GRIEF EXPERIENCE OF FATHERS: THOUGHTS, FEELINGS, NEEDS, AND REPORTED SEX-TYPES

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

GENEVA TURNER, B.S.N., M.S.N.

DENTON, TEXAS

MAY, 1987

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

December 1, 1986

To the Provost of the Graduate School:

I am submitting herewith a dissertation written by Geneva Turner entitled "Grief Experience of Fathers: Thoughts, Feelings, Needs, and Reported Sex-Types." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing, and a minor in Home and Family Living.

Margaret Beard
Dr. Margaret Beard, Major Professor

We have read this dissertation
and recommend its acceptance:

Virginia A. Smith
Peggy J. Trapp
Deanna R. Tate
Glen Jennings

Accepted

Leslie M. Thompson
Provost of the Graduate School

DEDICATION

The efforts contained in this dissertation are dedicated to the memory of my father, George Robert Turner, and to the fathers who shared their experiences.

Baby Boy, you bright eyed wonder
There was so much I wished to share
In your short life you taught me much
Of love, of hope, of letting go

I barely got to touch your hand
But you touched me for eternity
I wish I could have held you close
And let you know how much I loved you

In my mind there will always be
A sun lit day and you at play
But I'm sad that I will never know
The man my son would have become

I'd not have taught you hate or pride
Or to keep your feelings locked inside
This lesson was so hard for me
But by loving you, I finally learned...
that Fathers cry too!

--by Mark Synder

ACKNOWLEDGEMENTS

As in every other aspect in my life, the fulfillment of this degree requirement has been attained by the grace of God. Two other features of my life are of major consequence: during my pre-school years, my mother influenced a mind-set that made this achievement predictable, and my father provided the structure and discipline needed for it to occur.

Many people are to be acknowledged for their encouragement, understanding, emotional as well as financial support, and for their hospitality and assistance during the completion of this investigation. With sincere appreciation, I acknowledge their contributions: Dr. Margaret T. Beard, dissertation committee chairperson, for her support, interest, guidance, and for serving as a figure of personal admiration. Dr. P. Drapo for her encouragement and assistance in increasing the number of informants for the investigation. Drs. D. Tate, V. Smith, and G. Jennings for their interest and advice. Dr. D. Marshall for his statistical and computer assistance.

My brothers and sisters deserve special recognition for their contributions: Alice, Roland, Milton, Ricky,

Yvette, and Juanita for their encouragement and timely deeds. To Melvin, whose support was nothing short of magnanimous. To Joyce, my sister-in-law, for assisting with computer problems when everything seemed to go awry. Special thanks to Connie for making a memorable sacrifice.

Other persons are to be thanked for their support: Clayton Henry of Columbus, Georgia, for his editing assistance in the eleventh hour. Cindy Barnhart for her secretarial skills in the preparation of this manuscript, for finalizing last minute details, and for being a friend. V. Chinn-Sang for her insight and for listening. Administrators at Columbus College, Columbus, Georgia, for their encouragement and support. American Nurses' Association and Dr. Bessent for establishing and administering a needed doctoral fellowship. Nancy and Teresa McGreevy, Alabama; Sharon and Bennie Phifer, Ohio, for making contacts and for their hospitality during data collection. The numerous support group facilitators and physicians who realized a need for the investigation and participated. To the many motel managers, who unknowingly, allowed me to slumber in their parking lots during data collection. To my friends and other relatives.

Finally, thanks to the informants in this investigation who allowed me to enter a most private

region of their emotional being. Without their revelations, there would be no such dissertation. For in truth, this work is a product of all the pain and suffering they have borne.

ABSTRACT

Geneva Turner, Grief Experience of Fathers: Thoughts, Feelings, Needs, and Reported Sex-Types, College of Nursing, Texas Woman's University, Denton, Texas, May, 1987

Two purposes were derived for the study: (1) to describe the thoughts, feelings, and needs of fathers whose infants have died; and (2) to determine the relationship between reported sex-types of fathers of infants who died and the fathers' reported thoughts, feelings, and needs.

The population for the study consisted of fathers who had experienced the death of their infants. Thirty-three fathers interviewed in seven states were included in the sample. A descriptive, constant comparative, ethnographic design was used. An interview guide was devised and the Bem Sex Role Inventory was used to determine sex-types. Semantic content analysis was used to derive thoughts, feelings, and needs by using a method of hand coding (interrater reliability of .987), and The Ethnograph.

The research question was: What are the reported sex-types and the reported thoughts, feelings, and needs of fathers following the death of their infants? The total number of thoughts identified was 298, 351 feelings, and 274 needs. Data from all four sex types included:

androgynous, 10; feminine, 7; masculine, 11; and undifferentiated, 5. No significant difference was obtained for thoughts, feelings, and needs by sex-type, race, and age using one-way ANOVA. A significant difference (<.05) was found for the needs category and occupations unemployed and professionally self-employed, F=2.96; effect size, 1.91 SD units; Newman-Keuls, q27.6=4.37; Pearson's product moment correlation and r squared, [r(33)=.47, $\underline{p}$=<.01, r^2=.22]; eta square, .35; and chi-square, 49.26.

The findings of the investigation indicate that regardless of sex-type fathers experience grief. Absence of visible signs of grief is not necessarily an indication that the phenomenon does not exist in the reality of fathers. Fathers in the investigation were graphic when describing their feelings. However, the literature on grief has not supported the descriptions by fathers.

Temporal frames assigned to the categories will allow nurses to incorporate strategies for approaching and implementing care for fathers. Feelings and thoughts cannot be controlled. However, focusing on the data provided can influence the outcome of a father's grief.

It is suggested that nurses care for them as parents, as well. The needs obtained can serve as the rationale for restructuring the protocol presently followed when an infant dies.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Background

Since the beginning of time, grief has been a topic of discussion and debate. Eastern philosophers such as Kunyfutzu, or as his name has been latinized, Confucius (551 B.C. - 479 B.C.), have espoused dictates in an attempt to simplify the topic. To that end Confucius proposed a controversial theory of grief which was basically three-faceted: (1) grieving should span a three-year period; (2) family members should gather about and support the grief-stricken; and (3) in the case of death, a funeral should be occasioned by nothing short of sheer lavishness. Mo Tzu (480 B.C. - 390 B.C.), a renown philosopher in his own right (Creel, 1972; Soothill, 1962), took exception to Confucius' theory, finding only the second aspect of that theory acceptable. In spite of these differences, both Confucius and Mo Tzu did agree on a more fundamental plane: that the experience of grief is a normal response to the loss of a significant object or person. The significant object may be tangible or intangible, and it may also be measurable or immeasurable.

Early artists and poets have attempted to capture the essence and feeling of grief pictorially (Agate, 1829; Currier & Ives, 1872; Dobson, 1631; Picasso, 1937) and poetically, as explained by Shakespeare in Macbeth (Furness, 1903):

> Give sorrow words, the grief
> that does not speak
> Whispers the o'er fraught heart and
> bids it break (Act IV, Sc. 3, 1623).

Many theorists have engaged in lengthy discussions and studies in an attempt to quantify and qualify the complex phenomenon. Yet, the emotions of grief and its normal and abnormal manifestations have remained an enigma since the compilation of the Bible (Deuteronomy, 10:18; Isiah, 1:17; Leviticus, 21:14).

Often the appearance of grief is unanticipated, such as when it occurs during infancy. The outcome of a delivery is usually heralded with joy and pride for the parents and others involved because a vigorous addition to the family unit is expected. However, many deliveries terminate in an unexpected delivery of a stillborn, a severely compromised, or genetically deformed neonate. Once the infant survives delivery, the parents never think of their infant's possible death. However, sudden infant death syndrome does occur.

Family members, friends, and health care providers may express or feel empathy and sympathy for the mother's pain and agony as she displays her grief and sorrow. However, as observed repeatedly in the hospital setting, the father may attempt to gain a sense of stability and control in the chaotic environment by focusing on the needs of the mother, but in doing so, he prevents the venting of his own grief. And to make matters worse health care providers, possibly because of their inability to cope with the unexpected, often allow the father to attend to practical matters and to direct his attention to the needs of the mother. Throughout the ordeal many fathers adhere to the stereotypic view of males and that is of being strong, remaining in charge, being responsible for the needs of loved ones, and appearing to be the source of authority. But is this a true description of what is felt by the father? Or is he actually grieving and expressing it in the only way he knows how--attending to details?

Have health care providers been guilty of focusing on the needs of the mother at the exclusion of the needs of the father? Has the care that is rendered to families been influenced by the male mystique and societal expectations?

The death of an infant is a devastating and perplexing experience for both parents, not just the mother. Numerous studies, editorials, and exposés have been written which outline the care necessary for a mother following the death of her newborn (Clark & Williams, 1979; Grubb, 1978; Kennell, Slyter & Klaus, 1970; Stringham, Riley & Ross, 1982; Wolff, Nelson, & Schiller, 1970). Not only has immediate care been the focus of the studies on mothers, but much attention is given to long-term follow-up as well. What about the thoughts, feelings, and needs of fathers when a pregnancy goes awry or when the infant later dies?

"We can see other people's behavior but not their experience" (Laing, 1967, p. 3). Often the behavior of another is incongruent with the experience. In our American society we demand to experience the evidence or outcome of an event or situation. So if a father does not exhibit the predicted behavior, then it is assumed that the reality of the experience does not exist for him. If, however, experience is evidence, how can the grief of fathers be studied? Laing (1967) stated that the experience of another is not evident to me, as it is not and never can be an experience of mine. For fathers, grief may be a phenomenon that requires discovery of underlying processes to facilitate comprehension.

How a father thinks, feels, and what he needs during a time of grief can only be provided by one who has experienced the phenomenon. Difficult questions emerge:

1. What interventions should be implemented that would assist in facilitating the normal experience of grief?

2. Does the father possess an awareness of the situation at the time?

3. Should the same or similar information be offered to the father that is given to the mother?

4. If so, should the father be allowed to decide the mode of intervention?

These and other questions require more than rhetorical responses regarding a complex situation.

A clearly identified purpose (Knafl and Howard, 1984) of focusing on fathers' grief experience and carefully delineated strategies to gain access to fathers add rigor to qualitative methodologies (Sandelowski, 1986). Answers to difficult questions are then provided regarding fathers according to a justifiable plan (Fawcett, 1978).

The investigation was posed in this manner. The information obtained from fathers as informants will be utilized to provide a basis for reorganizing care of the family when an infant dies. By disseminating the findings

to the health care setting, the thoughts, feelings, and needs of fathers become a priority in nursing.

Problem

Herein lies the problem investigated for this study:

What are the thoughts, feelings, and needs of fathers whose infants have died?

Purposes

Two purposes were derived for this study:

1. To describe the thoughts, feelings, and needs of fathers whose infants have died.

2. To describe the relationship between reported sex-types of fathers of infants who died and the fathers' reported thoughts, feelings, and needs.

Justification of the Problem

Nurses, since the Crimean War, have claimed to be patient advocates. Both directly and indirectly, the nursing process has been used to assess, diagnose, plan, and implement interventions, and to evaluate the effectiveness of interventions for the sake of patient improvement and patient protection.

The same patient advocacy that was displayed during Florence Nightingale's era has been continued and exists today. Nurses utilize every means possible in an attempt to

facilitate a bond between parents and their normal or ill newborn.

The birth of a normal neonate for first time fathers often initiates the dissolution of the marriage (Hott, 1976). It is not surprising, then, that the added stress of an ill or moribund infant has been associated with helplessness, rage, guilt, desperation, and exhaustion (Fein, 1976), thus increasing the possibility of conflict between the parents and possible rejection of the infant.

In the American society, men are taught that "real men" are never passive or dependent, always dominant in relationships with women or other men, and never talk about or directly express feelings, especially feelings that do not contribute to dominance (Fasteau, 1974; Pleck, 1981). Societal expectations are such that almost every man fears defeat and failure, as if the only criterion for manhood is the achievement of the status of superman (Hines, 1971). Thus, the delivery of an ill neonate runs counter to this American concept of manliness and may lead some fathers to perceive themselves as "being a failure."

The proportion of men to women who admit a particular fear is significantly related to its societal acceptability (Wilson, 1967). Society has mandated that men become

devoid of womanly things almost instantaneously from the cradle. This is enforced by society's making whatever is considered female a flaw, especially an honest display of emotions. MacMillan (1980) recounted his feelings during a time of grief: "It is okay for women to cry, people just expect it, but being a man and a father, one just does not cry. But so often I had to struggle to keep the tears away" (p. 1381).

Traditionally, a person is motivated to keep sex-typed behavior consistent with an idealized image of femininity and masculinity. Few men, however, admit attributes of psychological androgyny, a term that denotes the integration of femininity and masculinity within a single individual (Bem, 1979). Grief may be an emotion which conflicts with a man's idealized image, therefore inhibiting disclosure of such emotions.

The grief experience is unique for each individual: however, certain emotions can be anticipated (Deutsch, 1937; Engel, 1964; Kubler-Ross, 1969; Lindemann, 1944; Parkes & Weiss, 1983; Peppers & Knapp, 1980). Conflicts may occur (Kawalski, 1985) between the parents, especially if the mother does not understand her mate's seeming lack of emotion (Peppers, 1980) and hesitation in seeking social support (Estok & Lehman, 1983).

Literature on grief exists in maternal-infant nursing, however, in almost every instance the aspect of grief as it impacts the mother is the focus. Gaps in knowledge exist regarding the thoughts, feelings, and needs of the father. Emotional needs of both parents during a time of grief whether actual or anticipated, should not be obscured by fear of disclosure and confusion on the father's part. Expressions of grief whether overt or covert are a natural reaction to the loss of a significant individual, event, image, or object.

In a study of bereaved and non-bereaved parents, Miles (1985) concluded that further research regarding the impact of parental grief on the conjugal relationship needed to be explored. The effectiveness of interventions supported by research may prove to be more effective in the practice setting. Mina (1985), in attempting to assist parents who experienced a perinatal loss, devised a checklist for nurses to complete when a neonate dies. However, research was not an a priori consideration in developing the checklist or its ability to explore many needs; therefore, its usefulness for helping parents may be limited.

Effective interventions to ensure the healthy functioning and interactions of fathers are a dire necessity. Extended care facilities for chronically ill

and mentally incapacitated infants are virtually nonexistent. Federal funds for such assistance have been drastically reduced, yet optimum care of infants is mandated by 48 Federal Register 30846-52 [Annas, 1983(a); Annas, 1983(b)]. Interventions to strengthen the family system during a time of grief pose a challenge to health care providers. By qualitatively investigating the thoughts, feelings, and needs of fathers, we begin the process of developing interventions which have been researched with input from fathers.

Theoretical Framework

The theoretical framework for this study is based on discovery or grounded theory. This qualitative approach emphasizes an attempt to allow reorganization of grief to be structured from data obtained from informants.

Discovery or grounded theory was delineated systematically by Glaser and Strauss (1967). The authors state that grounded theory is theory which is derived from data and then illustrated by characteristic examples. It helps to alleviate attempts to forcefully utilize a theory that has a questionable fit and working capacity (Glaser & Strauss, 1967). They also state that theory which is based on data can usually not be refuted by more data or replaced by another theory.

Grounded theory allows processes which undergird a situation or unit to be discovered. This inductive method of theory generation requires that the researcher be attuned to the context in which the data are collected. Unlike the quantification aspect of experimental designs which entail application of a structured theory and hypotheses, the qualitative approach of grounded theory considers the evolution of dynamic processes as they emerge.

Grounded theory contains an inherent safeguard against the danger of imbalanced reliance on dogma or theories. Its explanation of key social structures or processes is derived from or grounded in the empirical data themselves (Hutchinson, 1986). It allows the reality of a culture or social unit to be presented in theoretical form instead of the inappropriate use of ill-fitting theories which only partially account for predictions.

Stern (1980) stated that grounded theory is appropriate in investigations of relatively unchartered waters or to gain a fresh perspective in a familiar situation. With the grounded theory approach, the researcher learns about the informant's environment and how it influences behavior as interactions are described and noted. The researcher becomes the student and the informant the teacher during an exchange of reality.

Glaser and Strauss presented four interrelated properties of grounded theory: (1) fitness, (2) understanding, (3) generality, and (4) control.

1. Fitness--Close correspondence to the realities of the substantive area is conceived as the underlying basis of the theory. The authors state that given fit grounded theory will make sense and be understandable to the people working in the substantive area. In essence, the theory will allow laymen to know what is going on in an area.

2. Understanding--Grounded theory that is designed for a specific hospital setting must make sense to the personnel working in that setting. The theory must possess the property of understanding because the personnel in the setting will choose a theory to apply. If it lacks understanding, it will not be utilized. Understanding of a theory will engender a readiness to use it because it sharpens their sensitivity to the problem which could lead to a resolution if the theory is utilized.

3. Generality--The theory must be abstract enough to allow it to be used as a guide to multi-conditional situations. Yet, the categories must not be so abstract as to lose their sensitizing aspect (Glaser & Strauss, 1967). The theory must be general enough to give a broadened total picture.

4. Control--"The person who applies the theory must be enabled to understand and analyze ongoing situational realities, to produce and predict change in them, and to predict and control consequences both for the object of change and for other parts of the total situation that will be affected" (Glaser & Strauss, 1967, p. 245). The theory must allow for flexibility in revising tactics.

Generation of Theory

Theories which are grounded in data may be substantive or formal. They are generated by a process called comparative analysis.

Kinds of Theories

1. Substantive theories--developed for a substantive or empirical area of sociological inquiry, such as patient care and dying patients. Substantive theory helps to generate new grounded formal theories and to reformulate previously established ones (Glaser & Strauss, 1967).

2. Formal Theories--developed for a formal or conceptual area of inquiry such as stigma, authority, power, and socialization (Glaser & Strauss, 1967). Ethnographic studies, substantive theories, and direct data collection are all, in turn, necessary for building up by comparative analysis to formal theory.

Theoretical Components

Theoretical components of grounded theory utilized for this study are condensed from the works of Glaser and Strauss (1967) and Smith and Pohland (1969a, 1969b, 1976).

1. Descriptive narrative--A careful, thorough, descriptive account is a prerequisite for grounded theory (Smith & Pohland, 1976). Individuals think in situational terms and a clear description aids in transference of the theory. "One needs to know the context out of which the concepts came and to which they will be referred back" (Smith & Pohland, 1976, p. 230). A detailed account lends richness to the cumulative effort of the theory. And finally, a detailed descriptive account helps the theorist to envision organizing and abstracting broader ideas, concepts, hypotheses, and models from concrete material.

2. Theoretical sampling--The process of data collection for generating theory whereby the analyst jointly collects, codes and analyzes his data, and decides what data to collect next and where to find it in order to develop a theory as it emerges (Glaser & Strauss, 1967, p. 45. Saturation is subsumed under theoretical sampling, and it is termed to infer that no additional data are found which contribute to the properties of the categories under consideration. Saturation occurs when a detailed

description is gleaned from the data and no more issues emerge; at which time the effort should cease.

3. Theoretical sensitivity and insight--In this component of grounded theory, Glaser & Strauss state that the investigator needs to be a highly sensitive and systematic agent. The following are some closely related principles:

a. The researcher as a person including his own cognitive acuity, training experiences, and ability to comprehend, analyze, synthesize, and evaluate what he observes.

b. The efficiency and effectiveness of the research techniques employed in a given study.

c. As one is able to discard preplanned, routinized, arbitrary criteria, one is able to exploit tangential issues which shed light on various facets of the central issue.

d. Unless one can communicate the totality of the setting, both the "outsiders" and the "natives" have legitimate cause for questioning one's concepts, hypotheses and theories.

4. Temporal aspects--Generating grounded theory requires a different time sequence than other methodologies. The authors noted that time is required for the following:

a. respites for reflection and analysis of the data already collected

b. the need to pace the "alternating tempo of his collecting, coding, and analyzing in order to get each task done

c. overextension of study in order to "know everything"

d. difficulties in accurately anticipating amount of time needed

e. time required to mine the contributing slices of data

5. Constant comparative analysis--It is concerned with generating and plausibly suggesting many categories, properties, and hypotheses about general problems (Glaser & Strauss, 1967). Any kind of qualitative information can be analyzed by this method according to the authors (i.e., observations, interviews, documents, articles). By comparing similar groups, basic properties of a category are identified.

In summary, "while coding an incident for a category, it is compared with the previous incidents in the same and different groups coded in the same category" (Glaser & Strauss, 1967, p. 106). The five components of grounded theory just examined will be utilized for this study to

ascertain the information. The approach of discovery will thus provide a more realistic picture of the actual experience. It will also lead to a decrease in speculation, an increase in clarification, and a presentation of evidence of the existence of the phenomenon of grief for fathers.

1. descriptive narrative ----------> thoughts
2. theoretical sampling ----------> thoughts
3. theoretical sensitivity and insight ----> feelings
4. temporal aspects ----------> needs
5. constant comparative analysis ----------> needs

Assumptions

The following assumptions were drawn from ethnography, grounded theory, and literature on grief:

1. Knowledge of all culture is valuable (Spradley, 1979).

2. Grief is a normal response to loss Kübler-Ross, 1969; Lindemann, 1944; Parkes, 1972, 1983).

3. Males are taught never to be passive, dependent, or to directly express feelings (Fasteau, 1974; Pleck & Sawyer, 1981).

4. Sex-appropriate behavior is a learned response which is reinforced by feedback from the environment (Ullian, 1976).

5. The traditionally sex-typed person is highly attuned to cultural definitions of sex-appropriate behavior and uses such definitions as the ideal standard against which behavior is to be evaluated (Bem, 1974).

6. Recovery and reorganization from grief is possible (Parkes, 1983).

Research Question

The research question to be addressed for this study follows:

1. What are the reported sex-types and reported thoughts, feelings, and needs of fathers following the death of their infants?

