudes built up as the result of taking the role of a particular other (the deceased) does not extinguish the rest. The bereaved individual retains those social attitudes built up as a result of taking the roles of other loved ones besides the deceased, as well as the social and cultural attitudes of the groups to which they belong - including gender roles. It was particularly these remaining cultural attitudes, this "generalized other," that impacted upon survivors' experiences of bereavement.

For example, it was apparent through various regularities in survivors' reactions, coping abilities, and strategies that these were rooted in something other than individual idiosyncracies. Indeed, gender roles were seen to be such an integral part of both our culture and the self that, though various aspects of these roles may be damaged by the loss (such as being a parent), those deeper aspects relating to emotional expression and coping remain, and perhaps even become more salient.

Nowhere was the significance of this past interactional construction of emotional coping abilities more evident than in the behavior of survivors whose past selves, based on strict, traditional gender roles, were expressed in coping strategies leading to repetitive grief cycles. Theoretically, through choosing courses of action, these individuals were dominated by the "me" portion of the gendered self rooted in the generalized other. While survivors socialized in more flexible gender roles were undoubtedly influenced by the "me" as well, they also appeared to show more innovation, more experimentation characteristic of the "analytic and synthetic processes of cognition" in the "I" (Mead, 1912) which helped them to avoid these cyclical emotional

traps.

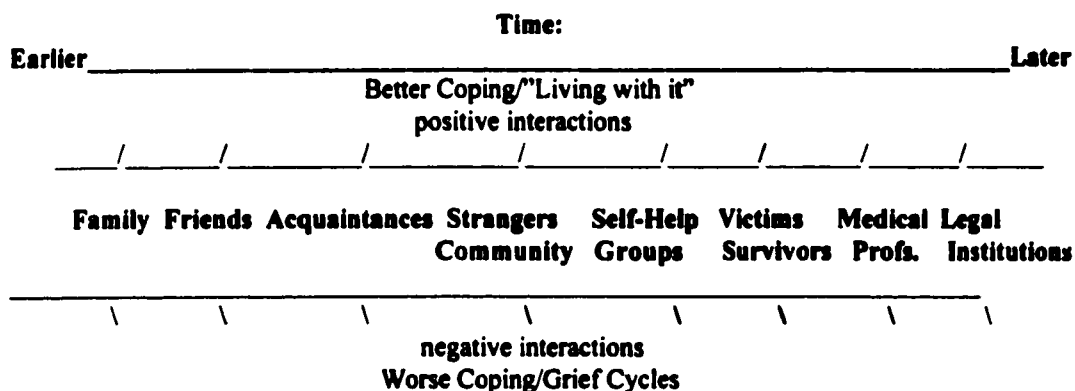
In addition to survivors' prior relationship with the deceased, their loss of self, and the type of gender role prescriptions relating to coping that remained, these data illustrated at length the relationship between a wide variety of social and institutional interactions following the murder, the severity of survivors' grief experiences, and their choice, even ability to cope. According to symbolic interactionist theory, the self is continually *evolving* through the mechanism of "taking the role of the other" in interaction (Mead, 1934). Thus, the *interactional construction*, indeed *reconstruction* of their damaged selves in subsequent interactions was already suggested theoretically.¹⁶³ Furthermore, these observations corroborated literature suggesting that the type of support and treatment suggestions offered (or not offered) may either be the "most important factor" helping the bereaved "find new social and psychic equilibria" (Klass, 1988), or may contribute to upset and powerlessness rather than alleviate it (Miall, 1994).¹⁶⁴ Thus, these data corroborated the theoretical literature suggesting a dynamic relationship between the type and degree of support received by survivors, on the one hand, and the *passive* and *active forms* in which their selves were interactionally reconstituted, on the other (Emerson and Messinger, 1977).

As the result of these observations, it may be helpful to picture survivors' interactions through the metaphor of a corridor which survivors pass along throughout the course of their experience - a corridor with many doors: some of which are open and welcoming, some closed and foreboding; some which become less welcoming over time, and some which are eventually slammed in their faces (Figure 1).

¹⁶³ This does not necessarily imply that survivors automatically go along with what is presented to them. Rather, these are true *interactional* situations where both survivors, others, and various situational options are involved in reconstitution of the self - although, admittedly, in some cases power differentials may limit the choices available to survivors.

¹⁶⁴ These data corroborate Klass's (1988) observation that the loss of support systems that is part of all parental grief "seems to be exaggerated" in the case of murder. See also Young (1991).

Figure 1: Social Interactions as a Corridor Affecting Survivors' Experiences



As survivors pass along this corridor they may enter first one, then another of these doors, turn back and then go forward again. The route that they travel, plus the people they encounter along the way, ultimately shape the course of their experiences, their chosen means of coping, their reconstitution of self, and, in the end, influences their relative chance of either functioning, as they define it, or of becoming lodged in a repetitive grief cycle unable to cope.¹⁶⁵

The various doors along this corridor represent categories of interaction survivors were likely to encounter throughout the course of their experiences, including their dealings with family, friends, acquaintances, strangers, the community, self-help groups, other survivors and "victims" organizations, the medical and psychiatric professions, and various legal institutions. Depending on whether they chose to enter a door and/or their interactions at each doorway they enter, these may represent either a stop along the way, or an ultimate destination. Upon entering, survivors encountered either positive or negative experiences. Positive experiences were defined by respondents as those which were: (i) supportive; (ii) encouraged survivors to have a balanced focus between both activity and reflection, self and other; (iii) encouraged the acquisition of practical, active coping skills; and (iv) facilitated survivors' reconstruction of self in a new direction enabling them to both function on a day to day basis, and to learn to "live with it." Negative experiences, in contrast, were

¹⁶⁵ This diagram illustrates typical social interactions that homicide survivors may encounter after the crime using the metaphor of doors along a corridor. It is not meant to convey a set sequence from one group or institution to another as various survivors encountered these in different orders following different routes, some chose to avoid certain doors altogether, and all moved back and forth between several contexts over time.

unsupportive, traumatic, encouraged survivors to concentrate predominantly on themselves or others, their loss, anger and grief, and, if reconstituting their self-identities at all, did so in a manner that inculcated their identity as a "victim."

In the end, the accumulation of these social and institutional influences were seen to play a decisive role, along with gender, in survivors' either becoming stuck in seemingly never-ending emotional turmoil, or moving on to a point where they could manage to function in their day to day lives.

