Mothers' Emotional Responses to the Homicidal Deaths

of their Adolescent Children

Robert Bennett

MOTHERS' EMOTIONAL RESPONSES TO THE HOMICIDAL DEATHS OF THEIR ADOLESCENT CHILDREN

A dissertation submitted to the California Institute for Clinical
Social Work in partial fulfillment of the requirements for the degree of:

Doctor of Philosophy in Clinical Social Work

By: Robert Bennett

June 25, 1998

MOTHERS' EMOTIONAL RESPONSES TO THE HOMICIDAL DEATHS OF THEIR ADOLESCENT CHILDREN

THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

Mothers' Emotional Response To The Homicidal Deaths Of Their Adolescent Children

by

Robert E. Bennett

candidate for the degree of

Doctor of Philosophy in Clinical Social Work

Doctoral Committee

Elinor Grayer, Ph.D.
Chairperson

30 November 1998 ~~~ D. Grayer, Ph.D
date ——— signature

William Dombrowski, Ph.D.
Committee Member

30 November 1998 ~~~ Ph.D.
date ——— signature

Felicia Friendly-Thomas, Ph.D.
External Member

30 November 1998 Felicia J. Thomas, Ph.D
date ——— signature

ABSTRACT

MOTHERS' EMOTIONAL RESPONSES TO THE HOMICIDAL DEATHS OF THEIR ADOLESCENT CHILDREN

by

Robert E. Bennett

This dissertation Mothers' Emotional Responses to the Homicidal Deaths of Their Adolescent Children inquires into the emotional responses of six mothers following the murder of their teen aged children. The study is conducted three months after the teenagers' traumatic deaths. The emotional responses are immediate and raw. The shock and alarm ripples out from the event to strike all important persons in the mothers life and can be referred to as an immediate emotional response that moves out to touch on all the mothers important relationships with family, neighbors and friends. The mothers studied live in south central Los Angeles, one of the highest crime and underserved areas in California. The mothers were interviewed twice; once shortly following the murder and again three months later. The findings describe the mothers' mental and emotional reactions to their experience and identify four phases to the process of adapting to their losses. The mothers' past and present experiences with victimization and stigmatization influence the emerging process of recovery from what DSM IV describes as acute post-traumatic stress disorder. The study reviews the scant available literature and accepts, rejects and integrates the literature based on the mothers actual experiences. It poses many questions for future research including whether or not mourning transcends generations.

Dedication

This dissertation is dedicated to Egzine, my wife and mother of our three children, to the late Dr. Ruth Bro.Ph.D., my first mentor, and Dr. Donna Sexsmith, Ph.D. my second mentor at the California Institute for Clinical Social Work and to the resident mothers of Loved Ones of Homicide Victims Center.

Acknowledgment

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Recent studies reveal that violent crimes in the United States have diminished by an impressive 9% per 100,000 population. Unfortunately, these findings fail to tell the entire story. In the western states, the drop in violence was a mere 3% - less than half the rest of the nation. What is more important, slightly more than 50% of the known homicides in the west were committed by the population most vulnerable to violence, youths between the ages of 11 and 19. This dissertation looks at a neglected outcome of this tragedy: the emotional responses of mothers to their adolescent children's sudden and violent deaths. The researcher's attendance at the California Institute for Clinical Social Work and his clinical efforts in South Central Los Angeles for the past ten years were the impetus for this work.

Ten years ago an agency, Loved Ones of Homicide Victims, was established. Funded by the City of Los Angeles and the State of California, the agency provides substantive and emotional relief to survivors who have lost family members to homicide. The researcher joined the agency at its inception and was charged with facilitating individual grief work that might enable survivors to continue in the community as participating members.

But at a time when violence was increasing markedly, he found himself handicapped by a dearth of literature on the needs of loved ones of homicide victims. What studies did exist seemed to define the problem in terms of demographics, statistics, numbers. None could enlighten the researcher on the process by which families might respond and cope with this type of devastating loss.

In need of a theoretical framework upon which to base his interventions, the researcher turned to Freud. In <u>Mourning and Melancholia</u>, (1917) Freud explored loss in terms of such phenomena as identification processes, the hydrodynamic discharge of instincts, cathexis onto love objects. He distinguished normal from pathological grief;

normal grief being that grief experienced as the loss of an object; pathological grief, or melancholia being that grief experienced as the loss of self.

The researcher saw that many of his clients at the agency, particularly the parents who had lost a child to homicide, appeared to be suffering from the latter type of melancholia, a grief so acute it seemed to be experienced as an actual loss of self. But Freud did not go on to develop a theory of mourning based on empirical data, or describe what a survivor would experience in grief work. As the researcher's clinical practice developed and he was confronted increasingly with the parents of murdered children, he asked himself: how can one assist these mourners to process such a tragic event?

Melanie Klein (1918) took the researcher a step further. Klein postulated that pathologic grief results from the survivors's ambivalence toward memories of both good and bad experiences with the person who has died. She also asserted that the degree of the ambivalence varies with the age of the mourner as well as with the age of the mourned. This alerted the researcher to the importance of age-specific studies - particularly those looking at the age of the mourned - in the treatment of bereavement. To date, no studies he had found considered the stages of human development as they impact on the person who is bereaved.

His interest in the mourner's experience reinforced, the researcher looked closely at the population he was charged to serve. He saw that it was largely the mothers, the chief mourners of their adolescent children, who were coming in for service. Shouldn't his source for the design of programs and interventions be these mothers' unique experiences of mourning, the researcher wondered? None of the studies had focused on a mother's experience of grief work. Of more interest to the researcher, none had addressed mothers mourning the loss of their adolescents from homicidal death.

Mahler (1975) describes the separation/individuation process in early development. But what does a mother experience as that child begins to move away from her during the adolescent quest for independence, adulthood? Of more importance to the researcher, what does a mother experience when that bond is abruptly broken by homicidal death? This study reports on that phenomenon as experienced by a group of mothers in South Central Los Angeles, mourning adolescent children whom they have irrevocably lost.

Statement of the Problem

Although the national trend on homicide has diminished, the opposite is true of adolescent homicide in the state of California. The data released by the California Department of Justice Law Information Center in January, 1996, showed that total homicides numbered 3,530 in 1995 and 3,699 in 1996, an increase of 169 murders, many of whom were found among the 13 to 19 year old members of the total population.

Current research on trans-generational aspects of the holocaust indicate that the effects of violence can linger for generations. As television puts crime and death in front of us on a daily basis, the national will to action against escalation of that violence is mobilizing. President Clinton's anti-crime bill (1994) is a case in point. This bill legislates a rehabilitation program for criminal offenders and introduces programs to address the suffering of survivors of victims of wanton criminal acts.

Although there are many studies that correlate loss of a family member with increased morbidity and mortality, most of them focus on the effects of loss on widows and widowers. In his study of East London widows mourning the deaths of their husbands, Marris (1955) took an empirical approach. A similar approach was taken by Parkes (1972) who described London widows during the first years of bereavement, and again by Parkes (1972) when he compared grief reactions among London and

Boston widows and widowers. Parkes (1972) suggests a mitigation or transitional phase marked by dreams and visions of the departed member, and ambivalence toward releasing memories of the deceased.

These reports are based on experiences of widows and widowers grieving deaths of their mates from natural causes (Parkes, 1973; William and Pollock, 1979; Pollock, 1961; Glich, et al., 1974, Marris, 1958) and from research on animal studies (Lorenz, 1952, 1954, 1958; Harlow, 1959; Levy, 1952; Tinkelpaugh, 1928; Yerkes, 1943). Lindemann (1944) described grief responses to deaths from unnatural causes, namely widows and widowers after the deaths of their spouses in the Boston Coconut Grove Night Club fire of 1942.

Unexpected deaths from whatever cause are uniquely difficult. In their study of the impact of sudden loss on families, Williams and Pollock (1979) describe a two-stage process in the bereavement. Stage One, a period of acute grief, is marked by familial tension and increased family conflicts as mourners enter into more disorganization as a result of the loss. Stage Two, also described by Bowlby (1980), is a time of recovery, marked by struggles toward re-organization and adaptation.

Many theorists view the death of a child as the most difficult type of bereavement (Gorer,1965; Kennel and Klaus,1976; Raphael,1983). Bowlby (1980) notes that fifty percent of families losing a child to death report marital difficulties, alcoholism, phobic behavior, or depression, in the first year of loss. If the child's death is sudden, difficulties are compounded. When the cause of that child's death is homicide the effects can be shattering, exacerbating existing emotional problems, even creating new ones where none previously existed.

The researcher found two studies which address mothers' losses of their children to homicide. Mary Ann Ringquist's <u>Death by Vehicular Homicide: Mothers' Reactions,</u> (unpublished dissertation, Boston University, 1985) is a qualitative, exploratory study of the effect on mothers of the sudden loss of their children to

vehicular homicide. Eileen Ellen Rinear's <u>Parental Response to Child Murder; An Exploratory Study</u> (unpublished dissertation, Temple University, 1984) is a quantitative, statistical account of mother's reactions to homicides of their adult, not adolescent children. Neither of these works addressed the issues of this study: mothers' emotional responses to the homicidal deaths of their adolescent children.

Freud (1904) attributed the emotional problems of his patients to traumatic experiences within their families. Hartman (1918) asserted that trauma can also result from events extrinsic to the family and the self. One of the ways humans can assimilate such an experience is by ordering it within a previously learned pattern. Some deaths arrive too quickly for that process to be set into motion, however. According to Glich, et al. (1974), unexpected death in which there is no time for preparation can seem "almost to overwhelm the adaptive capacity of the individual." With few exceptions, the mothers at the agency had been disrupted in ways for which there could be no previously learned pattern in their lives. In this study the researcher investigates how these mothers struggle to integrate and explain that event - both at the onset of the loss, and again three months later - at the end of the study. The dearth of research literature and the absence of a unified theory on mourning as a result of homicide have led to this current effort.

The Study Question

This phenomenological, descriptive study explores the emotional responses of mothers to the homicidal deaths of their teenage daughters or sons. The study asks the following questions: What are mothers' emotional responses to the homicides of their adolescent children? How do mothers cope with these emotional responses? How do they explain their losses? What are the effects on the mothers, both initially, and three months after the homicide? What are the effects on the mothers' relationships, employment, religious beliefs, and health?

According to the Diagnostic and Statistical Manual (DSM IV, 94, PP 425-27) Post Traumatic Stress Disorder may result from "a person exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event or events that involved or threatened death or serious injury or a threat to the physical integrity of self or others.

2. The person's responses involved intense fear, helplessness, or horror. The duration of the disturbance has to *be more* than one month causing clinically significant distress or impairment in social, occupational or other important areas of functioning.

The following specifiers may be used to specify onset or duration of the symptoms of Post Traumatic Stress disorder:

1. Acute. This specifier should be used when the duration of the symptoms is less than three months.

2. Chronic. This specifier should be used when the symptoms last three months or longer.

3. With Delayed Onset. This specifier indicates that at least six months have passed between the traumatic event and the onset of symptoms."

The ontological assumption of the study is that the mothers' subjective reports of their experiences constitute reality and are the primary data of the study. The data have been analyzed according to the grounded theory method of Corbin and Strauss. This protocol frees the findings from any *a prioriti* theoretical assumptions about the data and allows them to be interpreted in multiple ways.

Significance of the Study

Clearly, there is a pressing need to educate care givers on the treatment of families who have lost members to violence. Morton Bard, researcher of <u>Victims of</u>

Crime and Violence, (1986) submitted a report to the Board of Directors of the

American Psychological Association which included the following statement:

> Victims of crime and violence, for too long nearly invisible, suffered the additional indignity of seeing an enormous investment by society in those who did harm and virtually none of those who were its object.

> Billions have been spent to apprehend, prosecute, incarcerate, rehabilitate, and study criminals, but almost nothing to compensate, rehabilitate victims....literature attesting to interest in victims is sparse indeed. (p. 230)

Bard went on to call for changes in graduate and post-graduate curricula that

would train psychology students to work with victims of violence; for the inclusion of

victimology in licensing requirements and accreditation policies; for the creation of

Ombudsperson Training Programs; and, in general, for more intensive research on our

nation's escalating violence and it's effects.

Nancy Allen from the University of California School of medicine urges even

more sweeping adjustments, calling for the introduction of training materials in school

curricula - from kindergarten, through graduate, and post-graduate school. In her book,

Homicide: A Perspective on Prevention, (1980), she states:

> A beginning has been made with the introduction of training in suicidology and thanatology in public health education: education on homicide statistics, demography, epidemiology, role of health departments, health care workers, such as public health nurses, physicians, social workers, and health educators. But the nature of the clients' experiences in relation to violence and loss is an aspect that needs to be addressed. (p.150)

According to the U.S. Department of Health and Human Services, Bureau of

Health and Human Services, Bureau of Health Statistics, 1980, the highest incidence of

homicide nationally and locally is among black male teenagers. Often overlooked are

the mothers of these youthful victims, who are left to grieve their murdered children's

unnatural, untimely loss. This finding, coupled with the absence of literature, provide the basis for this current study.

In discussing a racially mixed bereavement group for mourners of families who have lost a member to homicide, Rinear (1984) comments as follows:

> It is interesting to note that only 5.1 percent of the members of this sample group were black, since homicide represents the primary cause of mortality for members of the 15 to 24 year old age group, for both sexes, in this group (U.S. Department of Health and Human Services, Bureau of Health Statistics,1980). It might be postulated that the increased exposure of blacks to homicides has resulted in the development of additional coping strategies for dealing with violence/death among members of this community; that membership in mutual support groups is not "sanctioned" by this ethnic group; that meeting locations of such groups (i.e., due to the increased representation of white members) are not accessible to members of the black community; that family/community support extended to black individuals bereaved by homicide is sufficient enough to render such "outside assistance" unnecessary; or that ethnic group norms restrict the discussion of personal/family matters outside of the family/community. (pp.86-90)

It is hoped that the experiences of the respondents in the researcher's sample will shed light on this subject and contribute to the current research literature.

Summary of Chapter I

This chapter describes: the genesis of the project, the nature of the problem, the prevalence of the problem in the general population, and the questions posed by this type of inquiry. It assigns significance to the project in terms of its potential impact on the community and on the general population as a whole.

CHAPTER II

LITERATURE REVIEW

Theoretical Issues in the Study of Loss, Mourning and Grief

The purpose of this review of the literature is to summarize relevant and current studies on loss, mourning and grief, and to provide an overview on the current theories about traumatic loss. These subjects will be examined in light of the loss inner city mothers sustain after their adolescent children's sudden, unexpected deaths by homicide, which is the central focus of this work.

The loss of any object - whether internalized within the psyche or suffered within the contextual surround - is viewed as a stressful experience. When the loss is anticipated, the stress is lessened, however. If a loved one dies from chronic/terminal illness or age, for instance, the impact on the mourner is mitigated by the expected nature of the event. Shock and upheaval, though present, are less severe.

Far more disturbing is that loss which is sudden, unexpected, and falls outside the mourner's common, every day concerns. This type of loss betrays expectations and injects a new and painful dimension into the lives of the bereaved. Death of a loved one through homicide can be even more traumatic, shattering underlying assumptions, upending the very ground upon which the survivor stands.

This section outlines the current research on that subject: mourning and grief resulting from homicide, particularly mourning and grief after the homicidal deaths of adolescent children. It provides an overview of the current theories on trauma with special attention to parents' responses to that type of shattering loss.

Theories on Loss, Mourning, and Grief Resulting from Homicide

There is little information on loss sustained after a teenage offspring's homicide. Two unpublished dissertations offering partially relevant information on the sudden loss of an offspring were found. One study took a qualitative approach to the impact on

survivors whose offspring have met death through vehicular accidents. The other took a quantitative, statistical approach to the problem of the homicidal deaths of adult offspring. Neither study focused on the sudden, traumatic loss of a teenage child through homicidal death.

In the first study, Mary Ann Ringquist, (unpublished Ph.D. dissertation, Boston University, 1985), conducted a qualitative, exploratory study of mothers' reactions to the deaths from vehicular manslaughter of their adult offspring. The researcher interviewed eight mothers, nine months to six years following the deaths of their adult children. She describes five major areas of her research:

1. The impact of the trauma

2. The psychic phenomena

3. The mourning process

4. The socio-legal issues

5. The ripple effect.

Ringquist concluded that because of the sudden and traumatic nature of the deaths, the bereavement process differs in intensity from that described in related literature about grief and loss. All of her informants reported re-experiencing the traumatic loss through intrusive memories of the initial impact of the news, often manifesting in symptoms reminiscent of posttraumatic stress disorder, (PTSD).

Ringquist also found strong evidence that socio-legal factors can exacerbate the disorder, particularly in the siblings of the deceased, who had a higher accident rate than that found in the general population. In addition, the legal process can reignite the rage of family members as they view death scenes vividly recreated in court trials. If the alleged perpetrators are set free, this rage can escalate, resulting in further incidents of homicide. Ringquist's study does not address non-vehicular homicide, and does not indicate the ages of the offspring in her study.

