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## Acting on grief in the aftermath of violent loss : the efficacy of social action as a mechanism for psychic healing

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Miriam Sadinsky  
Acting on Grief in the  
Aftermath of Violent Loss:  
The Efficacy of Social Action  
as a Mechanism for Psychic  
Repair

## ABSTRACT

This research examined the role of social activism as an adaptive coping mechanism for reestablishing internal congruence and restored equilibrium in the aftermath of traumatic loss. It also sought to determine whether engagement in public action offered therapeutic benefits to homicide survivors distinct from cognitive or traditional therapies and could therefore serve as an effective adjunct therapeutic modality for psychic repair. A single case study method was utilized as the study design: it served as an excellent framework for investigating if devastating loss becomes better integrated into the self and/or if a sense of wellbeing is regained when grief is acted upon through action. This particular case study explored a specific individual's narrative of reconstruction post-homicide and examined both the process of converting private grief into public action, and the reparative value of doing so. The research design enabled the researcher to consider the breadth of the phenomena and expand on knowledge regarding how homicide survivors find meaning in a life radically altered by violent death and the process through which they make therapeutic use of social action. The dominant themes emerging from this study include traumatic loss as a unique bereavement experience, stigmatization of grief, positive or transformational growth post-loss, continuity or creating a future with the beloved deceased, and making the death meaningful.

ACTING ON GRIEF IN THE AFTERMATH OF VIOLENT LOSS:  
THE EFFICACY OF SOCIAL ACTION AS A MECHANISM FOR PSYCHIC REPAIR

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

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2009

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I would like to extend my profound thanks to the remarkable woman who spoke so powerfully about her beloved daughter and grandchild, and to respectfully acknowledge the extraordinary work that she does to honor their lives.

Sweet and steady Hughie was never sweeter nor steadier. Lucky me.

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Sophia, Simon, and friends: Thanks for the staying power!

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## CHAPTER I

### INTRODUCTION

An event has happened upon which it is difficult to speak and impossible to be silent.

Edmund Burke

It has been argued that the search for meaning after a violent loss is a common and essential task for survivors of such a wrenching event (Armour, 2003; Nadeau, 2001; Janoff-Bulman, 1992). Because traumatic loss through violence interrupts the normal course of bereavement, the search for meaning and the effort to recapture a sense of equilibrium post-loss is both complicated and impaired. Violent death is a profound violation not only to one's sense of moral order: it may also call up horrifying images of suffering, inspire feelings of rage or a desire to retaliate, and immobilize the bereaved with a stunning and overwhelming range of emotions including shame and guilt (Walsh, 2007). Activism, or engagement in social and policy change initiatives linked to the underlying cause of a loved one's death by homicide has the potential to relieve suffering and restore a sense of equilibrium to the bereaved (Herman, 1998; Armour 2003, 2006; Parappully, Rosenbaum, van den Daele, & Nzewi, 2002; Janoff-Bulman, 1992). Grieving a death attributed to social violence can find a voice in the public arena of social action work. Although an unjust act of violence may never be redeemed,

becoming an agent of change allows homicide survivors to regain some measure of control over their beloved's life by creating a future even in the face of irreparable loss.

Homicide represents a particularly acute form of traumatic loss for survivors, and its power to stigmatize the death of a loved one further complicates grief and mourning for the bereaved. In addition, the jarring disruption to one's fundamental sense of trust compromises the survivor's capacity to feel connected to others, to find sustenance and value in formerly held beliefs, or to enjoy the mourning rituals that provide solace both spiritually and through community support. Nolen-Hoeksema argues that "meaning making plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works" (as cited by Eliseeva, 2007, p.2). The prior assumptions held by a survivor of a violent death determine which assumptions are most affected: a belief in the benevolence of the world, the meaningfulness of the world, and self-worth (Janoff-Bulman, 1992). The literature also reflects that a devastating and traumatic loss such as homicide can serve as a catalyst for survivors to act on their grief rather than be immobilized by it: engagement in social action provides one such vehicle. As an adaptive coping mechanism, drawing on grief in the service of the deceased beloved has therapeutic value to the bereaved precisely because it lessens the shame and guilt of death by homicide, creates a future in the name of the violently killed, serves as a bridge between the bereaved and the community, and fosters positive growth post-loss in those who undertake the work. There is also a certain characteristic of altruism that connects

the bereaved to a spiritual life, whether formally or informally (Tedeschi, Park, & Calhoun, 1998).