Summing up, these data shifted the question from whether active coping occurred among survivors, to the social conditions under which it took place. Central to these matters were issues surrounding self and interaction. These data suggested that the survivors' degree of coping depended on not only the structure of their selves prior to the murder, but also on their relative loss of self, the type of gender role socialization that remained, and their various social and institutional interactions since the murder. It was concluded that without such a full examination of survivors' situations, it would be impossible to gain a comprehensive understanding of either their experiences or their coping.

(3) Contributions of this Dissertation: A number of important theoretical, substantive, and practical contributions have emerged from this research. As many of these contributions have been discussed in detail elsewhere in the dissertation, they are presented here in point form.

(a) Theoretical Contributions: This research demonstrated or corroborated the limitations of traditional psychological paradigms of grief in a number of interrelated areas: (1) failure to distinguish different cultural, relational, and situational patterns in bereavement; (2) failure to account for the various consequences of medicalization; (3) inability to adequately account for the agency of the bereaved; (4) inadequate consideration of the role of gender in bereavement; and (5) insufficient consideration of social and institutional interactions. By taking seriously each of these factors, along with Mead's (1934) theoretical conception of the self, an interpretive understanding of the homicide bereavement process emerged that not only focuses more on the complexity of the bereavement experience, but calls for nothing short of rethinking the accepted paradigms.

Secondly, considering that the extended upset often characteristic of survivors was conceptualized as "emotional deviance," this research empirically expanded the purview of a variety of concepts from the deviance literature, including accommodation, secondary and tertiary deviance, medicalization, and deviant

identity. Similarly, this research expands the current literature on the sociology of emotion and emotion management, showing not only a wider variety of coping strategies in a different substantive context, but how individuals cope with help agents.

Third, this research constitutes the discovery and initial theoretical elaboration of repetitive grief cycles, rooted in gender and exacerbated in interaction, that act as blockages to coping by the bereaved.

But most importantly, this research details various dimensions of the "loss of self" experienced by the bereaved, and delineates the impact of various factors implicit in Mead's (1934) conception of the self, particularly: (a) remaining gender roles inherent in the "generalized other"; and (b) the interactional reconstruction of the self through reflexively "taking the role of the other" in various social contexts. Particularly compelling from a theoretical point of view was the observation that agency itself appeared to be a social construct, depending on an accumulative interaction between past gender socialization, loss of self, survivors' subsequent interactions and the choices inherent therein. Indeed, it appeared that the relatively active or passive coping forms exhibited by survivors were explained by a combination of prior socialization, depth of loss, and the choices and ideas present in subsequent interactions that encouraged either passivity or creative, innovative coping styles by either gender.

(b) Substantive Contributions: This research has shed much light on an area where little was substantively known: homicide bereavement. Thus, not only does this research frequently corroborate, contradict or expand literature and research in other contexts, it sheds needed empirical light on hitherto poorly mapped terrain.

For example, this research illustrates clearly that uniformities generated from the observation of the conjugal bereavement of widows in Anglo-Saxon cultures are neither universal nor readily transferable in application either with regard to culture, the bereaved's relation to the deceased, or type of death. Rather, the data suggest that all of these factors play a part in shaping survivors' bereavement experience independently of the "collective wisdom" of "experts." Indeed, the data show that survivors who have lost a child do not necessarily experience the gradual lessening of suffering suggested by models based on conjugal bereavement, and that murder adds other new dimensions as well.

The limited empirical work on those bereaved by homicide suggesting the impact of intentionality, interactions with the justice system, and the "political" dimension of homicide support groups was confirmed

and expanded. This was particularly so with regard to a much more detailed, if not the first comprehensive illustration of various exacerbating and mitigating factors in survivors' experiences. However, limited psychiatric work indicating that medical treatment of survivors' "post traumatic stress" takes precedence over grief was found to be too simplistic on these criteria.

The literature on medicalization was extended in this empirical context by application to survivors' "emotional deviance." Of particular interest in this regard were observed differences in orientation by medical professionals leading to variations in the type of support offered. Indeed, it appeared that the type of support offered (or not offered) had much to do with survivors' ultimate coping strategies, and could have unintended consequences for the bereaved. The observation that "individualistic" medical ideas are becoming disseminated into society, particularly in the ideas of some support groups, extends the applicability - and consequences - of these concepts even further afield.

This research substantively extends the prior work on agency in several ways. First, it looks at the issues in the new empirical context of homicide bereavement. Secondly, it expands the variety and type of coping choices and strategies suggested and observed to date. Third, it breaks these down by gender. Finally, it breaks new ground by looking at the social conditions under which coping, both innovative and not, is most likely to flourish.

Substantive additions to the literature on gender were also made by this research. Not only were many prior observations corroborated and extended to the new context of homicide bereavement, but differences in gendered behaviors were seen to affect ultimate coping ability. Particularly interesting here were observations on relatively synchronized versus "out of sync" grieving styles rooted in gender, as well as observations of single parents. Moreover, the gender-related grief cycles observed in survivors break new ground in the empirical understanding of bereavement.

Finally, there are significant substantive contributions in this research for the concept of self. Not only do the data significantly expand the concept of loss of self, but the various interactions detailed throughout this work point to its interactional reconstruction in a variety of forms.

(c) Practical Suggestions: This research began with the observation of survivors' powerless position at the intersection of two powerful institutions in our society: the legal system and the medical profession. As the data

were analyzed, it became readily apparent that these were not the only problems: survivors often encountered problems in their dealings with self-help and "victims" support groups, along with their family, friends, acquaintances, strangers and the community. Moreover, when coupled with strict, traditional gender roles, all of these factors made it very hard for survivors to cope. This section attempts to draw practical suggestions from this research to indicate how, if at all, changes to public policy can help alleviate some of these stressors in survivors' lives.

Beginning with the legal system, it is clear from the data that survivors often suffer a great deal in their dealings with the criminal courts, on the one hand, and the Criminal Injuries Compensation Board, on the other. Certainly the criminal courts are particularly difficult, as survivors are excluded from any active role in the process. This is the root of many of the specific problems observed, and should be redressed. Tentative moves have been made by the government in recent years allowing such participatory procedures as "victim impact statements," or expanding "victim services" programs, to name a few. However, these mean little when survivors have no formal agency in the process. To begin remedying this, it is suggested that the role of "intervenor" be legislatively expanded to include "victims" of violent crime, such that they may make formal application to the court or relevant tribunal throughout the process and have counsel address any matters where their interests are being ignored (e.g. delays, change of venue applications, parole). Such intervention is already being allowed by some courts on matters such as the admission in evidence of confidential psychiatric records. All that is being proposed here is mandating a more formal procedure across the board where survivors can participate in the process if they so choose, while the final decision on the issue in question would be made by the court or tribunal after all sides are heard. Moreover, once in place, survivors should be advised of their rights in this regard as soon as possible, through the police or victims' services programs.