Definition of Terms

The defining of terms for the purpose of this study is a prerequisite:

1. Sex-type--characteristics internalized from societal, individual, and shared expectations which enable the individual to be categorized as either masculine, feminine, androgynous, or undifferentiated.

   a. masculine--characteristics which are assigned and expected of males.

   b. feminine--characteristics which are assigned and expected of females.

c. androgyny--a term which denotes equally high measures of femininity and masculinity integrated within a single individual.

d. undifferentiated--a term that denotes equally low measures of feminine and masculine characteristics integrated within a single individual.

2. Father--male parent of an infant.

3. Infant--offspring that died following a point of viability in utero or who died within two years following delivery.

4. Reorganization of grief experience--the ability to relive the events, thoughts, feelings, and needs which were presented as a response to the death of an infant.

a. thoughts--conscious contemplation of events related to the death of an infant.

b. feelings--intrinsic, conscious emotions which precipitate as a result of the death of an infant.

c. needs--tangible or intangible qualities which are desired and necessary to effect a normal grief experience following the death of an infant.

Limitations

1. No control can be exerted on the data submitted by the father on the Bem Inventory.

2. The findings can only be generalized to the sex-types reported by the participants.

Delimitations

1. Respondents selected for the study will be able to speak English.

2. The death of each infant cannot have occurred greater than 59 months prior to the study.

Summary

Following is the problem for the study: What are the thoughts, feelings, and needs of fathers whose infants have died? The purposes of the study are descriptive with an indication of relationships.

There is a need to re-examine the approach to fathers during the hospitalization and eventual death of their infant. Sex-typing and the need for interventions which relate to the reorganization of fathers' grief experiences should be considered. The framework for the study is derived from grounded theory. Assumptions underlying the study were obtained from the first and second pilot studies.

Here, again, the research question: What are the reported sex-types and reported thoughts, feelings, and needs of fathers whose infants have died?

CHAPTER 2

LITERATURE REVIEW

Grief can be described as a natural response to a loss. Individuals, regardless of their sex-type, experience the phenomenon. Awareness of grief and of the world is an individual dimension which expands the conscious mind as reorganization of thoughts, feelings, and needs are relived concerning the actual time of loss. The proposed study focused on these ideas.

A review of the theoretical and empirical literature was conducted to provide support and to aid in understanding the concept for this study. The subject matter has been divided into categories for purposes of examination. Categories of literature have been examined: normal and pathological grief, fathers, and sex-typing.

Normal Grief

The experience of grief is manifested by a constellation of physical, psychological, spiritual, and social indicators which present as a response to the anticipated permanent loss from everyday existence of a valued person, object, image, or other tangible or

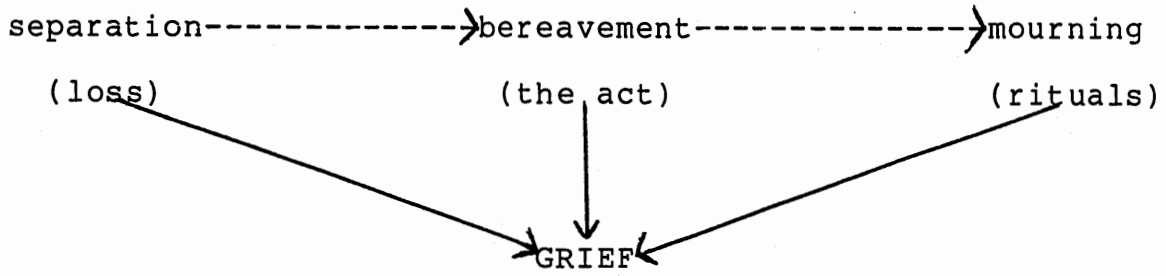
intangible item or quality. The essence of the phenomenon has been the subject of debates, paintings, poetry, and songs for centuries. Yet, the complexity of the concept defies simple interpretation.

Confucius (551 to 479 B.C.) approved of long mourning periods for parents. He also incorporated in his doctrine that friends and family should automatically gather around the parents and offer support. Lavish funerals were advocated and also ridiculed (Creel, 1972).

In medieval times, cures for normal and pathological grief (withdrawal melancholy) ranged from blood-letting to enormous doses of opium. Prolonged wearing of grief symbols of the past have fluctuated from the traditional black veil for women and the arm band for men, to the present day tendency toward individual meanings attached to symbols.

Gordon (1979) stated that grief is not a specified emotion like depression or anger, but rather a constellation of feelings that can be expressed by many behaviors, emotions, and thoughts. Gordon also stated that grief can be resolved by many modes and symbols.

Terms used interchangeably in society but clarified in the literature to indicate grief are bereavement and mourning. The following diagram depicts the progression from the actual loss to the display of emotions.



(constellation of emotions)

Grief involves physical, emotional, and mental changes in response to a significant loss, whereas mourning may transpire when loss or death has produced little or no emotional investment. Mourning may also entail attending to cultural rituals.

Bereavement is defined as the act of separation or loss that results in the possible experience of grief. The response of a survivor includes mental, somatic, and social patterns, and the term is also referred to as "the period of bereavement" (Dunlop, 1979; Irma, 1983; Miles, 1985). Once bereavement occurs, if the loss was significant, the person may experience grief as a normal response or as a pathological response, which is abnormal. If the loss was not significant, then mourning or rituals may proceed. According to Parkes (1972), a person experiencing normal grief may appear to be preoccupied initially. Later, hostility may become overwhelming. Next, the individual

becomes isolated socially which may be viewed as an appeal for help and support. Finally, reorganization of one's life is viewed as a termination phase of the normal grief process.

Engel (1964), a stage theorist, sees the process of grieving as being synonymous with the process of healing. In 1960, in a philosophic approach in the form of a Socratic dialogue, Engel posed the question, "Is grief a disease?" Dunlop (1978) states that grief is not an illness or a medical condition, but a psychological condition, and relief from its frequently agonizing symptoms lies within each individual.

The stages of grief according to Engel (1964) are as follows:

1. Shock and disbelief--The survivor may respond with a refusal to accept or comprehend the fact, often crying out, "No! It can't be!" This reaction may then be followed by a stunned, numb feeling in which the grief-stricken person does not permit himself any thoughts or feelings which acknowledge the reality of death.

2. Developing awareness--The reality of the death and its meaning as a loss begins to penetrate consciousness in the form of an acute and increasing awareness of the anguish of the loss. Anger may erupt toward persons or

circumstances held to be responsible for the death. Emotional displays of grief may be noted here.

3. Restitution--It involves a gathering together of family and friends who mutually share the loss, although not all to the same degree. There is acknowledgement of the need for support of the more stricken survivors whose regression is accepted. Memories of the dead are shared, devoid of negative traits.

4. Idealization--All negative and hostile feelings toward the deceased are repressed. Regrets for past acts or fantasies of hostility, inconsiderateness, or unkindness may be exaggerated. The mourner, consciously and unconsciously, begins to take on positive and negative traits of the deceased. Later, the identification with the ideals, wishes, and aspirations of the lost person provide an impetus to continue in life. As the psychic dependence on the deceased diminishes, the mourner's interest in new relationships begins to return.

Engel also stated that grief without tears is incomplete. Tearless grief indicates that the work of mourning has not been finished. It may indicate excessive ambivalent feelings toward the deceased and undue guilt on the part of the mourner. An individual's progress through

the phases may not appear to transpire in sequential order, and progress through the process is individualized.

Parkes has made many significant contributions to grief theory (1959, 1972, 1983). He is renowned for his studies with widows and widowers. Parkes is a stage theorist whose concepts are presented, of course, in the form of stages. In essence, the concepts presented in his theory address the phenomena or behavioral and physical indicators of grief in categories. Parkes and other stage theorists (Bowlby, 1964, 1981; Engel, 1961, 1964; Kubler Ross, 1969, 1981; Lamers, 1979; Lindemann, 1944, 1945) have stated repeatedly that the categories or stages are not self-contained. The symptoms do not necessarily adhere to a linear progression. The indicators as categorized are useful in the clinical area to aid in more expedient assessment.

Parkes (1972) described grief as a process of realization whereby internal awareness is brought in line with external events. Temporal frames delineated when assessing the indicators: antecedent, which could be assumed to have been present before bereavement; early reaction, which covers the first three to four weeks of bereavement; and later reaction, which covers the period between three to eight weeks and sometime in the future.

The concepts of Parkes (1972) stage theory of grief are expressed below:

1. numbness--In which the deceased individual or other loss consumes all time frames of the griever. Individuals report feeling unusually numb and unable to attain a sense of reality. This stage also includes physical indicators such as crying, sighing, gastrointestinal changes, difficulty sleeping, and shortness of breath.

2. pining--The griever longs for the return of the deceased. Rationalizations are usually offered. Hostility is also evident in this stage. The anger may be projected toward the deceased, health care providers, significant family members, or friends. The anger is a result of having to be deprived of the deceased.

3. depression--The individual is still unable to continuously focus toward the future without the deceased; however, attempts begin to be made. The griever may now accept visitors without hesitation.

4. recovery or reorganization--In this stage the griever is able to talk about the deceased and to reshape life. Parkes specified that thoughts, feelings, and activities of the griever during the time of most overwhelming emotions may be discussed in this phase.

Reorganization is individualized. Two or more years are often required before this stage is reached. The concepts of grief by Parkes (1972) and other stage theorists are included in Figure 1.

Stage Theorists	No. of Stages	Response			
		Physical	Psychological	Social and Spiritual	Termination
Kubler-Ross	4-5	denial and shock	rage and anger	bargaining	acceptance
Lindemann	4	shock and disbelief	acute disphoria	social withdrawal	resolution
Bowlby	4	numbness and shock	pining and yearning	disorgani-	reorganization
Parkes	4	preoccupation	hostility	appeal for help and support	reorganization
Engel	3	shock and denial	developing awareness	---	resolution
Lamers	4	protest	despair	detachment	resolution
Event: permanent loss of significance or separation		shock	anger	rationalization	resolution
		behavioral indicators	b.i.	b.i.	b.i.

Figure 1. Stages of grief.

More succinctly, Kübler-Ross's classification of the stages of anticipatory grief in the dying patient are as follows:

1. denial and shock
2. anger
3. bargaining
4. depression and beginning acceptance
5. acceptance (1969)

A good grasp of the sequence of events characterizing normal grief and the meaning of each is essential if one is to assist a griever. Knowing what is normal allows one to identify the pathological (Kübler-Ross, 1969; Reed, 1981).

Sultz (1978) mentioned anticipated grief which involves a prolonged illness or death of an old person as carrying low grief responses. He further stated that unanticipated grief due to an accident, sudden illness, or death of the very young carries with it severe consequences. Whether anticipated or unanticipated, hopefully the grieving process will be effected.

In contrast to the grief stage theorists, Bugen (1977) offers a model based on two dimensions: (1) closeness of relationship, and (2) mourner's perception of preventability of the death. The author stated that the two dimensions are identified as prime predictors of the

intensity and duration of bereavement. However, the model does not apply to anticipatory grief. Bugen contends that a number of theoretical weaknesses and inconsistencies exist among the stages of grief.

Many weaknesses viewed by Bugen are considered strengths by this author. Bugen maintains (1) that stages are not separate entities, (2) that stages are not successive, (3) that it is not necessary to experience every stage, (4) that the intensity and duration of any one stage may vary idiosyncratically among individuals. The fifth controversial weakness may indeed be the only true weakness of the stages of grief and that is, little empirical evidence is offered by proponents to substantiate the theory of stages.

Centrality is a component of Bugen's model, and it refers to the closeness of the relationship between the mourner and the deceased. However, Bugen does acknowledge that centrality possibly refers to a person to whom the survivor had become behaviorally committed through daily activities.

Centrality, nevertheless, may not apply with fathers of neonates in an intensive care nursery. Centrality would be difficult to measure in this context. The relationship process may have been initiated in utero when the baby

began to respond to stimulation; however, the "en face" interaction did not transpire, which requires active participation by both participants.

The symptoms of grief are seemingly so severe that friends and relatives unknowingly attempt to rechannel the griever's attention to other less traumatizing topics, not realizing that the process is a normal reaction to a loss, and that absence of grief is pathologic. Yet, sympathetic onlookers persist in the rechanneling behavior. Many will admonish children to be strong; however, they may be unaware that the admonition may contribute to the continued repression of emotions in the future. In any case, the expediency of the flight from grief is but a temporary gain, the necessity to grieve still persists in the psychic apparatus (Deutsch, 1937) and may be manifested in the form of a physical illness later (Lindemann, 1945).

Benfield, Lieb, and Reuter (1978) determined the grief response to perinatal death of 50 mother-infant pairs by administering a questionnaire and also by conducting a semi-structured interview during the postmortem period. Three hundred and ten deaths were registered from July 1974 to March 1977 and 187 or 60% of the parents returned for follow-up discussion and autopsy findings.

Parent grief was not significantly related to birth weight, duration of life, extent of parent-infant contact, previous perinatal loss, or parental age. As measured by a parent grief score, maternal significance exceeded paternal grief ($t=5.89$, $p>.001$). Possible explanations offered by the authors for the lowered paternal scores were:

1. Men may be discouraged by societal norms which stigmatize an open display of emotions.

2. Lower scores may reflect a form of denial.

3. Some fathers may experience a delayed grief reaction months or even years after the death.

Rowe and Clyman (1978) conducted a study by telephone interview. The researchers interviewed 26 families who had experienced a perinatal loss in the past 10 to 22 months. Maternal age ranged from 14 to 42 years (mean 25 years). The average hospitalization ranged between a few days to six months (mean 11 days). Fifty-four percent of the 26 mothers interviewed had become pregnant following their infant's death. The mothers who had no living children were significantly more likely to become pregnant again ($p>.05$). Six of the 26 (23%) mothers interviewed in the study were judged to have morbid and prolonged grief reactions 12 to 20 months following the infant's death. The researchers noted that follow-up contact by phone or in

person increased understanding of the grief process significantly. Mothers who had in person follow-ups were more likely to be satisfied with the information they received. The results also indicated increased pathologic risks to succeeding infants and the parents to have another baby before allowing sufficient time to grieve the present loss.

Butterfield (1982) incorporated 27 married women in a pilot follow-up study. Each was interviewed at three and nine months following the loss of their infants. All mothers interviewed reported marked sadness or depression at three months, while 85% reported identical feelings at nine months. In an effort to improve this aspect of neonatal care, the investigator implemented a new program based on a modification of the principle of the Hospice Movement. A Family Room was established close to the nursery staff which covered bonding and attachment, grief and loss, counseling, and ethics. As a result of the study, the investigator noted (1) improved family experiences of the newborn loss; (2) improved staff acceptance of the complex issues surrounding the death of a newborn, such as grief; (3) improved follow-up care provided for the family by the staff.

Clyman (1980) conducted a study with a sample of 35 families following the death of their neonates or fetuses. The families were interviewed two to four months later and 75% felt a need for follow-up consultation. Autopsy findings, events leading to the death, and personal experiences regarding the grief process were discussed. Most of the families reported somatic problems, 16 families talked about feelings of abandonment by friends and relatives. Each interview lasted one to one and one-fourth hours, and a detailed summary was prepared. However, the author did not present demographic data or statistical results that would substantiate his conclusions.

Yeaworth and Kapp (1978) administered a questionnaire to 108 freshmen and 69 seniors in a baccalaureate nursing program. The freshmen consisted of 106 females and two males, 99% of whom were less than 20 years of age. The seniors participating were female, with 81% aged 20 to 25 and 15.9% aged 26 to 35. The senior students had been exposed to a new integrated curriculum that included a class on loss and grief, death and dying, plus a clinical assignment to care for a dying patient. Compared to the freshmen, the responses of the senior students indicated greater acceptance of feelings, more open communication, less use of stereotyped attitudes, and broader flexibility

in relating to dying patients and their families. The authors found that exposure to a structured curriculum had a significant influence on the students. The design was cross-sectional, the data were subjected to chi-square analysis and a t-test with a statistical significance of p=.01.

Legrand (1981) conducted a descriptive study which investigated the dynamics of the loss response in college students through a comprehensive analysis of their views and experiences over a two-year period. The study was designed to determine the types of major losses experienced, ensuing physical and psychological responses, coping mechanisms, and students' explanations as to how they might have been better prepared to deal with loss.

The authors examined responses and findings of 1,139 subjects. They noted that women were more willing to talk about their losses than men. The subjects listed physical reactions which included crying, headache, nausea and vomiting, digestive disturbances, weakness, exhaustion, insomnia, backache, numbness, cold, chills, skin rash, and labored breathing. Crying was a way of coping for more than half of the subjects. Events considered to be major losses by many students ranged from a course failure, death

of a loved one, and divorce of parents, to the end of a romantic relationship.

The author did not indicate the type of statistical test applied or how the 16,898 observations mentioned were collected. He did state acceptance of emotion by another tends to promote understanding.

Hampe (1975) attempted to determine whether the spouse whose mate is terminally ill or has died can recognize existing needs and whether the spouse perceives that the needs were met by nurses. Twenty-seven spouses were interviewed during the terminal illness of their mates. Subsequently, 18 mates died; one-half of the spouses were interviewed after the death. Data were collected by means of tape-recorded semi-structured interviews using open-ended questions. Eight needs of grieving spouses were noted. Twenty-five spouses identified eight needs, and two spouses identified five and seven needs, respectively. The author noted that emotional support for the spouse or mate was not expected from the nurse, nor was it perceived as having been given. The author also stated that nurses must accept the responsibility of involvement and not turn the grieving spouse away or feel that only a physician can deal with grieving spouses' emotions. Nurses must use assessment skills and work with the patients and families

to help each cope realistically. The author did not list statistical data used to compile the results of the needs.

Dracup and Breu (1978) applied the results of the research by Hampe (1975) to a coronary unit. A standardized nursing care plan, based on Hampe's eight research-identified needs of grieving spouses was developed by staff nurses in an intensive care unit. The 13 spouses of acutely ill coronary patients who had received specific nursing interventions reported none of their needs were met by nurses compared to 13 spouses on whom base-line data were collected prior to the adoption of systematic nursing interventions.

When each demographic variable was compared between the two groups of spouses, those who received nursing intervention and those who did not, no statistical differences were noted in any category. Chi-square was used to compare responses of the baseline and outcome data in each individual need category. The author stated that implementation of a standardized nursing care plan did affect the number of spouse's needs being met.

According to Towns (1980), emotion is an inside thermometer which is affected by outside events. When a person is in grief, weeping is an impulse toward expressing actions which comes from inner feelings. Towns also stated

that the first step in dealing with weeping is to realize the fact that it is an emotion and that it is nature's way of helping us to release inner pressure.

Collins (1986) gave an extensive account of follow-up care for a mother following the death of her baby. Counseling is provided for all mothers who experience a death. Care for fathers was not mentioned. However, the author did conclude that support and encouragement are needed by the mothers and their husbands.

Miles (1985) recounted a scenario which presented itself during a counsultation visit with a family. After telling the couple and the maternal grandmother that their newborn infant was not going to live, the two women sobbed and talked about their pain. Miles noted the silence of the father as he sat alone with a saddened expression. Finally, the grandmother said, "He has to be strong for the both of us." Miles interjected, "Perhaps, but I know that fathers have lots of tears and many sad feelings, too. It is okay if he is not strong for you. You can all grieve together." After which, tears came to the father's eyes, and his wife reached out to him. Fathers then are put in the role of the strong one, even though they are equal parents of the baby. All too often, we assume that fathers need less support than the mother (Walker, 1986).

In American society, however, it is difficult for men to cry, in that many look at weeping as a sign of weakness (Goldberg, 1986). Many fathers have conformed to a society which urges men to "carry on," "chin-up," and "keep-busy." Some fathers have accepted a false axiom that sorrow carries a stigma and must be overcome fast (Goldberg, 1986; Kreis & Pattie, 1969).

Pathological Grief

Freud (1917) stated that hypercathexis is a process that requires the mourner to turn his back on the real world and invest free energy in the struggle to decathect the loved object. Freud also suggested a more positive outcome for the bereaved person who faces up to the loss than for the one who avoids thinking about it. He added, "that which does not kill makes me stronger and grief develops the power of the mind" (p. 3). However, not all individuals possess the psychic energy or support system to withstand the emotions centered on their loss.

Pathological grief appears to be a function of the individual's successful or partially successful avoidance of normal grief stimuli (Brasted, 1984). Pathological grief often follows punishment of appropriate attempts to grieve by well-meaning members of the support system. A couple who tries to deal with an infant's death by avoiding

the subject may have pathologic grieving for many years. Often the marriage experiences tension and ends in divorce (Hildebrand, 1980; Miles, 1985(b); Wilson & Soule, 1981).

Unresolved or pathologic grief refers either to the absence or to the prolongation of normal grief (DeVaul & Zistook, 1976). "It is identified clinically by the presence of (1) painful response to recall of the deceased (crying spells or inability to cry), (2) realization of not having accepted the loss or of not being able to grieve, and (3) unaccountable depression, emergence of medical symptoms on the anniversary of the loss, or both" (p. 268). The authors noted some of the reasons associated with the inability to grieve: socially unacceptable (suicide); separation from the loss and family support (not notified of the death); uncertainty (missing in action); and psychologic conflicts (multiple deaths, overinvestment in the loss, a history of unresolved losses, intense love, and hatred for the deceased) (DeVaul, 1976).

Examples of pathological grief have been noted throughout history. One example appeared in a discussion of Greek mythology and death by Thaler (1966). He stated that Queen Niobe had seven sons and seven daughters, and it is alleged that she was inordinately proud of them. She derided the goddess Leto for having only two children,

Apollo and Artemis. In revenge for the arrogance of the mortal queen, Leto's two children killed all of Niobe's fourteen. Niobe's grief was so extreme that she turned into a statue, frozen forever in the attitude of grief. Her only signs of life were the tears which streamed down her face. This example indicates permanence, immobility, and the perpetual existence of physical and psychological indicators of grief which are all aspects of pathology.