Survivors of violent loss report that pursuit of social action has regenerative power and can provide a mechanism for regaining some sense of equilibrium. Reporters who exemplify this include Peter and Linda Biehl, whose daughter was killed during the social and political upheaval of Apartheid and who responded by becoming actively engaged in the anti-Apartheid movement in South Africa; the Shepard family, who became social activists and fought to have hate crime legislation passed after their son Matthew had been murdered for being gay; Richard and Maureen Kanka, parents of Megan, and the impetus behind “Megan’s Law,” which requires persons convicted of sex crimes to register with local law enforcement; and Yoko Kato, whose daughter and grandson were killed by domestic violence: she now speaks out in both the U.S. and Japan to draw attention to domestic violence as a social issue that is shrouded in shame, and therefore perpetuated in secrecy. Larger social movements such as The Silent March, organized around gun violence, and Take Back the Night, whose focus is violence against women, also serve as powerful examples of public and collective action taken in response to devastating violent loss. These examples symbolize the concept of how engagement in social action emerging from the grief of a violent death might serve a therapeutic function in the arena of traumatic loss and stigmatized grief, and help move the bereaved towards a reconstructed sense of well-being.

This study will examine the role of public action as a complement to cognitive or other therapies for achieving internal congruence or coherence post-loss in the life of a woman whose child and grandchild were violently killed. The implications of this study



for social work include its potential to amplify the bereavement experience of a particularized group, to contribute insight into interventions that complement traditional therapies so that the suffering of survivors of traumatic loss might be eased to whatever extent possible, and to do so by collecting and analyzing narrative data from a survivor involved in social action. Participation in the study may also provide a therapeutic benefit to the participant since doing so aligns with her objective to be actively engaged in drawing attention to and creating change around domestic violence and its consequences. The research findings may also underscore the fact that victims of social and interpersonal violence which results in death are often members of marginalized communities, a phenomenon which both amplifies its stigma and keeps it underground to some extent.

The following questions will guide the research: Does engagement in social action initiatives in response to a violent and traumatic loss function as an adaptive coping mechanism and have therapeutic value to the bereaved; does it make an otherwise meaningless and unjust death take on meaning and become an opportunity for positive growth post-loss; does it redeem the personal and public stigmatization of a death by homicide, thereby liberating the mourner and the mourned from shame; and does it enable the bereaved to sustain a continuing though recomposed relationship with the deceased?

## CHAPTER II

### LITERATURE REVIEW

This review of the literature explores the concept of traumatic loss, its psychological imprint on survivors, and how engaging in public action in response to such a loss may be considered an adaptive coping response that also fosters post-loss growth. It will examine the therapeutic value of social action work as a mechanism through which to regain a sense of wellbeing following the violent loss of a loved one. Post-loss literature generally focuses on the obstacles to making meaning of the violent death of a loved one: this study will additionally examine the role of advocacy in both facilitating, and even enhancing, a reconstituted sense of equilibrium and of self. In order to trace this, the first section provides a brief overview of the literature on bereavement and traumatic loss, a phenomenon that complicates mourning. The second section addresses certain characteristics of the complex bereavement challenges that homicide produces for survivors, including the stigmatization of grief. The final section examines the value of social action as a mechanism for both psychic repair and post-loss growth, and the capacity of these phenomena to relieve the suffering of homicide survivors in the aftermath of profound and violent traumatic loss.

#### *Historical Perspective on Bereavement*

Although beyond the scope of this study, it is useful to briefly consider the classical grief theories that until recently dominated the literature on bereavement

responses in order to better appreciate the qualitatively different experience of grief rendered by traumatic loss. Historically, a linear model of loss that culminates in resolution has guided an understanding of the bereavement process. Much of the research has been grounded in Freud's work, in particular his belief on the necessity of the mourner to "relinquish grief" in order to form new relationships, and his view that mourning was a struggle that took place in the individual psyche. "Freud was the first to articulate a perspective on mourning as a private, interior psychological process having specific characteristics and dynamics" (Hagman, 2001, p.17). This intrapsychic process model of mourning has as its foundation a belief that the mind is isolated and that mourning is a strictly internal experience that takes place outside of the social environment, apart from social or relational factors. This has generally been accepted within the mental health field; only recently has the claim that human psychological life is a private system operating apart from others been challenged and reexamined (Shapiro, 1996; Hagman, 2001). As a consequence, there have been some shifts in the way that traditional models of bereavement are viewed, with meaning reconstruction models and adaptation to bereavement gaining increasingly significant traction across mental health disciplines (Shapiro, 1996; Niemeier, 2001; Maciejewski, Zhang, Block, & Prigerson, 2007; Gillies & Neimeier, 2006; Calhoun & Tedeschi, 2001).