With regard to the Criminal Injuries Compensation Board, steps should be taken to provide more information about the board's existence and procedures to survivors at the outset. Considering some of the problems with insensitive comments and bureaucratic requests for medical documentation before help was provided, a need for education of board officials to address matters of sensitivity when dealing with survivors is strongly suggested. Moreover, considering that many survivors in this category were of a lower socioeconomic class than the others in the sample, this would suggest some form of limited, quick financial

aid and information on where to get support be provided with a minimum of red tape, followed by a more formal procedure for more involved applications (e.g. pain and suffering).¹⁶⁶

Of course, survivors' interactions with both of these institutions would be enhanced through the publication and easy accessibility of materials showing how other survivors successfully coped in their dealings with this agency, with contact numbers of individuals who are willing to help further provided.

Turning to survivors' dealings with the medical profession, these data indicate the need for greater education and sensitivity among the members of the helping professions when dealing with those bereaved by homicide, perhaps through increased liaison with survivors' organizations. Indeed, survivors reported differing experiences largely depending on the treatment orientations of the professionals they encountered. These data suggested more restraint in both drug treatment and in what were termed "emphasizing interactions," as these, when pushed "too far," reportedly did more harm than good. This was also the case with medical labels, which at times acted as self-fulfilling prophecies.

Indeed, since these data suggested the utility of a balanced approach to coping, and of the practical choices that survivors may make, it is suggested that medical professionals should increase their efforts to help survivors see the choices available to them, and how to cope in a balanced way, that is, not always emphasizing or repressing their pain, but integrating it into their activities such that they can deal with it in reasonable chunks; occupying their minds with something or someone else when necessary; and attempting to work together with others so support at any one time is concentrated where most needed.

Related suggestions with regard to survivors' dealings with self-help and "victim" support groups were offered, particularly with regard to minimizing "emphasizing interactions," on the one hand, and sharing helpful coping strategies, on the other. Secondly, the observation that formal groups of infinite duration prolonged survivors' grief suggests a restructuring of some groups may be necessary. Finally, it would be useful for groups to prepare materials showing survivors how other individuals successfully dealt with problems that they may encounter in these dealings.

Practical suggestions regarding survivors' less formalized interactions pose more of a problem, since

¹⁶⁶ The researcher has recently been informed, in conversation with a board official, that something similar to this latter recommendation has recently been implemented.

dealings with family, friends, acquaintances, strangers and the community were so diverse and took place in so many different contexts. Certainly education appears to be the key recommendation here. Perhaps through the education system the impact of various forms of bereavement should be emphasized, the effect of social withdrawal on the bereaved covered, and the problem of "blaming the victim" addressed. Perhaps pamphlets outlining these points should be individually handed out at funeral homes, and the media encouraged to attend workshops outlining these matters. Finally, it may be useful for information on survivors' successful and unsuccessful strategies of dealing with each of these problems to be repeatedly made available, in pamphlet form, to survivors throughout their experiences.

Of course, survivors' interactions are only part of the problem. In addition to recommendations addressing these matters, there is also a compelling need to reexamine the meaning and purpose of gender roles in our society, and to bring out into the open serious questions about the continuing value of strict, traditional gender roles. Fundamentally, these are political matters, that it is hoped this research helps, in part, to address.

(4) Suggestions for Further Research:

Throughout this dissertation, a variety of suggestions for further research have emerged, and will now be briefly outlined. Some of these relate to matters of context, others to matters requiring more detailed examination that could have been a separate dissertation unto themselves. Still other suggestions relate to intriguing conceptual issues that emerged out of the data.

In the first category, it was noted earlier that these results, as a preliminary study, are contextually limited in three ways: culturally, situationally, and jurisdictionally. This means, first, that these findings need to be checked out cross-culturally to examine how, where, and under what conditions they hold true, or are modified under different cultural traditions. Moreover, since the data indicate certain subcultural variations within our culture, a comparative study of grief, and on the "differential embeddedness" of the bereaved self therein, is suggested.

Next, since these findings are specific to homicide, and, in many cases, to parental bereavement, it would be useful for further research to examine how they hold up in other bereavement contexts.¹⁶⁷ The gender-

¹⁶⁷ Since this work criticized the traditional models generated in observations of female conjugal bereavement for their limited applicability, it would be absurd to automatically claim wider applicability of

specific grief cycles are certainly one matter which bears wider investigation. Indeed, nowhere is further work suggested more strongly than in the conclusions on agency which call into question the traditional psychological models of bereavement. If active coping can be found in the context of homicide, it is likely to be found in other bereavement situations such as terminal illness or accidental death; perhaps even in other traumatic contexts such as suicide. Further research on these matters, and the social context in which they occur, will determine the extent to which these conclusions can be observed, or must be modified in other bereavement situations.

Finally, there is the issue of jurisdiction, which is particularly relevant to the conclusions on legal institutions. Despite having limited materials from across North America on the criminal justice process, the vast majority of data relates to the Canadian criminal justice system as administered in Ontario. This is even more true of the C.I.C.B. data, which relates only to murders in Ontario. Thus, the conclusions and coping strategies emerging surrounding legal institutions need to be corroborated and refined by similar research in other jurisdictions.

Turning from matters of context, there were certainly matters in this dissertation that cry out for more detailed analysis than was possible - particularly in a work attempting to be as comprehensive as possible on so many diverse topics. Nowhere was this more apparent than in the section on legal institutions, which merely covered the most important points in what can be a very significant part of survivors', indeed any crime "victims'" experience. Much more in depth investigations of "victims'" encounters and strategies of coping with the criminal justice system, the C.I.C.B., and the civil courts are strongly suggested in the future. Certainly, it is this author's intention to use the voluminous data gathered for this study towards separate, more detailed works on coping with the criminal justice system and the C.I.C.B. in particular.

Last, there were a variety of tantalizing conceptual matters which emerged from these data which warrant further investigation. First, there was the suggestion that there may be much going on that is not immediately apparent, such as the power implicit in the victim role (Holstein & Miller, 1990). Good examples of such

the present conclusions without further investigation.

matters were survivors' implicitly using the victim role as a "sword" or a "shield" in interaction. It is felt that more interactional research, perhaps from an ethnomethodological perspective, is needed to more directly get at those practices that are "seen but unnoticed" (Garfinkel, 1967). Indeed, the author has been funded for just such an observational study of the interplay between the subtle "victim assignment practices" (Holstein and Miller, 1990) employed by staff at public and private "victim support" services, and the forms in which assault "victims" accept, or resist being cast as such.