In the second, unpublished dissertation, <u>Parental Response To Child Murder:</u> <u>An Exploratory Study</u> <u>(Homicide Victims Bereavement)</u>, (Temple University, 1984) Eileen Ellen Rinear studied parental response patterns to the homicide of an adult offspring. Using a defined population selected from nationwide chapters of Parents of Murdered Children, Rinear conducted a survey that identified factors specific to the murder which seemed to affect the degree of parental grief and guilt.

In general, she found that:

1. There was increased guilt in parents who had not reported the child missing prior to the homicide; less guilt in those who had.

2. There was less guilt if the child was hospitalized following the incident but prior to death; more guilt if the child was not hospitalized.

3. Age of the child at the time of death had no effect on the intensity of guilt.

4. Degree of guilt was dependent on whether or not the perpetrator was convicted. Guilt was compounded if the alleged perpetrator was set free.

5. The extent of guilt depended on the respondent's belief, or lack thereof, that the child's actions may have contributed to the murder.

A review of Journal articles on bereavement revealed that most researchers focus on assessment and treatment of acute symptoms close to the time of the loss. None went on to describe survivors' emotional responses over time. Rynearson, in <u>Psychotherapy of Bereavement after Homicide</u> (Journal of Psychotherapy Practice, 1994), presents the case of a couple, a man and a woman, treated with limited psychotherapy for posttraumatic stress disorder after the murder of their child. His stated goal was to establish resilience after the loss rather than to probe issues of ambivalence, guilt, and repression, some of the chief signs of mourning.

Applebaum, and Bierno, in <u>Unexpected Childhood Death: Posttraumatic Stress</u> <u>Disorder in Surviving Siblings and Parents</u>, (Journal of Clinical Child Psychology,

1991), state that parents of murdered children reported more symptoms indicating PTSD than parents of children who suffered accidental death.

Sprang, in <u>Grief Among Surviving Family Members of Homicide Victims: A Causal Approach,</u> (Omega journal of Death and Dying, 1993) surveyed 101 respondents whose mean age was thirty-seven years. She found that grief suffered by survivors differed with the ages of the victims, regardless of gender; the younger the victim the more intense the grief.

Donna Bassin, in her study, <u>Nostalgic Object of Our Affection: Mourning, Memory, and Maternal Subjectivity,</u> (special issue: Journal of Women, Psychoanalysis and Gender, 1994) used grounded theory to describe the phenomenon of reconstruction of meaning after a child's death. Citing the experience of ten bereaved mothers, Bassin posits three phases for the reconstruction of meaning:

1. Discontinuity - The break in life which occurs with the sudden
                     intrusion of the event.
2. Disorientation - The process which occurs as a result of the break.
3. Adjustment   - The regaining of equilibrium following the event.

In order to give meaning to the loss, the participants in Bassin's study reinterpreted the meaning structures they had held before their child's death - a core strategy whereby they could account for and "place" the child's death. Bassin concluded that the process of meaning reconstruction is a unique aspect of the grieving experience that cannot be explained by existing theories of grief.

Theoretical Discussion of Trauma

Historical efforts to understand and treat trauma to the psyche parallel the efforts of medicine to treat trauma to the body. Mesmer demystified the notion that suffering is visited on the psyche by God or the gods by introducing hypnotism to the medical establishment. Amplifying on this, Janet (1886) posited that trauma is

symptomatic behavior arising out of the individual's inner responses to stressful events. He added that reduction of stress will diminish the symptomatic behavior.

Freud held that childhood trauma comes from conflicts within the family. When that trauma is severe, the stimulus barrier is breached, preventing the afflicted individual from confronting reality. To repair that breach and restore homeostasis, Freud offered the "talking cure," or psychoanalysis. Influenced by Mesmer, he often used hypnotism to ready his patients for direct suggestion and free association during treatment.

Erichson (1882) and Page (1885) approached the explanation and treatment of trauma from opposing views. Erichson, according to Trimble (1981), held that trauma arises out of a physiological shock so severe it results in psychological dysfunction. Conversely, Page (1885) viewed trauma as a profound shock to the psyche that can result in physiological disrepair.

Further theories and terms for psychological trauma came from the battlefield. Out of the Civil War came the term melancholia, (Hammon, 1964); out of World War I, the expression, "shell shock," (Glass, 1954); out of World War II, "traumatic neurosis," (Grinker, Spiegel, (1954); and out of the Vietnam War, Posttraumatic Stress Disorder, or PTSD, (Vander, Hart, et al. (1989).

Trauma: Stress and Coping

What emerged was a differentiation between stress and coping mechanisms with respect to trauma. Selye (1956) posited that the psyche always struggles to maintain homeostasis, irrespective of upheavals in the external environment. For Selye, this struggle plays out in the body, where primordial biological methods of coping with any type of stressor instantly come into play and can be viewed as a general adaptation syndrome.

Despite Selye's definitive work on trauma and stress, little is known about the psychological mechanisms affected by trauma or the precise ways in which stress can trigger an internal traumatic response. Many models exist, however. Mardi Horowitz (1993) proposed a stage model based on information processing. Other theorists' ideas about trauma include: the biphasic model, an unconscious motivational process whose aim is to regulate affect; the psychobiological model of disordered arousal; and the psychoformative model, or the reconstruction of meaning and sense of self after trauma.

None of the above formulas has been developed to consider culture as it can affect individual responses to a traumatic event. This study explores ways in which a group of inner city mothers respond to the stressor incident, namely, the homicidal murders of their adolescent children. It attempts to record and understand each mother's struggle to integrate and adapt to that traumatic event.

Traumatic Stress

Bessel A. Van der Kolk and Jose Saporta (1993) developed a psycho-biological model that takes into account the psychological, biological, social, interpersonal, and cultural aspects of trauma. For Kolk and Saporta, "the human response is so constant across traumatic stimuli that it is safe to say that the central nervous system (CNS) seems to react to any overwhelming, threatening, and uncontrollable experience in quite a consistent pattern." (p.3)

Janet (1889) held that the hyperarousal seen in posttraumatic behavior interferes with information processing, verbal memory, and the various functions of consciousness. The result is a somatic encoding of trauma. The causal relationship between trauma and neurophysiological changes affecting behavior and cognition were also studied by Kardiner (1947), Grinker (1945), and Spiegel (1945). These theorists

arrived at a similar conclusion to Janet's concerning the universal somatic encoding of trauma. (p.22)

Other Theories on Trauma

Robert J. Lifton's (1986) research centered on three groups: the victims of medical experiments in the Nazi death camps, the survivors of the atomic bomb at Hiroshima, and veterans of the war in Vietnam. He found that extreme injury to the self can lead to profound psychic numbing, survivor guilt, forms of splitting, dissociation, and doubling, as the psyche attempts to adapt to the terrorizing events.

Lifton describes how subjects in his study attempt to contain the trauma by transforming the experiences into a less threatening state. Terming the process psychoformative, he lists ten principles by which the psyche attempts to transcend severe trauma to the self, among them the "search for meaning," through key forms of self-experience. He states: "Without addressing this idea of meaning or inner form we cannot understand posttraumatic stress disorder." (p. 13)

For Lifton, the search for meaning takes place at three paradigmatic levels: the promixate level, in which one struggles to understand what is occurring; the distal level, in which one places what has occurred within an overall framework; and the ultimate level, in which one tries to understand and give meaning to the experience. This study looks at how mothers struggle to find meaning in what seems random and senseless: the homicidal murder of an adolescent child.

Psycho-Analytic Contributions to a Theory of Traumatic Loss

Freud (1917) viewed a traumatic event as one which overpowers normal ego defenses, breaking down the "stimulus barrier," rendering the ego powerless to engage in reality testing and secondary process thinking. Overwhelmed, the ego is then compelled to focus on the affect and imagery associated with the trauma.

To Freud, this was the basis of "traumatic neurosis" which expresses itself in anxiety, nightmares, depression, and obsessive thoughts about the trauma. The classical Freudian view was that the persistence of symptoms was a sign of character flaws or innate ego weakness. Failure to recover from the trauma was attributed to premorbid personality functioning, rather than to overpowering external events. Foreshadowing Lifton, Freud held that survivors of trauma can integrate and accept the experience if they can assign it meaning.

Abraham Kardiner (1959) also examined trauma in terms of its meaning to the affected individual. Trying to discern the sense behind the symptomatology, Kardiner spoke descriptively of the "shrinking of the ego," and the "numbing" of the part of the mind that deals with reality. According to Kardiner, as inner resources "shrink" through exposure to intolerable stressors, behavior is modified, creating a numbing effect on the trauma survivor. (p. 15)

Although most studies on the effects of trauma have been conducted on adults - particularly widows and veterans - some research has been done on children (Bowlby, 1973; Pynoos and Eth, 1986; and Terr, 1979; 1983; 1990) To date, however, no phenomenological study has addressed mothers' emotional responses to the homicidal death of their teenage offspring.

Grief and Grief Work: The Psychodynamics of Grieving

Initially, Freud (1895) attributed the emotional problems of his patients to traumatic experiences within their families, i.e., the seduction theory. After his abandonment of the seduction theory, Freud's emphasis was on internalization, conflict within the Oedipus complex, and the effect of that complex on the ego ideal. Other theorists such as Vamik Volkan (197), Karl Abraham (1927), Otto Femichel (1945), and Roy Schafer (1968, 1976), followed Freud's lead, adding the notion of the introjected lost object to the internalization process.

John Bowlby (1969), who had begun training during the period of the evolution of Freud's seduction theory, remained wedded to that theoretical point of view. This led to his attachment theory, with its behavioral, biological, and environmental explication of loss. For Bowlby, all grief and mourning can be traced to the child's original loss of attachment to the caregiver, i.e., the mother. (Harlow, 1964; Lorenz, 1964; Klass, 1988). Neither Freud nor Bowlby focused on that separation and loss as experienced by the mother who has lost a child.

Bowlby's ideas influenced Colin Murray Parkes (1972 - 1983), William Worden (1982), and Beverly Raphael (1993), who based their studies on widows grieving the loss of husbands. Rando (1986), however, points out that the theories promulgated by Bowlby and followers focus solely on conjugal loss and shed little light on the loss of a child. For Rando, the death of a child is a qualitatively different experience than the death of a mate, since the attachment bond forged at the child's birth both strengthens and sustains the sense of loss. While current thinking in thanatology dates to Herman Feifel (1959), further amplified and made popular by Kubler Ross (1969), it was the seminal work of Lindemann, Symptomatology and Management of Acute Grief (1944), that turned this researcher's attention to this area. Lindemann had two basic assumptions. The first is that grief work is "hydrostatic," meaning that the volume of grief is equivalent to the amount of love, affection, and relatedness the survivor had with the deceased. According to Lindemann, if the relationship was a loving one, a survivor's recovery is dependent on the dissolution of the attachment through the work of mourning, the expression of those intense feelings of grief. For Lindemann, when such feelings are expressed that they can be discharged, making room for new love and new life.

Lindemann's second assumption is that the grief and mourning process is linear, a progressive psychic experience that takes place over time, step by step. For him, that period is brief - four to six weeks for the crisis of mourning to be resolved. Other

theorists would dispute this, however. For these researchers, four to six weeks would be an inadequate period of time to allow for the outpouring of emotion and grief that can be triggered by an anniversary, a song, a found photograph, a faded letter, or other mementos, often years after the loss. (Parkes, 1972, Raphael, 1993, Pollock, 1979, and Rando, 1986).

Although Lindemann describes the grieving process as linear, taking place over time, the subjects in his study seem preoccupied with the initial trauma of the death rather than with what Lindemann says typically follows: the long sorting through of memories and mementos that is integral to the grieving process.

Other theorists view initial grief and subsequent mourning as separate phenomena. (Raphael and Madison, 1976; Green, Grace and Ticher, 1983). For these theorists, there are four basic categories of loss:

1. Loss not of human design but from external forces: hurricanes, floods, famines, earthquakes, and other natural events.

2. Loss not of human design but from internal forces: stillbirths, crib deaths (SIDS), terminal illness resulting from cancer, heart disease and other types of illnesses.

3. Loss from human design: divorce, rape, therapeutic abortion, assault and battery, vehicular homicide, homicide, suicide, war, kidnaping, imprisonment, and holocaust.

4. Loss from no design; accidents and other types of emergencies, such as fires, drownings, and from electrical, and other types of man-made equipment and gadgets.

Summary of Chapter II

This chapter reviews the pertinent research literature on trauma. It summarizes the current research studies on the loss of a child to homicide. It reviews theories on trauma as a preface to the central issue of this study: mothers' emotional responses to the homicides of their adolescent children.

CHAPTER III

METHODS AND PROCEDURES

Phenomenological and retrospective in approach, this study examined mothers' emotional responses to the murders of their adolescent offspring -- ages thirteen to nineteen. It posed the following questions:

1. What are the effects of the loss on the mothers -- during the three months immediately following the homicide?

2. What are the mothers' emotional responses to the homicides?

3. How do the mothers cope with these emotional responses?

4. How do the mothers explain their loss?

5. What are the effects on the mothers' relationships, employment, religious beliefs and health?

The researcher conducted semi-structured, open-ended interviews to elicit detailed accounts of the mothers' experiences following the death of her child. In this study the emphasis was on understanding, recording and reporting on the experiences of each participant, achieved through a collaborative discourse with the researcher. it was hoped that the semi-structured interview format and the researcher's past experience working with families of homicide victims would enable him to encourage the mothers in this study to be frank and open, yielding valid data.

The Community Context of the Study

South Central Los Angeles, herein referred to as Inner City Los Angeles, stretches outwards from the Civic Center for about ten miles in both southerly and westerly direction. It is densely populated with Afro-Americans, migrants from Mexico and Central America, the Pacific Oceanic peoples, retreating Caucasians and every other ethnic grouping. It is criss-crossed by railway tracks and fortress-like shopping centers and mini-malls. It is a conglomeration of giant apartment houses and

bungalow type neat houses with well kept front lawns and no discernable backyard in which to frolic. A marked characteristic of the area are the bars on windows and doors signifying the high crime prevalent in the area. The hustle and bustle of the activity of living follows the sun. During the day there is significant activity visible. At night, the area shuts down. The area looks deserted, as residents retreat behind iron bars. The silence is broken only by the frequent wailing of a fire engine, ambulance or police siren.

Most residents are street-wise and alert. It is a difficult area to live in despite the sound of music behind closed doors. It is the part of Los Angeles most affected by civil unrests, riots, and rebellions. Most recent ones resulted in almost five dozen people dead and millions of dollars of property damage. An observer would notice the many churches in the area. There is usually at least one per block, along with fast food stands, liquor stores, gas stations, pawn shops, banks and real estate signs. Everything seem to be on sale, property, drugs, liquor, even people. Gang activity is present in this area of the city. Tagging or spray painting of walls and buildings depict grotesque indecipherable signs and symbols which stare back at innocent residents and commuters. The Hoovers, The Cripps, The Bloods - rival gangs, have claimed this section of the city. To drive through, wear wrong colors of clothing, say the wrong word, say nothing or have an "attitude" might invite violence and innocent death by unknown and unidentified perpetrators. The mood is one of anger, hostility, and fear. It is an area in which violence is common.

For the past ten years this researcher has provided clinical social services to families of victims of homicides. During this time he built a network of relationships with the South Central Police Homicide Division and the City's Coordinators of Victim Programs. In addition he had relationships with Mothers Against Drunk Driving (MADD), Jenesse and Rosa Parks, Women Rehabilitation Centers, as well as churches within the area.

Recruitment of the Respondents — The Mothers

An invitation letter requesting participants was distributed to agencies in the area and to services which refer to Loved Ones Of Homicide Victims (Appendix B). The invitation included the description of the requirements for participation along with a telephone number for voluntary contact. During the first contact with the mother, demographic information was gathered. Eighteen telephone inquiries were received. Out of that number, six mothers met the criteria for the study: mothers whose age was between 35 and 55, living in south Central Los Angeles; mothers had to have an adolescent child (ages 13-19) murdered in the last two weeks for acceptance into the study.

Those agreeing to participate were asked to sign an Informed Consent, (see Appendix D). Participants were also asked to agree to the tape recording of their interviews. Time limited individual therapy with a clinical professional other than the researcher was made available to the participants on an as needed basis to help them if the interview process created emotional discomfort that they could not manage. The circumstances of the murdered children is set out below.

Murdered Children

Five of the murdered children were Afro-Americans, the sixth Caucasian. All were high school students. Two were about to commence undergraduate studies. None were employed.