In "Grief in Freud's Life: Reconceptualizing Bereavement in Psychoanalytic Theory," Shapiro writes, "Freud emphasized that in normal bereavement, the goal of recovery is the relinquishment of the mourner's ties to the lost object" (1996, p. 548). Once the mourner's attachment to the deceased is less acutely felt, the bereaved is liberated to pursue the creation of new, life-affirming relationships. The problem with

this belief, Shapiro argues, is that it is not supported by direct clinical evidence: few mourners are able to surrender grief and hence experience a blossoming of resolution. According to Freud, however, painful mourning could not remit if the mourner did not ultimately detach from the object that was no longer available to be invested in and a failure to redirect the ego would lead to a pathological state of melancholia. Freud's theory of decathexis, or detachment, therefore created a number of provocative assumptions about the nature of grief, none more so than his claim that grief could only be remediated if the mourner reclaimed the psychic energy that bound them to the deceased (Shapiro, 1996).

Although Freud did not articulate a grief theory based on an orderly progression of post-loss responses that can be demarcated as stages of grief, per se, the claim that the resolution of grief through decathexis was the normal endpoint to mourning had an enormous influence on bereavement research. Attachment theorist Bowlby and later British psychiatrist Parkes were the first to propose a stage theory of grief for adjustment to bereavement: Kubler-Ross later adapted this model to focus primarily on the terminally ill and their awareness of and grief responses to impending death. These five stages, taught and universally well-known in both the physical and mental health disciplines, include denial, anger, bargaining, depression, and acceptance. This model was later extended to a broader range of bereavement experiences; the stages of grief theory, closely correlated with Kubler-Ross's perspective, has since become the standard theoretical model of loss (Thompson, 2002; Neimeyer, 2001; Archer, 1999).

That these defining and scripted measures have come to represent what is viewed as a normative and universal response to grief, defined by a single trajectory for

mourning, has met with considerable criticism amongst contemporary bereavement theorists. Thompson criticizes this way of thinking as “psychological reductionism due to [theorists’] neglect of the phenomenological and structural dimensions” (p. 3); that is, they neglect “two very important dimensions – the cultural dimension (of shared meanings) and the structural dimension (of social relations in general and power in particular). They reduce complex, multilevel phenomena to the simple level of individual psychology” (p. 5). Thompson’s insights on the limitations of the stage-based model are echoed by others who argue that the more complex social aspects of grief cannot be overlooked, and that the experience of suffering a profound loss awakens an existential and spiritual dilemma: profound loss gives rise to a loss of meaning and equilibrium. The more orthodox stage model of bereavement, biological in nature, argues that grieving is a natural process and that mourners progress sequentially towards resolution. Profound loss, however, causes a powerful disruption to one’s lifestory, and the complex psychological, cultural, and sociopolitical factors that come to bear on mourning cannot be underestimated (Thompson, 2002; Neimeyer, 2001; Boss, 2006; Walsh & McGoldrick, 1991; McFarlane & van der Kolk, 2007). And though it has been noted that Freud’s insights into his own painful losses later in his life led him to write to a friend, “grief is inconsolable,” this insight never found its way into his published body of work (Shapiro, 1996). The task of mourning is never complete, and severing the bond with the lost loved one is an improbable outcome of grieving a traumatic loss.

