


# Grief Work with Men



J. Eugene Knott

# **Grief Work with Men**

**J. Eugene Knott**

e-Book 2016 International Psychotherapy Institute

From *Handbook of Counseling and Psychotherapy with Men* by Murray Scher, Mark Stevens, Glenn Good, Gregg A. Eichenfield

Copyright © 1987 by Sage Publications, Inc.

All Rights Reserved

Created in the United States of America

## Table of Contents

### [Grief Work with Men](#)

#### [Whither Grief?](#)

#### [The Effects of Bereavement](#)

#### [Influencing Variables](#)

#### [One-to-One](#)

#### [Self-Help](#)

#### [Mutual Aid/Self-Help Groups](#)

#### [Group](#)

#### [Final Word](#)

#### [References](#)

## Grief Work with Men

**J. Eugene Knott**

This chapter will first synthesize the pertinent sociocultural influences on men's experiences of loss and grief, dealing particularly with reactions to loss due to death. This will be followed by a short summary of the available research on men and bereavement. Then, some technical and philosophical bases for treatment of men with "grief work" needs will be sketched, followed by an examination of the variations in format, approach, and setting for such therapies.

Loss in general, and death loss in particular, with its immutability, lies at the core of man's complex relationship with himself. To deal with a man's grief, in all likelihood, one needs to begin with that initial step—for both therapist and bereaved counselee—of coming to terms with one's own mortality. Further, the inexpressiveness characteristic of Western males confronts the therapist with a truly formidable task regardless of the presenting issue (Balswick & Peek, 1971). A cartoon from the "Peanuts" comic strip illustrated this with a slight twist. In it, Lucy says to Charlie Brown, "Women shouldn't be the only ones to cry . . . men should realize that it's all right for them to cry, too." Whereupon, Charlie proceeds to shed a tear. But, this only causes Lucy, in disgust, to challenge him, saying, "First, you have to have something happen!"

When someone dies or is dying, something obviously does happen. But it may be an overwhelming conflict for many men simultaneously to express their feelings, maintain their self-image, and contend with deeper psychological meanings of a particular death loss. Another of the symbolic and linguistic ironies of men in grief may be found in the phrase "grief work." The term was first used by Erich Lindemann (1944) to connote the energy-depleting demands of mourning and dealing with one's inner experience of loss. The stereotype of a male being unable to "work," to intentionally abandon (social and psychic) "business as usual" in order to cope with the conflictive reactions he's experiencing may be too taxing a demand. Thus, for reasons more learned by the gender than innate to the species, the process of "grief work" may be approached by most men in today's world with great misgiving, confusion, and at too great an estimated cost, if at all. Not only is it out of character for the male, and probably out of the realm of comfortable reference to his prior experience, it is un-American and unsupported in his work culture.

There is far too much importance relative to survivorship following other losses to do even summary justice to each, let alone the combination, in these few pages. Thus this chapter will address men's losses through death and some approaches to facilitating the aforementioned "grief work" for and with them. This focus will not, however, include one's own death per se, or the small deaths that are incurred via losses in more commonplace events that fall short of irreversibility due to death. Several complementary chapters in this section will suffice for those topics. Nor will the "dying trajectory" and "death surround," as sociologists have called the phenomena of the dying process itself, be addressed. That too has been the subject of much scrutiny in all forms of media, especially in the last decade or so. An excellent recent source on the subject of anticipatory grief is Rando's *Loss and Anticipatory Grief* (1986). The balance of this chapter will deal with those men who are attempting to come to terms with (including the avoidance thereof) the realized physical death of persons significant to their lives.

### Whither Grief?

First, I provide some operational definitions to simplify subsequent discussion. The terminology adopted includes a definition of *bereavement* as "the perception of loss." More pointedly, it involves the recognition that *I* am the loser! I am the one who has been left behind to suffer someone's loss. It is a self-reference that is critical to the "grief work" to follow, and yet has the feature of often rendering a man psychosocially impotent to help himself with this unplanned, unwanted change in his life. *Grief*, then, is the syndrome of reactions one engages in as a response to bereavement. It is at once automatic and controlled, anabolic and catabolic as well as physiological and psychological in combination, entails approach and avoidance in thought and behavior, and is universal as well as idiosyncratic in expression. It encompasses all one does, with and without fully conscious intent, to "cope" with the finality of this loss and its meanings. While these responses are not unique to men, they do often manifest in sex-role specific ways. Hoffman (1977), a decade ago, reviewed the research on sex differences in empathy and related behaviors and found support for the cultural stereotype of men being less empathic, less expressive, and more instrumental in their ameliorative responses than women. If anything, this seems to have intensified in the decade since. Thus the range of allowable expressions of grief may be no more expanded or available than for our fathers and theirs.