Five of the victims were murdered in their own neighborhood, the sixth in an adjoining neighborhood. One was at a bus stop awaiting the arrival of the bus when he was struck down in a drive by shooting. Another was attending a funeral when three teenagers rode up on bicycles and shot him to death. Yet another was stabbed and shot-down in a mini-mall. One girl was kidnaped, raped, sodomized and murdered in a parking lot. All were killed within a radius of three miles from home.

The Interview Process

A guide was developed to help structure the interview process. The following topics formed an initial framework.

1. The Murder. The mother's description of what had occurred.

2. Aftermath/Coping With The Murder. The mother's description of how she was coping following the murder of her child.

3. Personal Meaning Of The Murder. The mother's report on her understanding of the murder of her child.

The framework was utilized in the development of the preliminary questions asked in pilot interviews. Three pilot interviews were done to test questions used in the guide as well as to enable the researcher to refine his interviewing skills. The guide was then refined, ordered and altered in accordance with the results of the three pilot interviews.

The Pilot Interview

The questions in the pilot interviews were developed from the literature, discussion sessions in the California Institute's dissertation convocation workshop chaired by Dr. Sylvia Sussman, Ph.D., and the researcher's dissertation committee. The guide was altered with respect to language sequence and style of how the questions were framed. Closed ended questions were reframed as open ended questions. The emphasis was on how the mother experienced the murder. For example, "Did you have anyone with you when you heard the news?" was changed to "What was the reaction of anyone with you when you both heard the news of the murder of your child?" Another question, also closed, addressed to the spiritual dimension of the mother's experience was, "Do you believe your child exists in some form?" was changed to "What form does your child exist in now that she/he is dead?"

With regard to style the researcher had first developed a set of questions without any bridges between questions. After the field test bridges were added between questions which encouraged the mother to shift her thoughts to the area of interest of the research in a smooth transition. For example, the following brief statements were added. "When something occurs we usually give meaning to the event. I will now ask a few questions on the meaning of this murder to you." The shift from description of the murder to meaning was clear to the mother. Similarly, the following was added to shift from meaning to the mothers' method of coping. "How we react to an event is important. I will now ask a few questions on your reaction to the murder of your child."

In addition, the pilot testing of questions added some questions which were not originally anticipated, for example, the comparison of murder with other kinds of losses. This question was added "How do you compare this murder with other kinds of losses?

The researcher encountered some problems in these first pilot interviews. Each mother's grief was fresh and intense. The researcher found it difficult and painful to hear their pain and found himself wanting to soothe the mother rather than continuing with the interview. In addition, when the pain became intense the researcher would go to the next question in an effort to disguise how he felt. This behavior was discovered when the tape recording was played back in the presence of the research committee. This was discussed and the researcher had to refine his interviewing skills and learn to cope with the mothers' pain before continuing.

The researcher also devised a method of holding the interview guide in his hands while asking the questions. In this way he had a structure to lean on which assisted him in coping with the intensity of the mother's feelings. The familiarity of the interview setting also may have assisted the researcher in coping with the painful material the questions elicited. These interviews were done at the offices of Loved

Ones Of Homicide Victims, an agency very familiar to the researcher as indicated above.

The First Interview

The first interview was conducted within three weeks of the murder. The researcher began each first interview with a general opening statement repeating the purpose of the research and urging the mother to start speaking about her experience. This statement read,

"What you have to say about your experience is important to the study and this is a collaborative effort. My attention will be on what you have experienced, what it was like for you, what you are doing, and how you currently feel about what you are doing. Now let's talk about how this began for you. Why don't you tell me what this was like in the beginning for you."

The researcher hoped that a memory linked to an action would be thus evoked and that mothers would be mobilized to speak about their memories of the murder. Through a list of topics and probe questions the mother was guided to tell her unique story, using her own words in order to capture the full meaning of the mother's grief.

The researcher used a serial approach to the interview process and proceeded in the following manner. The first mother was interviewed and the interview material analyzed before proceeding to the second mother to determine the themes present. These themes were then explored and expanded upon in subsequent initial interviews with other mothers and in the second interviews. Data collection and analysis were thus carried out simultaneously. The different categories and variations of experiences were identified in a continuous manner within the ongoing context of the research.

To emphasize the mutuality of the qualitative inquiry the mothers were viewed as informants or respondents rather than "subjects". The objective was, to carry on a guided conversation and to elicit rich, detailed materials that can be used in qualitative

analysis (Mishler, 1986). Reliability was established by the consistency of the researcher to ask the same questions of different mothers. That is, consistency in focusing on the same issues with the six mothers interviewed.

The Second Interview

The second interview was conducted twelve weeks after the murder. The researcher followed a guide similar to that used for the first interview. While the format for both interviews was similar, the content of the question in the second interview varied from those in the first interview. For example, in interview 1, the mother was asked to describe the event. In interview 2, she was asked to describe the way in which the event affected her life over the past three months. (See Appendix A second interview guide).

The second interview flowed more freely than the first. The mothers were further away from the murder event, and the mothers had developed a measure of trust with the researcher. The researcher had learned to cope with the pain the material evoked. He also had the benefit of information drawn from the mothers' previous responses in the first interview to guide him. He felt he knew the mothers and was a part of the mothers' experience. He had in effect become an insider, listening in confidence to the mother's story, able to listen without becoming emotionally overwhelmed.

CHAPTER IV

FINDINGS

This chapter reports on the findings of the study described in the previous methods chapter. Accordingly it describes the six mothers' responses to the murder, the mothers' characteristics, the murdered children and the mothers' experiences of the event. In so doing, it also describes the murder events, the murdered children, the mothers' characteristics, their immediate responses, their coping methods, the emotional aftermath for them of the murder, and the procedure for data analysis.

Characteristics of the Respondents

The six mothers were gainfully employed before the murder. Their age range was 35-55 years. All worked in white color jobs requiring a high degree of responsibility. Some had supervisory responsibilities and one was a part-time graduate student in a professional program in addition to her full-time job.

The six mothers adhere to the Protestant faith. Five women were Afro-American, one Caucasian. One mother was foreign born. For five of these mothers their child's murder was their first experience with death of someone near to them. One of the mothers had already experienced the death of a close family member; the suicide of her husband fourteen years earlier which left her with her then three year old son.

Following is a description of each of the mothers in the study. The names have been changed to protect their identities.

Mothers' Profiles

Pearl

Pearl is a chubby, 39 year old Caucasian woman born in Europe. She is a teacher. Pearl's parents migrated to the United States and settled in California when

she was 9 years old. Her husband migrated to the United States from a Central American country. They had two children, an 18 year daughter, and a son who was 17 when he fell victim to homicide. The remaining daughter has a 5 month old son.

Pearl spoke in a soft, constrained voice, her eyes welling with tears as she spoke of her son's death. Shortly prior to his murder, he had been released from the hospital after a suicide attempt following a break up with his girl friend. Pearl described his release from the hospital as sudden and unexpected. Compounding the worry for Pearl and her husband when their son returned home, he neglected to take his medication. After an altercation with his parents, he went to a friend's house and camped out in a truck he had acquired while seeing his girl friend. That night he was sleeping in his truck when gang members shot through the window, killing him instantly.

Pearl's employer allowed her three bereavement days following the event. Her peers at the school donated additional sick leave hours, giving her a total of two weeks to mourn the loss. After those two weeks, she returned to work.

Kethsia

Tall, slim, and attractive, Kethsia is a 44 year old Afro-American woman with a mulatto complexion. She was employed in a white collar job in a Los Angeles County agency when her 17 year old son was murdered. After the murder she took a month's leave of absence and returned to work at the end of that time.

During the interview, Kethsia wept constantly, repeating in a halting, uncertain manner the details of her son's death. She heard gunshots outside her home and ran outside. She asked some nearby children what happened but they did not know. Then she heard the phone ringing and ran back in. It was a neighbor, telling her that her son had been hit in another area of South Central. By the time she arrived on the scene he was dead.

Some months prior to her son's death, before the study began, Kethsia's 15 year old daughter had been carjacked and shot in a separate incident. Despite massive wounds, the daughter survived.

Alice

Alice is an energetic, articulate, 41 year old Afro-American woman whose 19 year old son was murdered by gang members. She resides with her common law Afro-American mate, currently ill, and her two teenage children. At the time of her son's death Alice was employed as a computer data clerk. She returned to work one month after the incident.

Unlike the other mothers, Alice was dry-eyed during the interview and registered anger rather than sorrow as she recounted the circumstances surrounding the event. Her son had several threats made on his life by gang members. Alice had just returned from the market when the call came from a neighbor, confirming her worst fears. When she arrived at the scene the paramedics were already bending over her son, trying to save his life. He died within 24 hours.

Ketura

Ketura is the code name of this tall, slender 36 year old Afro-American woman whose 16 year old son was murdered by gang members in a drive-by shooting. She is separated from her husband, pending divorce, and has entered into a new relationship with another Afro-American male whom she expects to marry later in the year. She works as an Autopsy Supervisor in a major teaching hospital in Los Angeles.

Ketura was soft-spoken and subdued during the interview, seemingly in a state of shock over the senseless nature of the event. She reported that her 16 year old son was sitting at a bus stop when someone in a passing car opened fire on him. She was

informed of his death by several neighbors. Although the neighbors had witnessed the event they were unable to identify the persons responsible for the crime.

Kathleen

Kathleen is a trim, well-groomed, 37 year old Afro-American woman whose 17 year old son was executed by gang members in South Central Los Angeles. She is married but separated from her husband. At the time of the murder, she was working as an accountant and is still employed in that profession. She returned to work a week after the death of her child. Kathleen was and still is a law student. She attended class the same day she was informed that her son had been murdered.

During the interview Kathleen was precise and articulate, shedding no tears. She had learned of the murder from her husband and two detectives. Mistaken for another adolescent because of his clothing, her son was shot and killed instantly. Kathleen's overriding concern was that the perpetrators of her son's murder be apprehended and brought to justice.

Beatrice

Beatrice is a short, full-bodied, 47 year old Afro-American woman with Geri curls. Her 19 year old daughter was murdered in South Central Los Angeles, a loss that left her with two grandchildren. Beatrice is unmarried. At the time of her daughter's death she was employed as a mail carrier. She has not since returned to that job. Instead, she assists with toddlers in a child care center.

Beatrice wept inconsolably as she recounted the circumstances surrounding her daughter's death. She learned of the event when her niece telephoned saying that her daughter had been killed by gang members. At first Beatrice balked, refusing to believe the news. But the police later confirmed that her daughter was dead.

Beatrice reported an obsession with finding the perpetrators of her daughter's murder and bringing them to justice. She also reported that her 16 year old son who had been doing very well prior to the tragedy, became suicidal. He was found dead hanging from the gable of her home. Beatrice has since moved from that residence.

Procedure for Data Analysis

Data Organization

The researcher tape recorded and transcribed each interview. Then he listened to the recording as he read through each transcript several times in order to hear and experience again the quality and impact of the mothers' voices as they responded to the questions in the interview.

As each transcript was reviewed the researcher identified various topics from the responses such as: The mothers anger and rage, feelings of helplessness and powerlessness, as well as their sense of betrayal, stigmatization and victimization. As these topics emerged, the researcher labeled separate folders for each. Each transcript was then divided up with the various topics and collected together in one topic folder.

As the topics were reviewed it became obvious that several could be grouped together. The groupings formed the basis of the categories developed.

Examples of some of the categories which emerged are:

Anger/Rage

Denial/disbelief

Abandonment/Betrayal

Reviewing the categories it became apparent that several could be grouped together since they showed common characteristics. The groupings then became themes, for example, anger and rage categories, denial and disbelief were grouped together as an overall theme which was called "suspension of emotional awareness or numbing."

The numbing took various forms. One mother unable to contain her emotions became hysterical upon hearing of her child's murder. Later as her hysteria subsided, she became numb. Another mother fainted. When she recovered, she became numb.

As contents of the several folders were examined and reviewed it became apparent that two themes could be teased out:

1. Emotional Reactions

2. Adaptation Methods

Further study allowed sub-themes to emerge which can be described as follows:

Theme I: Emotional Reactions, which contained numbing, flooding and rupturing components. Flooding was defined as a release of overwhelming emotions and a return of emotional awareness which resulted in the mother experiencing anger, rage, hate, fear.

Rupturing was defined as the mothers' inability to contain her flood of emotions. Consequently she experienced unstable emotional feelings or in effect she fragmented.

Theme II: Adaptation methods: These were the methods employed by the mothers which enabled them to overcome denial, restore themselves to a semblance of emotional stability, return to work, household management, social, religious and service activities. One unexpected coping mechanism which emerged was the mothers' use of dream material and thoughts about afterlife and their children in an afterlife of any kind.

An example of one mother's use of her perception of afterlife to contain her feelings follows. This mother, at first numbed emotionally, experienced a return of emotional awareness by feeling anger and rage, then emptiness flooding and fragmentation. In order to cope with the surge of uncontrollable and returned emotions, emotions she turned to her perception of afterlife. She said: If they kill me I would be with my child who is in heaven." This mother left everything in her son's room untouched. To her, "It was a shrine in which I hold myself together."

An example of fragmentation follows: Generally, mothers reported that their sense of order was "gone forever." One mother said that her whole life was in "broken pieces" and that she, as others, lost interest in completing daily routine tasks.

Mothers expressed feeling confused and disorganized. One mother could not remember the days of the week or the time of the day. She was taken to the child care center where she worked and knew the work day was finished when parents came to take children home from the center. Another mother would be driving on the freeway and didn't know where she was. One mother complained of sleepless nights and startled sleep and waking up tired and ready to return to sleep.

The balance of this chapter describes the findings of this study. The title headings appearing at the start of each section corresponds to the themes which evolved in the course of data analysis.

Theme I — Emotional Reactions

Anger and Rage

Mothers expressed anger and rage which emerged in many ways. One form of anger and rage emerged as bitterness.

Mothers felt bitter at the Police Officers who would not let them touch their child for fear of disturbing the crime scene and destroying investigation clues. One mother said "When I got there he was lying in the doorway of the store. They held me back. They wouldn't let me near him, people kept holding me back, the police, the security guard from the park which was right across the street and the security guard from the store where he was shot. They were all holding me back. I thought he was okay still. I still did not know he was dead."

Mothers were bitter from not knowing what was taking place. One mother said "I was hollering at the top of my voice and nobody would tell me anything. The police just kept saying Ma'am I can't let you go there because we are investigating the matter. And I just kept screaming I'm going there to my baby. And still no one would tell me anything. So it was these two ladies, I think they live down the street. They came and

prayed with me. They brought me a sweater and asked if they could call anyone. I knew my son was gone but it wasn't real. It just didn't seem real."

Mothers all expressed bitterness that the legal authorities had failed to protect against perpetrators in life but now were guardians in death except that the fortress erected was against the wrong person - the mother who needed the ritual of saying farewell to her child.

Mothers were also bitter at friends and neighbors who withheld information from the police for fear of gang reprisals on their own family.

Another form of anger was directed toward God. One mother expressed it in this manner:

"I got mad at God. I still have arguments with Him because I ask every morning for His protection. And I continue to ask since that day. I asked Him to protect me and shield me. That's just a regular thing. I am driving in my car and I say the same prayer to Him, protect and show Him my love signs. That day I don't understand why God didn't deal with it. Why didn't He take the gun and shoot the people who shot my son. Why didn't God knock them to their ass? Why didn't He knock their head off their shoulders? Why didn't He push him down to the ground and say 'No Way!' You know what I mean? Why didn't a miracle happen? Why didn't the gun-men shoot themselves? You know I need to pray something different. Do I need to pray a different way to get them in jail? How did God allow them to stay and walk the streets? What was God thinking? Answer me God!"

Some mothers were angry at themselves for feeling their loss of control of their emotions. One mother expressed it in this manner, saying:

"I went to my knees and said 'Lord, please don't let me run down this aisle and kill anybody. Please don't let me do this.'"

Mothers were angry at their loss of expectations. One mother said:

"I was angry. I was hurt. I was in disbelief. It couldn't be possible. It couldn't be happening to me. I just didn't think anything like this could ever happen to me. I was a mother that was a caring mother, cared about my child, tried my best to protect him and I just couldn't believe it was happening to me. I had this attitude it happens to everybody, but it wouldn't happen to me. It couldn't happen. Then it happened!"

Mothers were also angry because they could not express how they felt. One mother said, "I think a lot of my problem is that I have not allowed myself to be really angry. I'm so busy trying to be nice. I need to be angry and I haven't allowed myself to be angry. Well I used to be able to express my anger. If anybody pissed me off or got me mad I used to be able to tell them off but I can't deal with confrontation now. Now confrontation is very hard. It's like I put up a shield. I don't want to argue."

In addition the mothers blamed themselves for not protecting their children. They saw themselves as failures. They were ashamed that it was their child that was dead instead of themselves.

One mother said: "I haven't been angry with God because I know that God had nothing to do with my son's death. I know it was the Devil. Not God!"