### *Traumatic Loss*

While experiences of grief and loss can be conceptualized in a number of ways, traumatic loss carries its own particular kind of mourning. What the grief framework

postulates about typical psychosocial responses to death has limited value to the person mourning a death through violent means: surviving the homicide of one who is beloved is a qualitatively different bereavement experience which calls for a reconceptualization of the grief model (Neimeyer, 2007; Hertz, 2005; Murphy, Johnson, & Lohan, 2003). Increasingly, traumatic loss is conceptualized as the fusing of grief and trauma: loss and mourning are radically intensified by the complicating presence of a traumatic event as the cause of death (Walsh, 2007; Green, 2000; Currier, Holland, & Neimeyer, 2006; Neimeyer, 2005). In her assessment of what characterizes events that produce trauma, and which stand outside of “the question of meaning and interpretation” (Janoff-Bulman, 1992, p.52), Janoff-Bulman posits that “traumatic events – those that are most apt to produce a traumatic response – are out of the ordinary and are directly experienced as threats to survival and self-preservation” (p. 53). The impact of death as the consequence of these traumatic events distinguishes it from other acts of violence, and not surprisingly, grief then also becomes overlay by disturbing images that produce the powerful emotions linked to traumatic loss. The violation and betrayal of the human connection exacerbates the traumatic experience, in particular when the mode of death is suicide or homicide (Janoff-Bulman, 1992; Armour, 2003; Boss, 2006; Walsh, 2007).

In her article, “Traumatic Loss and Major Disasters: Strengthening Family and Community Resilience,” (2007) Froma Walsh argues that it is critically important to identify and address the traumatic loss in the trauma recovery work and describes those circumstances which she feels constitute a traumatic death or loss (2007). There are a number of factors that contribute to a death that can be characterized as traumatic in nature and which therefore merits particular attention. These include violent death;

untimely death; sudden death; prolonged suffering; ambiguous loss; unacknowledged stigmatized losses; pile-up effects; and past traumatic experience(s) (Appendix A). This claim is supported by much of the clinical research; additional factors not present in Walsh's framework include death perpetuated by another human, death that is horrific, grotesque, or painful, and death of a child (Hertz, Prothrow-Stith, & Chery, 2005; Murphy et al., 2003). Loss events that cannot be reconciled with the survivor's assumptions about the world or which breach their belief system cause survivors intense distress and influence adjustment outcomes. These assumptions typically include a belief that the world is predictable and controllable, that the world is meaningful and operates according to principles of fairness and justice, that one is safe and secure, that the world is benevolent, and that generally speaking, other people can be trusted (Janoff-Bulman, 1992, as cited by Davis, Wortman, Lehman, & Silver, 2000, p. 513).

The experience of traumatic loss is strongly linked to both the circumstances surrounding the death and the mode of death (Walsh, 2007; Neimeyer, Prigerson, & Davies, 2002; Armour, 2002, 2006; Riches & Dawson, 1998; Monk, Gerald, Neylon, Eloise, Sinclair, & Stacy, 2003), and in much of the trauma and bereavement literature, traumatic loss is "defined mainly in objective terms as a sudden and violent mode of death that is characterized by one of three causes: suicide, homicide, or fatal accident" (as cited by Currier et al., p. 405). Violent death in the form of homicide is one of the severest forms of psychological trauma suffered by those who had an emotional connection to the victim. Beyond the fact that loss through horrific social violence shatters the bereaved's assumptions about how to consider both the meaning of such a grievous act and the loss itself, violent death produces visual imagery that disrupts the

mourner's capacity to reflect on their loved one's death with a narrative that makes sense and brings solace. Intrusive and horrific thoughts of the traumatic death may interfere with traditional coping responses to death: managing the overwhelming grief, the profound sense of helplessness, and the struggle to contain emotion and avoid the violent memories compounds the psychic injury (Ambrose, 1991; Walsh, 2007; van der Kolk & McFarlane, 2007; van der Kolk, 2007). The research also reflects that not only does the meaninglessness and brutality of a socially violent act interfere with the mourner's ability to make sense of a loved one's death, but that a death by homicide is particularly complicated for the bereaved parent or caregiver (Walsh, 2007; Sprang & McNeil, 1995; Zimmerman, 1981; Vachon, 1981).