Next, while the individual has frequently been the unit of analysis in psychological studies of bereavement, the current study, with its emphasis on the interactional context of bereavement, suggests that perhaps utilizing a wider unit, such as the family, may be more fruitful. Certainly the data that showed that families which cooperatively supported each other and communicated well fared better was suggestive of this, as, to some extent, was the data on balanced coping. Indeed, it may even be fruitful for future work to examine the utility of conceptualizing coping as cooperative behavior in some contexts.

Third, there was the intriguing suggestion from these data that coping itself cannot be seen in a vacuum separate from its social context. Indeed, coping was seen as socially constructed in interaction out of survivors' past, their current interaction, and what others and they themselves chose to synthesize out of it. This is certainly a significant suggestion that suggests wider empirical investigation not only in bereavement, but in other contexts where individuals are faced with significant life stressors (e.g. education, the workplace, child care, etc.). Moreover, since the ideas that survivors encounter are significant, and there was some evidence of medical ideas becoming disseminated more widely in society (e.g. self help groups), further research should probe the extent of their impact outside of traditional professional contexts.

Fourth, it will be important for further research to elaborate the observed relationship between traditional gender roles, coping styles, grief cycles and subsequent physical and mental health problems. Indeed, the observed grief cycles suggest detailed epidemiological research on the relationship between gender and health in contexts varying widely beyond the bereavement context, as has already been done in some instances.

Finally, considering the observation that those survivors who did not adhere to rigid, traditional coping

behaviors by gender fared better, this suggests further research on the coping of individuals in non-traditional family structures. The data on single parents has already suggested some interesting variations in a situation where traditional male and female roles were shared more equally as part of the self. Perhaps research on gay and lesbian bereavement would provide further useful data on whether these observations hold up, or are discounted elsewhere.

(5) Conclusion:

This chapter has reviewed in detail the conclusions that may be drawn from the data in this study in relation to the literature reviewed at the outset. After briefly reviewing the critiques of the traditional psychological conceptions of grief regarding culture, context, medicalization, agency, and gender, it went on to review the methodology, theoretical underpinnings, and contingencies underlying this work. This was followed by separate sections detailing the theoretical implications of this work for: (a) the role of cultural context and type of loss in shaping the bereavement experience; (b) the literature on medicalization of deviance; (c) the literature on agency and emotion management; (d) the role of gender for models of bereavement; and (e) loss and interactional reconstitution of the self under various interactional conditions. These were followed by brief sections summing up the dissertation's overall theoretical and substantive contributions, suggesting practical recommendations, and outlining useful directions for further research. In the end, it is hoped that this endeavour helps, in some small way, to ease the way for survivors by shedding some light into a dark, often neglected area of social life.

Appendix A

Interview Consent Form:

My name is Scott Kenney. I am conducting research for my Ph.D. thesis in sociology at McMaster University. Due to personal experiences of my own, I am interested in victims of crime, and would like to talk to you about your experiences of dealing with grief following the murder of a child. In particular, I'm interested in how you felt in your dealings with the criminal justice system, how family and friends responded to your grief, and how you managed to cope with each of these situations. I am also interested in differences between how women and men deal with these situations.

The Following questionnaire contains a list of open-ended questions on the above topics, loosely organized around the typical order of events in the criminal justice process. With your consent, I will interview you, stopping and starting depending upon what stage in the criminal justice process that your case has reached.

If you volunteer for an interview I will be asking you to describe, in your own words, your personal experiences of coping with victimization, the justice system, and the responses of family and friends. With your written permission, these interviews will be tape recorded on standard cassettes, and later transcribed verbatim for use in this study. Your participation in these interviews is entirely voluntary, and you can rest assured that any comments you make are entirely confidential and will be kept in the strictest confidence. In addition, and particularly due to the sensitive nature of the material, you must feel free to decline any questions that may upset you, and, if you choose, must feel free to leave at any time and be assured that all materials will be destroyed at your request.

Confidentiality will be assured in the following manner. First, all tape recordings and computer discs will be stored in a locked drawer in a secure room when not being used for transcription. Similarly, transcribed data will be stored in the researcher's home in a locked briefcase behind a locked door (the researcher lives alone). The only exception is when the researcher removes the data for analysis, in which case nobody will be present. At no time will these data be shared with any other individual except the researcher's thesis supervisor, who will receive no identifying material. Following completion of this study all tape recordings and computer diskettes will be destroyed, and all copies of transcribed data, with any identifying marks blacked out, will be locked away in a secure location.

In addition, your real name will not be used in any publication. Your identity will be protected in three ways. First, your name will be changed to a code name in the final report. Secondly, any details that may call attention to your identity will be either left out, or, when necessary, be discussed at such a broad level of generality that no clear identification may be made. Finally, and whenever possible, the researcher will make use of examples drawing traits from several similar individuals in the sample. Taken together, these measures, along with the researcher's firm refusal to discuss subject's identities, ensure confidentiality.

Unfortunately, due to budget constraints, no fees will be paid for your participation in these interviews. However, you will have the opportunity to provide input for a study that may have important social and legal policy implications for victims of crime throughout Canada. As well, upon your request, a copy of the research findings will be made available to you upon completion.

If, after reading the above, you agree to participate in this research, please sign below. Thank you.

Date

Signature

Interview/ Survey Schedule:

A. Background Information:

First of all, I would like to begin by asking you for some general information. Can you tell me a little about yourself?

- | | |
|--|-------|
| 1. Sex. | _____ |
| 2. Age. | _____ |
| 3. Marital status. | _____ |
| 4. Educational level. | _____ |
| 5. Occupation. | _____ |
| 6. Income (self-reported). | _____ |
| 7a Religious affiliation | _____ |
| b Religious attendance (never/low/med/hi) | _____ |
| c importance of religion in life
(not imp./somewhat imp./very imp.) | _____ |
| 8. Urban vs. rural residence. | _____ |
| 9. Class (Self-reported). | _____ |
| 10. Ethnic background. | _____ |
| 11. Sexual orientation (if appropriate). | _____ |
| 12. Number of children (including deceased) | _____ |
| 13. Health (poor/fair/good) | _____ |

B. Initial Victimization:

Next, I would like to begin asking you about the circumstances surrounding your loss. Remember, take your time, and only answer those questions that apply to you. Let's begin.