*Mourning* is the "shared process of grieving," even if that sharing is unintentional or limited to but a

single other empathic soul. It is grief gone public, and includes the private and open social occasions and rituals chosen to affirm one's connection to the dead person, and the tacit appeal for acknowledgment of one's bereavement. For increasing numbers of men, it is an acceptance of the need for finishing some unfinished business having to do with the recently dead relative, and an emancipating yet integrating dynamic whereby a man can acquire a suitable perspective on his survivorship and his unique co-history with the dead person. A short summary of the scant but growing research literature on men's bereavement might be useful at this point.

### **The Effects of Bereavement**

Men who are bereaved can be observed from several vantage points. Research findings typically have categorized bereavement outcomes according to role relationship to the deceased. The roles for men are primarily five: son, spouse, brother, father, and friend or colleague. There are also generational and in-law extensions of these for family relatives, but the chapter will focus only on the first five.

#### **SON**

Childhood bereavement studies offer somewhat equivocal findings for boys and girls who lose a parent to death, citing greater risk for children under five and for adolescents, and for boys whose father dies in their teen years. Other than that, there are no noteworthy sex differences. The outcome factors of most importance relate to preexisting systemic difficulties in the family. In that light, boys' so-called acting out behaviors are traditionally less acceptable in polite society, as they frequently are more threatening to persons and property. Otherwise, the nature of the death event itself contains the only serious influences on satisfactory grief work by children. These include unanticipated and violent deaths, and, to a lesser extent, unreconciled negative feelings toward the dead person (Osterweis, Solomon, & Green, 1984). Conceptual and therapeutic approaches for working with adolescents who are bereaved can be found in a number of helpful chapters in a recent book edited by Coor and McNeil (1986).

#### **SPOUSE**

Spousal or conjugal bereavement is the most researched area of all the problems of bereavement.

Compared to widows, widowers seem to reattach to new women in relationships more often and sooner, and also show higher risk for both morbidity and mortality, particularly men between 35 and 75. This latter finding has been a fairly stable one over the past 20 years and across several cultures (Vachon, 1976; Osterweis et al., 1984). It suggests the adverse consequences of a typical masculine lifestyle extend over the life span and may intensify with life-threatening potential during early bereavement (Rees, 1972; Rees & Lutkins, 1967). There appear, however, to be few sex differences in experienced distress following conjugal loss, but less expressiveness is exhibited by males.

The literature further attests to greater difficulty for bereaved males who cannot function independently, or who had highly ambivalent marital relationships (Helsing, Szklo, & Comstock, 1981). Particular problems occur with health and survival when bereaved men use maladaptive approaches like heavy medication and alcohol abuse, or do not heed their own health care needs.

Parkes and Weiss (1983) noted higher chronic illness death rates, especially for vascular and coronary diseases, and for younger bereaved males, while those over 65 years had increased mortality from infectious disease, accidents, and suicides. In summary of male spousal bereavement, Jacobs and Ostfeld (1977) suggest that these morbidity and mortality excesses may be mediated by behavioral changes following widowhood that compromise good self-care habits or management needs.

## **FATHER**

If, as Cook (1983) asserts, the nature of mourning depends on the relationship the bereaved had with the deceased, then the expectation that parental bereavement might be different and probably more troublesome than the loss of other relationships may be well founded. Indeed, many authors argue that such is the case. Research in recent longitudinal studies supports that assertion, and even hints at a totally different pattern of bereavement over time following the death of one's child.

Rando (1983) gave testimony to the intensity of grief felt by parents whose child dies before adulthood, and offers the not-so-consoling prospect of a worsening of emotional reaction for some over the first several years. This is in direct opposition to the pattern of gradual decrease of emotional intensity in grieving over adult losses after the initial months (Glick, Parkes, & Weiss, 1975).