Fear

I found the mothers fearful. One mother expressed the desire to move across town, another felt nowhere was safe from drive-by shooting, another felt she would take her surviving children and move out of state. They feared the dark. They were apprehensive when the night was too quiet. They feared their neighborhood. They were ambivalent toward the police, wanting to be protected but fearful that police disclosure could lead to gang reprisals. The mothers expressed these fears in these words:

One mother who had sent her other surviving child out to the wash-house late in the evening said:

"I sent him to the wash-house and it was getting dark and I was on the steps at the rear of the house looking for him and I saw him coming you know, because I was afraid because it was getting dark and when he came he was saying he was scared that somebody might do something to him and it was just down the street but he was afraid and it's so sad that they can't be children! You know it's making them grow up faster you know, because they know and I know, out there the world is so violent."

Another mother said:

"Sometimes the City Council engineers come and board the building up. The gangs tear down the board and sleep in there. It was a motel. They burned it down. Seventy-seventh Police Station know about it because there used to be a lot of deaths in there. And you have your gang bangers. Like Eighty-third in one gang. Eighty-fourth in another. They are rivals you know."

Mothers are afraid of conditions and are apprehensive and hypervigilant. One mother expressed it in this manner: "Sometimes it seems like hell! Maybe you will not understand what I'm saying but I'll say it the best way I can. Sometimes you don't hear nothing in about two or three weeks and then you are really afraid because you are saying what's wrong and then you are waiting and waiting and all of a sudden you hear shooting and then you hear somebody saying "They are going to do something tonight." That's when they do something because you are afraid! You are sometimes afraid to be happy. It's like, will I ever be happy again. I feel sometimes when I'm happy what's going to happen next. It is like you are afraid of being happy. That's how I feel sometimes. Does that make sense to you?"

One mother expressed her fear in these words:

"I fear the gangs and violence, you know. I think when you call the police sometimes you can tell the police don't care. They say one thing like when they are

running for office or on the TV. When it comes to reality, they really don't care, you know! The police put people on the spot. Where people don't really want to say nothing because they say they are going to protect you and they don't do what they say they are going to do. When you go to them and tell, they leave you when the case is over to whatever. It's like this lady told me, I heard the name of the gang member they called out. What I can say to her I wouldn't say to the police because that lady have a life you know what I'm saying. She know the police is not going to help. The police is not true to their word!"

Mothers expressed the need to leave the area. One mother said:

"I want a house with a gate and bars around it. Sometimes you don't sleep where I live because you hear gun shots all night. I would be at peace if I just had a night of real rest. You know what I am saying!"

One mother describes her fears in this manner:

"Where my son was killed I can't even go there. I have to go around. I don't go up Manchester anymore, I don't go down Crenshaw. I go around it. It's just too hard and painful to do that. I just think in my mind that he is gone to school, that he is away at college but then I really deal with reality that he is not coming home. He'll never come home again and yet I cannot accept that fact."

Denial and Disbelief

The six mothers expressed denial and disbelief initially that their child was dead. One mother said that the police investigator had made a mistake as was often the case of investigators enquiring among her ethnic group. "All Black children look alike," was the prevailing thought she said. She demanded proof that it was her child. When the investigator returned later with photographs of her son dead at the crime scene, she understood then that no mistake was made and that her son was indeed dead.

Another mother believed that at any moment her dead child would return. She kept these thoughts to herself so that others would not think her insane. Yet another mother whose husband had committed suicide in the bathroom fourteen years before expressed her grief, denial and disbelief in this manner:

"When I lost my husband I lived, breathed for my children. I survived with them because I could have given up a long time ago because my husband committed suicide. I could have been a drug addict. I could have been an alcoholic. I could have just checked out of life, but I didn't because I know I had to take care of my boys. Every morning when I get up its like I will see him. I go to his room thinking I hear his voice, then I have to deal with the reality that he is gone, and I still don't believe his is dead. Sometimes he comes but he was a tiny boy or a little kid or something like that. Then I started saying, "No God can I see my son at the age he is now." So it took me a while how to ask God. Then I ask God let me be able to remember, you know what I mean - 'cause then I start seeing him!"

Bargaining gave way to substitution. One mother expressed it in this manner:

"I know I've got a lot of things still. I've got my daughter. I've got my grandson. I can go on and on but when you start getting depressed you don't think that way. You think I don't have anything to look forward to."

Another mother expressed her feelings in this manner:

"Just putting lot of attention to the family member you've got left. You've got to make more time for them, realizing how precious time is. You may not be with them for long but you need to have good times in order to remember the good times you've had."

Bargaining and Substitution

Denial and disbelief was followed with bargaining and substitution by the mothers. Bargaining had a present and future aspect to what was hoped for by the

mothers. One mother expressed her present hopes in this manner: "It does test your faith. You get kinda angry like, God what did I do to deserve this? Why did you take my son? Why didn't you take somebody else? Why didn't you take me instead God?" Another mother expressing her hope for the future said, "Like I said, I am already anticipating, worrying about my grandson. I am already thinking, you know God I don't want him to grow up. It's much more dangerous for him. What must I give up Lord to keep him safe?" Another mother carried on a conversation bargaining with God in her dreams. "Yes, I start telling God, no I want him to come at the age he is now. And when I start asking for that, God answers "I won't allow him to come at that age." I reply, "Please God, let him come. I want to see him. Then God would let him come."

Betrayal and Abandonment

Betrayal By Others And Destroyed Expectations Of Life

The six mothers expressed anger at the betrayal experienced during their loss. This betrayal took different forms among the mothers. One mother felt betrayed by a family member who elected to prepare "collard greens, blackeye peas and chitlings" on New Years day instead of coming to her son's funeral. Another mother felt betrayed by her pastor who "disrespect" her son in that he refused to conduct his funeral for fear of "gang reprisal and shooting in the church."

Here is how the mother reported her experience with the pastor.

"There was a church that had offered to bury my son. When the pastor found out how my son died in drive-by, he called us and said, "Well, you know you're going to have the funeral on Saturday, the kids are out of school so you know a lot of them are going to show up, and I'm concerned about some kind of retaliation, you know. I'm telling him my son was not in a gang. Retaliation! Who's going to retaliate? And he was going on, you know, "I have to call the police and inform them of the fact that

you're going to have the funeral here." He was treating my son like, you know, he was responsible for what happened to him and that was really painful. I decided not to deal with this pastor."

The six mothers had idealized their children and described them as promising high school students on the verge of young adulthood and fulfilling their expectations of personhood. The mothers were looking forward hopefully to grandchildren and financial support in their old age. Their expectations were destroyed. One mother expressed it in these words:

"Never in my wildest dreams could I even imagine that one of my children could be taken from me. You always think that as a parent you're going to die before your children. No parent could ever think that they would ever go to a morgue or see their child laying on a cold table. To see all the bullet holes in his body. There was a bullet that went through the back of his head and it came out and all his braces was all matted and shattered in his mouth, $1,295 that I had to struggle and pay for this boy to get braces that I had to fight with him to use. He didn't want the braces in his mouth. He told me he didn't need them and then for somebody to just kill him for no reason. No, I could never imagine this. I wouldn't wish this on anybody, no parent should have to go through this. All my dreams, my hopes, my expectations are in the grave. Everything is gone. I am left alone with no one to care for me when I am old!"

Abandonment by Others and Mothers' Feeling of Isolation

Mothers felt abandoned. In the beginning mothers felt warm and supported by family and friends but as time when on they felt alone and isolated. For example, one mother said:

"Well, this one young man that grew up with my son, he used to climb up in the tree in my yard. It's real hard for you to see kids that keep up with your kids and your child is gone. It's very hard! My son would be going to college now .. friends, people

they don't come around. They don't call. It's easy for them to move on with their life because my son didn't mean very much to them. You know, I know that people cared about him and they were his friend but it's easy for them to move on with their lives. It's very hard for me to move on with mine. I look so old now, his death has aged me. I feel old!"

Another mother commented:

"Friends were very good especially in the beginning but now they are not really coming by that much (said during the second interview). His friends had found it really hard. They don't even want to come into the house. Seeing his picture I think is too painful for them. They can feel it you know. Neighbors come in once in a while but not very often. Not like before. They probably think I should be over my grief. People tend to think that after a few months you're supposed to get over it just because you try to go on with your life. They figure that's it. We are not going back and we won't think about it anymore. You're over it, type of thing. It doesn't work that way. Maybe you are able to go on with your life and act like everything is okay, but there is still a lot of stuff there. I feel numb. I feel alone. I don't feel the same."

Mothers think the abandonment by friends and neighbors is due to prejudice. Here is what one mother said:

"Well, my best girlfriend, she is really concerned. My auntie and family real concerned and stuff like that. But others they don't understand. They just think bad about you and your son. And people has stigmatization about black youths and stuff like that. Well, he was with ah .. what would they say - Well he was selling drugs. Well did that make his life less valuable? Does that make his life any less? They don't care. They just stay away from you."

Mothers felt abandoned even by close family members. One mother said of her husband:

"He was totally withdrawn. That's his way of dealing with it. He just didn't want to be around me or anybody. And that was really hard for me to take especially at nights. I just felt alone. It's like nobody was there."

Yet another mother said:

"Well, I've lost a lot of friends .. I've lost a lot of associates, people that I thought were my friends, because unless you've been in my shoes you don't understand what I'm going through. People expect you to continue back with things that you used to do and they don't understand that your life is not the same when you lose a child. When a child is stripped from you for no reason. They don't understand, so I have no friends. I don't really do much of anything anymore. I don't go out like maybe go to a bar and have a drink like I used to do or maybe go out with a friend to a party or dance. I don't do that. Those things don't interest my anymore. I tried but I just sit up in the club just crying. See, nobody wants to be around you when you're like that, when you're depressed and crying. They don't understand the pain inside and how it hurts. It hurts like hell!"

Shame, Self-Blame and Guilt

All six mothers felt weak and impotent as if they had failed to discharge their maternal role of protecting their children. They had fortified their homes with iron bars. They had fortified themselves against late hours by setting strict curfews for their children. They knew the dangers of the city and yet they felt their family would escape harm living where they lived. Mothers felt ashamed that these efforts to protect their children from harm had failed. They felt guilty that they were alive and their children were dead. This survivor guilt lead to many statements of "if only I had .. or I should have .. my child would be alive." One mother blamed herself for not borrowing the money to move out of this part of the city. She said, "If only I had believed the

warning I received from my niece that the gang would come. If only I had believed that, my son would be alive," she said, breaking out in heart-wrenching tears.

Some mothers felt guilty that they had not been more firm and set stricter curfew limits. They knew it was a difficult part of the city in which to live. Mothers took the blame for the murder of their children.

One mother commented about her remembered interaction with her son with these words:

"He just didn't seem to care about anything anymore. I felt helpless because normally I would just sit down and talk to him at least get somewhere with him. During that period it was like he just shut me out, to .. "leave me alone I don't need your advice. I'm older now I can handle it." He just didn't want to share everything with me. Didn't want to share what was going through his head. So there has been a lot of soul searching about it .. a lot of looking back and thinking how it could have been prevented which I know it's no good because you can't go back and change it anyway. I said to him, "I was afraid! I don't know how to help you right now because you won't let me help you, don't let me go to your funeral." I should have done something! I feel awful."

The researcher found the mothers had experienced an emotional see-saw. They teetered from being numb to most emotions to being overwhelmed and being fragmented from any or every sensation. They were irritable, grumpy, and impulsive. Some of their irritation and anger were directed at the researcher. For example, some of the mothers believed that the researcher of all persons should understand precisely how they felt.

Theme II — Adaptation Methods

Getting Things Back Together

Initially I found that these mothers had no awareness of the ways they coped. They simply carried on to a greater or lesser degree. They were so caught up in events at first that they just did. On reflection, however, mothers were able to express how they managed. They were aware that they had experienced victimization and stigmatization and how they used work, religion, spirituality, grandchildren and idealized thoughts of community betterment and service as coping methods.

Victimization and Stigmatization

The mothers felt both victimized and stigmatized by the murders which were after all crimes and so seen in their communities.

They reported their outrage at law enforcement for failing to protect, at friends and neighbors who knew what went on but failed to report for fear of their own skins, and their outrage at God who in their moment of need failed to protect their loved one. They reported how their colleagues at work victimized and stigmatized them either by not coming to the funeral or not wanting to talk about what had occurred when they returned to work expecting them to "carry on as if nothing had happened."

Work

To the researcher's amazement the mothers all returned to work within six weeks of their loss. It seemed that work contained something safe and predictable in their lives which had been so disrupted. The mothers seemed to find stability, safety, predictability in their work environments. Even when they did not find solace or understanding or even comfort in the work place, nonetheless they quickly returned to work. The meaning of work for these mothers is expressed in their narrative below.

Here are some of the mothers' comments. One mother reported this experience when she returned to work:

"I went back to work. The first day back at work was hard for me. I walked in and the minute somebody called my name I just cried. And then one of my co-workers had lost a child and knew exactly what I was going through but he was not the person I was close to and I couldn't wait to get back to work to see this person because this person didn't even come to the funeral. That was another blow. And then when I got to work he wasn't there and as he came in and I went to seek him and he was happy to see me back but as soon as I brought up my son he told me "Ah-ah! You've got to leave that at the door. You can't bring that murder thing in here!" That was a dagger in my heart."

Another mother commented:

"I just break down and cry sometimes. It don't seem like I cry as much when I'm at work because I just keep myself busy to keep myself from thinking."

Another mother said:

"I am a teacher and I am on a lot of committees so I am really involved with that. It is just go, go, go, all day long at work. I don't allow my mind to wonder because if I do I may lose it."

Yet another mother mobilized her strength and channeled her anger into work. she commented as follows:

"One week later I returned to work. I buried him on the thirteenth and I went back to work on the fifteenth. I buried him on Saturday, I went back to work on Monday. If I could have taken a leave I could have walked away instead and to heck with them. I have a degree in accounting. I can go to any agency and get a job. It's not like there's a problem with jobs here in Los Angeles but something tell me go back to work. I said, "You have to fight these people. You are going to fight them. It gonna probably take every penny you make to fight them. You are going to have to

take it out and fight them." I went back to work to get my mind together to know how to start clicking. Yeah, but I couldn't work the whole day. I couldn't sit there the whole day and work. Lots of time I was at work and I was praying for hours in the morning and stuff like that asking God, "Why my baby?" and all that stuff. then I would get into work for a few minutes. Then my mind would float away again."

One mother reflected as follows:

"Well, I haven't been able to do anything the way I used to. He was a part of everything I did. In the mornings I get up and make breakfast because he was there and I needed to feed him. I cleaned up the house. Well I like a clean house because that's where he lived. I wanted him to have a place that he could be proud of, that he could bring his friends to, so everything was centered around him. since then it's just like it really isn't important. I go through the bathroom now and I have to say, okay, the bathroom need to be cleaned because I guess I still don't believe that he is not here, so I still think it's something he will take care of since it's his chore. Everything changed. I don't really cook like I used to. In the morning it really take a great deal of energy to get out of bed. It's like, why bother. I don't know what's my purpose anymore. This is so different. it's so final and it just changes everything. Even when I am on the job and I'm busy I am not the same person that I was before. I work to keep my mind from going crazy." Only one mother changed her work setting.

Religious Practices and Activities

As was indicated in an earlier chapter, all of the mothers expressed a belief in God and a strong religious identification. These religious beliefs and their practices became valuable coping mechanisms for these mothers. Even when the mothers became angry at a pastor or church, their religious beliefs remained steadfast. Anger at God was not an abandoning emotion for them. Rather their anger at God seemed to reaffirm God's value in their lives.

The mothers' religious beliefs and practices took several forms, from going to church to praying at home, to communing with their dead children. Most of the mothers did talk to their dead children and felt great comfort in doing so. They experienced a sense of connection with the dead child and a sense that that child was still with them. The following section reports these mothers' responses to questions about their religious practices and beliefs.

I found the six mothers were religious and used this as a coping method. They all believed in God and attended church regularly. The murders had a profound effect on their religious belief and practices. One mother said "I blame God, sure I do. I ask every morning and I have continued to ask since the day my son was murdered, why didn't God deal with it? Why didn't he knock them to their ass? Why didn't he knock their heads off their shoulders? Why didn't he push the one who pulled the trigger to the ground and say, 'No way!' Why wasn't it done? I don't understand. Why didn't the miracle come when my son was murdered? Why wasn't the gunman knocked to the ground? Why didn't they shoot themselves? Why did he allow them to walk away? What are their parents praying that I am not saying in my prayer? I get up and shout at God every morning: 'How do you allow them to stay and walk the street, God, answer!'