Green (2000) argues that there are multiple links between the fields of psychological trauma, and of grief and bereavement, and which can be understood conceptually by focusing on traumatic loss: death is the unifying theme. In her article "Traumatic Loss: Conceptual and Empirical Links Between Trauma and Bereavement," Green cites Lifton (1988), who referred to the "death imprint" as an important aspect of the (trauma) survivor syndrome. He defined the death imprint as the "radical intrusion of an image or feeling of threat, or end, to life" (p.18), "which has a high degree of unacceptability of death in the image – of prematurity, of grotesqueness, or of absurdity. This imprint makes it impossible for the survivor to deny the reality of death and brings him or her face to face with feelings of personal vulnerability and consequent anxiety. This definition, applied to traumatic loss, suggests that the survivor may face an existential encounter that is conceptually distinct from the loss itself" (Green, p. 3). In a number of ways, then, conventional grief models stand to disempower the mourner by



marginalizing or pathologizing the complex and profound grief response to a death born of social violence, and the literature clearly demonstrates that the stagic progression towards recovery has little universal value to those grieving a traumatic loss.

Increasingly, bereavement literature has identified that the mourning experience respects the essential human need to create continuity with the deceased: “Mourning dialogue is the means by which human beings maintain the vital meaning of the lost relationship in their psychological and social lives” (Hagman, p.22).

*Bereavement Challenges and The Construction of Making Meaning in Homicide*

Because “violent death is meaningless and irrational” (Armour, 2003), the homicide survivor’s post-loss coping abilities are profoundly challenged, most notably the ability to grapple with the sheer weight and complexity of the grief. There is consensus in the literature that unexpected and violent death complicates and impairs the bereavement process and contributes to a more acute grief response to loss (Kaltman & Bonanno, 2001; Davis & Nolan-Hoeksema, 2001; Armour, 2003; Davis et al., 2000). The literature also demonstrates that survivors of homicide confront not only despair, but also a sense of helplessness, and struggle to find meaning or make sense of senseless acts of violence (Armour, 2003; Davis & Nolan-Hoeksema, 2001; Davis et al., 2000). The experiential and existential essence of a traumatic loss is that it is felt so intensely that “it profoundly overwhelms the resources of the bereaved” (Gilbert, p. 2): there is evidence that the process of meaning reconstruction is a grief response born of this struggle to restore meaning and order. Homicide bereavement, most notably, stands apart from other violent loss not simply because of its thematic content, but also because of its social and relational impact on survivors; in shattering the belief system of the bereaved in so many

ways, the mourning tasks and repair work that lay ahead are heightened (Janoff-Bulman, 1992).

In *Man's Search for Meaning*, Victor Frankl asserts that “people are driven by a psychological need to find or create a sense of meaning and purpose in their lives, and that this drive can facilitate their capacity to face and transcend even the most horrific of experiences” (as cited by Gillies & Neimeyer, 2006, p. 31). Because people are acculturated to believe in the values of justice and decency, a breach of these beliefs by an unjust act of violence violates a worldview that had been held as inviolate, resulting in a more complex and profound level of distress (Janoff-Bulman, 1992; Gillies & Neimeyer, 2006; Davis et al., 2000). Homicide bereavement affects function and perception in virtually every area of life, both concrete and abstract. The internal and external landscape of the homicide survivor's post-loss world is a changed one, requiring both reorganization and adaptation in the wake of a traumatic loss. A homicide survivor's relational interactions, social and personal identity, spiritual life, and value systems have all been jarringly shifted by overwhelming shock and loss (Gillies & Neimeyer, 2006; Janoff-Bulman, 1992; Green, 2000), a state that is intolerable to the human mind.

Contemporary discourse on homicide bereavement proposes that adaptation to grievous loss requires that survivors renegotiate meaning and making meaning (Folkman, 2001; Hagman, 2001; Neimeyer, 2001; Davis et al., 2000; Monk et al., 2003; Neimeyer, Prigerson, & Davies, 2002) in order to accommodate a sudden violent loss, and that rebuilding a worldview by which to live is a critically important component to survivor wellbeing (Janoff-Bulman, 1992; Neimeyer, 2001; Neimeyer, 2005; Currier et al., 2006).

This search for meaning after a traumatic life event is considered integral to the adjustment process, and while the literature indicates that there is not an entirely unified theoretical framework within which to understand the complexity of meaning making (Neimeyer, 2001; Janoff-Bulman, 1992; Davis, et al., 2000; Davis, & Nolen-Hoeksema, 2001), current research does indicate that the “compelling need to grapple with an explanation for the loss attends the great majority of traumatic bereavement and that survivors’ ability to make sense of the death and to find some important existential benefit or life lesson in the loss are among the best predictors of their eventual adaptation” (as cited by Niemeyer et al., 2002, p. 240). The unmaking of the bereaved’s constructed world suggests that the bereaved must assimilate new insights and data into the self as part of the grief experience in order to reemerge from its overwhelming effects and push back against the emotional chaos of bereavement.