Some (Berardo, 1970; Charmaz, 1980) have suggested that gender not only mediates reaction to the death of a family member, but, in the case of losing a child, the father is further victimized by the hyper-masculine ethic (Schiff, 1977) and the easier, more comfortable sympathizing mothers experience from supportive others (Gyulay & Miles, 1973). Cook's (1983) findings underscore these latter points, noting that fathers were likelier to cite nonfamily as helpful to them. They also reported less comfort with discussing their child's loss, and a greater emphasis on managing and controlling emotional behavior rather than sharing their wife's grief. Unfortunately, no published accounts of studies on the differential effects of separation and divorce on this form of grief exist at this time. The need for research on this topic increases weekly. Generally speaking, the death of a child can be and often is the final strain that leads to a marital breakup—an immense stressor to even a solid, mutually supportive couple.

#### **ADULT SIBLING**

Very little has been written about adult sibling bereavement, which is usually classified under adult bereavement. A pair of unpublished studies (Knott, Kirkpatrick, & Scala, 1982; Knott & Scala, 1981), however, suggest that siblings too may be at greater risk for premature death in the two years following a brother's or sister's death. This effect does appear to worsen with increasing survivor age, although this does not seem to affect men more harshly than women.

#### **ADULT CHILD**

The death of a parent occurs annually to 1 in every 20 adults in this country, yet little research on this exists. While no sex differences in bereavement reaction or risk have been noted (Sanders, 1979-1980; Horowitz, Weiss, & Kaltreider, 1981) since Freud's (1917/1957) early writings on the subject, the male adult child's reaction, and the father's death in particular have been the frequent focus of much literature, both empirical and popular. The symbolism may be influenced in part by the fact that 75% of the time the first parent to die is the father. Grief work in these circumstances often seems to be involved with the meanings of loss of one's developmental buffer against being next in line to face mortality. Also, the unfinished agenda with parents that most children carry into adulthood can take on new significance in their psychic economy upon a parent's death (Malinak, Hoyt, & Patterson, 1979).

## NONFAMILY

Practically nothing has been published to suggest that men who lose non-kin relationships due to death are at greater risk for poor grief resolution. No empirical work has been found to suggest it has even been a subject of research scrutiny. The category of friend or colleague, which could encompass a variety of other more specific role relationships such as teacher-student, mentor-protégé, partners, supervisor-supervisee, and so on, is still wide open to investigation. Neither the particular cultural and ethnic influences on the grieving process nor the matters of intentioned death through suicide or homicide will be in focus here, although these are special situations and variables of significance in the mourning process. Three recent publications have provided clinicians with excellent source materials and are strongly recommended as supplemental reading. They are Rando's *Grief, Dying and Death* (1984), Raphael's *The Anatomy of Bereavement* (1983), and *Bereavement* by Osterweis et al. (1984).

### Influencing Variables

In addition to determining the nature and importance of the relationship that has been lost through this death, the felt appropriateness of the loss developmentally, and whether there was anticipation of the death are also critical features. Moreover, the family and social supports that are available is a pivotal factor, as are both the person's previous successful coping with losses and his abilities to deal with the way in which the relative died.

Before presenting some models for helping men with grief work, two key points should be noted:

1. Most people resolve their issues over death loss, and accomplish their grief work over time without undue complications, and without professional help.
2. The parameters of normal grief expression are exceedingly broad. They include somatic symptoms, reminiscences both sad and affirming, extreme irritability, depression, self-doubt, inertia, and withdrawal. These manifest idiosyncratically, and pose genuinely worrisome challenges only when they get in the way of usual patterns of conduct, are protracted for months without change, and represent risks to healthy functioning.

In those situations where counseling or therapy seem called for, most avenues of help lead in one or a combination of three ways: one-to-one, self-help, or group modalities. The chapter will examine

some key considerations for each.