A second example appeared in the writing of Dunlop (1978) and Parkes (1983). Prince Albert died in 1862 and Queen Victoria is reported to have mourned his death for the remainder of her life. They were supposedly mutually dependent on each other. The Queen remained almost in seclusion for years, she slept beneath a large painting of Prince Albert in his coffin, and she had a servant lay out the prince's clothing every morning.

The work of the controversial author, Virginia Woolf, at the beginning of the century has been critically explored on various levels. However, one such explorer, Spilka (1980), maintains that Woolf was in a state of pathological grief because of the loss of her mother as a child. Many of her characters, Mrs. Dalloway, Julia and Stephen, and Lily Briscoe, are said to portray her deprivations and her pining and longing for the

reappearance of her deceased mother. Spilka noted that Woolf put her dead mother's replacement in her writings in a position to give her heroine the kind of support and guidance she was deprived of because of her mother's death.

Lindemann (1944) classified the surface manifestations of an unresolved treatable grief reaction into nine categories:

1. overactivity without a sense of the loss
2. the acquisition of symptoms belonging to the last illness of the deceased
3. a recognized medical disease, a group of psychosomatic conditions, predominately ulcerative colitis, rheumatoid arthritis and asthma
4. alteration in relationship to friends and relatives
5. furious hostility against specific persons
6. activity and conduct resembling schizophrenic pictures
7. lasting loss of patterns of social interaction
8. activity which is detrimental to social and economic existence, that is, uncalled for generosity, foolish economic dealings
9. finally, to agitated depression, tension, insomnia, bitter self accusations, feelings of worthlessness and obvious need for punishment.

Lindemann (1945) examined 45 patients with ulcerative colitis which had been verified by proctoscopic examination, psychosocial history, personality make-up, and their response to therapeutic interviews. The history showed various forms of bereavement as the most important precipitating factor. For 26 of the 45 patients, a close time relation existed between the loss of an important person and the onset of the illness. Ten other patients ceased to interact with an important person because of disillusionment or rejection. A surgical procedure preceded the onset of illness of four patients.

From the review of the literature and the examples cited of pathological grief, it can be noted that permanence of the symptoms of grief over time characterizes a diagnosis of pathological grief. If a health care professional is to identify the normal, then knowledge of the abnormal is required.

Fathers

Fatherhood is one of the most neglected family roles, yet it is undergoing some radical changes (Bozett & Hanson, 1986a). These changes as speculated by Bozett (1986b), have progressed in society and literature over an extended period of time.

In 1937, Mead stated that fathers are a biological necessity but a social accident. This statement is a verbalization of the tone of that era regarding fathers. All too often in the past, fathers have been disregarded during pregnancy and delivery, and, even more so they have been overlooked during the death of their infant.

Today, the emotional needs of fathers are in question. It is not a matter of the tasks a father performs to bind a family together. But consideration is being given to his reaction in regard to events which occur within the family.

"Mommy, if the doctor brings the baby in his bag, and if Santa Claus brings us toys; if God will punish me when I am bad, and if money grows on trees; why do we need Daddy?" (Appleweig, 1971, p. 71). Similar words are not unknown when questioning the status and existence of a father within a system. Since prehistoric days, when the father hunted for food and the mother nursed babies, the duties of the father have been delineated without addressing his emotional reaction to changes. As our American culture changed from being a predominantly agrarian society to being highly technical, the male has been forced from the center of the family structure to the outer perimeter. Finding a niche in the family system and owning up to real and identifiable

emotions is an arduous task for fathers, however, it is one that requires much introspection.

A historical view of the nature of fathers is presented for clarification. Studies designed specifically to investigate the grief experience of fathers are non-existent. Therefore, a literature review regarding the expectations of fathers from 1750 to the 1980s is included.

In 1750-1850, Anglo American fathers appeared as peripheral figures in domestic sanctuaries (Scholten, 1985). The family was the father's empire, and it was accompanied with unlimited rights to the custody, control, and services of children (O'Neill & Kuddick, 1979). A man's first duty during this period was to marry a virtuous woman which would ensure morally developed offsprings (Scholten, 1985).

Between 1920 and 1935, fathers were viewed as economic providers. They were considered to be hardly more than visitors in their own home. They were often seen as the stern disciplinarian without feelings. Success as a father still meant devoting main efforts to providing economic security, plus better opportunities for his children than he had.

In the late thirties fathers were seen to make a psychological adjustment from the patriarchial pattern to a

more democratically based family life. This transition carried with it a loss of prestige (Foster, 1939). Foster, a psychologist, stated that as social and economic conditions of the thirties changed, the roles of men and women shifted and fathers found it difficult to know where to turn for help and guidance concerning their role.

During World War II a large number of homes had soldier fathers who had been absent for years. Many mothers worked for the first time outside their homes in factories. The return of both parents to the home led to the transitional democratic home with a developmental father--who was a guide, a teacher, and a companion (Ellenwood, 1943). Fathers were still considered to be important, but only in a mild sort of way (Ellenwood, 1943). The postwar years were especially traumatic for fathers, as they had to contend with maternal dominance.

In the fifties, Gomberg (1951) predicted that society was moving towards an era when less importance would be placed on the difference between the mother and the father on the basis of social activity and responsibility. Emphasis would be on inner personal fulfillment and the inner self image of a person who was respected and loved. Yet, Gomberg stated that the mother would continue to dominate and the father would be the disciplinarian.

Gomberg and other writers blamed rapid social changes in the status of women as leading to alterations in the status of men. Bowlby (1951) wrote that today's father is of no direct importance to the young child, but he is of indirect value as an economic support and emotional support to the mother.

In the sixties, the confusion within the role of the father reflected existing ambiguities within the social system. The role of the father was considered important. No longer was he expected to perform couvade duties (smoking, pacing, and drinking coffee) in the delivery waiting room. Trethowan and Conlon (1965) define couvade "as a state in which physical symptoms of various kinds occur in husbands of pregnant women and use of psychogenic origin and connected in some way with the pregnancy" (p. 58). Couvade also includes rituals which exist within a given culture and are expected practices. In the late sixties, more and more fathers (the percentage is still small) were allowed in delivery rooms.

The seventies began to focus on the beginning importance of a relationship between fathers and their children. By some authorities, fathers were considered to be co-parents with equal responsibilities in child rearing. However, DeFrain (1977), following a review of popular

parenting manuals between 1973 to 1974, concluded that the majority of such guides either implicitly or explicitly endorsed the traditional role of father as breadwinner and mother as the nurturant caretaker.

Today in the eighties, fathers are rightfully claiming their ability to nurture. They are finally being considered as sensitive caregivers for their babies. A large majority of fathers are totally involved with their newborn's delivery and child-rearing practices. For example, he is involved with club meetings, school programs, and baby care. Today's father will easily acknowledge his concern as well as his plans for the rapidly developing child. He is willing to share his feelings when society is willing to listen. Yet, this sensitivity is accompanied with ambiguities in his not being allowed to express feelings contrary to societal expectations, for example.

A man and a woman on becoming pregnant internalize the need to focus their energies toward new roles of father and mother. To that end, the expectant father seeks many ways to clarify role transition to effect role taking (Clark & Alfonso, 1976; Meleis & Swendsen, 1978). The newborn is often seen as a narcissistic extension of the father, a proof of the father's manliness, and a challenge to the father's uneasiness about his inadequacy (Hines, 1971).

Marvel (1983) in the Dallas Times Herald stated, "I can bring home the bacon and fry it up in a pan. But am I ever allowed to forget I am a man (p. 4)?" A father is very much a flesh-and-blood creature with needs and motives of his own. We grow up in awe of our fathers only to learn they are not formidable. All the time they were rattling their swords at us they were really terrified (Marvel, 1983). A father's behavior is very consistent with his needs, although it often appears inconsistent and incomprehensible to others (Reynolds, 1978).

McKee (1982) stated that interest in fathers as a research topic stems from societal changes which challenge traditional male and female roles, and these roles affect the character of modern family life. Changes noted by McKee bear mentioning:

1. The impact of the women's movement on women's perceptions of their maternal and domestic roles
2. The increase of improved job opportunities and employment
3. The increase in single-parent families
4. Family planning
5. The decrease in the number of two parent and two children families.

Other changes cited are the increase in unemployment, the shortening of the work week, the emergence of a men's liberation movement and the assumption of paternal responsibilities and duties toward children.

In a society in the midst of changes in family structures and social norms, consideration of men's experiences as parents leads to assessment of deeply held assumptions about the nature of family life (Miller, 1978). It can be concluded that the emotional needs of the father are in a state of flux. The significance of fathers in the family system in the past has paralleled social changes. In the future, consideration of his emotional needs will change. If the stability of the emerging family is to be considered, then the influence of a topic such as grief for each family member and the family as a whole must be considered.

Sex-Typing

Distinctions in sex-typing are made by society when a new baby is born. The question asked is, "Is it a boy or girl"? Since time began distinctions have been made between genders. Nursery rhymes have contributed to reenforcing the "girl-nice, boy-bad image." With riddles such as, "What are little girls made of? They are made of sugar and spice and everything nice. And little boys?

Cats, snails and puppy dog tails." My, what a concoction! It is indeed enough to initiate and reenforce differences in the early years.

The masculine role says that males are supposed to seek achievement and suppress emotion. They are to work at getting ahead and staying cool (Pleck & Sawyer, 1981). Males are taught that big boys don't cry and that real men don't get too excited, except at events such as football games. Men suffer in many ways that may relate to the strain their emotional denial places upon their bodies. Compared with women, men die younger, have more heart attacks, and contract more stress diseases (Pleck, 1981). Jourard (1964) noted that men are less aware of their own emotional life, disclose themselves less to others, and find more difficulty in loving and being loved.

Two schools of thought exist regarding sex role development and sex-typing: (1) few sex differences in personality are evident that are not a function of learning, and (2) masculinity and femininity reflect norms and values which are internalized by children through direct cultural transmission (Ullian, 1976). In essence, a theoretical and an ideological distinction are in effect.

Theoretically, studies focus on the ages at which children's beliefs conform to socially accepted standards

of masculinity and femininity, and attempt to isolate the background variables which are related to sex-typing (Greenstein, 1966; Hetherington, 1965). From pre-school age onwards, children label the mother as more nurturing and nicer, while the father is viewed as more competent, powerful, punitive, and fear-arousing. Much of theorizing, according to Ullian (1976), is about the development of sex-role identity which is based on empirical data. Attributes are acquired through observation (Mussen, 1969), identification (Sears, 1970), and modelling (Bandura, 1968).

Bem (1974) first used the term psychological androgyny to denote the integration of femininity and masculinity within a single individual. The traits of males and females are clearly delineated within our American culture, according to Bem. Individuals vary in the extent to which they use cultural definitions as idealized standards of femininity and masculinity for evaluating their own personality and behavior (Bem, 1979). An androgynous individual is supposedly less attuned to cultural definition of either sex type.

Crosby, Jose, and Wong-McCarthy (1981) recommend a deemphasis on androgyny. The authors cite several reasons:

(1) miscategorization problems exist among researchers, (2) sex-role and self-concept did not predict conversational behavior, (3) feminine subjects and not androgynous ones were the most situationally adaptive, and (4) the concept is laden with latent morality.

Meanwhile, Kaplan (1980) suggested that male and female characteristics can be combined, at any point in time, into hybrid characteristics that represent a blending of the original sex-linked behavioral roots. Kaplan also contends that an individual could exhibit assertive dependency, recognizing and accepting legitimate dependency needs and seeking ways in which these might realistically be met.

The undifferentiated sex-type may pose still another question: What is the character of the individual who is measured as being low on masculinity and feminity?

Androgynous individuals can respond to a situation on the basis of what is appropriate for that situation rather than on the basis of what is expected for someone of their gender (Kaplan, 1980). They are, in essence, freer to express their own personality styles without the constraints of arbitrarily imposed sex-role expectations.

According to Goldberg (1986), a noted authority and author on men and masculinity, the more masculine a man

is the more he operates like a machine. Male rage is exhibited by withdrawal, drinking and overworking. He disconnects and does not communicate "because his sense of responsibility and masculinity prevents him from complaining, that is, until he finally explodes" (Goldberg, 1986).

Summaries of classic research on gender orientation differences are included. Sherman (1971) noted that the male social role expectations appear to be more strongly biased against admission of fear, anxiety, and weakness and that they are bound by convention to show bravery. Bendig (1959) found no significant difference among female and male college students in covert anxiety but a significant difference in overt anxiety. Wilson (1967) found that the proportion of men to women admitting a particular fear was significantly related to its social acceptability.

The emotions of grief may easily be expressed by the feminine and androgynous father. These sex-type fathers may acknowledge their closeness to their infants and may possibly be aware of their thoughts, feelings, and needs, thereby having a greater tendency to seek assistance and support.

Summary

The review of the literature focused on research and exposés on normal and pathological grief. Literature which addressed grief for mothers and fathers was reviewed. The lack of research regarding the thoughts, feelings, and needs of fathers was noted. A historical perspective on the nature of fathers was presented. A view from 1750 to present day considerations for this study were included. Sex-typing completed the literature review, and theoretical and ideological distinctions were made.

Gaps in knowledge exist regarding fathers and grief. The present investigation will provide data regarding the thoughts, feelings, and needs of fathers which will assist to bridge the gap.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

For this study a descriptive, constant comparative, ethnographic design was used. The investigation of the thoughts, feelings, and needs of fathers following the death of their infant and a report of sex-types is a qualitative study with quantitative aspects.

This descriptive methodology incorporated principles of ethnography to obtain information from informants by using nonprobability sampling. Ethnography offers the chance to step outside one's cultural background, to set aside socially inherited ethnocentrism, and to comprehend the world from the viewpoint of other human beings.

Most important for the proposed study, data obtained from the informants will be useful in the production of hypotheses to be tested more vigorously in subsequent research (Glaser & Strauss, 1967; Polit & Hungler, 1983; Spradly, 1979).

Setting

The investigator conducted the interviews in homes, offices, church affiliations, hospital lobbies, and in

other areas where privacy could be maintained. Attempts were made to decrease distractions in the setting when the interviews were conducted. The comfort of the informant was anticipated prior to initiating each interview.

Population and Sample

The research population consisted of fathers who had experienced the death of their infant. The deaths had transpired within 58 months prior to the study.

The sample consisted of 44 fathers, informants, who consented to participate in the study. The informants were both members and non-members of support groups in 30 cities within eight states. Five of the 44 were excluded because they were included in the second pilot study. Five other subjects were excluded because of inaudible cassette tapes. One subject was not entered in the data analysis because he did not complete the BI. The sample for the study included 33 of the 44 informants interviewed from seven states.

Some informants were recommended by physicians and group facilitators contacted by the investigator. The remaining informants were either respondents to a news article, a news release, referred by other informants, a family member, or a friend.

Protection of Human Subjects

Permission to conduct the study was obtained from the Human Subjects Committee of Texas Woman's University. Efforts were taken to protect the rights and welfare of the participants. Each participant was given an informed consent sheet. An explanation of the nature of the study and the time required to conduct the interview was provided initially. Risks and benefits were discussed with the informants. The informants were advised of their right to withdraw from the study, and measures for confidentiality and anonymity were made.

Due to the sensitive nature of the interview, the investigator attended to the need to treat each informant with dignity and respect. An atmosphere was maintained by the investigator which provided each informant with freedom to respond to each question.

In the explanation provided for the informants, the investigator emphasized that the data collected would be used solely for the purposes of the study. The purposes were explained (1) to provide information which will assist health care providers in caring for fathers of infants, and (2) to identify thoughts, feelings, and needs of fathers of infants who died.

Each informant was given an option to receive a condensed summary of the study. If a summary was requested, the informant was asked to sign a space provided on the consent form. Other informants chose to add a statement to the consent form which would allow the investigator to utilize their recorded voice.

Instruments

Two instruments were used to collect data for the study: Bem Inventory (BI) and an Interview Guide (IG).

1. The BI (Bem, 1974) was used to assess the degree of sex-role typing. The inventory is composed of sixty personality characteristics. Each informant was asked to indicate how well each personality characteristic described him according to a seven-point scale.

Each informant received a masculine, feminine, androgynous, or undifferentiated score. An integrated or androgynous score represents equal endorsement of both masculine and feminine characteristics (high score on each). A father who was sex-typed as undifferentiated received low scores on both masculine and feminine characteristics as indicated.

Bem reported test-retest reliability of .76 to .94, and a validity range of .75 to .90. The instrument has

been used in numerous settings and with a variety of age groups.

2. The Interview Guide (IG) was devised by the investigator utilizing data obtained from fathers during the first pilot study and from years of studying the phenomenon of grief. The thirty item guide includes specifications for debriefing the participants. According to Kerlinger (1973), the use of an interview guide should not forego the incorporation of validity and reliability. Interrater reliability of 76% was obtained with a corrected Spearman of 91%. Content validity of 94% was obtained for measuring thoughts, feelings, and needs.

Six experts participated in assessing the guide. One nursing professor (doctorate), two master's prepared maternal-infant nurses, and three master's prepared medical-surgical nurses. Suggestions were obtained from each expert, and revisions primarily included syntax.

First Pilot Study

Prior to the pilot study, the investigator assessed her perception of fathers and men during social interactions as well as grief. A great deal of introspection was entailed. All conversations and social interactions with men were analyzed. Utilizing principles of ethnography, the investigator felt compelled to assess

the communication styles of men. Ethnography is the work of describing the reality of another by learning from informants. From interactions over the years, important points surfaced which required consideration for a successful investigation: (1) men fear disclosure of their thoughts, feelings, and needs; (2) men like to help others; (3) men are protective of their domain; (4) men will disclose if they sense that the receiver can be trusted; (5) fathers are often overwhelmed by their new role and any change of events compound the issue; (6) men will contribute minimally to a conversation concerning emotional topics; and (7) topics may surface which are incongruent with the investigator's philosophy.

These points were incorporated into the investigation and became a part of the investigator's reality. It was inherent in the methodological approach that before one imposes his theories on the people he studies, he must find out how those people define the world (Burgess, 1982; Spradley, 1979). Each culture provides people with a way of seeing the world. It categorizes, encodes, and otherwise defines the world in which people live (Germain, 1986).

The Intensive Care Nursery Situations Questionnaire (ICNSQ), Bem Inventory (BI), and a Health Questionnaire

(HQ) were pilot tested for ease of administration, usefulness, validity, and reliability. The pilot study consisted of three fathers, and it was conducted during the winter of 1985.

The HQ is a structured interview checklist. It was found to be cumbersome and inappropriate for the proposed study. Recognition of the instrument's inadequacies led the investigator to develop an interview guide with greater specificity for the present study.

A second instrument, ICNSQ, was used. The ICNSQ, constructed in vignette form by the investigator, is a list of actual nursery situations. The situations were written in an emotive tone to make them more realistic. Each situation describes a father following the death of his infant.

Questions accompany each situation and require the respondent to address thoughts, feelings, and needs of the father depicted. This method of obtaining information is a projective technique which requires introspection by the respondents. A projective technique of data collection allows values, attitudes, needs, and wishes, as well as impulses and motives, to be projected upon objects and behaviors outside the individual (Kerlinger, 1973).

The ICNSQ was presented to a panel of judges to be evaluated for content and face validity. Face validity as judged by the experts was 100%, content validity, 91%. Interrater reliability of 93% was obtained.

Seven experts on grief were chosen and five responded. Four nurses with master's degrees and one doctoral candidate in sociology mailed suggestions for revising the instrument. Each expert suggested a decrease in the number of situations from twelve to five or six. Two other suggestions were tendered: decreasing the number of questions per situation, and including a space for comments and rewording several situations. The ICNSQ was revised and the suggestions were incorporated.

It was decided from the pilot study that the BI and ICNSQ were adequate; however, the HQ was not feasible. Analysis of the data obtained from the fathers resulted in the themes that emerged. The themes resulted in the categories for the present investigation. Also, other information obtained, and the investigator's background led to the construction of the IG.

Second Pilot Study

A second pilot study was conducted during June, 1986 with a total of five informants. A second pilot served four purposes: (1) to assess the feasibility of an

interview guide, (2) to perfect the methodology for data collection, (3) to obtain interrater reliability on coding, and (4) to confirm the categories of the first pilot study.

All data were collected by the investigator. The names of informants were obtained by contacting support group facilitators in Texas and Georgia. Three interviews were conducted in the informants' homes, two in church offices.

The study was explained over the telephone, during the scheduled meeting, and just prior to the interview. A consent form with a written explanation and safeguards for "Protection of Human Subjects" was provided. Each interview was tape recorded, and field notes were written (Burgess, 1982). Following the interview, the informants were asked to complete a BI. Copies of the news release and news article were distributed. Each informant was also given a copy of the ICNSQ and a stamped self-addressed envelope for return of the ICNSQ. All informants were debriefed.

Interrater Reliability of Coding System

Interrater reliability was assessed by obtaining the assistance of a grief counselor from Louisiana with a master's degree in counseling and in nursing. The specialist was provided a copy of each typed interview and

color pencils for coding. The specialist was asked to identify the thoughts, feelings, and needs for each informant. The investigator's list was compared with that of the specialist and agreement between the listings was .9876. The disagreement resulted from a statement by an informant in which a thought was stated as a feeling.

Analysis of Data

Demographic data collected during the pilot consisted of age, occupation, marital status, number of pregnancies, number of deceased infants, number of living children, age at death, length of time since death, and sex type (see Table 1).

Summary of Thoughts, Feelings, and Needs

Each informant readily agreed to offer his experience to the investigator. All five respondents required a minimum number of prompts to elicit responses (see Table 2). Non-verbal behavior was also noted for each informant (see Table 3). For each informant in the second pilot study, direct quotes are included in the following summary.

Table 1

Demographic Data

Code	1	2	3	4	5
Age	36	25	32	32	46
Occupation	self-employed contractor	air condition mech.	warehouse man	programming manager	pastor
Marital Status	M	M	M	M	M
No. Pregnancies	4	1	3	7	3
# Deceased Infants	3	1	3	6	1
# Living Children	1	0	1	1	2
Age at Death	1 day	S	S	K	2
Time Since Death	3 yrs	6 mos	2-1/2 yrs	9 mos	2-1/2 yrs
Sex Type	M	A	A	U	F

Note. S = stillborn; M = male; A = androgyny; U = undifferentiated; F = feminine; K = stillborns and varied neonatal ages.