The data also supports an argument that traditional therapeutic interventions such as individual and/or group counseling, support networks, or psychopharmacology do not significantly enhance the process of finding meaning post-loss nor do the bereaved experience a reinvigorated sense of self or purpose or capacity as a result of these interventions (Armour, 2003; Davis et al., 2000). If “bereavement results in a crisis in the meanings by which a person’s life is given structure and substance” (Hagman, p.25), then grief can be understood as dynamic and fluid, rather than a fixed stage that the mourner passes through towards resolution. The data also reflects that increasingly, grief is regarded as transformative and mourning is a social construct: “Human beings seek meaning in mourning and do so by struggling to construct a coherent account of their bereavement that preserves a sense of continuity with who they have been while also

integrating the reality of a changed world into their conception of who they must be now” (Neimeyer et al., p. 235). Grief is transformative over and over again, as survivors “struggle to assimilate the loss into their existing self-narratives, which are sometimes profoundly challenged by traumatic bereavement” (Neimeyer et al., 235); the struggle takes place at both the individual and the societal level. It is this recognition that the homicide survivor is also essentially a member of a collective identity, now struggling to restore the sense of connectedness and belonging to community, that illuminates the compound losses in the wake of the traumatic event.

#### *Stigmatization of Grief*

Not surprisingly, then, another variable that complicates the meaning making process for survivors of traumatic loss is the fact that violent death has public content. When private and subjective grief become part of the public domain, even the ownership of the trauma is thrown into question – does it belong to the media, the consumer, law enforcement – and this co-opting of bereavement is a further violation of justice and self (Armour, 2003; Herman, 1997; King, 2004). “Trauma for homicide survivors is multi determined. It is created by the homicide itself, the relentless crises in the aftermath, the shattering of core belief systems, and the realization that as survivors they no longer fit in their communities the way they used to” (Armour, 2006, p. 70). These post-event experiences, along with the challenges created by the mode of death and consequent negative social responses, stand as additional obstacles for homicide survivors.

Neimeyer contends that meaning making is not a private affair but is pursued at the juncture of self and society. The significance of the loss can be affirmed or contested, congruent or discrepant, upheld or disconfirmed through interactions with other reference

groups. The ability to make meaning by constructing a coherent account of bereavement may, therefore, be dependent on a supportive and validating social milieu (as cited by Armour, 2003, p.522). In “Trauma and Its Challenge to Society,” McFarlane and van der Kolk note the critical role of the social environment to offer compassionate external validation, and further observe that the absence of this affirming social context becomes “the second injury” to assault the homicide survivor (2007, p. 27). Doka, Neimeyer and Jordan argue that people suffering from disenfranchised losses such as homicide receive little or no ritual support from the community (as cited by Armour, 2003) while at the same time they often become bystanders to the process that unfolds and over which they have little control; self-determination is subsumed by the larger external forces. Compounding the sense of isolation deriving from loss of social identity is the repeated loss of the deceased; there is the mourning of the lost loved one through violent physical death, there is the mourning of the lost loved one through “spoiled memory,” and there is the mourning of the lost loved one through the degradation of public discourse which demotes the beloved to a statistic (Riches & Dawson, 1998).

In their article, “In Spoiled Memories: Problems of Grief Resolution in Families Bereaved through Murder,” Riches and Dawson discuss the impact on mourning when personal grief is subordinated to the depleting and unavoidable demands of social, legal, and media proceedings (1998). Armour’s research also shows that an additional obstacle for survivors comes as a consequence of the social stigmatization of death by homicide, further thwarting the ability to make meaning of a loved one’s death (Armour, 2003). Homicide survivors are also confronted with the devastating fact that their loved one was killed through the willful intent of another human being; in the case of hate crimes, gang

murders, domestic violence, or any other acts of social violence, victims are often members of marginalized or oppressed communities, increasing the potential for the death to be stigmatized by the larger community. Contributing to survivors' despair are news media reports, which through inference or more directly, assign causality to the victim: a violent death that has social content is served up as a symbolic, cultural or moral cautionary tale (Riches & Dawson, 1998). Lifestyle is examined, class and race are considered, personal and interpersonal history is called into question; that is, the anguish of the death is eclipsed and the loss of a life is undervalued because the social meaning of homicide reflects negatively on the victim (Armour, 2002, 2006; Riches & Dawson, 1998; Neimeyer, 2007). "Without a legitimizing social context, [homicide survivors] feel marginalized and marked as an object lesson about what can go wrong in a person's life" (Armour, 2006, p. 70).