### One-to-One

Individual treatment should include address of each of the following in loosely sequential phases:

1. *Determine the nature of the bereavement.* This means gathering data about how the man has been feeling, thinking, and behaving since the death. It includes learning who has died, under what circumstances, and the general view of the acceptability of this death at this time for your client. While some fairly universal and predictable details will emerge, it is important for both the helper and the bereaved individual to experience the expression of that information both verbally and nonverbally. This sets the stage for an initial appraisal and determination of the person's needs and affective states. Besides, there will always be some very personal, unique features to that presentation.
2. *Familiarize oneself with the personal loss history.* This line of inquiry serves to provide three things: a context for understanding this particular loss and death; a framework for assaying the client's approaches to coping; and an expression of self-assessment by the man relative to being "loser" and victim, and how he views his/her general role toward the dead person and their dying.
3. *Convey a sense of the "normalcy" of the grief.* Often, the biggest need for the recently bereaved is to be assured that their range of behaviors, thoughts, and feelings is quite common for what has happened to them. Once they can grasp the notion that they're not "losing it," and their confusing, even sometimes negative emotions, such as anger, are both allowable and normal consequences of bereavement, the fuller range of topics to be examined becomes more approachable. Anxiety-reduction is often the necessary beginning to our therapeutic encounters, and is especially needed here.
4. *Identify the meanings of the loss.* In addition to the death of a person important to them, clients are encouraged repeatedly to explore the other roles that person played so centrally for them, and of which they are feeling deprived now. For example, a spouse may have been also a best friend, a lover and sex partner, a confidante, and have served any number of more mundane but easily missed roles in his life. A fuller appreciation of these meanings—real and symbolic—is pivotal to the healing needed. As another instance, a father's or son's death may have significant personal meaning beyond the tangible, beyond the absence, and may be particularly poignant for males who subscribe to some fairly stereotypical views of manliness and posterity, as described earlier in this chapter.

5. *Enable expression of the gamut of feelings held by the bereaved.* This has to do particularly with the felt injunctions against speaking ill of the dead and defenseless. It is quite common and reasonable for a man to hold some measure of both guilt and anger over another's death. The guilt can be over things said and done, as over acts of omission. The "unfinished business" often brought forcefully to one's awareness by an unexpected death usually is colored deeply by such feelings. Even an unspoken "goodbye" can evoke these powerful emotions. Anger also comes with the baggage of incomplete plans, thwarted hopes, and outrage at the uncontrollable poor timing and unavoidable sense of injustice that accompanies most deaths. The descriptor "untimely" has always struck me as a needless truism that describes nearly all deaths as experienced by most, though not all, survivors. Not to be lost here either is the need for the bereaved man to give vent to his positive and intimate views of how he felt attached to his dead relative or friend.

6. *Examine aspects of secondary loss and gain.* Of particular importance at this juncture of treatment is an examination of the redemptive irony of loss experience in life—there is always "gain" to be found accompanying every loss. With bereavement in this culture, finding that gain is not an easy task, for there are too many prohibitions against such admissions. But a healing perspective comes more surely through seeing the gains in survivorship—the strengths commanded by the psychosocial legacies of it, the relief, the new appreciation of what matters—death is the ultimate values clarification experience. This comes gradually over time with some tactful framing by the therapist, and is an essential benchmark of grief resolution and healing the wounds of loss.

7. *Explore life without . . .* A needed transition to looking ahead eventually arises, and signals a willingness to deal with the analysts' task of "emancipation from bondage to the deceased" (Lindemann, 1944). This shift to living in the absence of the dead relative entails a fascinating set of adaptations by the bereaved male. It is a form of psychosocial homeostasis, a seeking to assume and/or reassign roles, as well as to divorce oneself from some that are not replaceable, not wanted or needed in the dead person's absence. Finally, this process involves formulating some concrete plans, contemplating future wants and needs with an intentional self-centeredness that is characteristically free of external motivation. It is action undertaken for himself. A final gesture takes the process full circle: terminating therapy, saying goodbye and sustaining loss once more, but in a planned, willful, controllable way.

One can note the phasic shift in the temporal focus of this model from reconciliation of the past to the more existential matters of bereavement and, finally, to concerns over one's future. This general pattern also characterizes the non-individual approaches that follow as well.

The amount of time for such facilitated grief work can vary greatly, as the many variables of influence cited earlier alter the course of treatment according to their depth and perturbing effects. Significant dates, sights, events, music, and so on all can further provide important opportunities and even rituals for working through one's agenda with the death loss and dead person. Further, grief work often will begin with a singular focus, and stimulate needed recourse to finish incomplete or arrested mourning over previous other losses.