14. Have you, or someone you care about, been harmed by the commission of a crime? (yes/no)
15. If so, who was involved?
16. How did this happen?
17. When did this occur? (date)
18. Where did this happen?
19. Would you also describe yourself as a victim of crime? Why or why not?
20. Were you familiar with the offender prior to your loss? If so, how?
- 21 (a). What involvement, if any, did you have with the police prior to this occurrence? How did you feel about them at that time?
- (b). What involvement, if any, did you have with the criminal justice system (e.g. court and parole officials) regarding the offender prior to this occurrence? How did you feel about the justice system before your loss?
22. Please describe the events immediately following your loss.
23. How, in general, would you describe the loss of a loved one in this manner?
24. How, in general, do you think your spouse would describe the loss of a loved one in this manner?
25. Describe, in your own words, how you felt at this time.
26. How, if at all, did you initially deal with these feelings?
27. What, if anything, could you initially do in order to feel better?
28. How, if at all, did you manage to get through your daily routine shortly after your loss?
29. How did you cope with important responsibilities at that time?

30. Describe, in your own words, how you feel your spouse initially reacted to this loss.
31. How, if at all, did s/he deal with these feelings at that time?
32. What, if anything, did s/he initially do in order to feel better?
33. How, if at all, did s/he initially manage to get through his/her daily routine at that time?
34. How did s/he cope with important responsibilities at that time?
35. How did your spouse's ways of coping make you feel?
36. How did your children initially react to this loss? How did they deal with their feelings? How did this make you feel?
37. Were there, in your opinion, any significant differences in how male and female members of your immediate family initially dealt with this tragedy? If so, how?
- 38 (a) How did the rest of your family (e.g. parents, brothers and sisters, aunts, uncles, cousins and in-laws) initially respond to your loss? How did this make you feel?
(b) Were there any of these family members in particular who surprised you, either positively or negatively? How did you deal with this?
- 39 (a) How did your friends initially respond to your loss? How did this make you feel?
(b) Were there any friends in particular who surprised you, either positively or negatively? How did you deal with this?
40. Is there any personal philosophy or belief that you have which has been helpful to you in dealing with this experience? If so, how did you come to think this way?
41. Is there any way that you have been able to make sense of this tragedy in your own mind? If yes, how did you come to this conclusion?
42. Have your views on God or religion changed as a result of this tragedy? If so, how?

Next, I'm going to begin a series of questions about your interactions with the criminal justice system, and how you cope with these difficult encounters. Before we begin, though, I want to ask you a very general question about the whole process:

43. What do you feel is the most problematic or difficult thing about the criminal justice process when it comes to dealing with victim's survivors?

Now, I'm going to ask you a series of specific questions about each stage of the criminal justice process. The way that we'll proceed is that I will ask you separate series of questions about how you, your spouse, family, and friends dealt with specific steps in the criminal justice process, from the police investigation, through the charging process, the bail hearing, arraignment, preliminary hearing, trial, sentencing, appeal (if any), right through to conditional release. I want to tailor these questions to your specific case, so if we reach a point in the questions that your case has not reached in the courts, please move on to the next section. Let's begin with the police investigation.

C: The Police Investigation:

- 44 (a). Please describe you and your family's involvement, if any, with the police investigation of this crime. How did this make you feel?
(b) What was the outcome of the police investigation?
(c) What is your opinion of how the police handled this investigation? What was the most helpful thing about it? What was the worst?
(d) How, if at all, did you and other members of your immediate family (i.e. you, your spouse and children) cope during this time? How, if at all, did male and female family members cope differently?
(e) How did the rest of your family respond to you at this time?

- (f) How did your friends respond to you at this time?
- (g) Is there anything you would like to add about the police investigation?

D: The Charging Process:

- 45 (a) Please describe you and your family's involvement, if any, with the police and/or prosecutor regarding the laying of charges. How did this make you feel?
- (b) What charges, if any, were ultimately laid against the offender?
 - (c) What is your opinion of how the laying of charges against the offender was handled? What was the most helpful thing about it? What was the worst?
 - (d) How, if at all, did you and other members of your immediate family cope during this time? How, if at all, did male and female family members cope differently?
 - (e) How did the rest of your family respond to you at this time?
 - (f) How did your friends respond to you at this time?
 - (g) Is there anything that you wish to add about the laying of charges?

E: The Bail Hearing:

- 46 (a) Please describe, if any, you and your family's involvement in the bail hearing. How did this make you feel?
- (b) What was the outcome of the bail hearing?
 - (c) What is your opinion of how the issue of bail for the offender was handled in your case? What was most helpful/ least helpful?
 - (d) How, if at all, did you and members of your immediate family cope at that time? How, if at all, did male and female family members cope differently?
 - (e) How did the rest of your family respond to you at that time?
 - (f) How did your friends respond to you at that time?
 - (g) Is there anything that you would like to add about the bail hearing?

F: Arraignment:

- 47 (a). Describe, if any, you and your family's involvement with the initial court hearing (arraignment), where the charge is read and the accused is asked to enter a plea. How did this make you feel?
- (b) What was the outcome of the arraignment hearing?
 - (c) What is your opinion of how this hearing was handled in your case? What was most helpful/ least helpful?
 - (d) How, if at all, did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?
 - (e) How did the rest of your family respond to you during this time?
 - (f) How did your friends respond to you during this time?
 - (g) Is there anything that you wish to add about the arraignment in your case?

G: The Preliminary Hearing:

- 48 (a). Describe, if any, you and your family's attendance at, and involvement in, the preliminary hearing (i.e. the hearing where it is determined whether there is enough evidence to proceed to trial). How did this make you feel?
- (b) What was the outcome of the preliminary hearing?

(c) What is your opinion of how this hearing was handled in your case? What was most helpful/ least helpful?

(d) How, if at all, did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?

(e) How did the rest of your family respond to you at this time?

(f) How did your friends respond to you at this time?

(g) Is there anything that you wish to add about the preliminary hearing in your case?

H: The Trial:

49 (a). Describe, if any, you and your family's attendance/ involvement at the trial. How did this make you feel?

(b) What was the outcome of the trial?

(c) What is your opinion of how the trial was handled in your case? What was most helpful/ least helpful?

(d) How, if at all, did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?

(e) How did the rest of your family respond to you at this time?

(f) How did your friends respond to you at this time?

(g) Is there anything else that you would like to add about the trial?

I: Appeals:

50 (a). If convicted, did the accused appeal? If so, describe your feelings about this.

(b) What was the outcome of this appeal?

(c) What is your opinion about how the appeal was handled in your case?

(d) How did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?

(e) How did the rest of your family respond to you at this time?

(f) How did your friends respond to you at this time?

(g) Is there anything that you would like to add about the appeal?

J: Sentencing:

51(a). Describe, if any, you and your family's your attendance/ involvement with sentencing proceedings. How did this make you feel?

(b) What was the outcome of the sentencing hearing?