Another mother looked to God to control her anger. She said, "Don't allow me to run down the aisle (at her son's funeral) and kill anybody. Please don't allow me to pull out my gun and shoot." Another mother said, "I thought about God much more after the murder of my son. I prayed all the time. I am still praying. Yet another said I hear people say they hate God but I haven't felt hate. I just ask God why, why my child? Why not the demons who were harassing him? Why my boy?" This question resonated throughout the responses from the mothers as yet another mother raised it in these words: "It's like you try to do all the right things and this happen anyway. I ask God why, why my son? I really don't understand why."

One mother had this quiet assurance, "I know my son is with the Lord (God). he is in a better place now. I thought about the Lord before but not as much as now, now that my son has gone to the Lord. Yet another mother saw God as a stabilizing force in her life. She reported: "I am too scared to commit suicide. But if someone took my life it would be like thank you. I want to be with my son! I don't know why my God don't step in and say, 'Soon you can see your child. It will help you with your pain. It will help you with your heart.'"

Another mother commented, "I am angry at God. He is in control of everything and yet this happened. I feel guilty about this and ask God not to hold this against me, yet I thought God had turned his back on me. I ask God all the time just to understand what I'm going through and not hold this against me.

Spirituality -- Belief in Afterlife and Dreams

I found that the six mothers' quest for a meaning of the murder of their children as well as their yearning after them was also a coping method and was expressed in this manner. One mother said, "We had to find angels, not girl angels, not boys with blond hair. He didn't have blond hair. We went to Tijuana and were walking around when we found this beautiful angel, a little boy on top of a star. It was perfect. He has his own star! We bought it, he is safe now. And that week I had a dream. I was in a hospital and my son came to me and hugged me. He said he was sorry and that I was not to worry. It was so beautiful. I just wanted to hold him and stay with him. When I woke up I wanted to take my life. But then I thought I have too many people still living, my daughter, my grandson, my husband. Who's going to take care of them?" Another mother reported that she too had a dream. She said, "Even though I see him in a dream and I know I must still be a mother, I need contact, but if I tell people about this dream that my son is dead and does not know he is dead, they will think I'm crazy. Besides, I want to communicate with my son when I am awake! I want to know he's

okay! And I still have doubts, you know what I mean? And I hate when I have doubts. Like my faith had been shattered when this happened. I just think about the otherside all the time now. I never thought about the spirit world, that wasn't my life but now, since this has happened, the spirit world is, like everything! I light candles all over the house. His room is a shrine!"

Another mother referring to the spirit world said this: "No, there is no meaning to this. Our children are a link to life. I'm trying to know that even though he is gone physically, his spirit is still with me. But you're so used to dealing with the physical that you don't know how to deal with the spiritual. I am trying to understand, to give meaning to it, to get back my life. Like I said, my well-being came from the fact that he was okay, in his body and in his spirit. so his spirit was with me all the time then. But the plus was that I could see him, talk with him, now it's just his spirit and that's hard. How do you hold a spirit? Just dealing with a spirit, that don't have any meaning for me. And my son's death has no meaning too." Yet another mother had this to say: "Pray and ask God to allow your loved ones to be able to come to you, allow you to be able to see him and talk to him. To be able to remember that you've seen him and talked to him and keep asking god to let every parent who lost their loved one allow them to know that death is not the end. There is an after-life. We have to know that. That's very important 'cause that will help us to grieve. It will help with the heart and the mind. And if the heart and mind is okay, the body will be also. But the heart and mind is playing tricks on you when you don't know. When everybody is telling you all this weird stuff, about judgment day and all this dead stuff. I believe everybody goes to heaven, even the murderers. The murders of my son will be in heaven. In my eyes, God is strictly about love. The people who murdered him will be standing right there with him!"

After the initial consternation and anger at God had subsided, the mothers' faith was strengthened by the thought that God alone was in control. The mothers might be

powerless but God had the power to give mothers justice for the terrible wrong that they had suffered. This gave the mothers "solace" and courage to go on. Where this was absent, the mothers felt despair, hopeless and depressed.

Relationships

In the process of grieving, relationships are important. The maintenance of primary as well as secondary relationships is important to the maintenance of a support system. Yet often the maintenance is problematic. Friends and relatives behave in ways that seem thoughtless, often make remarks that cause pain. They sometimes withdraw from the griever. The mothers' experiences with relationships were varied and posed some surprises to the researcher. For example, the women's husbands were not seen by them as a primary source of support and comfort. Similarly the husbands did not seem to turn to their wives for support and comfort. All of the mothers reported that their husbands or live in significant others abandoned them by the end of three months. At the start of the study four mothers were living with a man who was either a legal husband or a long term relationship significant other. At the end of the study, two of the men, both legal husbands and the biological fathers of the murdered children, had left the relationship, abandoning the mothers both physically and emotionally. The other two men, legally married; and the biological fathers remained in the home and were emotionally withdrawn and abandoning. The mothers expressed no awareness or understanding of the grief of the fathers. Rather they reacted to their own feelings of abandonment and isolation from their men.

An interesting and to this researcher surprising twist was the importance of grandchildren to the mothers. Where there were grandchildren, the relationship between them and the grieving mother intensified and strengthened. These relationships are described in the narratives below.

Relationship with Husbands

The mothers commented on the husbands' behavior in this manner. One mother said:

"I mean my husband is pretty level-headed and he knows the difference between right and wrong. He's never had any problem either but he actually had a gun for one day and he gave it to somebody and said you better take it 'cause I don't want it. You know I'm at the point right now where one minute I might just go and do something and I know I don't want to do that really. I said to him, 'The last thing I need is for you to end up in jail or to have those people come out and find out where we live to retaliate if you do something you know. I don't need anymore deaths. I don't need any more of that!'"

This husband was not only consumed with anger and thoughts of revenge, he was also withdrawn and made his wife feel lonely and isolated. Here is how the mother expressed it:

"He is still withdrawn. He is really taking it hard. He felt very lonely and depressed. He said the house is really empty now. And, oh, I don't know, he is just really tired all the time. Part of the day he reads and part he rest and sleep. I just want my husband to snap out of it. I worry about him a lot."

Another mother commented on her boyfriend as follows:

"I eat and eat. I haven't been able to get along with my boyfriend either since this happened. We fight. Finally, I put him out."

Yet another mother described her husband's initial reaction as follows:

"He was very supportive. In the beginning he was angry. He would say things to make me feel better. He talked to me. He kept telling me it's going to be okay even though I had a big hole in my heart."

This mother later described the changes to the relationship in these words:

"He try to be soft and intimate and everything, but you see, now since this happened, I'm cold. My husband tell me you're very, very cold. And I hate that I am like that. But it has to be like this for now. Everything is in its permanent place it has to be. I ain't got time for all that intimate stuff!"

Mothers' Relationship with Parents

Mothers described the initial gathering of the family in these words.

One mother said:

"We were all together. My mom and my sister came from Miami, Florida. I had a great aunt who came down from Jacksonville, Florida. I have cousins and great aunts here in Los Angeles, some of them come to the house." Now (three months later) nobody come nor call to see how I am doing."

Another mother said:

"My father and mom came down immediately. They live about two and a half hours away and they drove down right away."

She commented later: "They drove away to their own homes to get on with their own lives."

Yet another mother said:

"My grandfather came. he had a blank money market check. He said whatever it cost, pay. You've got family. That made me feel good even in my sadness because it felt like if he was sick and died and I could understand. I could even understand if he was killed in a car accident. I could understand too. All of these would be hard for me to accept. I could understand too if someone was shooting at somebody and shot him by mistake. It would hurt but I would be able to accept it. But this I can't understand nor accept. I felt like he was cut down in the street like an animal and killed. It hurt. It hurt to think that I always live with the belief that I would die before my kids. I never believe otherwise and I always felt, when I was younger, that I would be

devastated if this happened. I am devastated. When dad said what he said it comforted me, ease the pain and stop my mind from going round and round."

Mothers' Relationship with Siblings

One mother whose son was in jail reported her reaction to his reaction as follows:

"It made it hard because at the same time my oldest son was in jail and he saw it. He was watching in the TV room and the news flash and he sees his sister's picture on TV. I had not call the jail to have the chaplain or someone notify him before he saw it. The time I found out and was calling him to tell him he saw it on TV and passed out. Just passed out then and there. That's what hurt me because I wasn't there to console my son."

Mothers' Relationship with Grandchildren

Another mother describes her feelings about her grandson in this manner:

"When I get home, my grandson is there for me. I am glad because I don't know how I would have gotten through without him. Just having him in the house is good. He detracts me from thinking about my daughter."

Another mother said:

"I worry about my grandson when he gets older. I don't want him to end up getting killed like my son. I am already worrying about that. I don't worry about my daughter. She is just doing fine. The girls don't seem to be at risk as the boys for whatever reason. But I hope she moves before my grandson is a teenager. he has a few years to go.

Family was close, loving, warm and supportive initially but became cold, distant and abandoned the mothers at the end of three months except for grandchildren who remained close and loving. Two mothers were able to retain the "closeness"

initially and at the end of three months. The researcher was unable to speculate as to the reason this occurred. One mother was Caucasian and the other Afro-American. It was noted that this type of grief reaction appear to be similar despite ethnic and cultural differences. However, this observation is limited to this study and what this researcher found. Yet another finding was that two families lost only two sources of support (family and friend) but retained one -- grandchild. While two of the mothers lost all support sources. What is interesting is that of the family support sources that remained all four family members had grandchildren. Of the two that lost all family support sources, both had no grandchildren. This researcher concluded that grandchildren appear to be a constant source of support to grieving mothers of adolescent children.

Mothers felt warm and close when they were able to provide support to a dependent family member (e.g., grandchild). However, they felt cold, distant and abandoned when support was withdrawn by other family members during the grieving process. This feeling was pronounced at the end of three months. Mothers withdrew and retreated to isolation as they responded to the withdrawal of both family members and friends at the end of the three months following the murder of her child.

Three months following the death, the six mothers were working. To that extent they were "resilient." They all reported impaired health and inability to give any meaning to the tragic event. They were isolated from family, colleagues and friends.

Three months later some neighbors introduced additional sources of fear and uncertainty because of reporting on the element of gang reprisal and uncertainty of gang connection in the neighborhood.

Mothers' Relationship with Friends and Colleagues

Friends and colleagues were supportive at first but expected them to return to the pre-murder state at the end of three months. When the mothers were unable to do

so they abandoned them. The mothers expressed ambivalent feelings towards these friends. They felt "rejected" in that the friends could not meet their role expectations as friends.

Heretofore the findings described relate to both interviews -- the one shortly after the murder and the one three months later. There were some marked differences however in the findings of the two interviews. Following are findings unique to the second interview -- that is three months following the murder of the child.

Aftermath/Effects of the Murder

Three months after the murder the components of the emotional aspect had not changed. It is the intensity that appeared to have lessened. Mothers no longer expressed homicidal or suicidal thoughts. Mothers did report dreams of their departed child and longing for their return to life. These dreams seem to have decreased their depression and gave them some measure of solace

Life Expectations - Expectations of the Outside World

Whereas in the initial interview the mothers reported no pressures or minimal pressures from the world to complete the grief process, the opposite was true three months later. At the three months interview, these mothers held no expectations of their own but reported that they experienced the expectations of others that they would be over their grief. However, the discrepancy of this perception of others and themselves increased their emotional discomfort.

Further, these mothers experienced their own family members requiring that they complete their grief and return to their pre-murder states. A richer, subtler effect of these expectations was also found at the three month interview. These mothers were angry with themselves for not having completed the grieving process by the end of the three month period. Whether the mothers had internalized the expectations of others is

not known here. The effect on these mothers was to intensify their depression. They blamed themselves and found fault with their strength and method of coping since their pain was still intense. They expressed dismay at the durability of their grief. Some of them described a sense of hopelessness that they would ever be able to resume their pre-murder way of life.

Health

The six mothers in the study are essentially economic heads of household. The two husbands in the study are withdrawn and unemployed. Before the murder these mothers held their homes together through hard work. They had minimal health complaints. After the murder, they commented as follows despite resuming jobs within six weeks of the homicide.

One mother said:

"I say never one day. Not one day I remember I had no pain in my legs and in my back you know. It's like from my knees to my hips and in my arms. Now it's like sometimes if you rub down here it goes to other parts. It's like sometimes every part of my body hurts."

Another mother commented:

"I've been having headaches, my neck and shoulder is in constant pain. it's very stressful."

Yet another mother commented on her health:

"My son's death has torn me town. It has stripped me of my livelihood, my energy, my zest for life. I don't have that anymore."

Yet another mother said:

"Pain! Sometimes you know you listen to these rappers. You know, they have the gun shots in the songs! That's very upsetting to me. I don't want to hear rap. It's just like somebody is stabbing me!"

Only one mother admits feeling a little better. here is what she said:

"I've been a little better. I had bronchitis three weeks ago. I was very sick. I've been feeling a little better the last few days and that's good!"

Self-Absorption and Community Service

All six mothers became self-absorbed in the murder. The self-absorption took different forms. One mother who was a graduate student was focused on finding the perpetrator of the crime and starting an organization of mothers for community peace as well as improving justice process. Two mothers were focused on the care and nurturance of young children, one mother wanted to tell her story to other mothers in order for them to understand what a mother suffers when a child is murdered. One mother wanted to take her other small children and leave Los Angeles for a safer place far away from the State of California.

All mothers wanted the flashbacks to cease and the excruciating pain to go away and to forget the memories of the murder of her child.

Summary of Chapter IV

The chapter reported the researcher's findings of the three month study. It described the six mothers' characteristics and profiles. It described the circumstances of the six murdered children. It reported on the procedure for the data analysis and how the data was organized. The chapter reported the findings on the murder event and the mothers' responses during the first three months following the disrupting event.

CHAPTER V

STUDY'S CONCLUSIONS AND IMPLICATIONS FOR FURTHER STUDY

To remind the reader, the study examines the emotional responses of six inner city mothers to the gang-related murders of their adolescent children. Taken directly from interview transcripts, the data report on the first three months following the homicidal deaths of their teenage daughters and sons - what the DSM IV terms the Acute Phase of the grieving process. Five of the respondents were Afro-American, the sixth Caucasian, all resided in South Central Los Angeles. Two were married; two married but separated from husband; and two were single parents and heads of household. Two had lost their only sons; one had lost her only child, another lost her daughter to homicide and her son to suicide as a result of the tragic event. Two had assumed custody of grandchildren from their murdered offspring, four had surviving children of all ages living with them at home.

The mothers reported that at the time of the deaths they were in relatively good health, had strong Judeo-Christian religious faith, a belief in the U.S. system, fair play, and a God who protects. Each viewed her child's murder as wanton and senseless, a devastating blow for which nothing could have prepared her. Not one had been able to integrate the loss, three months after the tragic event.

Structure and Process of Mothers' Emotional Response
to the Murder of Her Child

The emotional responses of the mothers can be viewed as occurring in four phases, each of which contained a distinctive process.. The four phases and processes are as follows:

Phase I -- The Murder Event

> Process I -- Shock and Emotional Suspension

Phase II -- Flooding of Emotions

> Process II -- Rupturing of Emotional Stability

Phase III -- Mother's See-Saw Emotions

> Process III -- Attempt to Fit the Emotional Pieces Together

Phase IV -- Beginning of Emotional Restoration

> Process IV -- Regaining of Emotional Stability

Phase I - The Murder Event. Process I: Shock and Emotional Suspension

Within this phase the mothers experience a process of emotional suspension. The mothers were numbed and dazed, routine matters of living and social obligations were suspended.

Phase II - Flooding of Emotions. Process II: Rupturing of Emotional Stability

Within this phase the mothers experienced a flood of emotions including anger, rage, shame and guilt, betrayal and the effect of abandonment.

Phase III - Mothers' See-Saw Emotions. Process III: Mothers Attempt to Fit the Emotional Pieces Together

The third phase finds the mothers experiencing changing relationship with their family, their friends, their community and increased spirituality.

Phase IV - The Aftermath. Beginning of Restorative Process. Process IV: Regaining of Emotional Stability

In phase four, the mothers experienced renewed expectations of themselves as well as unchanged expectations of others.

Four Processes

The mothers were aware of the underlying processes of the experience following the murder; that is, the emotional suspension, the rupture of their emotional states by the flood of emotions following the murder and the struggle to fit the pieces of their life together again. However, they were unaware of the fourth process, the reformulation of their self-context. They and their significant others expected to return to a prior state of role expectations and self-context -- that is, definitions of themselves in relation to their surroundings, person in environment. They voiced frustrations and impatience with themselves that they could not return to that former self-context. The murders occurred during the second "separation individuation process" experience of the mothers with their children. During this chronological phase of development, mothers experience separation and loss of children who are emotionally moving towards independence. The mothers were integrating life experience that would help them to complete this "separation -- individuation" process. This was a critical phase of their developmental process and the murder disrupted this process. The mothers tried to integrate the traumatic shock of the murder and they come to terms with their own feelings of vulnerability. Many tried to find a role and a new concept for themselves by becoming absorbed with and connected to community service. The researcher questions whether mothers of murdered children older than teenagers would have a similar reaction. That is mothers who had completed the "secondary individuation process." The study does not answer this question as it was directed at mothers with teenagers. Mothers who are older and who have entered what Erickson (1959) calls the "age of generativity and wisdom" perhaps may not react on similar lines to mothers of these teenagers who are experiencing "secondary individuation" (Mahler 1972), that is with a self-absorbed process of devotion to community service. Again this speculation is left to future research as this study is limited only to the specific question of emotional reactions of mothers to homicidal death of teenagers.