### Self-Help

This movement of the past 30 years has strong roots in assisting widowed people with Phyllis Silverman's (1966) programs in Boston. Lately, the self-help modalities are strong, often overlapping ways of abetting grief work. They are mainly bibliotherapy, and mutual aid or self-help groups. The many first-person and survivor narrations of dying and grief in recent years, telephone tapes, and the many talk shows in the media, along with popular magazines having rediscovered "grief," afford men opportunities to tap into bereavement issues in private without having to uncover their facades of stoicism. Readings and films can augment group-based self-help approaches, as well.

### Mutual Aid/Self-Help Groups

As Levy (1979) points out, groups of people banding together for psychosocial improvement

focus the major portion of their efforts on fostering communication between their members, providing them with social support, and responding to their needs on both cognitive and social levels, (p. 264)

The specific processes he found to be operative in these groups, which make self-help approaches particularly powerful and effective formats with potentially great merit for males are these:

#### BEHAVIORALLY ORIENTED PROCESSES

1. both direct and vicarious social reinforcement for the development of desirable behaviors and the elimination or control of problematic behaviors;

2. training, indoctrination, and support in the use of various kinds of self-control behaviors;
3. model of methods of coping with stresses and changing behavior; and
4. providing members with an agenda of actions they can engage in to change their social environment.

#### **COGNITIVELY ORIENTED PROCESSES**

1. removing members' mystification over their experiences and increasing their expectancy for change and help by providing them with a rationale for their problems or distress and for the group's way of dealing with it;
2. provision of normative and instrumental information and advice;
3. expansion of the range of alternative perceptions of members' problems and circumstances and of the actions they might take to cope with their problems;
4. enhancement of members' discriminative abilities regarding the stimulus and event contingencies in their lives;
5. support for changes in attitudes toward oneself, one's own behavior, and society;
6. social comparison and consensual validation leading to a reduction or elimination of members' uncertainty and sense of isolation or uniqueness regarding their problems and experiences; and
7. the emergence of an alternative or substitute culture and social structure within which members can develop new definitions of their personal identities and new norms upon which they can base their self-esteem.

The Compassionate Friends, Theos, Share, Make Today Count and numerous other self-help groups, including hundreds of hospice-sponsored bereavement groups nationwide, offer witness to the widespread appeal, need, and utility of bereavement self-help or mutual aid groups. Male-only groups would not seem necessary, but could be successfully implemented. Sherman (1979) offered an analysis of the ideology and dynamics in a bereaved parents group that provides useful background for this topic in a self-help group. Also, combinations of media and mutual aid group activities also afford a very effective approach as well. Yet, some time probably needs to pass after the death before a self-help group

can be entered. A format for one such group approach to resolving personal death loss can be found in Drum and Knott (1977).

## Group

Bridging over into more traditional therapy groups, one finds a good deal of theory and little useful research reported. The first focus of conceptual writings has been on enabling bereaved people to come to grips with their loss. This may not be mediated solely or predictably by the intervening time since a death, but is more often affected by a number of the variables mentioned earlier. Delayed grief, for instance, may be due to a rapid and fully preoccupying assumption of caretaker duties upon the death of a spouse or parent. Absent grief, where typical outward manifestations of bereavement are not visible, may reflect a loose attachment to the dead person, while sometimes also masking a deeper-seated co-history of conflict. Treatment often is prescribed, also, for dealing with the anxiety and depression aspects of loss that are most common.

Typically, group configurations will overtly enable the bereaved members to work through the “unfinished business” with the dead relative, while simultaneously providing a social support network for them. For too many men, social support is a minimal or altogether deprived facet of their lives, so group work—and especially men-only membership—may prove quite useful and can have great worth even beyond the group’s ostensible purpose. Getting men to convene in same-sex groups for talk therapies, however, frequently is quite difficult, with the notable exceptions of some bereaved fathers’ experiences recently, and, of course, the larger number of less therapy-like post-addiction self-help groups.

## Final Word

Getting men in need of counseling to come for help is often the biggest challenge to their benefiting from therapeutic assistance. It is even more difficult to enable them to avail themselves of professional assistance if the need was occasioned by a death loss. Working to loosen the bonds of masculinity may be the major impediment to helping them loosen the bonds of unreconciled grief. Unfortunately, that may have never been harder for Western males than at the present time.