(c) What is your opinion as to how the sentencing was handled in your case? What was most helpful/ least helpful?

(d) How did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?

(e) How did the rest of your family respond to you at this time?

(f) How did your friends respond to you at this time?

(g) Is there anything that you would like to add about the sentencing in your case?

K: Conditional Release:

52 (a) Describe, if any, you and your family's involvement with parole officials regarding the conditional

release of the offender in your case. How did this make you feel?

(b) Was conditional release granted to the offender in your case?

(c) What is your opinion regarding how the issue of parole/conditional release was handled in your case? What was most helpful/ least helpful?

(d) How did you and your immediate family cope at this time? How, if at all, did male and female family members cope differently?

(e) How did the rest of your family respond to you at this time?

(f) How did your friends respond to you at this time?

(g) Is there anything else that you would like to add about conditional release/ parole in your case?

L: General:

53. Overall, do you feel that victims' input is welcomed by the justice system? How do you deal with these feelings?

54. Overall, do you feel that enough information is provided to victims by the justice system? How do you deal with these feelings?

55. Overall, how do you feel about the length of time the criminal justice process takes? How do you deal with these feelings?

56. Overall, how would you rate you and your family's treatment by the judge, prosecutor, and defence counsel? How do you deal with these feelings?

57.(a) Were there any victim services or organizations that you could turn to during this time? Did these help? How?

(b) Do you feel that the way you handled your experience was different when you were with other victims of crime? How, and why/ why not?

58. How, overall, would you describe the justice system's treatment of victims' survivors?

59. How, overall, would you describe your strategies of surviving the justice system?

60. How, overall, would you describe your spouse's strategies of surviving the justice system? How do these make you feel? How do you handle this?

61. How, overall, would you describe your immediate family's strategies of surviving the criminal justice system? How do these make you feel? How do you handle this?

62. Are there, in your opinion, significant overall differences in how male and female members of your immediate family cope with the justice system? If so, how do they differ?

63. How, overall, would you describe the rest of your family's responses to your dealings with the criminal justice system? How do these make you feel? How do you handle this?

64. How, overall, would you describe your friends' responses to your dealings with the criminal justice system? How do these make you feel? How do you handle this?

65. Do you feel that the way you handled your grief was different during your involvement in the criminal justice system? How? Why or why not?

66. Is there anything about the criminal justice system that you would change? What changes would you recommend?

L: Family and Friends:

Before closing, I'm going to move on to a more general series of questions about how your family and friends have responded to your situation.

67. How do the various members of your immediate family (i.e. your spouse and children) presently respond to the murder? What do they do that is helpful? What do they do that is not helpful?

68. How do the various other members of your family (i.e. parents, grandparents, brothers, sisters, cousins and in-laws) presently respond to the murder? What do they do that is helpful? What do they do that is not helpful?
- 69.(a) Do you find yourself changing the way you handle your grief in light of other family member's reactions? How/Why not?
 (b) How does this make you feel? How does this make your spouse feel?
70. How do your friends presently respond to your loss? What do they do that is helpful? What do they do that is not helpful?
- 71.(a) Do you find yourself changing the ways you handle your grief in light of friends' reactions? How/why not?
 (b) How does this make you feel? How did this make your spouse feel?
72. Are there any particular beliefs about victims of crime in our society that annoy or upset you?
73. Are there any particular questions or comments that people have asked or made about your experience that have annoyed or upset you?
74. What are some of the ways you've learned or developed for handling people who are making you uncomfortable with their comments and questions about your experience?
75. What are some of the ways that you've learned or developed for handling people who are uncomfortable talking to you about your experience?
76. Have you developed close friendships with other victims of crime? If so, does this help?
77. Overall, would you say that your family has been supportive of you over the entire course of this experience or not?
78. Overall, would you say that your friends have been supportive of you over the entire course of this experience or not?

N: Conclusion:

79. How, in a nutshell, would you sum up your strategies of coping with the murder of a loved one?
80. How, in a nutshell, would you sum up how your spouse's strategies of coping with the murder of a loved one differ from yours? How do these make you feel? How do you cope with this?
81. How, in a nutshell, would you sum up your immediate family's strategies of coping with the murder? How do these make you feel? How do you cope with this?
82. How, in your opinion, would you describe the overall differences in strategies that men and women use to cope with the murder of a loved one?
83. Is there anything you would like to add?

Thank You very much for your help.

Please return this survey in the attached, postage-paid envelope to:

Scott Kenney
 [REDACTED] Research Committee
 [REDACTED]
 [REDACTED], Ontario
 CANADA
 L7N 3L5

Appendix B

Employment Agreement:

I, Kim Di Venanzo, hereby declare that I agree to undertake part time employment with McMaster University, under the supervision of James Scott Kenney, from the date of this agreement until April 30, 1995. I understand that my employment duties consist of transcribing verbatim, using wordperfect 5.2, taped interviews with parents and other survivors of murder victims, as well as field notes from my supervisor's participant observation research.

I understand that my duties in this part time job will require me to work approximately 7 or 8 hours a week, although this may fluctuate somewhat due to availability of material and my academic studies. I will work independently, and keep weekly contact with my employer regarding time spent and progress in my work.

I understand that I will be provided with a transcribing machine and blank computer diskettes for the duration of my employment. I recognize that this transcribing equipment is the property of McMaster University, and hereby agree to indemnify and save harmless my supervisor, James Scott Kenney, for loss, damage, or theft of this equipment.

I expressly agree that, due to the extremely sensitive nature of these interviews, I will keep all tapes, computer diskettes, and transcripts in a secure location. In addition, I agree that I will not discuss, or in any way share information with anyone regarding the materials I am working on. Recognizing that I am expected to keep all information in the strictest confidence, I hereby agree to indemnify and save harmless my supervisor, James Scott Kenney, for any breaches of confidentiality regarding these materials, and any adverse consequences that may flow from the same.

At the conclusion of my employment, I agree to return all tapes, computer diskettes, and transcripts, along with the transcribing equipment, to my supervisor, and to delete any backup files containing information about these interviews from my computer's hard drive.

I understand that this contract contains all of the terms and conditions of my employment, either express or implied, and that breach of any of these terms will result in immediate termination, in addition to the civil penalties mentioned above.

Courne Sphele
Witness

Kim Di Venanzo
Signature
Sept 22 / 95
Date

Appendix C

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT,
1987

AGREEMENT

This agreement is made between J. Scott Kenney, a graduate student in the Department of Sociology, McMaster University, Hamilton, Ontario,

referred to below as "the Researcher", and

The Criminal Injuries Compensation Board, referred to below as "the Institution".