A life taken by homicide is shown to be particularly agonizing for bereaved parents due to the cultural beliefs, social milieu and institutions, and other external forces that hold that the most fundamental and vital role of the parent is to nurture and protect one's child from harm. A child's murder stands as incontrovertible evidence that the caretaker(s) has failed to successfully negotiate this benchmark. This sense of shame is heightened when the parent is later unable to safeguard their child's essential personhood from the negative gaze of the public, a public whose own psychological intolerance for random acts of violence inclines them to implicate the victim in his or her own death. "Inexorable guilt and the stigma of homicide or suicide force survivors into a privatized and individualized mode of grieving. Their isolation is, in part, a response to the judgments they expect and feel from others" (Armour, 2006, p. 66), yet in the absence of

social support, grief reconciliation is that much more formidable (Gilbert, 1997). The resulting erosion of the bereaved's belief in the goodness in people, their self-blame exacerbated by feelings of shame, and a sense of alienation from both others and self are yet other casualties of homicide (Monk, et al., 2003; Riches & Dawson, 1998; Neimeyer 2007; Armour, 2002, 2006). The therapeutic function of a supportive social milieu cannot be overstated; conversely, the absence of such support heightens survivors' feelings of despair, shame and alienation (Armour, 2006; Tedeschi, Park, & Calhoun, 1998; Gillies & Neimeyer, 2006).

#### *Therapeutic Value of Social Action and Post-loss Growth*

With increasing frequency, bereavement and coping theories have examined the role of trauma as a catalyst for personal and social post-homicide growth, and the ability of traumatic loss to fuel a search for both the meaning and the benefits in the experience (Armour, 2006; Gillies & Neimeyer, 2006; Janoff-Bulman, 1992; Tedeschi et al., 1998; Davis et al., 2000; Herman, 1997). Unlike "natural dying, the story of a [violent and unanticipated death] has no positive or redeeming resolution" (Armour, 2006, p. 55) and the struggle with the changed reality and ensuing psychological disequilibrium is an enormous challenge for survivors. The bereaveds' urgent need to find some redemption or purpose in the stunningly horrific loss of their loved one has been remarked upon by those working with survivors, and the pursuit to fulfill this need is associated with positive transformation and survivor well-being (Davis et al. 2000; Boss, 2006; Tedeschi et al., 1998; Walsh, 2007; Schaefer & Moos, 1998; Bloom, 1998; Armour, 2006).

Historically, psychological literature on traumatic bereavement has focused on the negative outcomes and maladaptive behaviors afflicting survivors of traumatic events,

but in order to illuminate the possibility of transformation emerging from devastating trauma, more recent studies trace survivors' process of rebuilding their lives post-loss. Although it has long been chronicled in literature and religion that profound human suffering can direct people towards spirituality or notions of truth and beauty, only recently have behavioral scientists and empirical research confirmed the phenomenon (Tedeschi et al.; 1998; Cohen, Hettler, & Pane, 1998; Bloom, 1998; Neimeyer, 2001; van der Kolk & McFarlane, 2007). Tedeschi, Park, and Calhoun conceptualize this phenomenon as posttraumatic growth, described as both a process and an outcome (Tedeschi et al., 1998).

The notion of individual renewal or growth, and “the development of more humane social behaviors and social organization” (p. 1) is distinguished by its inference that the post-loss self has attributes that the pre-loss self lacked: persons experiencing posttraumatic growth “have developed beyond their previous level of adaptation, psychological functioning, or life awareness, that is, they have grown” (p. 3). In “The Context for Posttraumatic Growth: Life Crises, Individual and Social Resources, and Coping,” Schaefer and Moos observe that “three major types of positive outcomes may emerge after a person experiences a crisis: (a) enhanced social resources... (b) enhanced personal resources... and (c) the development of enhanced coping skills...” (1992, p. 101). This observation is supported by numerous studies which document that both grappling to find meaning, and suffering in the aftermath of a devastating traumatic event, can yield dramatic and positive transformation (Walsh, 2007; Armour, 2003; Herman, 1997; Parappully, Rosenbaum, van den Daele, & Nzewi, 2002; Tedeschi et al., 1998). In posttraumatic studies conducted by Tedeschi and Calhoun, positive individual