## References

- Balswick, J. O., & Peek, C. W. (1971). The inexpressive male: A tragedy of American society. *The Family Coordinator*, 20, 363-368.
- Charmaz, K. (1980). *The social reality of death*. Reading, MA: Addison-Wesley.
- Cook, J. A. (1983). A death in the family: Parental bereavement in the first year. *Suicide and Life-Threatening Behavior*, 13, 42-61.
- Corr, C. A., & McNeil, J. N. (1986). *Adolescence and death*. New York: Springer.
- Drum, D. J., & Knott, J. E. (1977). *Structured groups for facilitating development*. New York: Human Sciences Press.
- Freud, S. (1957). Mourning and melancholia. The standard edition of the complete psychological works of Sigmund Freud (Vol. 14; originally published 1917). (J. Strachey ed.). London: Hogarth Press.
- Glick, I. O., Parkes, C. M., & Weiss, R. (1975). *The first year of bereavement*. New York: Basic Books.
- Gyulay, J., & Miles, M. S. (1973). The family with a terminally ill child. In B. Hymovich and C. Barnard (Eds.), *Family health care*. New York: McGraw-Hill.
- Helsing, K. J., Szklo, M., & Comstock, G. W. (1981). Factors associated with mortality after widowhood. *American Journal of Public Health*, 71, 802-809.
- Hoffman, M. L. (1977). Sex differences in empathy and related behaviors. *Psychological Bulletin*, 84, 712-722.
- Horowitz, M. J., Weiss, D., Kaltreider, N., Wilner, N., Leong, A., & Marmar, C. (1981). Initial psychological response to parental death. *Archives of General Psychiatry*, 38, 316-323.
- Jacobs, S., & Ostfeld, A. (1977). An epidemiological review of the mortality of bereavement. *Psychosomatic Medicine*, 39, 344-357.
- Knott, J. E., Kirkpatrick, H., & Scala, M. E. (1982). Sympathetic death: fact or fiction. Paper presented at FDEC Conference, San Diego.
- Knott, J. E., & Scala, M. E. (1981). Bereaved to death: Taking me with you. Paper presented at FDEC Conference, Kansas City.
- Levy, L. H. (1979). Processes and activities in groups. In M. A. Lieberman & G. Bond (Eds.), *Self-help groups for coping with crisis*. San Francisco: Jossey-Bass.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.
- Malinak, D. P., Hoyt, M. F., & Patterson, V. (1979). Adult's reactions to the death of a parent: A preliminary study. *American Journal of Psychiatry*, 136, 1152-1156.
- Osterweis, M., Solomon, F., & Green, M. (Eds.). (1984). *Bereavement: Reactions, consequences, and care*. Washington, DC: National Academy Press.
- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. New York: Basic Books.



- Rando, T. A. (1983). An investigation of grief and adaptation in parents whose children have died from cancer. *Journal of Pediatric Psychology*, 8, 3-20.
- Rando, T. A. (1984). *Grief, dying, and death*. Champaign, IL: Research Press.
- Raphael, B. (1983). *The anatomy of bereavement*. New York: Basic Books.
- Rees, W. D. (1972). Bereavement and illness. *Journal of Thanatology*, 2, 814.
- Rees, W. D., & Lutkins, S. G. (1967). Mortality of bereavement. *British Medical Journal* 4. 13.
- Sanders, C. A. (1979-1980). A comparison of adult bereavement in the death of a spouse, child, and parent. *Omega*, 10, 303-322.
- Schiff, H. S. (1977). *The bereaved parent*. New York: Penguin Books.
- Sherman, B. (1979). Emergence of ideology in a bereaved parents group. In M. A. Lieberman & G. Bond (Eds.), *Self-help groups for coping with crisis*. San Francisco: Jossey-Bass.
- Silverman, P. R. (1966). Services to the widowed during the period of bereavement. In *Social work practice: Proceedings*. New York: Columbia University Press.
- Vachon, M.L.S. (1976). Grief and bereavement following the death of a spouse. *Canadian Psychiatric Association Journal*, 21, 35-44.