The Researcher has requested the assistance of the Institution in providing access to files concerned with applications to the Institution for compensation as a consequence of the death of a family member as a result of criminal violence. Access to these files has been requested solely for the following research purpose:

A study of the emotional and psychological after-effects on family members, parents in particular, of the violent loss of a family member, especially a child, as a consequence of an act of criminal violence and in particular murder. This research is intended to serve as the basis for a dissertation leading to a Doctorate in Philosophy degree.

The Researcher will have access only to those records provided by the Criminal Injuries Compensation Board, the "Institution".

The Researcher understands and promises to abide by the following terms and conditions:

1. The Researcher will not use the information obtained for any purpose other than the research purpose previously described unless the Researcher has the Institution's written authorization to do so.

2. The Researcher or any research assistant who may be deputed to work with the Institution in identifying the sample and who thereby has knowledge of the identity of the applicant, the victim or of any personal information

whatever in any file to which they have access will not divulge the identity or any such personal information to any other person whomsoever.

3. The Researcher will not make use of any research assistant without the prior written authorization of the Institution. Any such research assistant will not participate in the research until receipt of an understanding on confidentiality in a form approved by the Institution, properly signed by the research assistant, has been acknowledged by the Institution.

4. The Researcher will create a system of identifiers which are not based on either any individual's name or the applicant's file number with the Institution.

5. The Researcher may extract demographic indicators as required by the research as long as they do not serve to specify any identifiable individual.

6. The Researcher may extract information on the reactions, medical and other psychological sequelae, hospital treatments, therapies etc. of the family members of those victims whose files form the subject of the research as long as no providers of medical assistance, hospital staff, therapists, workers in community or other organizations or agencies who assist or have assisted such family members or the institutions or organizations with which these professionals, workers or volunteers are associated are identified by name.

7. The Researcher may extract information on signed and sworn affidavits by other family members or friends, or impact statements but only when the identities of these are not revealed. The Researcher will also ensure that this information will not be used in such a way that the constellation of family and/or friends will reveal any personal identities.

8. Any quotations used in the doctoral dissertation or in any preliminary papers or other tentative arrangements of the research materials, as well as any other subsequent products derived from the Researcher's own

research as articles whether published or unpublished, for scholarly or professional publications or for publications intended for the general public, classes, lectures, media appearances etc. will be such that no identities are revealed, whether of the victim, the source of the quotation or any of those persons or groups referred to in article 6.

9. The Institution has agreed to provide the Researcher with a work station within the Institution's premises at 439 University Avenue, Toronto, Ontario, M5G 1Y8. The Institution may revoke this provision of the agreement for any reason it considers sufficient at any time and without any previous notice.

10. The Researcher will not remove any file to which he has access from the premises of the Institution. No photocopy of any document which he is using for the research will be removed from the premises of the Institution unless all identifiers have been removed and the consent of the Institution has been granted.

11. The Researcher may enter information obtained as prescribed in the previous provisions of this agreement in a computer at the work station referred to in article 5 or in any other computer to which he may be granted access in the premises of the Institution.

12. The Researcher may make use of his own lap top computer in the work station provided by the Institution. The Researcher will obtain the consent of the Institution with regard to the removal of information from the premises of the Institution.

13. It is the sole responsibility of the Researcher to ensure at all times that no other person has access to the data or information obtained from his research at the Board stored or present in his own personal computer.

14. The Researcher may remove discs containing this information for use or study in other locations with the consent of the Institution. The Researcher is responsible for the safety and the security of the

information contained on any discs which have been removed from the premises of the Institution.

15. As the Researcher is responsible at all times for the safety, security and privacy of all the data and information obtained from his research at the Institution he accepts fully the obligation to notify the Institution immediately of any breach of security or of any unauthorized access to the data by any person not authorized access by this agreement or by subsequent authorization from the Institution.

16. The Researcher will destroy all photo copies of material obtained from the Institution and all computer discs or other forms, electronic or otherwise, in which the research material obtained from the Institution has been stored within one (1) year of the date of the public defence of the thesis. Should the Researcher not proceed to the completion of the thesis all the material referred to in this article will be destroyed within a year of the time limit for the completion of the thesis if there is one or within one (1) year of the expiry of the last year in which he has been registered as a graduate student in the University for which he is preparing the thesis.

17. The Researcher will neither contact nor make any attempt to come into contact with any person of whose identity he has become aware from the files which have been provided for his use by the Institution without the written consent of the Institution.

18. The Researcher will agree to swear an oath of secrecy with regard to the files provided for his use and any other confidential information relating to applicants, victims and other service providers of which he may become aware while making use of the premises of the Institution.

19. The Researcher will notify the Institution in writing immediately upon becoming aware that any of the conditions set out in this agreement has been breached. Any violation of the Research Agreement will oblige the Researcher to hand over to the Institution any copies of all his research and work product obtained from the material provided him by the Institution.

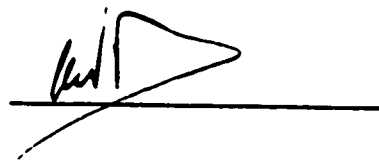
20. The Institution grants to the Researcher a personal, non-transferable, non-exclusive and perpetual licence for publishing or other purposes, to use the data collected under this agreement.

21. The Researcher shall provide the Institution with a copy of the draft final report, if any, at least one month prior to the finalization of the report. The Institution shall be provided with an opportunity to review the draft final report, if any, and may, in its own discretion, make representations as to its contents prior to the completion of the final report. The Researcher shall consider the representations of the Institution prior to finalizing the report. The Researcher shall provide a copy of the final report and all reports or publications making use of the results of this research.

Signed at Toronto this 19th day of February, 1996.



J. Scott Kenney
The Researcher



Chisanga Puta-Chekwe
Representative of
the Institution

Appendix D
McMASTER UNIVERSITY
HAMILTON, ONTARIO, CANADA

COMMITTEE ON
THE ETHICS OF RESEARCH ON HUMAN SUBJECTS

TO: Miall / Kenney

RE: _____

TITLE: Gender Differences in Active Coping
Strategies: Parents of Murder Victims

The above named applicant has submitted an application to the Committee on Ethics of Research on Human Subjects.

The Committee has reviewed this request and finds that it meets our criteria of acceptability on ethical grounds. The review has been conducted with a view toward insuring that the rights and privacy of the subject have been adequately protected; that the risks of the investigation do not outweigh the anticipated gain; and that informed consent will be appropriately obtained.

We concur in all necessary endorsements of the application.