Table 2

Prompts of Pilot Study

	1	2	3	4	5
1. right or that's right	5 = 6.33	7 = 5.00	5 = 9.26	11 = 7.14	5 = 5.95
2. yes or yea(h)	10 = 12.65	16 = 11.42	4 = 7.41	18 = 11.69	7 = 8.33
3. OK	5 = 6.33	1 = .70	2 = 3.70	0 = 0	11 = 13.10
4. oh	3 = 3.79	3 = 2.14	2 = 3.70	3 = 1.95	7 = 8.33
5. uh-huh	46 = 58.22	103 = 73.57	25 = 46.30	101 = 65.58	41 = 88.81
6. reflections	5 = 6.33	3 = 2.14	8 = 14.81	10 = 6.49	7 = 8.33
7. agreeing	2 = 2.53	3 = 2.14	2 = 3.70	6 = 3.90	4 = 4.76
8. asking for clarification	3 = 3.79	4 = 2.86	6 = 11.11	5 = 3.25	2 = 2.38
Totals	79 99.97%	140 99.97%	54 99.99%	154 100.0%	84 99.99%

Table 3

Non-Verbal Behavior of Pilot Study

	1	2	3	4	5
nervous chuckles	*		*		
flushed color	*	*	*	*	*
stared in space	*				
pensive look	*				
rare eye contact	*				
change in voice		*		*	*
played with watch (or other item)		*	*	*	
eye contact often		*			
pauses				*	*
moved about		*		*	*
cried					*
whispered			*		
eyes watered	*	*	*	*	
hit furniture				*	
quiet when wife in room				*	
context to t, f, and n changed when wife left the room			*	*	
Totals	6	6	6	9	5

Informant One

Conversation improved after five or ten minutes; however, Number One rarely made eye contact and stared in space during most of the interview. He made statements which adhered to the masculine sex-type. Also, he stopped talking when his wife walked into the room.

Thoughts

-- generally, that probably most people expect the husband or the father to be stronger about these things, from tradition
-- God's will--there is a reason for it
-- how it would affect my wife
-- don't want anyone to see me cry
-- this is really working on me
-- to be supportive of my wife
-- what do I do now
-- that they are now in heaven

Feelings

-- disappointment
-- shock

Needs

-- to let the feelings out
-- to name the babies

-- family present

-- to help other parents

-- to be alone with wife

-- to talk with someone

-- to eliminate everything negative

-- to be free of criticism or blame

Informant Two

The conversation flowed easily. Number Two's wife was present and interjected often. Informant Two did not seem to be restricted in sharing his experience because of her presence.

Thoughts

-- that is just the way society is and that is the way you are supposed to be

-- if I keep something inside, it just boils up and it gets to a point where it has just got to come out

-- talk about it and be through with it

-- about the baby all the time

-- she is in heaven

-- what she would look like, what characteristics she would have

-- how can I let go and say goodbye when I never got a chance to say hello

-- of my daughter whenever I see someone else with a baby
-- of the pain
-- of floating off into space
-- to be able to get this over with and get on with our lives
-- not going to let these people see me cry
-- we got pregnant, that was the first thing we did right
-- of the pregnancy
-- prayer
-- getting to the hospital and making sure wife was okay
-- why
-- will the next child be okay

Feelings

-- great shock
-- frustration
-- everything piled in at once
-- like this is a dream
-- like someone is tearing your insides out and it feels kind of rough
-- tough, non-feeling image on the outside while the inside is screaming
-- nonchalant, don't worry
-- disappointed
-- like bawling

-- pain

-- fear

-- falseness from others

-- alone

-- no one cares

-- when alone let my feelings out

-- hide my feelings and not show them

Needs

-- someone to listen

-- for all questions to be answered

-- how to talk to my wife, what to say and what not to say

-- to be able to support each other

-- understanding how each other is feeling and try to talk about it

-- to remember that she lived and that she is a part of our lives

-- when the opportunity comes to view your experience, do it

-- not to be pushed into accepting things or pushed into doing things

-- genuine concern

-- for people to treat it like a death and not as a loss

-- respect for the baby

-- not to be pampered by the nurses (attempts to make me feel good)

-- take pictures or other remembrance

-- support group

-- ask about my feelings

-- seek out people

-- special concern around anniversary

-- to be reassured for the next time

Informant Three

Informant's wife was present during a portion of the interview. Flow of conversation did not change. The wife felt that her husband did not grieve as "hard" as she because she only saw him cry once. It seemed from the noise in the setting that the interview was being intentionally sabotaged (washer and dryer going, radio and television playing, clock chiming, and wife's noisy shoes reverberating against the hardwood floors. In addition, she walked through the room constantly).

Thoughts

-- what you hire a doctor for

-- baby was alive

-- going to affect her a lot; I must be strong to help her out

-- maybe she wasn't developed normally

-- being punished

-- that God doesn't take babies away

-- be supportive

-- being normal

-- about Sharon going through this again

-- dumb things people say

Feelings

-- disappointed in the way the doctors handled it

-- feel the concern for me

-- feel like why am I being singled out

-- like a failure

-- like I was supporting her all the time

-- selfish feeling, I am doing all the supporting and she is doing all the grieving

-- stored it up

-- had worried feeling

Needs

-- to help wife

-- to break down and bawl

-- someone to talk to me

-- for doctor to show concern

-- nurses to keep father informed

-- hold them

-- see them

-- pictures

-- having choices

-- cry by myself

-- to be offered information

-- to go out and get exercise

-- go off by myself

-- know that wife is being cared for

-- stay at home because I wanted to be away from everybody

-- ask about me

-- support group

Informant Four

Informant Four's wife was present during a portion of the interview during which time he noticeably whispered. Also, she walked through the room often. He stated that everything was fine and that he understood the reaction he received from his employer, friends, and relatives. As soon as his wife left their home, he referred to everybody as a "jerk." He became more animated in the conversation and hit the furniture several times.

Thoughts

-- just so terrible to lie there and feel her and just know that the baby was dead

-- how doctor got angry at my wife for crying or kind of

being hysterical

-- about babies

Feelings

-- that others want you to quit hurting

-- shocked

-- unbelievable

-- cry

-- feel the impact the further along you go

-- don't enjoy anything until baby is born

-- jokes and things aren't funny

-- little humor in anything - supersensitive

-- constantly worrying about pregnancy

-- most people at hospital are full of it

-- irritated

-- this hurts

-- frustrated

-- falseness

-- angry

-- emotional

Needs

-- see her

-- hold her

-- pictures

-- hospital personnel to identify parents of moribund and dead babies
-- to have shifts organized
-- freedom to come and go
-- hospital personnel to learn importance of parents seeing babies
-- importance of pictures
-- recent information
-- trade information
-- talk to them
-- try to discuss it
-- make literature available
-- don't want a doctor telling us what to do
-- don't want anyone telling you how to grieve
-- to be left alone at first
-- allow access to baby
-- allow to change mind
-- to be with mother
-- for hospital personnel to realize that a death is not business as usual
-- nurses to have ability to be flexible with rules to avoid hassle about little details
-- support group have hospital work with them
-- funeral home more sensitive

-- markers to be appropriately placed
-- to be reassured of place of baby's burial (with marker)
-- doctors, nurses, and funeral home need to be sensitive
-- time to make decisions regarding disposal of the body while at hospital
-- for hospital to stop treating fathers as though they are the cause of their work problems
-- give needed information to make decisions
-- support for grief
-- to be in on decisions

Informant Five

Informant Five was interviewed in his office. He shared his experience freely and offered to refer other informants for the study.

Thoughts

-- strangling wife
-- about parents
-- about baby
-- about God

Feelings

-- could not put one foot in front of other
-- depression
-- sadness

-- relief

-- anger

-- hurt

-- denial

-- guilt

Needs

-- needs ministered to

-- to get in one of the quiet rooms and rant and rave and curse and tell God off

-- to talk to someone

-- a peer group

-- permission to be human

-- to forget sexual sterotypes

A frequency distribution of the thoughts, feelings, needs, and sex types are listed in Table 4.

Table 4

Thoughts, Feelings, Needs, and Sex-Types

Code	One	Two	Three	Four	Five	Total
Thoughts	8	19	10	3	4	44
Feelings	2	15	8	16	8	49
Needs	8	20	17	33	6	84
Sex-Type	M	A	A	U	F	5

In summary, the second pilot study validated the categories extrapolated during the first pilot study. The interview guide was found to be feasible. The methodology was refined during the pilot and interrater reliability was obtained for the coding system. However, it was found that the ICNSQ would possibly decrease the participation in the study. The projective measure of data collection may overwhelm the fathers and lead to a decrease in the return rate. Therefore, the ICNSQ was eliminated.

Data Collection

All data were collected by the investigator over a three and one-half month period. Data were collected by employing principles of ethnography. The initial explanation and interviews were designed to increase participation and disclosure on a topic that is usually considered taboo for men. The investigator traveled to a location of convenience for each informant. The investigator contacted each support group facilitator by phone and explained the study. The investigator mailed a follow-up cover letter which included a statement which was printed in each group's newsletter regarding the study.

The investigator made a personal presentation during each group's regularly scheduled meeting, explained the study, and solicited participation. Fathers who volunteered

to paricipate were asked to sign a consent form, and the remaining procedures of the study were emphasized. The consent form addressed elements of Protection of Human Subjects.

Informants who were referred by physicians, relatives, other informants, or who responded to the news article or news release were telephoned immediately to schedule an interview. The study was explained over the telephone. During the scheduled time frame for the interview, each informant completed a consent form, received a copy of the news article and news release, completed the interview, the BI, and was debriefed. All interviews were recorded.

Informants whose infant had been dead six months or less were given a copy of How to survive the loss of a love by M. Colgrove, H. Bloomfield, and P. McWilliams. A copy of each cassette tape was made prior to transcription by four typists in four different locations. The cassette tapes, interview guides, BIs, and consent forms were coded sequentially for each informant.

Treatment of Data

Data were analyzed by content analysis. Content analysis is a procedure for the catagorization of verbal or behavioral data, for purposes of classification,

summarization, and tabulation (Berelson, 1959; Fox, 1982; Holsti, 1969). Content analysis can be used alone or in conjunction with other methods of data treatment.

The data were assessed for semantic content. Semantic content analysis involves the development of a set of categories intended to represent the dimensions and specifics of the actual content responses (Fox, 1982).

The Ethnograph and the method of coding delineated in the second pilot study were used to obtain the thoughts, feelings, and needs. The Ethnograph provides a means of sorting through the data sytematically and accurately. The program requires that each sentence of the transcribed interviews be typed into the computer. The next step required instructing the program to collapse lines down to 40 characters in length. Each sentence of the interviews was assessed and coded in the right margin of each page.

The interviews were coded and assessed as they were transcribed. Notes were made as similarities were observed by constant comparison of the interviews.

Use of the Ethnograph aids to decrease subjectivity and the tedium involved in hand counting responses. No attempt was made to make inferences regarding what the informants said during interviews or during assignment of codes to each sentence. Categories that surfaced during

the first pilot were derived from the data. Below are the categories and codes obtained from the data:

Thoughts	Feelings	Needs
think	feel	need
thinking	felt	needs
thought	feelings	needed
thoughts	feeling	needing
going over	it was like	want
was in my mind	hit me	wants
reflection	emotion	wanted
wonder	sensations	necessary
wondered	response	craving
weighed		

The program sorted through the data in search of code words and printed them on sort sheets. Other codes that added to thoughts, feelings, and needs were obtained by comparing informant to informant and categories with the literature review. Additional categories were obtained; however, the three presented address the research question.

Raw scores and T-scores were used to obtain the ordinal level data on the BI. It was suggested by Bem (1981) that a decision regarding a norm must be made by the investigator when working with a small sample size and one sex. The norm was computed for the group on feminine (f) 4.64, and masculine (m) 5.35, raw scores (rs). Scores below the rs for both f and m were typed undifferentiated or u. RS high on both f and m were typed androgynous or a. RS high on m and low on f were typed masculine or m.

RS high on f and low on m were typed feminine or f (see Table 17). If the norms had been used that were provided by Bem, the sex-types would have been skewed toward feminine and undifferentiated.

Analysis of variance was used to demonstrate differences in thoughts, feelings, and needs according to the four sex-types. Chi-square Test of Association was used to find whether there was evidence of a relationship between sex-types and thoughts, feelings, and needs. Further analysis of data was by Pearson's correlation, means, and frequencies.

CHAPTER 4

DATA ANALYSIS

A qualitative analysis of the interview data is presented according to Bogdan and Taylor (1975), Taylor and Bogdan (1984), Glaser and Strauss (1967), and Spradley (1979). The quantitative summary includes a statistical analysis of the thoughts, feelings, needs, and sex-types (Glass & Hopkins, 1984).

The combined qualitative-quantitative strategy described is a methodology utilized when approaching an intangible, nebulous, and underresearched phenomenon. A combined investigation is also logical when investigating a human science (Linenger, 1985; Swanson-Kauffman, 1986).

A descriptive narrative is presented of each interview. Ethnography and the theoretical components of grounded theory, constant comparative, theoretical sampling, sensitivity and insight, and temporal aspects were utilized to generate the narratives.

Taylor and Bogdan (1984) state that data analysis in qualitative field research refers to the techniques used to make sense out of and learn from hundreds or thousands of pages of recorded statements, behavior, and field notes.

Those techniques are addressed to provide clarification for the qualitative analysis.

Each interview was constantly compared within the sample. Differences in each experience are presented, also, the themes obtained from the literature and used to construct the interview guide were considered when composing the excerpts from the interview data. This method of including the experiences of the informants will avoid repetition (Taylor & Bogdan, 1984), and it will demonstrate the intensity, variety, and reality of their thoughts, feelings, and needs and also provide examples for the themes in the IG. An ethnographic flow chart (Figure 2) and protocol (Appendix H) were included to enhance rigor.

Description of the Sample

All informants for the study were male, ranging in age from 25 to 41 years. The median age was 33, the mode was 29, and the mean age was 33.24. The ages ranged from 23 to 38 at the time of infant death. Twenty-six informants were white, five were black, and two were hispanic. Twenty-nine were married and living with their spouse, two were legally separated and had initiated divorce proceedings, one was unmarried, and one was temporarily separated. The occupations of the informants are included in Table 5.

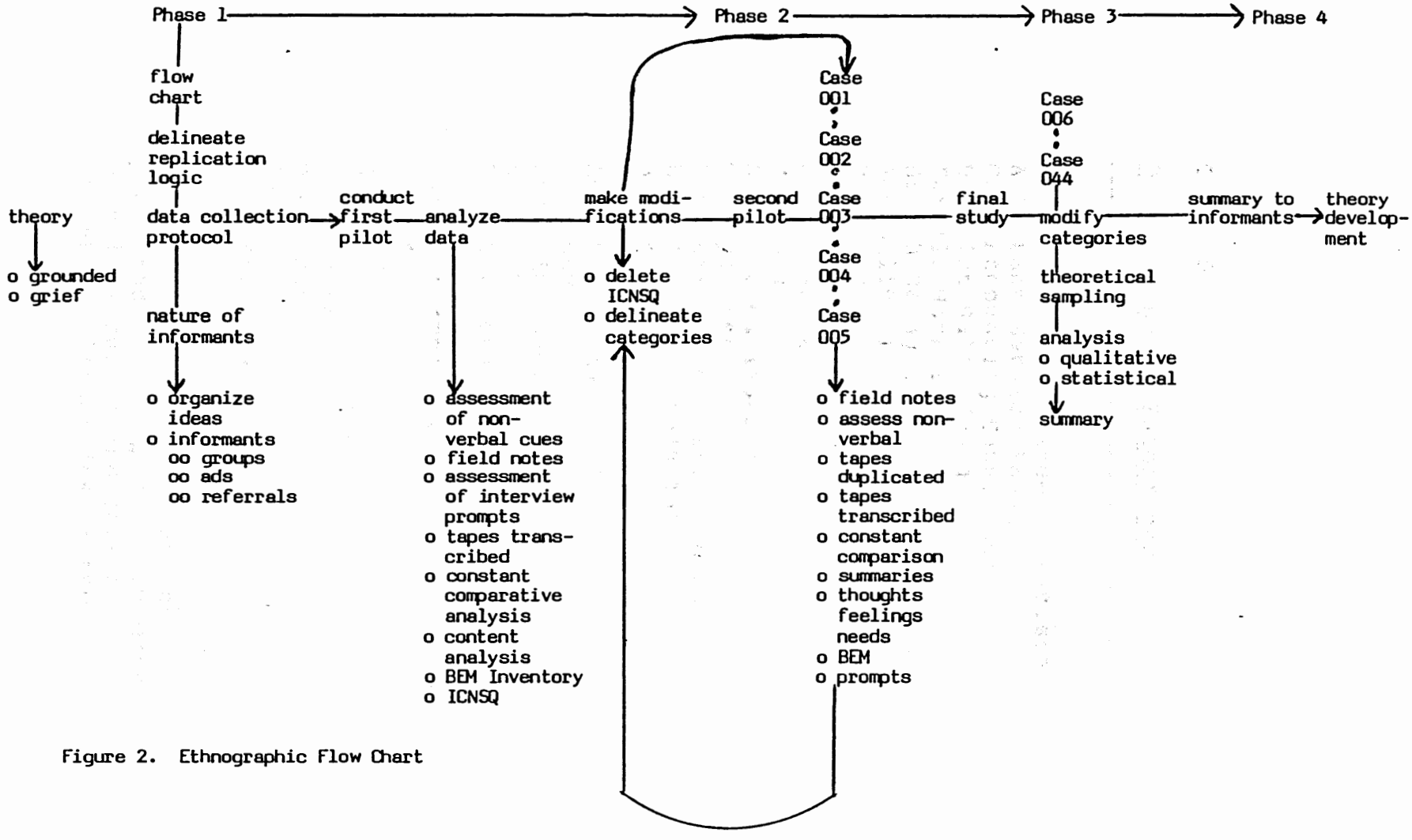


Figure 2. Ethnographic Flow Chart

Table 5

Occupations of Informants*

Minister
Manufacturing Engineer's Assistant
Assistant Service Manager
Cost Accounting Supervisor
District Sales Manager
Textile Worker
Branch Manager for Steel Company
Rehabilitation Teacher
Director of Personnel
Professional Musician
Store Manager
Machinist
Mathematics Teacher
Geophysicist
Management Engineering Consultant
Life Insurance Salesman
Biochemist
Pumper for Oil Company
Assistant Manager of Farm
Attorney
Civil Engineer
Attorney
Computer Consultant
Technical Employment
Public Administrator
Carpenter
Temporarily Unemployed
Systems Technician
Programmer
Draftsman
Intern
Property Supervisor
Banker

Note. The occupations are not presented in sequence. They have been included to indicate the variety of lifestyles of the informants.

The number of deaths experienced by the informants ranged from one to five, and the length of time since the death ranged from five to 58 months (see Table 6). Twenty-seven or 61% of the original 44 interviews were conducted in one state. Seventeen or 39% were conducted in the other seven states. Data from seven states and 33 interviews are included. The raw demographic data are presented in Table 7 for each informant.

Contributing Information

This section has been included according to the method of presenting qualitative data by Taylor & Bogdan (1984) and Spradley (1979). An oral introduction was consistently provided for each informant regarding the investigator and the proposed investigation. Each informant was asked a grand tour question (Spradley, 1979). This type of question allowed informants to present their reality. It also allowed for more specific questions to be asked later. The investigator incorporated the IG into each interview. However, the grand tour question allowed each informant to offer unsolicited data which required minimal prompting from the investigator.

Table 6

Number of Deaths and Length of Time Since Death in Months

Informant	No. Dead	No. of Months Since Death at Time of Interview
6	3	14
7	1	6
8	1	6
10	1	32
11	1	12
13	1	14
14	1	7
16	2	5
18	1	12
20	1	5
21	1	23
22	3	12
23	2	22
24	1	54
25	2	4
26	1	16
27	1	13
28	2	15
29	3	41
30	1	24
31	2	20
32	1	7
33	2	12
34	3	36
35	1	12
36	1	37
37	1	17
38	2	5
39	1	13
40	5	24
41	1	24
42	4	48
44	1	58
Total Deaths = 55		Total Months = 650 months
Mode = 1.0		x = 19.7 months
Median = 1.0		Mode = 12.0 months
		Median = 14.0 months

Table 7

Demographic Data

	Ranges	Percentages	Totals
Age	24-26- 1	.03	.03
	27-29- 5	.152	.182
	30-32-10	.303	.485
	33-35- 9	.273	.757
	36-38- 2	.061	.818
	39-41- 6	.182	33 (100%)
Race	White=26	.788	.788
	Black= 5	.151	.939
	Hispanic=2	.061	1.00 (100%)
Marital Status	Married=29	.878	.878
	Separated=3	.090	.968
	Cohabitation=1	.030	.999 (100%)

Occupation	Frequency	Percentage	Totals
Self-employed professional	3	.091	.091
Self-employed-skilled	1	.030	.121
Skilled	6	.182	.303
Unemployed (laid-off)	1	.030	.333
Professional	21	.636	.969
Part-time mixture	1	.030	.999=100%

Location	Same city as Investigator	3 = .091	.091
	Different	30 = .909	1.00 (100%)

Field notes were kept and nonverbal behavior was noted for each informant. Notes were also made of all related incidences which occurred during the interview, for example, noting change in informant's voice when wife entered room; noting wife's frequently entering and appearing to listen in on conversation.

Most informants were interviewed alone. However, on many occasions mates were present. Some mates listened and did not participate actively in the interview. Others listened from adjoining rooms, and some attempted to discount the reported experience.