One of the implications of this study would suggest the importance of designing programs involving the entire family, including grandparents and grandchildren. Another would suggest the importance of recognizing the significance of the rupture of the developmental process at the critical point of "separation – individuation" when an adolescent child is murdered, and then develop intervention strategies to address this additional loss.

Another intriguing thought one wonders what elements combined to make some of these six mothers move towards crusading. Was it past experiences of stigmatization and victimization and outrage moving them towards this ideal pole? Would mothers in suburbia without the outrage of stigma and victimization move in this direction or just seek to heal themselves differently? Again, there is no data from this particular study to answer this question.

Theories on the Initial Stage of Loss

Most researchers agree that the early onset of the bereavement process is marked by alarm (Parkes, 1961), dissociation (Lindemann, 1944), and numbness (Bowlby, 1980). The loss sets off a variety of somatic reactions such as panic, restlessness, muscle tension, loss of appetite, difficulty in sleeping, palpitations, and, in general, a reaction of alarm (Parkes, 1972). Disorganization, anxiety, with attending physiological symptoms, are also a part of this initial reaction to loss. (Lindemann 1944); (Parkes 1972).

Pollock (1961) describes the immediate phase of loss as marked by shock, the pain of separation, and the beginning of the internal decathexis to the object that has been lost He states: "The overwhelming task may unsuccessfully be dealt with and result in a panic response which includes shrieking, wailing, moaning, or may be manifested by a complete collapse, with paralysis of motor functions...the narcissistic mortification is applicable to this state of shock. There is a sudden loss of control over

external or internal reality or both by virtue of which the emotion of terror is produced along with the damming up of narcissistic libido. The shock phase results when the ego is narcissistically immobilized by the suddenness and massiveness of the test that confronts it." (p. 352).

Schoenberg (1980) posits that the form and duration of the shock stage is often a good indication of how a person will cope with the ensuing grief work. Opinions vary on the length of this initial stage of shock- ranging from three to twelve weeks. Bowlby (1980) states: "A brief phase of numbing we now know to be very common following a bereavement but we do not expect it to last more than a few days or perhaps a week. When it lasts for longer there is reason for unease; for example, we have seen how delay of a few weeks or months may presage chronic mourning." (p.153). Bowlby adds that when the affectional bond was strong the desire to join the loved one is often present during the early stage of loss: He states: "Ideas of suicide, conceived especially as a means of rejoining the dead person, are common during the early months of bereavement." (p. 153) Bowlby describes this phenomenon as the desire to recover the lost object. He states: "Repeated disappointment, weeping, anger, accusation, and ingratitude, are all features...and are to be understood as expressions of the urge to recover the lost object." (p. 335). This study affirms the presence of this process within the acute phase of the grief and now the mourning person attempts to regain equilibrium.

Immediate Response Corroborated by Other Sudden Death Response

Parkes (1972) found that the most characteristic feature of loss is "acute and episodic pangs of grief, which begin within a few hours or days of bereavement and usually reach a peak of severity within five to fourteen days" (p. 5). In the first interviews the mothers were asked to describe their initial reactions upon hearing the news of their childrens' deaths. Most of the respondents cried while describing the

sudden impact of learning that their teenage daughter and sons had been killed, compounded by the realization that the most intimate bond between family members was forever disrupted by tragic death.

Survival/Return to Functioning

Researchers (Lindemann, 1944; Pollock, 1961) have stated that survivors often report disorganization and dissociation sufficient to render them dysfunctional during the early or Acute State of bereavement. Inconsistent with the literature, all the respondents returned to work within six weeks of their childrens' deaths and were able to function on their jobs without complaints of disorganization or dissociation while working. Though no studies exist, the researcher posits that the ability of these six respondents to persevere at work can be attributed to their resilience and unbroken habit chains forged in a harsh environment, the inner city. Their apparent resilience poses other questions, however. Death of a child from any cause is regarded as one of the most grievous human losses. As was evident in the six respondents, death of a child to homicide carries difficulties that are almost indescribable. In a mother who has suffered such a loss, does her habit chains ever break down? Does she ever cease being able to function, to work to support herself, to care for mates, surviving children, grandchildren? In short, does this mother ever break down completely? And if she does not break, what sustains her? These are unanswered questions well beyond the scope of this current effort.

Spirituality/Yearning for the Lost Child

Despite stoicism about resuming their duties at work all the mothers expressed feelings of outrage; several spoke of a new preoccupation with the world of spirit, now that their children were gone. This led to the second conclusion of the study: *During the first three months of loss mothers of teenage children will express intense desire to*

communicate with and recover their murdered children. Of this, Bowlby (1961) states: "Thus we see the repeated disappointment, weeping, angry accusations and ingratitude are all features of the first phase of mourning and are to be understood as expressions of the urge to recover the loss object." (p.334)

Consistent with the literature, the sudden breaking of the mother/child bond created a yearning for the lost children in the six mothers -- a yearning which they expressed through dreams, visions, memories of past accomplishments, photographs, attachment to articles of clothing, children's room and gravesites. It should be noted that although the mothers spoke of the spirit world as real they were wary of sharing this information with anyone but other grieving mothers. Also, some of the mothers were ambivalent about the world of spirit and directed anger at God for having failed to protect their children. Others wanted God to intervene and give them the assurance that their slain children were safe. This preoccupation with the welfare of the deceased (DSM IV 309.81) is viewed as a symptom that presages chronological or pathological mourning, if still present past the early, Acute State of bereavement. Whether or not this process will intensify or disappear over time in the six mothers is an interesting subject for future research.

Impact on Self-Concept/Health

The issue raised in Chapter I of sudden tragic death leading to a loss of self was verified in the tape-recorded interviews with the respondents. All six of the mothers perceived themselves as changed persons, both physically and mentally, after the murder of their teenage daughter and sons. One mother reported: "In the morning I wake up and I could then go back to sleep because I am just so tired." Another remarked: "This pain in my stomach, it's just there all the time." Another said: "My body is okay, but not my mind." Yet another of the respondents observed: "The woman that was outgoing and on the go, she is dead. She has lost her other half, the

other half of her body." Whether or not the mothers will experience improvement in health and self-concept over time is a subject for further research.

Impact on Relationships: Mates/Surviving Children

Consistent with Rinquist's (1994) study on mothers of homicide victims, the murders appeared to have had a ripple effect that cut across all the mothers' relationships, with mates, significant others and surviving children. One mother reported that her husband was now withdrawn and distant, spending all his spare time in his dead son's room; another mother reported an inability to be intimate with her fiancé who described her as unresponsive and cold since the murder of her son. The mothers preoccupied with their own grief were unable to grasp the griefs of their mates. Two of the mothers spoke of surviving sons unable to express anger over the murders of their brothers. Another mother described a daughter whose grades had slipped, and a husband whose depression was all but intractable following the murder of their teenage son. Whether or not the ripple effect of the homicides (Rinquist, 1994) will continue moving through the families of these six mothers and on to subsequent generations is a subject for further study. Whether or not theories about the transgenerational effects of violence on holocaust victims will be borne out in the progeny of the six mothers also remains a subject for further research.

Impact on Relationships: Extended Family/Friends

Although there are societal norms and rites to support the bereaved after death from normal causes, survivors who have lost loved ones to homicide are often shunned and stigmatized. Several of the six mothers reported receiving support from those close to them after the murders, but others described insensitivity or neglect from extended family members, co-workers, friends. One mother spoke of a pastor who rejected her, cousins who stayed away from graveside services; another mother reported siblings

who never called of inquired about her welfare. Others described feelings of being judged or avoided by neighbors, co-workers, former friends. A respondent who had lost her daughter to homicide and her son to suicide remarked: "People don't understand. They just don't understand." Whether or not the estrangement from others can be viewed as early response to crisis, resolvable over time, is a subject of further research.

Fear/Sense of Safety in the Environment

The six mothers had lost not only their teenage children but their sense of order, safety, of a God who protects and defends. Many expressed new fears of the environment, new fears for their remaining children. One mother described a new fear of the entire city of Los Angeles, where in her view no one is safe anymore from roaming gangs and encroaching crime. Another mother reported living in a constant state of vigilance over the remaining son, refusing to let him drive at night; yet another spoke of cowering in her home on weekends and holidays, of seeking cover at the least sound of revelry that could signal the shooting of guns. One was fearful even of sound of shots in rap music.

Integration/Assigning Meaning to the Event

Researchers have posited that for traumatic loss to be resolved the mourner must find a way to assign it meaning, to place it within an existing psychological structure (Janet, 1889; Freud, 1914; Grinker, 1915; Lifton, 1986). Opinions have varied on the amount of time necessary for resolution of loss: for Freud, it was two years; for Lindemann (1944) four to six weeks; for Bowlby (1969), twelve weeks. When asked if they had been able to find meaning in their childrens' deaths, the mothers were derisive and angry at the researcher. None of them saw the murders as punishment or retribution from God. All viewed them as wanton, senseless events for which no

meaning could be found. As one mother put it. "The gang knew the place and they knew the hour. The gang! What meaning could there be in that?" Yet another lashed out at the researcher: "Meaning? *You* tell me the meaning of this horrible murder of my only son."

Despite the fact that the mothers were followed for only a brief period of time, the unanimity of their responses led the researcher to this third, bleak conclusion: *"For mothers of teenage homicide victims there can be no resolution, no integration of the tragic event."* We do not yet know whether the mothers can achieve a measure of solace and integration over time.

Conclusions

How these mothers will fare emotionally, socially, mentally and physically over the course of their lives is not yet known. This study has led to several conclusions regarding mothers of murdered teenagers:

Conclusion I: The mothers initially experience traumatic shock. This state continues for at least three months.

Conclusion II: During the first three months following the loss of their teenage child, mothers will express an intense desire to recover their teenage child from the grave.

Conclusion III: There can be no integration or resolution of the murder for these mothers in the three months following the murder of the child.

Conclusion IV: There is no place for men specifically to express grief and mourning in the community, nor does the community encourage women to allow men to express their grief and mourning need. The mothers preoccupied with their own emotional needs were unable to attend to the emotional needs of the men. Four of the men in this study disappeared from the mothers' lives and the two who remained

withdrew and became isolated. Perhaps the absence of a "grieving place especially for men" may have contributed to this disappearance.

Conclusion V: While there is a place for mothers in the first three months the women's stories suggest that the expectations of others and their own expectations at the end of this period was that they should be over their grief. My final conclusion is Freud may be correct in estimating the extent of mourning to be two years to resolve, in which case what may be urgently needed in the community are "grief centers" such as LOHV to provide support groups for both men and women for two to three years to assist in mitigating grief and supporting clients as they adapt to their tragic loss.

APPENDIX A

APPENDIX A

Initial Interview Guide

I   The Event

Thank you for agreeing to take part in the study. I would like to ask you the following questions:

How did this experience begin for you?
What was your family like before the death?
What is your family like now that this has occurred?
What were you doing when you heard the news?
How did you find out that your child was hurt?
How did your body react to the news?
What was the reaction of anyone with you when you both heard the news of the murder of your child?
What was the reaction of your family?
What kind of reports did you hear from anyone around you?
What are your thoughts when the memory of the murder of your child flashes before your eye?
If this happens repeatedly, what do you feel?
What thoughts before hand did you have that this would happen?
What did you and your child talk about in your last contact before the murder?
How do you spend your time since the death of your child?

II   Personal Meaning

When something occurs we usually give some meaning to the event. I will now ask a few questions on the meaning of this event to you.

How do you compare this loss with other kinds of losses?
What do you remember of the experience?
What are your feelings about death?
What form does your child exist in now that she/he is dead?
What makes you believe that?

III   Dealing With the Event

How we react to an event is important. I will now ask a few questions on your reaction to the loss of your child.

What needed your attention at first?
How did you take care of it?
What helped?
What did not help?

How did you take care of burial expenses?
How did your family support you in this crisis?
How did your friends support you at this time?
What kind of help did you receive?
What social groups do you take part in?
What has been your experience with the church?
What was the response of church members?
In what way was it comforting?
What was your health like before the murder?
What is your health like now?
What employment do you have now?
What kind of daily activity were you able to do after the death of your child?
Was this a change from what you did before?
How do you feel about what you are now able to do?
What changes have you noticed in your daily activities since the death of your child?

IV Is there anything further you would like to tell me?
Do you have any questions or comments about the interview itself?
Thank you for your participation. I sincerely appreciate it.

V **The Present State: Second Interview**

I will ask you a few questions about how you are doing since we spoke twelve weeks ago.

Thank you for continuing in the study. I sincerely appreciate it.
How are you feeling now?
How is your health?
What are you now able to do?
How is it going at work?
How is your family doing?
Have your thoughts now changed on the death of your child?
What are your thoughts now?
What kind of reports are you now hearing from the neighborhood?
What needs your attention now?
How are you taking care of bills?
How are you comforted?
Looking back at the event, did you ever think this could happen to you?
What made you think that way?
What are your thoughts on safety now?
What do you do with your time now?
What has changed for you since the death of your child?
What remains the same?

VI **Sense of Community**

The place where we live is almost as important as the house we live in. I will ask you a few questions now about where you live.

What is your neighborhood like?
What response occurred in the neighborhood after the death of your child?
What friends do you have in this neighborhood?
How do they feel about their own children now that your child is dead?
How do you feel about the neighbors' children now?
What family do you have living in this neighborhood?
How have your family treated you since the death of your child?
How can deaths like this be prevented in your neighborhood?
What made you decide to live in this area of the city?
Where would you choose to live if you had a choice?
What beliefs do you have since the death of your child?
In what ways are your beliefs the same or different?
Have conditions changed in the neighborhood?
What happens on special holidays like New Year's and Independence Day celebrations in your neighborhood?
How do you feel on these special days when you remember your child?

VII Is there anything further you would like to tell me?
Do you have any questions or comments about the interview itself?
Thank you for your participation. I sincerely appreciate it.

APPENDIX B

INVITATION LETTER TO MOTHERS

Dear:

We are all alarmed by the increasing violence in our cities. In Los Angeles more people under the age of thirty-five die from violence and accidents than any other causes, including suicide, heart disease, and cancer.

I am currently a student at the California Institute for Clinical Social Work in Berkeley, engaged in research for a doctoral dissertation about teen homicide in South Central Los Angeles, under Elinor Grayer, Ph.D., faculty member at the Institute and Principal Investigator on my project. To date, members of the community have expressed interest in the study and I appreciate their support.

Now I am looking for research participants: mothers living in South Central Los Angeles who have had a teen-age child (ages 13-19) killed by homicide in the last two weeks. If you are between the ages of 35 and 50 and fit the above description, would you kindly contact me at: Loved Ones of Homicide Victims Center, (213) 777-7788 or at Metropolitan State Hospital, (310) 863-7011 x 4109.

Thank you.

Bob Bennett, MSW, LCSW

APPENDIX C

III PERSONAL INFORMATION FORM

Today's Date _____

(All responses are optional)

Name_____ Age_____ Sex_____

Address_____

_____

Phone (home) (___)_____ Phone (work) (___)_____

Occupation (describe type of work, position, responsibilities)

_____

_____

Marital status at the time of death _____

Marital status now _____

How long have you lived in this area? _____

When was your child murdered? Month _____ year _____

What was the age of your child at the time of his/her death? _____

Have you ever had this kind of experience before? _____

If so, when? _____ Where? _____

What kind? _____

_____

Should we mail you a summary of the results? Yes _____ No _____

APPENDIX D

CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK
2009 Hopkins Street
Berkeley, California 94707
(510) 528-8460

INFORMED CONSENT STATEMENT

I hereby voluntarily agree to participate in the research study examining how mothers react to the death of a child from homicide. This study will be conducted by Robert Bennett, LCSW, a doctoral student at the California Institute for Clinical Social Work, under the direction of Elinor Dunn Grayer, Ph.D., Principal Investigator and Faculty Member.

I understand that I will participate in a series of two interviews, each approximately 90 minutes long, which will ask about my reactions to the homicidal death of my child. The two interviews will cover matters such as <u>the kinds of feelings I had, how my family and friends reacted, the kinds of help I wanted and received, the effects on my health, employment, relationships, beliefs, and my thoughts about these things</u>.*

Both interviews will take place at Loved Ones of Homicide Victims Center, 9317 S. Budlong, Los Angeles, CA 90044.