Jane Synge
Jane Synge

Date: 11 March / 1995

For the Committee on the Ethics of Research on Human Subjects

C.A. Bart, Associate Professor, Business
~~T. Beckett, Judge, Unified Family Court~~
I.M. Begg, Professor, Psychology
R.A. Brown, Associate Professor, School of Social Work
B. Donst, Ecumenical Chaplain, Chaplains' Office
~~R. Howard, Professor, Sociology~~
T. Kroeker, Lecturer, Religious Studies
R.J. Preston, Professor, Anthropology
C. Riach, Associate Professor, Department of Kinesiology
J. Synge, Associate Professor, Sociology (Chair)

Appendix E

Victim Survey

I am the cousin of a murder victim, a talented young man and dear friend whose 20-year-old life was cut short by two men prematurely released from prison. That crime occurred in 1983, but my life, and the lives of many in my family, have never been the same. I saw only some of what my aunt, uncle, and cousins went through, and was appalled by the insensitivity of the justice system. Since then, I have been a staunch supporter of victims' rights, and currently volunteer with [REDACTED], a victim's rights group in Burlington, Ontario, Canada.

My family's experience led me first into the legal profession, and, after the inevitable disillusionment that followed, to the serious academic study of issues surrounding victims of crime. I am presently researching my Ph.D thesis in sociology on differences in how women and men actively cope with such losses, as well as their often horrific dealings with the criminal justice system.

I am writing to you today to ask whether you, or somebody else in your organization, would be interested in helping me with my research by completing the attached survey and returning it to me, postage paid, at your convenience.

This survey contains a list of open-ended questions, loosely organized around the typical order of events in the criminal justice process. If you choose to participate, I will be asking you to describe, in your own words, your personal experiences of coping with the murder of a loved one, the justice system, and the responses of your family and friends.

Your participation in this survey is entirely voluntary, and you can rest assured that any comments you make are entirely confidential and will be kept in the strictest confidence. In addition, and particularly due to the sensitive nature of the material, you must feel free to decline any questions that may upset you.

Confidentiality will be assured in the following manner. First, I ask you not to provide your name. Simply fill out the section outlining background characteristics such as age, sex, and the like. Second, during the writing of this study, all completed surveys will be stored in a locked drawer in a secure room. The only exception will be when I remove the data for analysis, in which case nobody will be present. At no time will these data be shared with any other individual except the researcher's thesis supervisor, who, like myself, will receive no identifying material. Following completion of this study all of these materials will be destroyed.

Unfortunately, due to budget constraints, no fees will be paid for your participation in this survey. However, you will have the opportunity to provide input for a study that may have helpful social and legal policy implications for victims of crime throughout North America. Also, upon your written request, a copy of the research findings will be made available to you upon completion.

If, after reading the above, you agree to participate in this research, please read on. Thank you very much.

Instructions:

The following survey is designed to encourage you to describe, in your own words, your experience of the violent loss of a child or other loved one. Please keep five things in mind when answering these questions.

First, due to the highly sensitive nature of this subject, I ask that you please take your time when filling out this survey, and, for the sake of your health, simply do not finish it if it is too hard on you.

Second, since not all families go through a full trial process, for example, due to practices like plea bargaining, and many others' cases may still be only partway through these lengthy procedures, I ask that you leave blank those questions that do not apply to your case.

Third, if there is not enough room on these pages for you to write your answers, please attach extra sheets with your answers numbered according to the question numbers in the survey.

Fourth, if you have any additional documents, such as victim impact statements, letters, and newspaper

clippings that you want to share with the researcher, please feel free to send them along, but please black out names and any identifying materials that you feel uncomfortable about sharing.

Finally, if you have any questions or comments about this study, please do not hesitate to call me, collect, at (905) 524-3686. Thank you.

Appendix F

WANDA CAVEDEL BAKER
1215 Wesley Road
Madison, WI 53705

November 1, 1995

J. Scott Kenney
[REDACTED] Research Committee
[REDACTED]
[REDACTED]
[REDACTED] Ontario
Canada LTN 3L5

Dear Mr. Kenney:

I have reviewed your research proposal which you sent me and I see that you are well acquainted with the impact of murder on a victim's family as well as the frequently experienced victimization in dealing with the justice system.

You are probably aware that there is very little in the literature on this subject and I welcome your interest in this area. The only change you might consider is to differentiate between the spouse who is the parent (or step parent of long standing) versus somebody who has not been part of the family for long, this however may be difficult to accomplish. I mention this because the natural parent is so often absent today and there may be a new spouse or partner in the home.

The best way for you to proceed would be to make a request to the National Office that the information about your research be placed in the [REDACTED] newsletter and in the monthly letter to chapter leaders. It may also help to contact individual chapters and send the questionnaires to them.

I wish you success with your thesis and if I can be of any further help please let me know.

Sincerely,

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California Government Code s.13959 et. seq. (Deering); **Alaska Stat.** tit. 18, c.67; **Conn. Gen. Stat. Ann.** s.54-201 (West); **Del. Code Ann.** tit. 11, c.90; **D.C. Code** tit.3, c.4; **Fla. Stat. Ann.** c.960 (West); **Haw. Rev. Stat.** s.351; **Ill. Ann. Stat.** c.70, s.71 (Smith-Hurd); **Ind. Code Ann.** tit. 16, art. 7 (Burns); **Kan. Stat.** c.74, s.73; **Ky. Rev. Stat. Ann.** c.346 (Baldwin); **Md. Ann. Code** art. 26a, s.5; **Mass. Ann. Laws** c.258A, s.1 (Michie/Law Co-op); **Mich. Stat. Ann.** c.18.35; **Minn. Stat. Ann.** c.299B (West); **Mont. Rev. Codes Ann.** tit. 53, c.9; **Neb. Rev. Stat.** c.81, art.18; **Nev. Rev. Stat.** tit. 16, c.217; **N.J. Stat. Ann.** tit. 52, c.4B (West); **N.M. Stat. Ann.** c.31, art. 22; **N.Y. Exec. Law** art. 22, s.621 (McKinney); **N.D. Cent. Code** c.65-13; **Ohio Rev. Code Ann.** s.2743.51 (Page); **Okla. Stat. Ann.** tit. 21, c.142 (West); **Or. Rev. Stat.** c.147; **Pa. Stat. Ann.** tit. 71, c.180-7 (Purdon); **R.I. Gen. Laws** tit.12, c.25; **S.C. Code** tit. 16, c.3, art. 13; **Tenn. Code Ann.** s.16-3-1110; **Tex. Civ. Stat. Code Ann.** art.8309-1 (Vernon); **Va. Code** c.19.2-368; **Wash. Rev. Code Ann.** c.7.6; **Wis. Stat. Ann.** c.949 (West).

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