Informants for the investigation were obtained by a variety of methods (Spradley, 1979). A total number of 48 were referred, and each informant approached agreed to be interviewed. Two informants were interviewed but not included in the sample because of the age of their child, 5 and 12, and circumstances involving the death, chronic illness. Two other informants who also agreed to be interviewed were experiencing marital conflict and were either in the process of moving away from their spouse or actually experiencing divorce court proceedings. The investigator, as a matter of ethics, chose not to pursue their experience for the study.

Initially, to speed the collection of data, the investigator conducted six interviews in three days (mileage approximately 650 miles, see mileage log in Appendix I). However, the practice was not repeated until data were collected in the other states (total car mileage of 6,688.9). The interviews were draining emotionally and the investigator was extremely exhausted after the first 20.

In an attempt to increase the sample size while interviewing informants in two northeastern states, ministers, hospital chaplains, and mortuary directors were contacted. They readily discussed the topic with the investigator. However, they were unable to provide possible informants. The chaplains and ministers either stated, (1) "I never contact them once they leave the hospital," or (2) "I usually just talk to the mother." The morticians said they do not talk to families on such a sensitive matter.

To maintain Protection of Human Subjects, each informant's mate is referred to as "M" in the findings. Similar synonyms which would not identify mates with narratives have been used appropriately.

The IG was not adhered to rigidly. Many informants in offering their experience included the topics covered in

the IG and offered other significant themes from their experience. These additions were then included in the constant comparative analysis.

A protocol is provided of the procedures utilized by the investigator to conduct the investigation (see Appendix H).

Findings

Informant Six

The informant talked freely from the beginning and required only a few prompts. Most of the time the investigator felt as though she did not exist in the informant's immediate consciousness as he relived his experience of his infant's life and death. The interview was conducted in a location selected by the informant. Intrusions did not seem to alter his recollection of details.

He smiled as he told of how "A" responded to his voice when he talked to him in the nursery. He also cried as he spoke further of their relationship. "You see, I used to talk to him when my wife was pregnant. We had a special relationship, you know; he recognized my voice. My son was a fighter. He tried for so long, and I was proud of him."

"My wife needed a lot of attention because of her illness, so I had to be strong. The doctors didn't think

she would carry "A" as long as she did. I was so busy taking care of everything, I did not have time for me. Later, I do remember feeling like I had been hit like a bolt."

Sample Thought, Feeling, and Need

5 - Thoughts: "What do I do now? This cannot be happening again."

4 - Feelings: "I felt like my whole world had been ripped apart."

10 - Needs: "Someone to talk to me, to listen. Maybe someone who had been through this before."

Informant Seven

My heart went out to this informant. "C" had been dead six months. The interview lasted two hours and fifteen minutes. I wanted to let the informant realize that I was genuine, and at this point the investigator chose to control the tears as he told of his son's life and death. His wife did not visit "C" often because she had difficulty accepting the pregnancy.

This interview was conducted in the investigator's home city. No intrusions were encountered. The informant cried during most of the interview.

"I felt extremely cheated by everyone . . . especially the treatment by the nurses. "C"'s mother was never there. But they set it up for her to hold "C" while he died instead of me, and I will never forget that, I will never forget it (crying)." (Father demonstrated as he talked) "I had to worm my way in to hold him. I didn't protest, you know, I just kind of shut out the anger I was feeling. . . . even though we were having problems, I thought I had to be strong for her."

Sample Thought, Feeling, and Need

4 - Thoughts: "Did I screw up?"

11 - Feelings: "Like it is difficult to survive."

9 - Needs: "I needed to be held, I still need it and it still helps."

Informant Eight

The interview was conducted in the investigator's home city. A location convenient for both was selected. The interview was conducted six months following "R"'s death and lasted a little over two hours.

The informant stated that because of his large physical stature, people do not think he has feelings and that he should be strong all the time, which he knows is not true. "R" was the first pregnancy for him and his wife.

His behavior indicated his vivid memory of his anger as he relived the following experience. "I was so angry at the way they handled her (the infant), like she was nothing, and I told them so. I had to protect her." He also added that "there was this invisible entity around "R" that I could not battle, I couldn't get hold of, to really battle with it. So that ate me up a great deal. That really built up in me to the point that after three or four months after she died and I had gotten my wife through the initial period of depression and crying . . . . I just felt like one day I just crashed. . . . and I thought, 'why am I going through this sudden emotional outburst this far down the line'."

Sample Thought, Feeling, and Need

5 - Thoughts: "I can't let this happen again. If "M" came up pregnant again, I don't know what I would do, I just don't know what I would do."

21 - Feelings: "I felt like I was floating around in void."

9 - Needs: "I just needed to get away. Man, I haven't had a vacation from school or work. . . I went through all of that and didn't take off but a week and I still went to class. . . . I just want to get away for awhile. There is nothing I want to do in particular just to sit on the beach."

Informant Ten

The interview was conducted in the investigator's home city. A location was agreed on by both parties. The interview was conducted 32 months after his infant's death. It lasted two hours.

The informant required very few prompts. He talked freely about his experience:

"I think what really struck me is at the church when we had the ceremony when we walked outside all the people there walked over to "M" and started consoling her. I was standing there totally alone. And I didn't feel jealous about it or anything, but it just hit me, I thought, boy, this is really tough! I really have feelings about this, too. But it was "M" who got the attention, and I didn't feel angry, but it just hit me. It just made me feel very alone and like I just had to swallow my feelings and just be the strong one . . . and it was tough, it was really tough." He added, "I held back so much . . . it is so hard to grieve, because I didn't know how, and I didn't get the support to do it, and in a way I didn't feel I should be grieving or it should affect me. I had a real tough time, I am going to be honest, I was suicidal."

Sample Thought, Feeling, and Need

9 - Thoughts: "Hey, I am falling apart over this."

26 - Feelings: "Like something has ripped your insides out."

8 - Needs: "Some time to not have to call up work and not have to call up all those people."

Informant Eleven

The interview was conducted in the informant's home. "E" had been dead 12 months. The interview lasted two and one-half hours. The informant freely shared his experience. He cried as he relived the life and death of "E." He seemed comfortable talking about the topic and said, "I've been wanting to write something on the subject about how I felt and how I was treated for a long time, but I just couldn't get started." I treasure the interview because it provided needed positive stroking for me. He added, "This is the first problem I have ever come up against that I couldn't throw more manpower, or more money, or more effort to have it fixed."

Sample Thought, Feeling, and Need

19 - Thoughts: "The possibility of both my wife and my son dying."

15 - Feelings: "I was angry at God."

25 - Needs: "Help with the bureaucratic morass."

Informant Thirteen

The investigator traveled to the informant's home for the interview. The informant's wife is pregnant and left to go shopping and returned at the conclusion of the interview. She said as she left, "I hope you can get him to talk." Time spent at the informant's home was 1 hour and 45 minutes. "J" died six months prior to the interview.

This informant discussed "J"'s life and death and said that it was his role to be concerned for his wife. He also said he understood why people did not ask about him or try to talk to him. In essence, everything was fine. Yet, his hands were clasped so tightly that his knuckles were white, his eyes were red, his voice tone changed, and his color was flushed.

His verbal response inclined toward curtness, as he tended to answering with "yeahs and okays." He maintained this demeanor throughout the interview despite my vigorous, though futile, attempts to get him to verbalize the pain his physical appearance did indeed indicate. At the conclusion of the interview, not to be outdone so I noticed his flower arrangements and commented on the unique and assorted arrays. He said, "I don't know anything about you and you don't know anything about me. I just can't open up to you." I said, "but your eyes have told the story."

He added, "so you know, huh." A quasi-second interview proceeded after that.

In extrapolating significant samples from his interview, the following excerpt was gleaned:

"In the intensive care nursery, all the blinds were kind of closed, except for one had this little bitty crack so I could see through it and it was such a scary thing to me. 'Cause I could see all the nurses huddled around him. I couldn't see him through all the doctors and nurses . . . . I was out there in the hall by myself. I didn't know what was going on. I was trying to calm myself down and panic started to set in."

Sample Thought, Feeling, and Need

12 - Thoughts: "About my hopes and dreams that I had for 'M'."

20 - Feelings: "I kept feeling myself lose control and I kept trying to take control of myself."

13 - Needs: "To be in the nursery to see what was going on."

Informant Fourteen

This interview was conducted in the informant's home. It was difficult to conduct and reconstruct. The informant was very descriptive as he shared his reality. The data are replete with excellent examples of thoughts, feelings, and

needs. The informant's daughter died seven months prior to the interview. The interview lasted two hours fifteen minutes. In reconstructing the interview later, the informant's devastation reoccurred in typed words.

The informant's wife was present. She sat slumped in a chair adjacent to him with tears in her eyes. Prior to the interview, she had complained that her husband has never expressed his emotions to her.

"Granted I didn't carry those babies nine months, but for those nine months I knew they were there, and I could feel her stomach when it moved. I could feel the kids. I watched them be born. I was there the whole time, and I cared for them just as much as she did. Yes, I wanted someone to care for me. That would have been great, but that wasn't how it's supposed to be. You're supposed to be the strong one. It hurt. I would walk off into another room and wipe the tears away . . . . It was hard."

Sample Thought, Feeling, and Need

15 - Thoughts: "When will the hurt stop?"

18 - Feelings: "Like I wanted to hit somebody."

16 - Needs: "I needed to release some of this, to just sit down and write out what I was feeling."

Informant Sixteen

The interview was conducted in the informant's home five months after the death of "A". The interview lasted two hours, as the informant relived his experience.

"One thing that we're finding now is that a lot of people are saying, 'what's the matter, it's been five months, you should be over with this by now.' I just don't respond to them; sometimes I'll say yeah, I know. It's obvious that they have never had a child die."

Sample Thought, Feeling, and Need

14 - Thoughts: "I knew everyone would say, 'why, what happened, when's the funeral.' I kept thinking how I didn't want to deal with that."

15 - Feelings: "Sad and sorry aren't strong enough words, but I--I don't know a strong enough word to describe it. It hurt a lot. I cried inside. I just couldn't in front of my wife."

14 - Needs: "The cemetery is close to where I work, so when I need to be alone or on the way home, I go by and let my feelings out."

Informant Eighteen

The investigator traveled to the informant's home city. The interview was conducted in a hospital lobby

suggested by the informant. The interview lasted 45 minutes. His son died five months prior to the interview.

The informant laughed nervously throughout the interview. Initially, I thought the noise in the lobby would be a distractor. However, as he described his experience, he seemed totally oblivious to the activity and sounds.

"You know, I didn't want to be home. I guess I didn't want to deal with it . . . . I would come home and I would see "M" sitting on the couch, and she would be sad and I would say, "Oh, come on," and I would think to myself, I didn't tell her this, "come on 'M,' get over it, but I knew I couldn't say that to her. It was hard enough for me dealing with my feelings, let alone to come back home and see her that way, and I thought, "Oh, you're a bastard for thinking that way. Maybe that's that macho image coming out; somebody has to be strong in times like that."

Sample Feeling, Thought, and Need

23 - Thoughts: "Well, I have to be the one to show people that I can continue on."

7 - Feelings: "I wanted to hit someone bad, I was so angry."

5 - Needs: "To cry and hug her."

Informant Twenty

The informant was interviewed in his home. The informant had visitors when I arrived, so the interview was delayed. I talked with his wife until he was available. "C" died five months prior to the interview. The interview lasted two and one-half hours.

"One bad thing about this, it doesn't matter who I am with or where I am, I am usually able to do something, especially with "M". I take care of things for her. . . or like when her grandfather died I could handle it one way or the other, and I couldn't do anything about this. My kids by my first marriage, if they ask me for something, then I will deal with it, and I will take care of it. I guess the biggest problem I had was there was nothing I could do. It sort of belittled me that I could not - for her."

Sample Thought, Feeling, and Need

8 - Thoughts: "I didn't hold "C". I think I was afraid but kept wanting to and now I wish I had."

7 - Feelings: "I was sad and hurt inside."

10 - Needs: "All I needed was for someone to say how are you doing, or do you need to go out and get a beer, or do you need to go for a drive . . . but I didn't get that."

Informant Twenty-One

The interview was conducted in the informant's home. His wife was present during segments and attempted to discount some of the informant's statements. The informant required few prompts after the grand tour question was asked and seemed to offer his experience easily. The interview lasted two hours and fifteen minutes. His daughter died twenty-three months prior to the interview.

"My priorities have totally changed. I used to be like everyone else . . . a dream of a beautiful house, cars, a pool and so on, all the materialistic things. Now the only thing I am concerned about is being happy. I still have my ambitions and I still want to be successful, but I don't put that much emphasis on anything. I had not cried in years and years. And now you can read that men need to cry because it is good and that it helps to release frustrations. When "J" was born, I broke down and cried like a baby. I mean, I wanted a girl so bad. And at some point in my mind I started to think, 'Well, God is taking her away from me' . . . I thought . . . 'maybe I really haven't been leading my life right'."

Sample Thought, Feeling, and Need

7 - Thoughts: "I think about her each and every day, especially when I see a baby."

16 - Feelings: "Well, I'd go out to the cemetery and I would force myself to just break loose or whatever you want to call it, just sit down and cry and release the pressure . . . ."

8 - Needs: "I needed 'M' to realize that I needed her."

Informant Twenty-Two

The interview was conducted in the informant's office. The informant stared at the floor and spoke softly as he offered his experience. His infant died twelve months prior to the interview. Actual time for the interview was one and one-half hours.

The following excerpt is an account of the informant's experience after the transfer of his infant to an intensive care nursery at another hospital. His wife had to be informed of the infant's status.

"I was playing politics. I said maybe she is okay because she was so beautiful on the outside. When I got back to the hospital, they started putting all this other stuff on me. I--I just couldn't believe it. Then I had to face going back to the other hospital to tell "M." I knew I had to snap out of it because I had to be the stronger one."

Sample Thought, Feeling, and Need

7 - Thoughts: "How am I going to handle this."

10 - Feelings: "I felt so isolated, alone, and so confused."

6 - Needs: "I needed someone to talk to."

Informant Twenty-Three

The interview was conducted in the informant's home. Common interests discussed initially facilitated the flow of the interview. The informant's wife was present. At the time of the interview, the twins had been dead 22 months. The actual time for the interview was 40 minutes.

"I told the physician, 'Well, God could save their (twins) lives' and she said, 'Well, so far in medical history, God has not determined to save the life of a 23-week-old baby.' I was a little offended by that. That was the least of my worries at that time. I thought that was inappropriate. The twins were later found to be 26-1/2 weeks."

Sample Thought, Feeling, and Need

10 - Thoughts: "Mostly about how am I going to help 'M'."

6 - Feelings: "Just distraught."

3 - Needs: "I needed for someone just to say everything is going to be okay."

Informant Twenty-Four

Attempts were made to interview this informant in person. However, because of his schedule and limited time, the interview was conducted by phone. The interview was conducted 54 months following the death of his son, and it lasted 45 minutes.

"I had a lot of responsibilities, being the man I had to make all the arrangements because my wife was dealing with the effects of having given birth. We were new here so we didn't have any support. But later, I grieved, much later. I was sitting in the tub and just started crying."

Sample Thought, Feeling, and Need

Thoughts: "I'm the man, I'll just have to deal with this. I'm supposed to be the stabilizing force."

Feelings: "Just totally devastated."

Needs: "Just to be alone for awhile."

Informant Twenty-Five

This interview was conducted in the informant's home city. The informant cried during most of the interview. This was the second death experience for the informant, the first involved a stillborn daughter. His son had been dead four months. The interview lasted one and one-half hours.

The following is an excerpt from the interview:

"It was hard that night. We were seeing babies being born, babies crying, and being delivered, and it seemed like to me that they could have put us in a special room. I must have heard four or five babies being born."

Sample Thought, Feeling, and Need

10 - Thoughts: "I wish now that I had held the baby."

7 - Feelings: "It is harder for me now than it was at that time."

6 - Needs: "I need something to ease the hurt."

Informant Twenty-Six

This informant was interviewed following a support group meeting. He cried as he relived the life and death of "H," who had been dead 16 months. The interview lasted one hour.

"The first six months our families were very sympathetic. After that, they told my wife, 'You know, it is time for you to get over it.' Some of them even thought after two or three months. Not just relatives but other people, too, and I said you just can't. Look, it is going to take some time. Most of the people felt "H" is done and buried and that it is better because she only lived for one day."

"The main thing I hated was when they said, 'you are young, you can have more children.' I hated it when people said that to me. And another thing I got upset about is that they always asked 'How is "M" doing?' Never how am I doing."

Sample Thought, Feeling, and Need

5 - Thoughts: "I live a long way from work. So early in the morning the thoughts start you on that lonesome road again and you always think about it."

9 - Feelings: "I was in a daze like I was missing something."

7 - Needs: "I had to stay busy, seems like I couldn't be busy enough."

Informant Twenty-Seven

The informant eagerly volunteered to share his experience. When I called to schedule the interview he said, "I thought you had forgotten about me." "R" had been dead 13 months. The interview lasted one and one-half hours, and he cried during most of it.

"I wish we had a picture of "R." After the baby was buried and everything, I asked why they didn't take a picture, and the doctor said , 'You wouldn't want that'."

"You know, it's been over a year now, and I've been giving, giving, and giving; nobody gives to me. You know, I need help. I need somebody to tell me that I'm being loved, that they care about me. You know, I feel like I am left out. I'm the one that's doing everything else, but I am left out of everything even with my friends. I feel like I don't have a right to talk about this. As soon as I do, they turn off, they turn their backs on me."

Sample Thought, Feeling, and Need

15 - Thoughts: "That my wife needed to have seen "R."

18 - Feelings: "I had an empty feeling, it was just like somebody just put their hand in my body and took my heart out."

16 - Needs: "I didn't know how to ask for what I needed. I needed help, but I didn't know how to ask for it."

Informant Twenty-Eight

This interview was conducted following a support group meeting in the informant's home city. The flow of conversation was totally unrestrained. The informant's twins had been dead 12 months. The interview lasted one hour.

"I sort of just put one foot in front of the other and kind of walked through it almost as if I were in a daze. I don't know. I had to undergo therapy about three months after their deaths. I had sort of a delayed grief reaction."

Sample Thought, Feeling, and Need

Thoughts: "About the twins daily."

Feelings: "Guilty, I guess, because I thought our sexual intercourse (in the latter part of the third trimester) had caused their deaths."

Needs: "Just to be with my wife."

Informant Twenty-Nine

The interview was conducted in the informant's home city. It was difficult for the informant to share his experience. The interview had to be stopped on several occasions while the informant went out of the room to cry.

The following is an excerpt from the interview. "B.G.," his infant, had been dead 41 months. The actual interview lasted approximately one and one-half hours.

"We didn't name her really, we just called her B.G. Nobody encouraged us to name her. I wish we had. We had a name picked out but we thought we would save it . . . hate we didn't go ahead."

Sample Thought, Feeling, and Need

5 - Thoughts: "I used to think about her all the time."

7 - Feelings: "I felt isolated and angry about it."

7 - Needs: "They asked me right away in the hospital about funeral arrangements. I was still trying to grasp what had been said . . . and they looked at me funny when I was slow to respond. I needed time."

Informant Thirty

This interview was conducted in the informant's home. I was very uncomfortable initially because of the distance from my home base and the location of the interview. The location was in a run-down section of town, I feared criminal elements, and being a woman alone made me quite apprehensive. The informant was reserved initially. His mate was present and seemed to need reassurance of my purpose. I sensed a lot of hostilities between the informant and his mate. This added to my uneasiness. Ironically enough, at the end of the interview all my apprehensions had dissipated, probably because the informant and his mate seemed more communicative and pleasant toward each other.

The death of a twin daughter had occurred 24 months prior to the interview. The interview lasted one hour and forty-five minutes.

"I handled it by drinking. When I would get sobered up it (thoughts) would still be there, but I just keep it bottled up really until something gets next to me then I just take it out in a physical way with somebody. You know, it is hard, but, ah, that is the only way I could deal with it. At the time drinking was no solution but it helped me to get a little peace of mind. Another way I handled it was I would park my car and walk to _____ (a neighboring city). It's 30 miles away, but the walk gave me a chance to think and work off some of the frustration."

Sample Thought, Feeling, and Need

8 - Thoughts: "That a part of me is gone that I can never replace."

8 - Feelings: "Like someone picked me out of the crowd and beat the hell out of me."

6 - Needs: "To be left alone."

Informant Thirty-One

The interview was conducted in the informant's home. The twins had been dead 20 months at the time of the interview. His wife was present for a short time. Actual time was 45 minutes.

"Oh, I guess, if you're not weeping or you're not crying or whatever, but inside you know people don't know what's happening inside; they just see what's outside. You're not going to let them know what's happening inside of you. It doesn't mean you're okay."

Sample Thought, Feeling, and Need

Thoughts: "That they are in heaven with the Lord."

Feelings: "I can't explain how I felt. Maybe a little frustrated because she was on medication and she would wake up and ask for the twins, and I would tell her. She would go to sleep and wake up again and ask for them. This went on and on. I didn't know what to do or say."

Needs: "I don't know, just to be recognized as being human I guess."

Informant Thirty-Two

The interview was conducted in the informant's home city. The informant said, "The only reason I agreed to this interview is because my mother told me to do it. I don't talk to nobody about my feelings, no strangers anyway."

The informant's infant had been dead seven months at the time of the investigation. The interview lasted one hour.

The following is an excerpt from the interview:

"Seems like people ought to know. You know the man has got to be hurting: he just had a baby to die. They should just do whatever they honestly can do for him. They should do it and try to do a little bit more. Because I wanted to kill myself."

Sample Thought, Feeling, and Need

16 - Thoughts: "I wondered what he would have been like growing up. I had big plans for him you know."

7 - Feelings: "I was scared, because I really didn't know what to do."

6 - Needs: "I just needed a shoulder to lean on."

Informant Thirty-Three

This interview was conducted in the informant's office in his home city. It was a very difficult interview to conduct. Although he volunteered, he did not share his experience easily. He would respond; however, I literally worked to obtain each response. The informant's infant had been dead 12 months. The interview lasted one hour.