I understand that I may not derive any direct benefit from participation in this study. I also understand that in recalling and talking about painful personal experiences I may feel some emotional discomfort. I further understand that should I feel uncomfortable answering any question I may freely refuse to answer it. Also, I understand that a therapist will be available to me at no personal cost, during and after the interviews, should I desire help in dealing with any discomfort I may experience in the course of the interviews or as a result of them.

I understand that I may withdraw from participation in the research study at any time without having to give a good reason. Further, I understand that my decision to participate or withdraw from these interviews shall have no bearing on my right to receive services from Loved Ones of Homicide Victims Center.

I, _____, having read the above information and understanding the possible risks and benefits to me, voluntarily agree to participate in this research study with the conditions described above.

Date _____   Signature _____

BIBLIOGRAPHY

Absem, D. W. (1984). Brief Historical Overview of the Concept of War Neurosis and of Associated Treatment Methods in H. J. Schwartz (Ed.) Psychotherapy of the Combat Veterans (pp. 1-22). New York, Spectrum.

Adelson Edna and Fraiberg Selma (1977). An Abandoned Mother, An Abandoned Baby, Bulletin of the Meninger Clinic Vol. 41, No. 2 pp. 162-180.

Alexander, F. (1958). A Contribution to the Theory of Play. Psychoanalytic Quarterly. 27 pp. 175-193.

American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd ed.) Washington D. C.: Researcher, A.P.A. Press.

Applebaum, D. R.; Burns G. L. (1991). Unexpected Childhood Death: Posttraumatic Stress Disorder in Surviving Siblings and Parents. Journal of Clinical-Child-Psychology. June Vol. 20(2) pp. 114-120.

Balint, M. (1932). Character Analysis and New Beginning, In Primary Love and Psychoanalytic Technique. New York. Wineright 1953. pp. 159-173.

Balint, M. (1958). The Basic Fault, London. Tavistock Publications.

Baum, O. Eugene (1977). Countertransference and the Vicissitudes in an Analyst's Development, Psychoanalytic Review. Volume 64, No. 4 Winter.

Beck, C. T. (1993). Teetering on the Edge: A Substantive Theory of Postpartum Depression. Journal Nursing Research. Jan.-Feb. 42(1) pp. 42-8.

Bennett, G. (1993). Multiple Personality Disorder and Post-traumatic Stress Disorder. Similarities and Differences. In J. P. Wilson and B. Raphael (Eds.) The International Handbook. Plenum Press, New York. London.

Benton, Helen Hemingway (1973). The New Encyclopedia Britannica, Volume 18, Encyclopedia Britannica Inc. Chicago/Geneva/London/ Manila/Paris/Rome/Seoul/Tokyo/Toronto.

Bettleheim, B. (1956). Freud's Vienna and Other Essays. Alfred A. Knopf. New York.

Bewley, M. (1948). The English Romantic Poets An Anthology with Commentaries. Modern Library. Oxford University Press.

Bion, W. R. (1963). Elements of Psycho-Analysis, London, Henemann.

Bogolub, E. B. (1991). Women and Mid-Life Divorce some Practice issues. Journal of Social Work. Sept.; 36(5) pp. 428-33.

Bollas, C. (1979). The Transformational Object. International Journal of Psycho Analysis. 60, pp. 97-107.

Bollas, C. (1987). The Shadow of the Object: New York, Columbia University Press.

Bollas, C. (1987). The Shadow of the Object: Psychoanalysis of the Unthought Known. London: Free Association Books.

Bornstein, P. E., Clayton, P. J. (1972). The Anniversary Reaction. Disease Nervous System. 33: pp. 470-471.

Bowlby J. (1961). Processes of Mourning, Int. J. Psychoanalysis, 42: pp. 317-340.

Bowlby J. (1969). Attachment & Loss: Vol. 1, Basic Books New York.

Bowlby, John (1973). Separation Anxiety and Anger. Vol. II, Basic Books Inc., New York.

Bowlby, John (1980). Loss: Sadness and Depression. Vol. III Basic Books Inc. New York.

Bowlby, J. (1982). Attachment and Loss Retrospect and Prospect. American Journal of Orthopsychiatry #52, pp. 664-678.

Brett, E. (1993) Psychoanalytic Contribution to a Theory of Traumatic Stress, in J. P. Wilson and B. Raphael (Eds.) The International Handbook. Plenum Press, New York. London.

Breuer, J. and Freud, S. (1955). Studies of Hysteria in J. Strachey (Ed. and Trans.) The Standard Edition of the Complete Psychological Works of Sigmund Freud (Vol. 2) London; Hogarth Press. (Original work published in 1895).

Brico, C. W. (1991). Paradoxes of Maternal Mourning. Journal of Psychiatry Feb. 54(1) pp. 1-12.

Bromberg, P. M. (1991). On Knowing One's Patient Inside Out: The Aesthetics of Unconscious Communication. Psychoanalytic Dialogues, VI; #4.

Bruner, J. (1977). Early Social Interaction and Language Acquisition. In Studies in Mother-Infant Interaction (Ed.), H. R. Schaffer, London: Academic Press, pp. 271-289.

Butler, Robert (1963). The Life Review An Interpretation of Reminiscence in the Aged, Psychiatry. Vol. 26, Feb. pp. 65-76.

Charcot, J. (1889). Clinical Lectures of the disease of the Nervous Systems. London New Sydenham Society.

Clayton, P. J., Desmarais L. Winokur G. (1979). A Study of Normal Bereavement, American Journal of Psychiatry. 125, pp. 168-178, (1968).

Coles, R. (1964). Children of Crisis A Study of Courage and Fear, An Atlantic Monthly Press Book, Little Brown and Company, Boston, Toronto.

Casement, P. (1985). Learning from the Patient. London. Tavistock.

Corr, C. A. and R. K. Pacholski, (Eds.) (1987). Death: Completion and Discovery. Lakewood, Ohio, 2211 Arthur Avenue. Association for Death and Education and Counseling.

Creswell, J. W. (1994). Research Design Qualitative and Quantitative Approaches. Thousand Oaks. London. New Delhi. Sage Publications.

DeVaul R. A., Zisool S., Faschingbauer T. R (1979). Clinical Aspect of Grief and Bereavement. Primary Care. 6, pp. 391-401.

DeVaul, R. A., Zisool S. (1976) Unresolved Grief Clinical Considerations. Post Grad Med., 59, pp. 267-271.

Ditchik, Florence G. (1991). Unpublished DSW Dissertation. (Adelphi University) The Reactions of Husbands and Wives to the Death of their Child and its effect on their Marital Relationship.

Dore, J. (1985). Holophrases Resisted, Dialogically. In Children's Single Word Speech. (Ed.). M. Barrett. London, Wiley pp. 23-58.

Downey, G., Silver, R. C., Wortman, C. B. (1990). Reconsidering the Attribution-Adjustment Relation Following a Major Negative Event. Coping with the Loss of a Child. Journal Pers. Social Psychology. Nov. 59(5); pp. 925-40.

Ellenberger, H. F. (1970). The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry. New York: Basic Books.

Ellman Steven J. (1991). Freud's Technique Paper-A Commentary Perspective. Jason Aronson Inc. Northvale, New Jersey. London.

Emde, R. N. (1982). The Prerepresentational Self and its Affective Core Presented at Conferences on Early Life and Roots of Identity, UCLA, March 6-7.

Engel, G. L (1961). Is grief a disease? Phychosom. Med. 23, pp. 18-22.

Erickson, Eric (1950). Psychosexual Development and Identity Crisis.

Erickson E. H. (1956). The Concept of Ego Identity J. American Psychoanalysis Ass., 4, pp. 56-121.

Ericksen, J. E. (1882). On Concussions of the Spine. Nervous Shock and other Obscure Injuries of the Nervous System in their Clinical and Medico-Legal Aspects. London, Longman, Green.

Erickson E. H. (1950). Childhood and Society. W. W. Norton and Company Inc., New York.

Erickson E. H. (1959). Identity and the Life Cycle. Selected papers. Psychological Issues. Monographs. New York. International University Press.

Feinstein, A. (1993). A Prospective Study of Victims of Physical Trauma, in J. P. Wilson and B. Raphael (Eds.), International Handbook of Traumatic Stress Syndromes. Plenum Press, New York. London.

Ferenczi, S. (Ed.), Balint, M. (Translation), Mosbacher, E. et al., (1955). Final Contributions to the Problems and Methods of Psycho-Analysis. Basic Books Inc. Publishers.

Ferenczi, S., (1991). Sandor Ferenczi Reconsidering Active Intervention. Jason Aronson Inc. Northvale, New Jersey London.

Figley C. R. (1978). Introduction in Stress Disorders among Vietnam Veterans. Theory Research and Treatment. New York: Brunner/Mazel.

Figley, C. R. (1988). Toward a field of Traumatic Stress. Journal of Traumatic Stress, 7(1), pp. 3-16.

Figley C. R. (1989). Helping Traumatized Families. San Francisco: Jossey - Bass.

First, M. B. (Ed.), (1994). Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Washington, D. C. American Psychiatric Association.

Fraiberg S. (1969). A Narrative Text Book of Psychoanalysis. Jason Aronson Inc. Northvale, New Jersey. London.

Fraiberg, Adelson and Shapiro (1975). Ghosts in the Nursery: A Psychoanalytic Approach to the Problem of Impaired Infant-Mother Relationships: <u>Journal of American Academy of Child Psychology</u>. 14, pp. 387-422.

Freud, S. (1889). <u>Screen Memories Standard Edition</u> pp. 303-322.

Freud, S. (1900). <u>The Interpretation of Dreams</u> Standard Edition Vol. 4/5.

Freud, S. (1904). <u>Freud's Psychoanalytic Procedure</u> Standard Edition Vol. 7. pp. 249-254.

Freud, S. (1905). <u>Fragment of an Analysis of a Case of Hysteria</u> Standard Vol. 7.

Freud S. (1914). <u>Psychopathology of Everyday Life</u>. (A. A. Brill Trans.) London T. Fisher Unwin.

Freud, S. (1961). <u>Introduction to Psychoanalysis and the War Neurosis</u>, Including Appendix," Memorandum on the Electrical Treatment of War Neurotics "in J. Strachey (Ed. and Trans.) The standard edition of the complete works of Sigmund Freud (Vol. 17 pp. 205-215). London Hogarth Press, (Original work Published 1919).

Freud, S., Strachey J. (Ed.), (1909) <u>The Standard Edition of the Complete Psychological Works of Sigmund Freud.</u> Vol. 10, Two Case Histories Little Hans and the Rat Man. Hogarth Press. Ltd. and the Institute of Psychoanalysis London Toronto.

Freud, S. (1912). <u>Mourning and Melancholia</u>. Standard Edition Vol. 14. pp. 243-258.

Freud, S. (1912). <u>The Dynamics of the Transference</u>. In Collected Papers, Vol 2, pp. 312-322. New York. Basic Books 1959.

Freud, S. (1914). <u>On Narcissism. An Introduction</u>. Standard Edition Chap. 14 pp. 73-102.

Freud, S., Strachey (Ed.), (1955). The Standard Edition of the Complete Psychological Work of Sigmund Freud Vol. 17 (1918). <u>An Infantile Neurosis and Other Works</u>. Hogarth Press Ltd. and the Institute of Psycho-Analysis London, Toronto.

Gay, P. (1989). <u>Freud-A Life for Our Time</u>, Anchor Books Doubleday, New York. London. Toronto. Sydney. Auckland.

Glass, A. J. (1954). Psychotherapy in the Combat Zone <u>American Journal of Psychiatry</u>, 110, pp. 725-731.

Grayer, Elinor, and Sax, Patricia (1981). A Model for the Diagnostic and Therapeutic Use of Countertransference, Clinical Social Work Journal. Vol 14, No. 4, Winter 1986 pp. 295-309.

Greenacre, P. (1959a). Play in Relation to Creative Imagination. The Psychoanalytic Study of the Child. 12, pp. 47-72, New York Universities Press.

Greenberg, J. R. and Stephen A. M. (1983). Object Relations in Psychoanalytic Theory. Harvard University Press, Cambridge, Massachusetts and London, England.

Greenson, R (1965). The Working Alliance and the Transference Neurosis. Psycho-Analysis Quarterly. Vol. 34, pp. 155-181.

Grinber, R. and Spiegel, J. P. (1945). Men Under Stress, Philadelphia: Blakiston.

Grostein, J., (1990). The Contribution of Attachment Theory and Self Regulations Theory to the Therapeutic Alliance Modern Psychoanalysis. Vol 15(2) pp. 169-194.

Guntrip, H. (1969). Schizoid Phenomena, Object Relations and the Self. International University Press. New York.

Guntrip, H. (1971). Psychoanalytic Theory, Therapy and the Self. London: Hogarth Press.

Hankoff, L. D. (1995). Suicide and Homicide Among Adolescents. JAMA, The Journal of the American Medical Association. Jan. 25, 1995. V. 273 n4 p. 352 (1).

Harrigan, R.; Naber, M. M.; Jensen, K. A.; Tse, A.; Perez, D. (1993). Perinatal Grief: Response to the Loss of an Infant. Journal of Neonatal Net W. August 12 (5) pp. 25-31.

Henry Grayson (1970). Grief Reactions Relinquishing of Unfulfilled Wishes. American Journal of PsychoTherapy. 24, pp. 287-95.

Herman, J. L., Perry, J. C. and Vanderkolk B. A. (1989). Childhood Trauma in Borderline Personality Disorder. American Journal of Psychiatry. 146, p. 390-395.

Horowitz, M. J. (1976). Stress Response Syndromes. New York: Jason Aronson.

Horowitz, M. J.; Weiss, D. S.; Kaltreider N.; Krupnick, J.; Marmar C.; Wilner, N. and DeWitt, K. (1984). Journal American Academy Child Psychiatry. Jan 13, (1) pp. 68-71.

Horowitz, M. J. (1986). Stress-response Syndromes (2nd ed.) New York: Jason Aronson.

Horowitz, M. J. (1990). A Model of Mourning: Change in Schemas of Self and Other. Journal of the Americans Psychoanalytic Association. 38 pp. 297-324.

Horowitz, M. J. Marmar, C., Kruprick J. Wilner, N., Kaltreider, N., and Wallerstein, R. (1984). Personality Styles and Brief Psychotherapy. New York Basic Books.

Horowitz, M. J. (1993). Stress-Response Syndromes A Review of Post-Traumatic Stress and Adjustment Disorders in J. P. Wilson and B. Raphael, (Eds.), The International Handbook. Plenum Press, New York. London.

Jackson, H. (1991). Using Self Psychology in Psychotherapy. Northvale, New Jersey. London. Jason Aronson Inc.

Jacobs, S., Douglas, L. (1979). Grief: A Mediating Process Between a Loss and Illness, Comprehensive Psychiatry. 20, pp. 165-175

Jones, E. (1955). The Life and Work of Sigmund Freud, New York. Basic Books, Inc. Volumes I, II & III, New York.

Jones E. (1953) The Life and Work of Sigmund Freud, Vol. 2, pp. 253-254. New York Basic Books.

Kardiner, A. (1959). Traumatic Neurosis of War in S. Ariete (Ed.) American Journal Psychiatry, Vol. 1, pp. 256, New York, Basic Books.

Kerlinger, F. N. (1910). Behavioral Research a Conceptual Approach. New York Chicago. San Francisco. Dallas. Montreal. Toronto. London. Sydney Holt, Rinehart and Winston.

Kestenberg, J. (1975). Children and Parents: Psychoanalytic Studies in Development. New York: Aronson.

Klass, M. (1988). Parental Grief Solace and Resolution New York Springer Publishing Company.

Klein, M. (1964). Mourning and its Relation to Manic-Depressive States. In Contribution to Psychoanalysis. 1921-1945. McGraw Hill: New York.

Klein, M. 1955). The Psychoanalytic Play Technique: Its History and Significance, In: NCW Direction in Psychoanalysis, (Ed.), M. Klein P. Heimann and R. Money-Kyle, New York: Basic Books, pp. 1-22.

Kohut, H. (1971). The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders. New York: International Universities Press.

Kovel, J. (1970). White Racism, A Psycho-history. Pantheon Books. A Division of Random House, New York.

Kroll-Smith, J. S. and S. R. Coucho (1993). Technological Hazards. Social Responses as Traumatic Stressors in J. P. Wilson and B. Raphael (Eds.), the International Handbook. Plenum Press, New York. London.

Krull, M. (1986). Freud and His Father, W. W. Norton and Company New York. London.

Laporta, Scheper-Hughes (1979). Saint Scholars and Schizophrenics: Mental Illness in Rural Ireland Berkeley and Los Angeles. University of California Press.

Lesher, E. L., Bergey K. J. (1988). Bereaved Elderly Mothers Changes in Health, Functional Activities, Family Cohesion and Psychological Well-being. International Journal Aging Human Development. 26(2) pp. 81-90.