"I am still angry about how the whole thing was handled. I really don't think they (doctors and nurses) did what they really could to save him. Actually thought about suing, but my wife wouldn't let me."

Sample Thought, Feeling, and Need

4 - Thoughts: "This is not the way things are supposed to happen."

7 - Feelings: "Like I could hardly make it."

3 - Needs: "Sometimes I felt like I needed to talk to someone, but people don't care."

Informant Thirty-Four

The interview was conducted in the informant's home city. The informant agreed to be interviewed; however, he did not offer his experience freely. The outcome of the interview indicated a need for continued support and a follow-up system. "J" had been dead 36 months at the time of the interview. Interview time was one hour.

"It is such a sensitive thing; it's hard to deal with. I really wouldn't know how to help another father because I didn't know how to help myself."

Sample Thought, Feeling, and Need

4 - Thoughts: "That I am to blame."

3 - Feelings: "I hurt but I never cry."

7 - Needs: "To keep my mind off of it."

Informant Thirty-Five

The interview was conducted in the informant's office. He shared his experience freely. His son died 12 months

prior to the interview. The interview lasted one and one-half hours, and six nonverbal indicators were noted. The informant did not appear to be uncomfortable in showing tears.

"I´m not a very strong Christian, but I do believe that there is a heaven up there, and that, you know, I keep thinking that there is a little baby up there that I will see one day."

Sample Thought, Feeling, and Need

Thoughts: "That I won´t try to replace ´A´."

Feelings: "I was numb. It was just a major shock."

Needs: "I wish the hospital would just go ahead and take pictures and hold them for awhile."

Informant Thirty-Six

The interview was conducted in the informant´s home. "L" died 37 months prior to the interview. He shared her life and death freely. When he offered his experience, he laughed nervously and stated that he was surprised by his reaction at the time. Interview time was one hour fifteen minutes.

"I was kind of just walking the halls and watching things going on. I didn´t know what else to do. So I just

went through the motions. In other words, I kept observing 'til it was over."

Sample Thought, Feeling, and Need

5 - Thoughts: "I was trying to comprehend our friends."

13 - Feelings: "I felt cheated, my friends just really weren't there."

7 - Needs: "To talk to someone who had experienced this."

Informant Thirty-Seven

The informant was interviewed in his office. His daughter "C" died 17 months prior to the interview. The interview lasted one hour and fifteen minutes. The informant talked freely about his experience, and my presence did not seem to hinder his need to cry as he relived the life and death of "C."

"My wife had been taking fertility drugs for so long, and when she got pregnant, I mean, we were so happy. We had been trying, you know, so I felt like we had been cheated and "C" may have been our only shot."

Sample Thought, Feeling, and Need

13 - Thoughts: "Some things went on that we were not told about in that nursery."

15 - Feelings: "We were afraid to hold her, just scared. We just knew that if we picked her up it would end her life. They offered but we could not. (crying). It tears me up when I think about it."

14 - Needs: "To ask questions and get answers."

Informant Thirty-Eight

This interview was a very difficult one to conduct. The informant shared the life and death of "D" easily. However, he had a speech impediment which required my full attention. The interview lasted 30 minutes, and it occurred 13 months after "D's" death. The informant chuckled nervously throughout the interview.

"Well, I just don't know what I would have done or how I would have made it without my faith in God. My church family was very supportive to me. My faith gave me strength."

Sample Thought, Feeling, and Need

2 - Thoughts: "About God and my wife."

4 - Feelings: "I just remember feeling lonely when I would visit 'D'."

4 - Needs: "I think the nurses could have talked to me more about what was going on."

Informant Thirty-Nine

The interview was difficult for the informant. It took place five months following the death of his twins. He cried throughout the interview. Pauses were allowed as the informant needed them. The interview lasted 45 minutes.

(crying) "The doctor and nurses were the best people to talk to. They gave me comfort. I could be myself. They understood what I was going through. They braced me for what people would say . . . all of that helped me deal with this."

Sample Thought, Feeling, and Need

3 - Thoughts: "Just tried to figure out what was going on."

6 - Feelings: "I was in shock more than anything and I just walked around in a daze."

5 - Needs: "My friends avoided me when I needed them most."

Informant Forty

This informant had experienced the death of five infants: a set of twins, two single deliveries and a twin to his only living child. The interview took place 24 months following the death of a single birth. The interview lasted one hour and twenty minutes. He shared his mixed emotions and experiences during the life and death of each infant.

"I mean, it's an experience I wouldn't wish on my worst enemy. It is very draining emotionally, physically, and I mean it tears you apart to see your child die, but, you know, and to survive it, you should take things a day at a time, an hour at a time, a minute at a time, and a second at a time."

Sample Thought, Feeling, and Need

12 - Thoughts: ". . . even though we have gone through more than one experience . . . I don't think they understand (family and friends)."

12 - Feelings: "It is so hard to deal with feelings. The suffering . . . is hard."

5 - Needs: "To be in on decisions. I don't need anybody thinking for me."

Informant Forty-One

The interview occurred 24 months following the death of the informant's first baby. The actual interview lasted 45 minutes. The informant cried, and pauses were allowed appropriately.

"I really didn't feel like working for a few days, really a couple of weeks. I would go into the office and

do just what I had to and leave. I had to get back into working. Fortunately for me, I had been there a long time so everybody kind of took care of the day-to-day stuff."

Sample Thought, Feeling, and Need

5 - Thoughts: "I didn't want to believe that there was something wrong with my baby."

8 - Feelings: "She had to work so hard at breathing and she wasn't getting better, it was almost a relief when she died, she wasn't suffering. I hurt but I hurt more for her."

10 - Needs: "I needed to know how to talk with my wife."

Informant Forty-Two

The interview was conducted in the informant's home. "C" had been dead 48 months; however, the informant did not have difficulty reconstructing her life and death. He shared his experience over a two and one-half hour period without repetition and with very few prompts.

"I would like to have had my wife have sense enough to hold me, hug me, and take care of me. But no, she couldn't. I mean we could hold and hug each other, but we weren't comforting each other because we both hurt so bad. But I knew I had to be strong for her."

Sample Thought, Feeling, and Need

10 - Thoughts: "That people really don't know me . . . but understanding how I behave in a lot of ways and what is really going on are not necessarily the same in a lot of cases."

20 - Feelings: "Like you have been stabbed to the quick."

5 - Needs: "I needed to be able to admit that I felt intensely bad and I needed to let the emotions run their swing and then think about it or whatever."

Informant Forty-Four

The time interval since the death of the informant's son, 58 months, did not hinder the reconstruction of his experience. The interview lasted one and one-half hours.

"I didn't know how people were supposed to react. I didn't know what people were supposed to do. I hadn't had that much association with death."

Sample Thought, Feeling, and Need

11 - Thoughts: "I got to thinking, you know, that I will never be able to spend a day like this with "P".

13 - Feelings: "Angry because I couldn't do anything about it. I was angry and frustrated."

11 - Needs: "To hold the child and say something to him even though he was dead."

Tables 8, 9, and 10 depict the thoughts, feelings, and needs of the informants following the death of their infants. The three categories have been further divided into temporal frames: (1) early, (2) later, and (3) early or later. By utilizing the theoretical components of constant comparative analysis and theoretical sampling, the temporal frames for thoughts, feelings, and needs were obtained from the interview data by utilizing the themes in the IG.

Statistical Analysis of the Data

Frequencies of thoughts, feelings, needs, and other variables extrapolated from the qualitative data analysis were entered in the DEC 20, and the computer program SPSS was used for analysis. One way analysis of variance, ANOVA, Pearson correlation and frequencies were obtained.

A significance level was set at .05. No significant difference was obtained for thoughts, feelings, and needs by sex-type and by race. No significant difference was also found for thoughts and feelings by occupation. A significant difference was found for the needs category and occupations unemployed and professionally self-employed (see Table 11) at the .05 level, [$f(5, 27)=2.96, p=<.03$].

Table 8

Qualitative Analysis of Thoughts and Temporal Frames:

Early, Later, and Early or Later

Early	Later	Early or Later
--what do I do now	--can't let it happen again	--faith in God
--did I screw up	--couldn't fix it	--figure out what was going on
--this is hard	--to go by cemetery and let feelings out	--friends and relatives don't understand
--don't want to deal with questions about funeral arrangements	--for wife to get over grief	
--can't believe it	--that this is hard	
--how to help mate	--when will the hurt stop	
--to be stabilizing force	--that I didn't hold baby	
--didn't want to believe something was wrong	--can't believe it	
--can't do anything about it	--people don't know me	
--not the way things are supposed to be	--part of me is gone that I can never replace	
--how am I going to to handle this	--they are in heaven	
--I am to blame	--plans for the baby	
	--about suing	
	--trying to comprehend our friends	
	--something happened to cause death	

Table 9

Qualitative Analysis of Feelings and Temporal Frames:

Early, Later, and Early or Later

Early	Later	Early or Later
--hit like a bolt	--difficult to survive	--could hardly make it
--ripped apart	--later I crashed	--cheated
--floating around in void	--angry	--lonely
--alone	--harder now	--in a daze
--falling apart	--guilty	--drained physically and emotionally
--like something ripped your insides out	--relief	--frustrated
--anger at God		
--panic		
--loss of control		
--hurt		
--wanted to hit someone		
--crying inside		
--sad and hurt inside		
--to break feelings loose		
--isolated and confused		
--distraught		
--devastated		
--in a daze		
--empty		
--like someone put their hands in my body and took out my heart		
--stabbed to the quick		
--like someone beat the hell out of me		
--frustrated		
--numb		
--shocked		
--scared		

Table 10

Qualitative Analysis of Needs and Temporal Frames:

Early, Later, and Early or Later

Early	Later	Early or Later
--help with bureaucratic morass	--to go by cemetery and let feelings out	--someone to talk to
--to cry and hug her	--needed for wife to get over grief	--to get away
--a picture	--to stay busy	--time off from work
--to be alone	--a picture of my baby	--how to handle things
--to be in a special room	--to keep my mind off of it	--someone to ask how I was doing
--to be with wife	--to write down what I was feeling	--for someone to say everything will be okay
--to be in on decisions		--something to ease the hurt
--to name baby		--someone to care
--time to make decisions regarding funeral arrangements		--for wife to see baby
--to ask questions and get answers		--how to talk to wife
--nurses to talk more to me about what is going on		--wife to hold, hug, and take care of me, too
		--a little of peace of mind
		--to be recognized as a human being
		--a shoulder to lean on
		--to be braced for what people would say
		--support from friends

Table 11

ANOVA of Needs by Occupation

Sources of Variation	Sum of Squares	df	Mean square	F
Between groups	217.73	5	43.55	2.96*
Within groups	397.24	27	14.71	
Total	614.97	32		

* Significantly different <.05

Newman-Keuls Multiple Comparison Test for Occupations

Occupation	1	2	3	4	5	6
$\bar{x}$	16.33	7.00	7.67	6.00	7.48	9.0

q_1 = p<.05, 1.91 q 27.6=4.37**

** means of occupation groups 1, 6 are significantly different.

*** Effect size, $\triangle$, = 1.91 standard deviation units.

The results of Pearson correlation coefficient as displayed in Table 12 indicate: needs and thoughts, [$\underline{r}(33)=.44, \underline{p}=<.01$, $r^2=.19$]; needs and feelings, [$\underline{r}(33)=.43, \underline{p}=<.01$, $r^2=.18$]; needs and number of living children, [$\underline{r}(33)=.31, \underline{p}=<.04$, $r^2=.10$]; needs and nonverbal behavior, [$\underline{r}(33)=.47, \underline{p}=<.01$, $r^2=.22$]; number of deaths and needs, [$\underline{r}(33)=-.33, \underline{p}=.03$, $n^2=.35$]; length of time and nonverbal, [$\underline{r}(33)=-.33, \underline{p}=.03$, $n^2=.35$]; number of living children and age of parent, [$\underline{r}(.37$, $\underline{p}=<.02)$, $r^2=.14$].

A frequency of thoughts, feelings, and needs are presented in Tables 13, 14, and 15. The values were obtained from analysis of the interviews. There were 298 thoughts, 351 feelings, and 274 needs.

No significant difference was obtained from a One-way ANOVA of thoughts, feelings, needs, and sex-types. Frequencies and percentages of the four sex-types are indicated in Table 16. Sex-type, raw scores (feminine and masculine) and T-scores are shown in Table 17. The total number of thoughts, feelings, and needs for each sex-type are included in Table 18.

Table 12

Pearson Correlation Coefficient of Selected Variables

	Age	Thoughts	Feelings	Needs	Number of deaths	Length of time	Number of living children	Nonverbal behavior
Age								
Thoughts								
Feelings								
Needs		.44 (.19)	.43 (.18)				.31 (.14)	.47 (.22)
Number of deaths				-.33 <.35>				
Length of time								-.33 <.35>
Number of living children	.37 (.14)							
Nonverbal behavior								

*()=r^2

**<>=n^2

Table 13

Thoughts: Frequency and Percentages of Total Sample

Number of Thoughts	Frequency of Occurrence	Percentage
2.0	1	3.0
3.0	1	3.0
4.0	3	9.1
5.0	6	18.2
6.0	1	3.0
7.0	2	6.1
8.0	3	9.1
9.0	1	3.0
10.0	4	12.1
11.0	2	6.1
12.0	3	9.1
13.0	1	3.0
14.0	1	3.0
15.0	1	3.0
16.0	1	3.0
19.0	1	3.0
23.0	1	3.0
Total 298.0	n=33	100.0

$\bar{X}$ = 9.03
mode = 5.0
median = 8.0

Table 14

Feelings: Frequency and Percentages of Total Sample

Number of Feelings	Frequency of Occurrence	Percentage
3.0	1	3.0
4.0	2	6.1
5.0	1	3.0
6.0	3	9.1
7.0	8	24.2
8.0	2	6.1
9.0	1	3.0
10.0	1	3.0
11.0	2	6.1
12.0	1	3.0
13.0	2	6.1
15.0	3	9.1
16.0	1	3.0
18.0	1	3.0
20.0	2	6.1
21.0	1	3.0
26.0	1	3.0
Total 351.0	n=33	100.0

$\bar{x}$ = 10.64
mode = 7.0
median = 8.0

Table 15

Needs: Frequency and Ppercentages of Total Sample

Number of Needs	Frequency of Occurrence	Percentage
3.0	2	6.1
4.0	1	3.0
5.0	6	18.2
6.0	4	12.1
7.0	5	15.2
8.0	3	9.1
9.0	2	6.1
10.0	4	12.1
11.0	1	3.0
13.0	1	3.0
14.0	2	6.1
16.0	1	3.0
25.0	1	3.0
Total 274.0	n=33	100.0

$\bar{x}$ = 8.3
mode = 5.0
median = 7.0

Table 16

Sex-Types: Frequency and Percentages for Total Sample

Sex-Type	Frequency	Percentage
Androgynous	10	30.3
Feminine	7	21.2
Masculine	11	33.3
Undifferentiated	5	15.2
	n= 33	100.0

mode = 3.0
median = 2.0

Table 17

T-Scores and Derivation of Sex-Types

Raw Scores			
Male	Female	Sex-Type	T-Score
6.30	2.10	M	17.0
6.10	4.00	M	31.0
6.40	4.35	M	31.0
5.45	4.00	M	36.0
5.30	3.95	U	37.0
5.75	4.45	M	38.0
6.44	5.21	A	39.0
4.55	4.35	M	39.0
5.45	4.30	M	39.0
5.50	4.35	M	39.0
5.90	4.80	M	39.0
5.35	4.40	M	41.0
5.80	4.75	A	41.0
5.95	5.00	A	42.0
4.95	4.10	U	42.0
4.50	3.80	U	43.0
2.05	1.89	U	46.0
5.80	5.30	A	47.0
5.90	5.35	A	47.0
5.05	4.60	M	47.0
5.20	4.75	F	47.0
6.05	5.70	A	49.0
5.40	5.15	A	49.0
5.50	5.30	A	49.0
5.30	5.15	F	51.0
5.42	5.29	A	51.0
4.55	4.55	U	51.0
5.85	5.80	A	53.0
5.10	5.30	F	54.0
4.90	5.10	F	54.0
4.75	5.15	F	56.0
5.25	5.70	F	57.0
4.15	5.45	F	65.0
		n=33	

mode = 39.0
median = 43.0

Table 18

Total Number of Thoughts, Feelings, and Needs According to Sex-Type

Sex-types:	Androgynous	Feminine	Masculine	Undifferentiated	Total
Frequency of sex-types	10	7	11	5	33
Thoughts	97	59	94	48	298
Feelings	90	99	117	45	351
Needs	67	66	110	31	274
Total	254	224	321	124	923

$p=<.05$, $95X^2_6=12.59$

Calculated $X^2=49.26$

Additional Findings

1. Only 30.3% of the informants stated that they were perceived as needing support by their mates.

2. Forty-two percent of the informants reported either having an accident or of almost being involved in an accident.

3. Forty-five percent of the informants attended support groups, of that figure, 20% attended unwillingly (their mates insisted they attend). The remaining 54.5% of the fathers responded that they considered support groups to be pity parties or that talking in a large group is not a method they would choose.

4. Descriptors used by fathers to relate their feelings were inconsistent with those found in the literature.

Summary

The data obtained from the 33 informants were analyzed by qualitative and quantitative means. Demographic data were included for each informant.

The qualitative method of data analysis revealed that each informant, regardless of region, race, age, or occupation, experienced grief following the death of his infant. A significant relationship was noted between needs and occupation. A positive correlation existed for needs

in relation to thoughts, feelings, number of living children, and nonverbal behavior. A negative correlation existed between needs and number of deaths and length of time and nonverbal behavior. A positive relationship was found between number of living children and age of parent. Each coefficient was squared to predict the proportion of variance. Chi-square Test of Association showed that there is a relationship between sex-types and thoughts, feelings, and needs.

Frequencies, percentages, means, modes, and medians were included for thoughts, feelings, needs, sex-types, T-scores, number of deaths, and length of time following the death.

CHAPTER 5

SUMMARY OF THE STUDY

This chapter provides a summary of the investigation and a discussion of the findings. Conclusions, implications based on the findings, and recommendations for further investigations in relation to nursing research and practice are included.

Summary

The problem for the investigation was what are the thoughts, feelings, and needs of fathers whose infants have died? The study also identified the sex-types of the informants who participated.

The theoretical framework was based on grounded theory by Glaser and Strauss (1967). Five theoretical components were utilized for the study: descriptive narrative, theoretical sampling, theoretical sensitivity and insight, temporal aspects, and constant comparative analysis.

A descriptive, constant comparative ethnographic design was used. Thirty-three informants from a seven state area participated. They were interviewed at their

convenience and comfort. Each informant was debriefed after sharing his experience.

Content analysis was used to assess the qualitative data. Statistical analysis of the data was completed by descriptive statistics, one-way analysis of variance, and Pearson correlation coefficient.

The sample consisted of 33 informants from 30 cities in 7 states. Twenty-six were white, five were black, and two were hispanic. The ages ranged from 25 to 41, with a mean of 33.24, a mode of 29, and a median of 33. The occupations varied from professionally self-employed to temporarily unemployed. The number of infant death experiences ranged from one to five with a mode and a median of one. The shortest temporal frame following the death was four months and the greatest was 58 months.

The investigation included one research question: What are the reported sex-types and the reported thoughts, feelings, and needs of fathers following the death of their infants. The total number of thoughts identified was 298. The total number of feelings identified for the sample was 351. Finally, the total number of needs was 274. Data from all four sex-types were included: androgynous, 10; feminine, 7; masculine, 11; and undifferentiated, 5. The research question was addressed.

Discussion of the Findings

The findings of this investigation indicate that fathers experience grief, and that they have thoughts, feelings, and needs regardless of sex-type. The grief experience of fathers, however, is incongruent with the behavior specified in the literature. Zistook (1976) stated that the inability to cry is an indication of pathological grief. However, for the present investigation, a majority of the fathers stated that they were hurt and that they had difficulty crying outwardly or they would cry when they were alone.

As a society, Americans judge the existence of a phenomenon by exterior evidence (Laing, 1967). Fathers in the investigation reported that they could not cry in front of their mates or anyone else and that they were judged as not needing support. Benfield, Lieb, and Reuter (1978) speculated that low paternal grief scores may be related to societal norms which stigmatize an open display of emotions. The findings by Benfield are supported. The fathers stated that they had been influenced by the childrearing they had received.

Behavioral indicators of grief specified by stage theorists (Kubler-Ross, 1969; Parkes, 1972, 1983) may not be generalizable to men and fathers. Fathers in the

present investigation stated that they either cried when they were alone or they cried inside. At the time of the death, the fathers stated that they had to quickly deal with their emotions so that they could gain some control in the situation.

Physical, psychological, and other behavioral indicators of grief identified in the literature were not supported in the present study. Some indicators noted by Engel (1964), Kubler-Ross (1969), Lindemann (1944), and Parkes and Weiss (1983) are crying, screaming, decreased activity, decreased interest in work, increased absence from work, and increased accidents. A majority of the indicators were not identified by the informants in the present study. They specified that they had to keep busy, they thought they would be able to take care of their feelings later, and/or they also thought that people would automatically recognize that they needed to grieve.

Miles (1985), in devising care for families following the death of their infant, made some notable observations. She stated that when she told a mother and grandmother of their newborn infant's death, they both cried. However, the father had to be given encouragement and permission to grieve. For the present investigation, the fathers stated

that they were treated as though they were not supposed to grieve. They felt cheated because they were not given the same opportunity to discuss their feelings as their mates.

Goldberg (1986) stated that it is difficult for men to cry, because many look at weeping as a sign of weakness. Fathers in the present investigation stated that friends and relatives avoided them at all costs and rarely asked how they were doing. Goldberg's statements were supported. Fathers stated that if they were to cry in front of strangers (regardless of the situation), they likely would be viewed as being weak. They also had to guard their feelings when in the company of friends and relatives.

In the present investigation, fathers said that they watched their unborn babies as they matured. They felt the baby kick, and they experienced the pregnancy as well. They also said that they were not treated equally as a parent during their infant's death. Walker (1986) found that in devising care for families it is assumed that fathers need less support than mothers.

Legrand (1981) found that women were more willing to talk about their losses than men. For the present investigation, it was found that each informant interviewed openly shared his experience (some required prompts and others did not). They made only one provision: the

investigator must show sincerity in wanting to learn from his experience (my assumption from interpreting behavior).

According to Bem (1979, 1981), an androgynous individual is supposedly less attuned to cultural definition of either sex-type. However, in the present investigation, androgynous fathers reacted in the manner in which they were expected in the setting and that is of taking care of their mates.

Crosby, Jones, and Wong-McCarthy (1981) recommended a decrease in the emphasis on androgyny. They found that miscategorization problems exist. The authors also found that feminine subjects and not androgynous ones were most situationally adaptive. The present investigation indicated that when a father is in a situation that involves his family, he will defer his emotions for the sake of protecting his family, regardless of his sex-type.

In the classic work by Bendig (1959), overt and covert anxiety were studied. It was found that the covert anxiety was not significantly different for males and females. However, the overt anxiety differed significantly. In the present investigation, Bendig's findings were supported. Fathers stated that friends, acquaintances, and relatives avoid them. Many mates were unable to identify grieving

behavior or to acknowledge that a need to grieve is inherent in their human nature.

Discussion of Additional Findings

1. The relationship between needs and occupation for analysis of variance may be due to influences surrounding being unemployed, which is an additional source of stress following the death of an infant.

2. The existence of a successful pregnancy outcome may have provided an opportunity to rechannel the measures of grief such as thoughts, feelings, and nonverbal behavior.

3. The negative correlation between needs and number of deaths possibly indicates that needs being met may be perceived as hopeless by fathers who experienced a greater number of deaths.

4. The negative correlation between length of time and nonverbal behavior indicated a possible progression toward reorganization of grief.

5. The positive correlation between number of living children and age of the parent in the present investigation indicates that age of the parent and the actual time of death may influence the decision to attempt pregnancy again.

6. Mates present during the interviews and the informants were asked how the informant responded following the death of their infant. In each case the mate had misinterpreted the informant's behavior. This situation justifies obtaining information about an individual directly from the individual.

7. When the father is told that his infant is moribund or that the infant has died, he needs someone supportive with him. His concentration and precision are both influenced by the devastating news of his infant's death. From the comments by fathers in the present investigation, driving should be done by someone other than the father at that time.

8. Follow-up counseling should include both parents. The facilitator must incorporate the fact that men fear disclosure when the plans are made. In the present investigation, many fathers disclosed their thoughts, feelings, and needs in the presence of one person.

9. Fathers in the present investigation were very graphic when describing their feelings (i.e., ripped apart, crashed, beaten, heart torn out). The literature on grief has not supported the descriptions by fathers regarding their feelings.

Conclusions and Implications

From the findings, conclusions can be drawn:

1. Thoughts--The absence of visible signs of grief is not necessarily an indication that the phenomenon does not exist in the reality of fathers.

2. Feelings--All informants stated that their attitude toward displaying emotions has been tempered by their upbringing or by other childhood influences.

3. Needs--All informants specified that they placed greater emphasis on attending to details of the moment and the well-being of their mates than to their own needs.

4. Sex-type--As defined by Bem (1981), sex-type was found not to be a significant predictor of behavior for the total sample of informants. However, a relationship does exist in the "upbringing" for a father and his experience of grief.

5. Fathers may not receive support following the death of their infants because many are successful in camouflaging their indicators of grief, or as a society we simply avoid emotional expression from males when death occurs.

6. Nurses have also been influenced by the myth of the male gender.

7. It is inherent in the nature of fathers to respond to situations in a manner in which they are comfortable. When a baby dies, nurses need to incorporate care for fathers as well as for mothers.

Undue stress and confusion experienced by fathers during the hospitalization and eventual death of their infant could be decreased by respecting the father as being human, a parent, and a man. For nursing, acknowledgement of the need to grieve for fathers may assist in decreasing conflicts for couples. The divorce rate may also be decreased among this population (Kowalski, 1985).

Fathers in the present investigation who were shown compassion were easier to communicate with and tended to project their anger at hospital personnel less often than fathers who were not. Because this investigation found that all fathers experience grief regardless of sex-type, nurses can offer information to each father and know that the need is valid.

The temporal frames assigned to the three categories will allow nurses to incorporate strategies for approaching and implementing care for fathers. Strategies for interventions that are provided by fathers may prove to be effective. Fathers require nursing care as well as mothers following the death of their infant. By considering the

father, a difference can be made regarding the confusion and frustration experienced.

Thoughts and feelings cannot be controlled. However, focusing on the data provided can influence the outcome of fathers' grief by providing information and by demonstrating that nurses care for them as parents, as well. The needs obtained can serve as the rationale for restructuring the protocol presently followed when an infant dies.

An ethnographic method can provide information from informants which will assist in changes in nursing practice. Past tendencies of speculation regarding behavior of fathers following the death of their infant was not supported. By obtaining the thoughts, feelings, and needs directly from fathers and incorporating appropriate interventions, nursing will continue to demonstrate its advocacy.

Recommendations for Further Study

Recommendations are made for further study from the findings:

1. A study should be conducted which incorporates a separate interview with the mate to obtain her thoughts, feelings, and needs.

2. A study should be conducted on the effects of the spousal relationship on the grief experience.

3. A study should be conducted regarding nurses perceived as a positive influence on the grief experience and nurses viewed as a negative influence.

4. A study should be made which compares how fathers of dead infants who attend support group sessions fare in relationship to those fathers who do not attend.

5. A study should be devised on the effects of the grief experience and decisions for future children.

6. A study should be completed on fathers at the actual time of infant death.

7. A study should be conducted on the influence of church affiliation and the grief experience.

8. A study should be conducted on fathers with a short time interval following death and fathers with a long time interval.

References

Annas, G. (1983a). Disconnecting the baby doe hotline. The Hastings Center Report, 13(3), 14-16.

Annas, G. (1983b). Baby Doe Redux: Doctors as child abusers. Hastings Center Report, 13(5), 26-27.

Appleweig, D. G. (1961). Childhood and mental health: The influence of the father in the family setting. Merrill-Parker Quarterly, 7, 71.

Bandura, A. (1968). Social learning theory of identificatory processes. In D. Goslin (Ed.), Handbook of Socialization Theory and Research (pp. 213-261). Chicago: Rand McNalley & Co.

Bem, S. L. (1974). The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology, 42, 155-162.

Bem, S. L. (1979). On the utility of alternative procedures for assessing psychological androgyny. Journal of Consulting and Clinical Psychology, 45, 196-205.

Bem, S. L. (1981). Bem-sex role inventory. Palo Alto: Consulting Psychologists Press, Inc.

Bendig, A. W. (1959). College norms and current validity of Cottell's IPAT anxiety scale. Psychology Newsletter of New York University, 10, 263-267.

Benfield, D. G., Leib, S. A., & Reuter, J. (1976). Grief response of parents preferral of the critically ill newborn to a regional center. New England Journal of Medicine, 294, 974-978.

Benfield, D. G., Lieb, S. A., & Volman, J. H. (1978). Grief response of parents to neonatal death and parent participation in deciding care. Pediatrics, 62(2), 171-177.

Berelson, B. (1952). Content analysis in communication research. Glencoe, IL: Free Press.

Berelson, B., & Steiner, G. A. (1967). Human behavior. New York: Harcourt, Brace & World.

Bogdan, R., & Taylor, S. (1975). Introduction to qualitative research methods: A phenomenological approach to the social sciences. New York: Wiley.

Bowlby, J. (1951). Maternal care and mental health. Geneva: World Health Organization.

Bowlby, J. (1961). Process of mourning. International Journal of Nursing, 21(10), 586-588.

Bozett, F., & Hanson, S. (1986a). Focus on fathers. Nursing Times, 82(11), 38-40.

Bozett, F., & Hanson, S. (1986b). Is there a father in the house? Nursing Times, 82(12), 41-44.

Brasted, W. S., & Callahan, E. J. (1984). Review article: A behavioral analysis of the grief process. Behavior Therapy, 15, 529-542.

Bugen, L. A. (1977). Human grief: A model for prediction and intervention. American Journal of Orthopsychiatry, 47(2), 196-206.

Burgess, R. G. (1982). Field research: A sourcebook and field manual. London: George Allen & Unwin.

Butterfield, J. (1982, March). Neonatal hospice: Description of a new intervention for the family of a dying infant. Paper presented at a conference on concepts and controversies in neonatal critical care, Sun Valley, OH.

Cambridge at the University Press. The Holy Bible. London.

Caplan, G., Mason, E., & Kaplan, D. (1965). Four studies of crises in parents of prematures. Community Mental Health Journal, 1, 149-161.

Clark, A. L., & Affonso, D. D. (1976). Childbearing: A nursing perspective. Philadelphia: F. A. Davis Company.

Clark, M. & Williams, A. J. (1979). Depression in women after perinatal death. The Lancet, 1(8122), 916-917.

Clyman, R., Green, C., Rowe, J., Mikkelsen, C., & Ataide, L. (1980). Issues concerning parents after the death of their newborn. Critical Care Medicine, 8, 215-218.

Collins, M. (1986). Care for families following stillbirth and first-week deaths. Midwives Chronicle and Nursing Notes, 99 (1196), xiii-xv.

Creel, H. G. (1972). Chinese thought from Confucius to Mao Tse-tung. Chicago: The University of Chicago Press.

Crosby, F., Jose, P., Wong-McCarthy, C. (1981). Gender androgyny and conversational assertiveness. In C. Mayo & N. M. Hensley (Eds.), Gender and nonverbal behavior (pp. 151-180). New York: Springer-Verlay, Inc.

DeFrain, J. (1977). Sexism in parenting manuals. The Family Coordinator, 26(3), 245-251.

Deutsch, H. (1937). Absence of grief. Psychoanalytic Quarterly, 6, 12-22.

DeVaul, R. A., & Zistook, S. (1976). Psychiatry: Unresolved grief clinical considerations. Postgraduate Medicine, 59(5), 267-271.

Dracup, K. A., & Breu, C. A. (1978). Using nursing research findings to meet the needs of grieving spouses. Nursing Research, 27(4), 212-216.

Dunlop, R. S., (1978). Helping the bereaved. Bowie, MA: The Charles Press Publishers, Inc.

Ellenwood, J. L. (1943). A father looks back. Child Study, 21, 6-7, 30.

Engel, G. L. (1961). Is grief a disease: A challenge medical research. Psychosomatic Medicine, 23(1), 196.

Engel, G. L. (1964). Grief and grieving. American Journal of Nursing, 64(9), 93-98.

Estok, P., & Lehman, A. (1983). Perinatal death: Grief support for families. Birth, 10(1), 17-25.

Fasteau, M. (1974). Why aren't we talking. In J. H. Pleck and J. Sawyer (Eds.) Men and Masculinity (pp. 19-21). Englewood Cliffs: Prentice Hall, Inc.

Fawcett, J. (1978). The relationship between theory and research: A double helix. Advances in Nursing Science, 1(1), 49-62.

Fein, R. A. (1976). The first weeks of fathering: The importance of choices and supports for new parents. Birth and the Family Journal, 3(2), 53-58.

Foster, R. G. (1939). The father in the family. Child Study, 16, 134.

Fox, D. J. (1982). Fundamentals of research in nursing (4th ed.). New York: Appleton-Century-Crofts.

Freud, S. (1964). Mourning and melancholia. Complete Works XIV. Standard Edition. New York: MacMillan.

Furness, H. (1903). A new variorum edition of Shakespeare: Macbeth. Philadelphia: J. B. Lippincott Co.

Gelcher, E. (1983). Mourning is a family affair. Family Access, 22, 501-516.

Germain, C. (1986). Ethnography the method. In P. Munhall & C. Oiler (Eds.), Nursing Research: A Qualitative Perspective (pp. 147-162). Norwalk, CN: Appleton-Century-Crofts.

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine Publishing Co.

Glass, G., & Hopkins, K. (1984). Statistical Methods in Education and Psychology. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Goldberg, H. (1986). The hazards of being male. Men's Health, 1(1), 69-72.

Gomberg, M. R. (1957). Tomorrow's family. Child Study, 23, 7-11.

Gordon, A. K., & Klass, D. (1979). They need to know: How to teach children about death. Englewood Cliffs: Prentice Hall, Inc.

Grubb, C. A. (1976). Is the baby alive or dead: Psychological work of a woman with an intrauterine fetal death. Maternal Child Nursing Journal, 5(1), 25-37.

Hampe, S. O. (1975). Needs of the grieving spouse in a hospital setting. Nursing Research, 24(2), 113-120.

Hildebrand, W. (1980). Helping parents cope with perinatal death. American Family Psychiatry, 22(5), 121-125.

Hines, J. D. (1971). Father--The forgotten man. Nursing Forum, 10(2), 177-200.

Holsti, D. R. (1969). Content analysis for the social sciences and humanities. Massachusetts: Addison-Wesley Publishing Co.

Hott, J. R. (1976). The crisis of expectant fatherhood. American Journal of Nursing, 76(9), 1436-1442.

Hutchinson, S. (1986). Grounded theory the method. In P. Munhall & C. Oiler (Eds.), Nursing research: A qualitative perspective (pp. 111-130). Norwalk, CN: Appleton-Century-Crofts.

Irma, M. (1983). Hospice care: Principles and practice. New York: Springer.

Jourard, S. (1964). Some lethal aspects of the male role. In S. Jourard (Ed.), The transparent self (pp. 21-29). New York: Van Nostrand.

Kaplan, A. G. (1981). Human sex-hormone abnormalities viewed from an androgynous perspective: A reconsideration of the work of John Money. In J. E. Parsons (Ed.), The psychobiology of sex differences and sex roles (pp. 81-91). New York: McGraw-Hill Book Co.

Kennell, J., Slyter, N., & Klaus, M. (1970). The mourning response of parents to the death of a newborn infant. New England Journal of Medicine, 283(7), 344-349.

Kerlinger, F. N. (1973). Foundations of behavioral research. New York: Holt, Rinehart and Winston, Inc.

Knafl, K. A. & Howard, M. J. (1984). Interpreting and reporting qualitative research. Research in nursing and health, 7, 17-24.

Kowalski, K. (1985). The impact of chronic grief. The American Journal of Nursing, 85(4), 398-399.

Kreis, B., & Pattie, A. (1969). Up from grief: Patterns of recovery. New York: The Seabury Press.

Kubler-Ross, E. (1969). On death and dying. New York: Macmillan Publishers.

Laing, R. D. (1967). The politics of experience. New York: Pantheon Books.

Lamers, W. M. (1981). How a doctor feels when a patient dies. In E. A. Grollman (Ed.), What helped me when my loved one died (pp. 142-147). Boston: Beacon Press.

Legrand, L. E. (1981). Loss reactions of college students: A descriptive analysis. Death Education, 5(3), 235-248.

Leininger, M. (1985). Qualitative research methods in nursing. Orlando: Grune & Stratton, Inc.

Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of Psychiatry, 101, 141-148.

Lindemann, E. (1945). Psyciatric factors in the treatment of ulcerative colitis. New England Journal of Medicine, 232(21), 630.

Lott, B. (1981). Becoming a woman: The socialization of gender. Springfield: Charles C. Thomas.

MacMillan, P. (1980). And grief itself be mortal! Nursing Times, 6(32), 1381.

Mammen, S. (1979). Grief and its manifestations as a psychosomatic disease--hypertension. The Nursing Journal of India, 70(11), 299-301.

Marvel, B. (1983). An experienced dad finds extraordinary pleasures in ordinary experience. Dallas Times Herald, June 19, 1983, pp. H1, 4-5.

McKee, L., & O'Brien, M. (Eds.). 1982). The father figure. London: Tavistock Publications.

Mead, M., & Newton, N. (1967). Cultural patterning of perinatal behavior. In S. Richard & A. Guttmacher (Eds.), Childbearing: Its social and psychological aspects (pp. 104-108). Baltimore: The Williams & Wilkins Co.

Meleis, A. I., & Swendsen, L. A. (1978). Role supplementation: An empirical test of a nursing intervention. Nursing Research, 27(1), 11-18.

Miles, M. S. (1985a). Emotional symptoms and physical health in bereaved parents. Nursing Outlook, 34(2), 76-81.

Miles, M. S. (1985b). Helping adults mourn the death of a child. Issues in Comprehensive Pediatric Nursing, 8 (1-6), 219-241.

Miller, C. (1978). Working with parents of high-risk infants. American Journal of Nursing, 78, 1228-1230.

Mina, C. F. (1985). A program for helping grieving parents. The American Journal of Maternal Child Nursing, 10, 118-121.

Mussen, P. (1969). Early sex-role development. In D. Goslin (Ed.), Handbook of Socialization Theory and Research (pp. 707-731). Chicago: Rand McNally and Co.

O'Neill, O., & Ruddick, W. (Eds.). (1979). Having children: Philosophical and legal reflections on parenthood. New York: Oxford University Press.

Parkes, C. M. (1972). Bereavement: studies of grief in adult life. London: Tavistock.

Parkes, C. M., & Weiss, R. S. (1983). Recovery from bereavement. New York: Basic Books, Inc.

Peppers, L. G., & Knapp, R. J. (1980). Motherhood and mourning: Perinatal death. New York: Praeger Publishers.

Pleck, J. H., & Sawyer, J. (1981). The myth of masculinity. Cambridge: MIT Press.

Polit, D., & Hungler, B. (1983). Nursing research: Principles and methods. Philadelphia: J.B. Lippincott.

Reed, M. J. (1981). Bereavement: A "hush-hush" subject. Nursing Mirror, 152(17), 32-33.

Reynolds, W. (1978). The American father: A new approach to understanding himself, his woman, his child. New York: Paddington Press.

Rowe, J., Clyman, R., Green, C., Mikkelsen, C., Haight, J., & Ataide, L. (1978). Follow-up of families who experience a perinatal death. Pediatrics, 62(2), 166-170.

Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8 (3), 27-37.

Scholten, C. M. (1985). Childbearing in American society: 1650-1850. New York: New York University Press.

Schultz, R. (1978). The psychology of death, dying and bereavement. MA: Addison-Wesley Publishing Co.

Sears, R. (1970). Relation of early socialization experiences to self-concept and gender role in middle children. Child-development, 2, 267-289.

Sherman, J. A. (1971). On the psychology of women: A survey of empirical studies. Springfield: Charles C. Thomas.

Smith, L. M., & Poland, P. A. (1969a). Grounded theory and educational ethnography: A methodological analysis and critique. St. Ann, MO: Cemrel.

Smith, L. M., & Poland, P. A. (1969b). Participant observation of the CAI program. In H. Russel (Ed.), Evaluation of Computer Assisted Instruction Program: Interim Report (pp. 132-144). St. Ann, MO: Cemrel.

Smith, L. M., & Pohland, P. A. (1976). Grounded theory and educational ethnography: A methodological analysis and critique. In Joan Roberts & Sherrie Akinsanya (Eds.), Educational patterns and cultural configurations: The anthropology of education (pp. 476-499). New York: David McKay Co.

Soothill, W. E. (1962). The analects of Confucius. London: Oxford University Press.

Spilka, M. (1980). Virginia Woolf's quarrel with grieving. Lincoln: University of Nebraska Press.

Spradley, J. P. (1979). The ethnographic interview. New York: Holt, Rinehart & Winston.

Stern, P. N. (1980). Grounded theory methodology: Its uses and processes. Image, 12(1), 20-23.

Stringham, J. G., Riley, J. H., & Ross, A. (1982). Silent birth: Mourning a stillborn baby. Social Work, 27(4), 322-327.

Swanson-Kaufman, K. M. (1986). a combined qualitative methodology for nursing research. Advances in Nursing Sciences, 8(3), 58-69.

Taylor, S. J., & Bogdan, R. (1984). Introduction to qualitative research methods: The search for meanings. New York: John Wiley & Son, Inc.

Thaler, O. F. (1966). Grief and depression. Nursing Forum, 5(2), 9-22.

Towns, J. E. (1980). How to understand and communicate with a person in sorrow. Nursing Forum, 19(3), 300-309.

Trethowan, W. H., & Conlon, M. F. (1965). The couvade syndrome. British Journal of Psychiatry, 58, 57-67.

Ullian, D. Z. (1976). The development of conceptions of masculinity and feminiity. In B. Lloyd & J. Archer (Eds.), Exploring sex differences (pp. 25-47). New York: Academic Press.

Walker, K. L. (1986). Easing the pain of bereaved parents. Nursing 86, 16(4), 48-50.

Wilson, G. D. (1967). Social desirability and sex differences in expressed fear. Behavior Research and Theory, 5, 136-137.

Wilson, W., & Soule, L. (1981). Nursing care for the emerging family: Promoting paternal behavior. Research in Nursing and Health, 4(4), 201-211.

Wolff, J. R., Nielson, P. E., & Schiller, P. (1970). The emotional reaction to a stillborn. American Journal of Obstetrics and Gynecology, 108(1), 73-77.

Yeaworth, R. C., & Kapp, F. T. (1974). Attitudes of nursing students toward the dying patient. Nursing Research, 23, 20-24.

Yin, R. K. (1984). Case study research: Design and methods. Beverly Hills: Sage Publications.