Lewis, H. B. (1971). Shame and Guilt in Neurosis. International Press: New York.

Lewis, H. and Brooks-Guun, J. (1979). Social Cognition and the Acquisition of Self. New York: Plenum Press.

Lifton, R. J. (1976). The Life of the Self. New York Simon and Schuster.

Lifton, R. J. (1986). The Nazi Doctors. New York Basic Books.

Lifton, R. J. (1991). Death in the Survivors of Hiroshima. Chapel Hill and London. University of North Carolina Press. (Original work published 1967).

Lifton, R. J. (1993). From Hiroshima to the Nazi Doctors The Evolution of Psychoformative Approaches to Understanding Traumatic Stress Syndromes in J. P. Wilson and the International Handbook of Traumatic Stress Syndromes. Plenum Press, New York. London.

Lightfoot, O. B. and Foster, D. (1970). Black Studies, Black Identity Formation and Some Implications for Community Psychiatry, American Journal of Orthopsychiatry Vol. 40 #5, pp. 751-755.

Lindemann, E. (1944). Symptomalogy and Management of Acute Grief. American Journal of Psychiatry, 101, pp. 141-148.

Little, M. I. (1981). Psychotic Anxieties and Containment. A Personal Record of an Analysis with Winnicott, Jason Aronson Inc. Northval New Jersey. London.

Little, M. (1993). Transference Neurosis and Transference Psychosis. Jason Aronson Northvale, New Jersey. London.

Loewenstein, R. J. (1993). Post-traumatic and Dissociative Aspects of Transference and Countertransference in the Treatment of Multiple Personality disorder. In: Kluft, R., & Fue, C. (Eds.) Clinical Perspective on Multiple Personality Disorder. Washington DC: American Psychiatric Press.

Logon, S. L. (1981). Race Identity and Black Children A Developmental Perspective, Social Casework: The Journal of Contemporary Social Work, Family Service Association of America. pp. 47-56.

Mahler M. S. (1961). On Sadness and Grief in Infancy and Childhood. Loss and Restoration of the Symbiotic Love Object. Psychoanalysis Study Child. No.16, pp. 332-352.

Mahler, M. S. and Furer, E. (1968). Infantile Psychosis Vol. 1 of Human Symbiosis and the Vissitudes of Individuation. New York: Int. University Press.

Mahler, M. S. (1975). Symbiosis and Individuation: The Psychological Birth of the Human Infant. In Selected Papers of Margaret Mahler Vol. 2. Jason Aronson. New York.

Mahler, M. S., Pine F. and Bergman, A. (1975). The Psychological Birth of the Human Infant. New York Basic Books.

Maier, Henry W. (1965). Three Theories of Child Development, Harper and Row Publishers: New York, Evanston and London.

Mays, V. M. (1986). Identity Development of Black Americans: The Role of History and the Importance of Ethnicity, American Journal of Psychotherapy Vol. XL, No. 4, pp. 582-593.

McDougal, J. (1980). The Plea for a Measure of Abnormality: New York International Universities Press.

McCaugh, James L. et.al Weinberger and Norman M. Whalen and Richard E. (Intro.) (1966). Scientific American, Psychobiology - The Biological Bases of Behavior: W. H. Freeman and Co. San Francisco and London.

Mishler, E. G. (1986). <u>Research Interviewing Context and Narrative</u>. Cambridge, Massachusetts. London, England. Harvard University Press.

Morrison, A. F. (1983). <u>Shame, The Ideal Self and Narcissism Contemporary Psychoanalysis</u>. 19, pp. 295-318.

Mrs. Shelley, <u>John Keats and Percy Bysshe Shelley Complete Poetical Works</u>, Modern Library, Random House Inc. Parkway, Printing Co. U.S.A.

Nathanson D. L., (Ed.), (1987). <u>The Many Faces of Shame</u>. The Guilford Press New York. London.

NcMurray, L. (1961). <u>Person in Relations</u>. London, Faber and Faber.

Nelson, B. (1957). <u>Freud and the 20th Century</u>. Meridian Books, Inc. New York.

Oppenheim, H. (1911). <u>Textbook of Nervous disease for Physicians and Students</u>. A. T. Bruce, Trans. London: Foulis.

Ostfeld, B. M.; Ryan, T.; Hiatt, M.; Hegyi, T. (1993). <u>Journal of Neonatal Nets</u> Mar. (12), (2) pp. 7-19.

Pagett (1895). <u>Injuries of the Spinal Cord Without Apparent Mechanical Lesion</u>. London: J. and A. Churchill.

Palgrave, F. T. (1907). <u>Golden Treasury</u> Oxford New York, Oxford University Press.

Parkes, C. M. (1972). <u>Bereavement Studies of grief in adult life.</u> New York: International Universities Press.

Parkes, C. M. (1975a). Determinants of Outcome Following Bereavement, <u>Omega, Journal of Death and Dying</u>, 6(4) pp. 303-323.

Parkes, C. M. (1975). Psychosocial Transitions. Comparison between reactions to loss of a link and loss of a spouse. <u>British Journal of Psychiatry</u>. 127, pp. 204-210.

Parkes, C. M. & Brown, R. J. (1972). Health After Breavement. A Controlled Study of Young Boston Widows and Widowers. <u>Psychosomatic Medicine</u>. 31(5) pp. 449-461.

Parkes, C. M. and Weiss, R. (1983). <u>Recovery from Bereavement</u>. New York Basic Books.

Peppers, L. G.; Knapp, R. J. (1980). Maternal Reactions to Involuntary Fetal/Infant Death. <u>Journal of Psychiatry</u>. May 43 (2). pp. 155-9.

Piaget, J. (1951). Play, Dreams and Imitation in Childhood. New York: Norton, 1962.

Piaget, J. (1954). The Construction of Reality in the Child. New York: Basic Books.

Pine, F. (1982). In the Beginning: Contribution to a Psychoanalytic Development Psychology. International Review of Psycho-Analysis 8: pp. 15-23.

Pynoos, R. and Eth, S. (1986). Witness to Violence: The Child Interview. Journal of the American Academy of Child Psychiatry, (25) (3), pp. 306-319.

Racker, G. (1968). Transference and Countertransference Madison, CT: International Universities Press.

Raphael, B. and J. P. Wilson, (1993). Theoretical and Intervention Considerations in working with Victims of Disaster in J. P. Wilson and B. Raphael (Eds.), the International Handbook. pp. 105-106, Plenum Press, New York. London.

Rees, W. and Cutkins, S. G. (1967). Mortality of Bereavement, Br. Med Journal 4, 13-16.

Rinear, Eileen Ellen (1985). Unpublished Ph.D. Dissertation. (Temple University). Parental Response to Child Murder. An Exploratory Study (Homicide, Victims, Bereavement).

Ringquist, Mary Ann, L. (1985). Unpublished EDD. Dissertation. (Boston University). Death by Vehicular Homicide: Mothers' Reactions.

Roheim, G. (1943). The Origins and Function of Culture: On the Conjecture and Comprehension of the Unconscious Processes. New York: Dutton.

Rolhgeb, C. L. (1972). Abstract of the Standard Edition of the Complete Psychological Works of Sigmund Freud, National Institute of Mental Health.

Rowe J.; Clyman, R.; Green C.; Mikkelsen C.; Haight, J.; Ataide, L. (1978). Follow-up Families Who Experience a Perinatal Death. Pediatrics Aug. 62(2) pp. 166-70.

Rynearson, T. (1994). Psychotherapy of Bereavement after Homicide. Journal of Psychotherapy Practice - and -Research; Fall Vol. 3(4) pp. 341-347.

Sager, G. (1971). The Forgotten Soldier. New York Harper and Row.

]Sanville, J. (1987a). Creativity and the Constructing of the Self. Psychoanalytic Review 74: pp. 263-279.

Sanville, J. (1991). The Playground of Psychoanalytic Therapy. The Analytic Press. Hilsdale, N.J. London.

Scheper-Hughes (1979). Saints Scholars and Schizophrenics: Mental Illness in Rural Ireland Berkeley and Los Angeles University of California Press.

Scheper-Hughes Nancy (1984). Infant Mortality and Infant Care: Cultural and Economic Constraints on Nurturing in Northeast Brazil. Journal Social Science and Medicine. 19 (5) pp. 535-546.

Scheper-Hughes, N. (1993). Death Without Weeping. The Violence of Everyday Life in Brazil. University California Press. Berkeley. Los Angeles. Oxford.

Schwab, R. (1990). Paternal and Maternal Coping with the Death of a Child. Journal Death Studies. Sept.-Oct. Vol 14(5) pp. 407-422.

Scientific American.

   N. Timbergen (1952). The Curious Behavior of the Stickle Back
   Lorenz, Konard Z. Dec (1958). The Evolution of Behavior, Holst
   Erick Von and Paul, Ursula Von Saint (March, 1962). Electrically Controlled Behavior.
   Levine, Seymour (April, 1966). Sex Differences in the Brain.
   Levine, Seymour (May, 1960) Stimulation in Infancy.
   Harlow, F. Harry (June, 1959) Love in Infant Monkeys.
   Olds, James (Oct., 1956) Pleasure Centers in the Brain.
   Miller, H. William, Ratliff Floyd and Hartline, H. K. (Sept., 1961) How Cells Receive Stimuli. Kleitman, Nathaniel (Nov., 1960). Patterns of Dreaming.
   Sperry, R. W. (Jan., 1964). The Great Cerebal Commissure. French, J. D. (May, 1957) The Reticular Formation.

Searles, H. F. (1982). The Role of the Analyst's Facial Expressions in Psychoanalysis and Psychoanalytic Therapy. Paper presented as the Second Annual Harry Stack Sullivan Lecture at the Enoch Pratt Hospital, Towson, Maryland, June 5, 1982.

Selye H. (1956). The Stress of Life. New York: McGraw-Hill.

Selye, H. (1974). Stress Without Distress. Philadelphia Leppincott.

Shane, M.: Self Psychology After Kohut-One Theory or Many.

Short, J. and Sanrilla, J. (1978). Illusion in Loving: A Psychoanalytic View of the Evolution of Intimacy and Autonomy. New York International Universities Press..

Sterba, R. F. (1929). The Dynamic of the Dissolution of the Transference Resistance. Psychiatry Quarterly, Vol. 9, pp. 363-379, 1940.

Stern, D. (1985). The Interpersonal World of the Infant. A View From Psychoanalysis and Development Psychology. New York Basic Books.

Spitz R. A. (1946). Anaclitic Depression: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood. Psychoanalysis Study Child 2. pp. 313-342.

Spitz, R. A. (1965). The First Year of Life. New York: International Universities Press

Sprang, M. Y.; NcNeil, J. S.; Wright, R. (1992). Grief Among Surviving Family Members of Homicide Victims: A Casual Approach. Omega Journal of Death - and - Dying. Vol. 26(2) pp. 145-160.

Strachey, J. (Ed) (1964). New Introductory Lectures on Psychoanalysis-Sigmund Freud: W. W. Norton and Company New York. London.

Strachey, J. (Ed.), (1966). Introductory Lectures on Psychoanalysis Sigmund Freud, W. W. Norton & Company New York. London.

Strachey, J. (1949). An Outline of Psychoanalysis, Sigmund Freud. W. W. Norton and Company Inc. New York.

Strachey, J. and Riviere, J. (1960). Sigmund Freud The Ego and The Id. W. W. Norton & Co. New York. London.

Strauss, A. and J. Corbin (1990) Basics of Qualitative Research Grounded Theory Procedures and Techniques. Newbury Park. London. New Delhi. Sage Publications.

Teicher, J. D. (1953). "Combatfatique." or Death Anxiety, Neurosis Journal of Nervous and Mental Disease, 117, pp. 232-242.

Terr, L. (1979). Children of Chowchilla: Study of Psychic Traume, Psychoanalytic Study of the Child, 34, pp. 547-623.

Terr, L. (1983). Chowchilla revisited: The Effects of Psychic Trauma Four Years after a School Bus Kidnaping. American Journal of Psychiatry, 140, pp. 1543-1550.

Terr, L. (1990). Too Scared to Cry. Psychic Trauma in Childhood. Harper and Row Publishers, New York. Grand Rapids, Philadelphia, St. Louis, San Francisco, London, Singapore, Sydney, Tokyo, Toronto.

Tombrink Dierkhising, Judy Margaret. (1992). Unpublished Ph.D. Dissertation (University of Nebraska) How Mode of Death Influences the Grief Process (Natural Death, Unnatural Death).

Trimble, M. R. (1981). Post-Traumatic Stress Disorder: History of a Concept in C. R. Figley (Ed.), Trauma and its Wake: The Study and Treatment of Post-Traumatic Disorder (Vol. 1, pp. 5-14). New York: Brunner/Mazel.

Van der Hart, O., Brown, P., and Van der Kolk, B. A. (1989) Pierre Janet's Post-Traumatic Stress. Journal of Traumatic Stress, 2(4) pp. 365-378.

Van der Kolk, B. (1987). Psychological Trauma. Washington DC: American Psychiatric Press.

Van der Kolk, B. A. and Van der Hart, O. (1991) The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma. American Imago. 48 pp. 425-454.

Van der Kolk, B. and J. Saporta (1993). Biological Response to Psychic Trauma in J. P. Wilson and B. Raphael (Eds.), The International Handbook. Plenum Press, New York. London.

Veith, I. (1965). Hysteria: the History of a Disease. Chicago: University of Chicago Press.

Volkan, V. D. (1975). Re-grief Therapy in B. Schoenberg and I. Gerber (Eds.) Bereavement: Its Psychological Aspects (pp. 334-350) New York. Columbia University Press.

Vollman, R., Gangert, A. Picher, L. & Williams, W. V. (1971). The Reaction of Family Systems to Sudden and Unexpected Death. Omega. (2) pp. 101-110.

Waelder, R. (1932). The Psychoanalytic Theory of Play. Psychoanalysis Quarterly, 2, pp. 208-224.

Webb, E. J.; Campbell, D. T.; Schwartz; and Seckrest, L.; (1966). Unobtrusive Measures: Non-Reactive Research in the Social Science. Chicago. Rand McNally and Company.

Weisaeth, L. and L. Eitinger. (1993). Posttraumatic Stress Phenomena Common Themes Across Wars. Disasters and Traumatic Events in J. P. Wilson and B. Raphael (Eds.), The International Handbook. Plenum Press, New York. London.

Werner, H. and Kaplan, B. (1963). Symbol Formation. An Organismic - Developmental Approach to Language and the Expression of Thought. New York. Wiley.

Wilson, J. P. and B. Raphael, (Eds.), (1993). International Handbook of Traumatic Stress Syndromes. New York and London. Plenum Press.

Winnicott, D. W. (1949). Hate in the Countertransference, International Journal Psycho-Analysis. Vol. xxx, p. 195.

Winnicott, D. W. (1951). Transitional Objects and Transitional Phenomena. In Collected Papers: Through Paediatrics to Psycho-Analysis. pp. 229-242, New York Basic Books (1958).

Winnicott, D. W. (1956). Primary Maternal Preoccupation, In Collected Papers: Through Paediatrics to Psychoanalysis, 1958, pp. 300-303, New York.

Winnicott, D. W. (1960). Ego Distortion In Terms of True and False Self. The Maturation Process and the Facilitating Environment, pp. 40-152, New York, Universities Press, (1965).

Winnicott, D. W. (1960b). The Theory of Parent-Infant Relationship In The Maturational Process and the Facilitating Environment. New York: International Universities Press. 963: pp. 35-37.

Winnicott, D. W. (1965). The Maturational Process and the Facilitating Environment. New York: International Universities Press.

Winnicott, D. W. (1971a). Playing and Reality. New York: Basic Books.

Winnicott, D. W. (1975). Reparation in Respect of Mother's Organized Defence Against Depression. In Through Paediatrics to Psycho-Analysis pp. 229-242. London, Hogarth Institute of Psychoanalysis.

Whiltels, F. (1931). Freud and His Time. Horace Leveright Inc. Grosset & Dunlap, New York.

Wolf, E. (1965). The Maturation Processes and the Facilitating Environment. New York: Int. University Press.

Wolf, E. S., (1988). Treating the Self. Elements of Clinical Self Psychology: New York. London The Guilford Press.

Wolf A. and Kutash I. (1991). Psychotherapy of the Submerged Personality. Jason Aronson Inc. Northvale, New Jersey.

Worden, J. W. (1982). <u>Grief Counseling and Grief Therapy</u>: A Handbook for the Mental Health Practitioner. New York: Springer.

Zetzel, E., (1955). Contribution to the Discussion of Problem of Transference 9th Edition. <u>International Psycho-Analytical Congress at Geneva</u>. pp. 369-376.

Zetzel, E. R. (1956). Current Concepts of Transference. <u>International Journal of Psychiatry</u>, No. 37, pp. 369-376.