APPENDIX A

HUMAN SUBJECTS REVIEW COMMITTEE APPROVAL

TEXAS WOMAN'S UNIVERSITY
Box 22939, TWU Station
RESEARCH AND GRANTS ADMINISTRATION
DENTON, TEXAS 76204

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Geneva Turner Center: Denton

Address: 1113 Vine Street, Apt. 2 Date: June 24, 1986

Denton, TX 76201

Dear Geneva Turner:

Your study entitled A Qualitative Study of Sex-Role Identity and the Grief Experience for Fathers

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

_____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

_____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

_____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

_____ Other:

__X__ No special provisions apply.

cc: Graduate School
Project Director
Director of School or
Chairman of Department

Sincerely,

Jean Pyfer

Chairman, Human Subjects
Review Committee

APPENDIX B

INTENSIVE CARE NURSERY SITUATIONS QUESTIONNAIRE (ICNSQ)

SITUATIONS QUESTIONNAIRE

PLEASE PROVIDE DETAILED RESPONSES TO THE FOLLOWING SITUATIONS. YOU MAY WRITE ON THE BACK OF THIS QUESTIONNAIRE IF MORE SPACE IS NEEDED.

1. The Minsons are a young couple and they recently experienced the premature delivery of their first baby. Little Baby J. was the first grandchild on Mr. Minson's side of the family; Mrs. Minson has numerous nieces and nephews. The Minson baby was delivered five weeks ago and died after being on the respirator for four weeks. When the baby's death was told to the couple, Mrs. Minson cried. Mr. Minson told the nurse in a calm voice that he would take care of his wife. The nurse then made suggestions to Mr. Minson in caring for his wife.

   QUESTION: What is Mr. Minson thinking and feeling about his wife, himself, and the lost baby?

   QUESTION: What type of support would Mr. Minson probably like at this time?

2. The Quail baby was born two months early and lived for two and a half months. Little Baby B. died three weeks ago. Mr. Quail blamed his wife continously for their baby's early delivery, and he was also openly hostile to her. Mrs. Quail, embarrassed, said that her husband was taking this situation very hard because he had always been a caring and loving person to everyone. Mr. Quail told a nurse during a phone call that he and his wife did not have a need for follow-up sessions because they were getting a divorce.

   QUESTION: What is Mr. Quail thinking and feeling at this time?

QUESTION: How would you suggest helping Mr. Quail?

3. The Jensons recently experienced the death of their newborn. During a follow-up visit, Mrs. Jenson told a nurse that friends have continuously made statements to Mr. Jenson that have worried her because she thinks the statements have influenced her husband's behavior. The statements are: 1) it is good that you are brave and strong because Lisa needs you now; 2) don't think about the death too much because you must get on with your life, and 3) we are glad you are here to be in charge of things.

QUESTION: What do you think the friends meant when they made the statements?

QUESTION: Are the emotional needs of males different from the needs of females following the death of a baby? Please explain your answer.

QUESTION: What is Mr. Jenson thinking and feeling at this time?

4. Mr. Kloss cannot believe the sudden, drastic changes in his life. Mr. Kloss was alone in the waiting room when he was informed of his newborn baby's death. The baby was the couple's first, and they had tried for a long time to become pregnant. Mr. Kloss keeps repeating "but we did everything right, this cannot be, this just cannot be!"

QUESTION: How would you suggest helping Mr. Kloss?

QUESTION: What is Mr. Kloss thinking and feeling at this time?

5. Three nurses are trying to start a group for parents following the death of their babies. A nurse who had worked closely with the Topple baby before Little T. R. died contacted the Topple couple to see if they would join the group. Mr. Topple was a bit hesitant then he said "men don't need to sit around and discuss things. No I won't!"

QUESTION: Why do you think Mr. Topple said what he did?

QUESTION: When a couple experience the death of their newborn who should receive follow-up care? The mother or father or both? Please explain your answer.

6. Mr. Ellsworth's behavior has changed according to his friends and relatives. Usually he is the life of a party and in the past he had been an active member of many social and civic organizations. Since his baby's death ten months ago, Mr. Ellsworth has worked long hours, and he has not participated in his organizational activities. He has even refused to attend parties.

QUESTION: Should Mr. Ellsworth's behavior be expected? Please explain your yes or no answer.

QUESTION: What activities can you suggest that may be helpful to the father at the very moment he is informed of his newborn's death?

7. QUESTION: What experiences could you share with other fathers that helped you in dealing with the death of your newborn?

8. QUESTION: Are any of the situations or feelings similar to what you experienced, and how did you deal with those feelings?

9. COMMENTS: (Please add here anything that you think might benefit fathers and families who will experience this situation in the future, or that could help improve the study).

APPENDIX C

INTERVIEW GUIDE

INTERVIEW GUIDE

- o Request permission to use the tape recorder
- o Explain the benefits of the study
- o Put tape recorder out of respondent's field of vision
- o Introduce study (brief)
- o Explain interview
- o Time required
- o Give experience of the interviewer

What did you name your baby?

1. At the time of _____'s death the feelings you experienced were they anything like anger, confusion, rejection, disappointment, loss of control, fear, relief, rage, or numbness?
2. Tell me how you felt at the very moment _____ died.
3. What would you have wanted done for you at the time of the death?
4. How did friends and close contacts respond to you?
5. How did you respond to them?
6. How would you describe your relationship with your friends now?
7. Were your friends as supportive as you would have wanted them to be? (Prompt to elaborate on response)
8. If you could change any of your behavior following _____'s death, what would you change?
9. How long has it been since _____'s death?
10. How often do you think of _____?

11. What has helped you when the thoughts are/were overwhelming?

12. Were you able to talk to anyone following _____'s death about the feelings that bothered you most?

12a. Why not?

13. What is _____'s mother's name?

The next couple of questions will be about _____ and you following _____'s death and now.

13a. How has _____ handled the loss? (recovered, still unable to discuss the death, etc.)

13b. Describe your relationship with _____ following _____'s death.

13c. How is your relationship with _____ now?

13d. Have both of you been able to discuss your relationship?

Remember, at the beginning of the interview, I asked questions about what things influence the way men handle the loss of their baby. Now I want you to tell me about:

14. What has influenced the way you handled the loss of your child?

15. How would you describe your feelings now?

16. Has your interest in any of your activities changed following your loss such as your job or hobbies?

16a. What about your church activities? Have you increased or decreased your involvement with a church?

16b. During _____'s hospitalization, what were your thoughts and feelings about God?

Now I want to ask you some questions about other children.

17. Do you have other children?

18a. (If after _____) How did you feel during and following their birth?

18b. (If before _____) Did you think about the possibility of your baby being born ill?

19a. (If no children) Have you discussed having more children with your mate? (If no, tell me more about that)

19b. (If prefer no children) Let's talk about those feelings, Mr. _____. (How did he decide, when, why)

20. If you could give advice to other fathers who are now experiencing what you experienced, what would you say to them?

TRANSITION

Mr. _____, since I am focusing on thoughts, feelings, and needs of fathers, I think your input regarding the needs will be very important for the fathers who may experience the loss of their baby in the future. Now I am going to ask you questions which focus on needs.

21. Mr. _____ what needs do you have at this time in relation to your baby's death?

22. (If Non-verbal indicates needs, address that point.)

23. If you could speak for every father in the universe, what would you say they would need following the loss of their baby?

24. Is there anything you can share with me that you have not said already that would help fathers who may experience the same situation in the future?

25. Do you think men can control their feelings better than women?

(If he thinks the control is about the same, prompt to elaborate further.)

26. Do you think it is okay for a man to control his feelings?

(Prompt to explain the yes or no answer.)

27. Do you think being a man has any bearing on the way he is expected to handle the loss of his child?

    (If yes or no, prompt to explain further.)

28. What do you think influences the way a man handles such a loss?

    (Prompt to elaborate further, in what way.)

29. SUMMARIZE

    a. if indicated review grief process
    b. refer to local groups
    c. give copy of book How to Survive the Loss of a Love
    d. give phone number and ask to call if other thoughts concerning interview surface
    e. offer summary of results
    f. summarize - debrief

GENEVA TURNER

APPENDIX D

ORAL ORIENTATION

ORAL ORIENTATION

I am a doctoral candidate at Texas Woman's University in Denton, Texas. I am also a nurse, and I have worked in intensive care nurseries in Georgia, Texas, Alabama, Germany, and Delaware.

I have taken care of numerous babies, and I have observed families when their baby dies. I have noticed that fathers have a difficult time with their feelings and grief at that time. As a nurse I have been aware of the difficulty, and I have tried to help fathers when their babies died. The care that I gave them was not based on research but on what I thought would work.

The present study will provide an opportunity for me to interview fathers who have experienced the death of their infant. By interviewing fathers I can get information from you regarding how you actually feel, think, and what you need. I am a woman and I cannot make inferences regarding the behavior of a father unless I obtain that baseline from fathers.

I have an article here that was printed in the Denton Record Chronicle that was written by Peggy Drapo, and a news release regarding the study. I have tried to express what I have interpreted from talking with fathers like you. I hope you will be willing to share your experience with me. In doing so, the information I gain from you will help nurses when they provide care for fathers who may experience a similar situation in the future.

APPENDIX E

a. LETTER TO GROUP FACILITATORS
b. LETTER TO PHYSICIANS
c. LETTER TO FATHERS

TWU University Station
Post Office Box 24245
Denton, Texas
August

Dear

This letter is a follow-up to our phone conversation. I am a doctoral candidate in nursing at Texas Woman's University in Denton, Texas. I have planned my dissertation topic around the grief experience of fathers.

I would like to solicit your assistance in obtaining volunteers to aid in my plight to include the thoughts, feelings, and needs of fathers in the care planning provided when their infants die. The experiences of the fathers who presently attend your support group or others you know could help fathers who may face a similar death.

Medical and nursing literature is replete with exposes, commentaries, and research which address the care and needs of mothers. But what about fathers? It seems that their needs have been unintentionally overlooked. When this occurs it has been documented that fathers are prone to heart problems, intestinal illnesses, traffic accidents, and suicidal ideation. The divorce rate is high and marital conflict is prevalent. Instead of speculating about a fathers grief experience the study as designed will provide input from individuals who know the hurt, the agony, the actual situation from within. The study will also focus indirectly on the needs of the couple at the time of the death and at present from the father's perspective.

The study is designed to maintain anonymity. The names and addresses of those who participate will not be connected with the study in any manner. Approximately one hour is required of fathers who participate.

My background includes fifteen years of working directly with ill infants in intensive care nurseries in Georgia, Alabama, Delaware, Texas, and Germany. I have laughed and cried with parents, and I know that a need exists to provide help for the fathers who cannot attend a group such as yours because of a personal conflict, social stigma, or confusion regarding admission of their thoughts, feelings, and needs.

I am collecting data in several cities in Texas; Columbus, Georgia; Chicago, Denver, Ohio, Alabama and California. I would like to include your group or anyone you could recommend. My reason for collecting the information in several cities is to provide more convincing evidence that fathers hurt, too. I will be in your area , and I hope to schedule interviews with members of your group, or other fathers you may know during that time. Please contact me at (817) 383-8075 or at the address above.

Thank you so very much for your assistance.

Sincerely,

Geneva Turner, RN, MSN
Doctoral Candidate
Texas Woman's University

Post Office Box 24245
Denton, Texas
August 19, 1986

Dear Dr.

This letter is a follow-up of our phone conversation regarding the research I am conducting for my dissertation at Texas Woman's University in Denton, Texas. The title is: The Grief Experience of Fathers: Thoughts, Feelings and Needs and a Report of Sex-types. I have included excerpts from my proposal to emphasize the significance of the study.

My background includes 15 years of working both directly and indirectly with ill infants in intensive care nurseries in Georgia, Alabama, Delaware, Texas, and Germany. I have laughed and cried with parents, and I know that a need exists to provide assistance for fathers. Some cannot attend a group, and others have difficulty with the phenomenon because of personal conflict, social stigma, or confusion regarding admission of their thoughts, feelings, and needs.

Bereavement: Reactions, Consequences, and Care (1985), an Institute of Medicine (IOM) report commissioned by the National Institute of Mental Health concludes that virtually everyone experiences appreciable physical and mental distress following bereavement. It was further noted that such distress is longlasting and can vary greatly in intensity and in the extent to which bereavement interferes with health functioning.

The report also indicated that bereavement is generally considered to be the most potent, and potentially stressful, life event leading to increased risks for a variety of physical and mental disorders. Individual differences regarding the phenomenon of grief is essentially what will be researched in the proposed study. The grief experience of fathers is a topic that has not received much attention in the nursing and medical literature. Possibly, as health care providers we have also incorporated the myth of the male mystique when deciding care following the death of an infant.

The ecology of the emerging family is at stake when a father is not equally prepared to face and accept the inevitability, and natural response of grief. A family may experience a mother who grieves, and a father who is supportive of her but who is not in tune to his own emotions. The mother progresses toward reorganization of her life, and the father later becomes confused and angry regarding the role he has been forced to play during a time when his thoughts, feelings, and needs should have been considered. Men in our American society are reproved for expressing emotions even when they are associated with the death of their infant. Should this situation continue to exist even in the hospital setting?

Both the methodology and design of the study focus on assessing concepts of reorganization of grief directly from the father and not by speculation or from the mothers perspective which has been the practice in the past. The study is structured around the premise that we can see another person's behavior but not their experience (Laing, 1967), and that the behavior may not be congruent with the experience. The behavior of most fathers has been of being strong, taking charge, and of taking care of the mother. However, who takes care of a bewildered father when his emotions are confusing? And who later explains to a perplexed mother about the demise of her relationship with her mate?

With your assistance in obtaining access to fathers for the study it may be possible to extrapolate recurrent themes from the data obtained. It is my intention to disseminate pertinent findings to health care professionals.

I will be leaving the Denton area to interview fathers in Alabama, Georgia, Kentucky, Indiana, Illinois and Ohio. I plan to be in your area on . I will call you to discuss the study further and to schedule an appointment with you.

Thank you so very much for your interest and your assistance.

Sincerely,

Geneva Turner, RN, MSN
Doctoral Candidate
Texas Woman's University

P. O. Box 24245
Denton, Texas
Date

Name
P. O. Box
City, State Zip

Dear Mr. :

Thank you once again for agreeing to be interviewed about your grief experience following the death of your twin sons, and . Input from you and other fathers will contribute significantly to changes in the way fathers are viewed when their baby dies. As stated previously, a condensed summary of the study will be mailed to you in the latter part of November. I have interviewed fathers in sixteen cities in Texas, three cities in Alabama; Columbus, Georgia; two cities in Indiana; Chicago, San Francisco, San Diego, Alaska (by phone), and Louisville, Kentucky. The socioeconomic status and ethnicity have both varied among the fathers which will render greater strength to the study.

I want you to know that my efforts and interest are very sincere, and I am totally committed to this study. Because I am not a man and because I have not experienced the death of a baby I have structured this study to obtain the information from fathers like you, instead of speculating about your thoughts, feelings, and needs. Any additional comments you can provide will be significant and greatly appreciated.

I will call to schedule an interview. Thank you once again.

Sincerely,

Geneva Turner, RN, MSN
Doctoral Candidate
Texas Woman's University

APPENDIX F

CONSENT FORM

Consent Form

I give my consent to participate in a study on the grief experience of fathers. I understand that I will be expected to respond to actual situations involving fathers when their baby has died and to participate in an interview. The investigator has explained that the results obtained will be used by nurses, doctors, and social workers to help other fathers who may experience the death of their newborn.

The information obtained will be used in the following way:

- all records of participation will remain confidential
- anonymity will be guaranteed by the reporting of the information as a group
- the tapes will be erased when the information has been transcribed
- my name, address, and recorded voice will not be written, printed or publicized in any form
- to help fathers and families following the death of their newborn

I fully understand, as it has been explained to me by the principle investigator, that I may withdraw from this study at any time. Withdrawal from the study would result in the disposal of all information collected from me.

Signed:_____

Dated:_____

Request for Report

I would like to have a copy of the final report.

Signed:_____

Address:_____

APPENDIX G

NEWSPAPER ARTICLE and NEWS RELEASE

Researcher seeks men for study

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

William Shakespeare

Over the past two centuries society has slowly changed its expectations and acceptance of behaviors in men.

As family minded people, men have evolved in the role from peripheral figures in their domestic domains to full participants in the art of family rearing.

Peggy Drapo

According to the literature, men of the 1750-1850 era considered the family an empire over which they held complete control of custody and services of family members. During the early part of the 1900s fathers were seen by some primarily in their role as providers. They were often treated as little more than guests in their own homes. The latter part of this century, particularly since the '60s, society has been changing in its expectations about family characteristics.

It often takes several generations for customs and beliefs to change, but we are told that the men of 1986 will be sensitive as well as strong. While it is one thing to read research articles telling us about changes coming down the line, it is another thing to accept them today as possibilities.

Such a statement, when it appears in Better Homes and Gardens (January 1986), might encourage us to believe that the common male of today really is accepting these new expectations of society.

What will society accept of a strong, but sensitive male? Well, according to that article, real men are eating quiche, pushing the grocery cart and cuddling the baby. These same real men must be often confused by what our society says and what we demonstrate to them by our actions.

Yes, we want them to expand their taste beyond chicken-fried steak and gravy, to feel free to push the shopping cart and to even change the baby's diapers. But, we have added that word strong and that gives real men a que from our not-too-distant past. Real men don't cry. When real men cannot cry, how will they handle grief that comes to every family in many ways?

Geneva Turner is a registered nurse who has observed this phenomenon for over 10 years in her position as a neonatal intensive care nurse. She has worked in Georgia, Germany, Texas and in Alabama and finds men everywhere the same. When an infant dies at birth or shortly after birth, no one expects Dad to cry.

Geneva became interested in this dilemma in which men find themselves by observing these fathers as they attempt to handle grief. Her recognition of it as a problem for men led to some astute observations.

When a baby dies, the whole family is thrown into turmoil. Everyone needs the consoling strength of the father figure. He has to embrace his wife and help her on with the grief process. Yet, Geneva saw the grief in the father's eyes time and time again. She noticed that some dads seemed eager to be sent off the floor on an errand away from the tragic family scene.

She did not believe this was because he was not hurting, but probably because he had to be alone to give vent to his private feelings. Studies have indeed shown that in time, following the death of an infant, most mothers have resolved their sorrow. Fathers, on the other hand, given the same test for grief assessment, score very low in having resolved it. Geneva wonders if this is because fathers are not able to show their feelings as women have been able to in our society.

She is pursuing such research through the doctoral program at Texas Woman's University College of Nursing and would like to interview men who have lost a newborn infant within the last four years. If you are such a person (or know someone who fits this description) Geneva would like to have you share your experience or tell the person you know about her study. The information gleaned from the study will be very helpful to those who work with other parents in this sad situation.

The interview will take about 30-40 minutes or as long as the father wants to discuss his feelings. It will also entail filling out a short questionnaire taking about about 10 minutes. The intent of the study is not to pry into private family business, but to understand the way men have coped with grief. Your identity will be held strictly confidential. You may contact her by dropping a note to P.O. Box 24245, Denton 76204.

Peggy Drapo, who teaches nursing at Texas Woman's University, is a regular contributor to Viewpoints.

TWU NEWS

Denton • Dallas • Houston☐Office of Public Information, Texas Woman's University, Denton, Texas 76204/ACT 2nd Floor/817/387-4564

FOR IMMEDIATE RELEASE

365-6-24-86
Carol Dickie

(Denton, Texas)--Good boys don't cry. So how does a father handle his grief when he loses a child?

That's the question Texas Woman's University researcher Geneva Turner is asking. Turner, a registered nurse working on her doctorate at TWU, became interested in the subject more than 10 years ago while working as a neonatal intensive care nurse.

But few studies have been done exploring the ways in which fathers do handle grief. Turner's research will involve 10 to 75 fathers, depending upon the number she can recruit for her study. The material will come from the 30- to 45-minute interviews she conducts with each father. Each interview is strictly confidential. To volunteer, write her at P.O. Box 24245, Denton, TX 76204, or call the TWU College of Nursing at (817)TWU-2401.

"I got interested in the father with the very first baby who died," she said. "I can remember carrying the baby down the hallway to the mother and giving her the baby, and we were both in tears. The father was standing and he was saying, 'it's O.K. I'm going to take care of you.'"

She said that fathers typically show little emotion, appearing more interested in small details than in the family crisis. Many

(MORE)

have no male friends in whom they feel comfortable confiding, and many simply are not expected to show any emotions.

Turner has found, in fact, that mothers who are able to express their emotions are able to resolve their grief, but fathers, given the same grief assessment, show a much lower level of resolve.

That inability on the part of many men to resolve their grief leads to marital conflict, divorce, accidents and even illness, she said.

Turner is studying at TWU on a leave of absense from Columbus College in Columbus, Ga., where she teaches maternal infant nursing and clinical nursing.

-30-30-30-

APPENDIX H

ETHNOGRAPHIC PROTOCOL

ETHNOGRAPHIC PROTOCOL

Purpose

Key features

Organization and plan

I. Participants
    A. Contacts
        1. phone group leaders
            a. follow-up letter to leader
                1. include purpose of study
                2. statement for newsletter
            b. presentation to groups
        2. physicians
            a. follow-up letters
                1. purpose
        3. volunteers
            a. follow-up letters
                1. purpose
    B. Time frame following death
    C. Age at death

II. Explanation of study and expectations
    A. Extent of participation
    B. purpose of study
    C. Response to questions
    D. Explain ICNSQ, HQ, and BI
    E. Consent form

III. Pilot modifications-first
    A. Procedures
        1. delete HQ
        2. construct IG
        3. duplicate tapes

IV. Analysis plan and report
    A. Individual
        1. constant comparative analysis
    B. Content analysis
    C. Qualitative analysis
    D. Statistical analysis
    E. Summary

V. Revisions for final study
    A. Contacts
        1. organize travel plans

VI. Summary to informants

Turner, 1985

(Yin, 1984)

APPENDIX I

MILEAGE LOG

NAME	# & area code	date & time of interview	date to repeat call

consent form
news a & r
turn on tape
Bem
notes on IB
summary

DIRECTIONS AND ADDRESS:

starting-
ending-

NAME	# & AREA CODE	DATE & TIME OF INTERVIEW	DATE TO REPEAT CALL

consent form
news a & r
turn on tape
Bem
notes on IB
summary
DIRECTIONS AND ADDRESS:

starting-
ending-