changes were found in five areas: (1) emergence of new opportunities and possibilities; (2) deeper relationships and greater compassion for others; (3) feeling strengthened to meet future life challenges; (4) reordered priorities and fuller appreciation of life; and (5) deepening spirituality (as cited by Walsh, 2007, p. 208). In order to experience these positive outcomes to senseless traumatic loss and to alleviate suffering, it is necessary to move from the abstraction of overwhelming grief, to the concrete pursuit of creating new meaning, particularly because grief's power lay in its capacity to seek revenge or to paralyze (Boss, 2006; Herman, 1997; Janoff-Bulman, 1992).

Emergence from what van der Kolk and McFarlane name "the black hole of trauma" seems to be predicated on the ability of survivors to "harness their pain in acts of sublimated creation" (van der Kolk & McFarlane, 2007, p. 4). Cole argues that particularly in cases of social violence, drawing on the pain as fuel to produce change is used to assuage grief, and Perelli gives the example of the "ways in which the Mothers of the Plaza in Argentina, whose children had been 'disappeared,' drew on their pain and grief to contest the politics of the Argentine state (as cited by Cole, p.88). This orientation towards the relief of suffering through the reconstruction of world and self in the aftermath of devastating traumatic loss stands in direct contrast to Freud's emphasis on relinquishing grief and detaching from the lost object, which Neimeyer suggests "has obscured another aspect of the work of mourning, which is to repair the disruption of the inner self-other relationship caused by the actual loss...this is the task I call "creating continuity" (Neimeyer, 2007, p. 21). Reconstructing and revising the relationship one has with the deceased is more widely recognized as working in the service of healing since attachment to the "lost object" does not so much end with a loved one's corporeal

death, as the nature of the former relationship to the deceased does (Boss, 2006; Neimeyer, 2007; Schaeffer & Moos, 1998; Tedeschi et al., 1998); its essence is constant.

As Shapiro notes:

grief is resolved through the creation of a living, growing relationship with the dead family member that recognizes the new psychological or spiritual (rather than corporeal) dimensions of the relationship, ...and [mourners] undergo a lifelong process of relational revision with both the living and the deceased family member because the implications of a loss do not diminish but rather unfold, and, at times, expand with the passage of time (p. 552).

Although Armour's observation that "growth is a naturally occurring process that is both threatened and fueled by adversity" (2006, p. 72) is supported by substantial empirical research, survivors of traumatic loss are especially impeded because the loss is not normative and creates severe dissonance in the pre and post lost worldview of the survivor (Davis et al., 2001; Neimeyer, 2007; Armour, 2003; Janoff-Bulman, 1992; Parapully, et al., 2002). Additionally, while the potential for post-traumatic growth exists for survivors, a decision to pursue actions that may facilitate this growth are rarely undertaken with intentionality or a reasoned and deliberate sense of purpose (Armour, 2006; Harvey, Carlson, Huff, & Green, 2001); intentionality can best be cultivated in a social and political environment that does not stigmatize the grief of the homicide survivor (Herman, 1992). The benefits of embracing the memory of the lost one in public view addresses the broader thesis of how engagement in social action helps homicide survivors create continuity with the deceased and accommodate the profoundly

changed circumstances of their lives in the aftermath of this traumatic loss (Herman, 1992; Harvey et al., 2001; Parrappully et al., 2002).

It has been argued that empowerment over a traumatic event that conspired to isolate, shame, and disenfranchise the survivor from both personal identity and social identity is restorative to survivors of homicide and facilitates a renewed sense of control over internal and external experience (Bloom, 1998; Herman, 1992; Parrappully et al., 2002). In her article on the social transformation of trauma, Bloom reminds the reader of the feminist call to action that the personal is political, and suggests that personal transformation and political transformation are interrelated: social violence takes place in a sociopolitical context (Bloom, 1998). Whether the act of violence is sanctioned or degraded stands in direct relationship to the community with which the victim is aligned (Herman, 1992; Bloom, 1998; Gross, 1999); that is, a death is disenfranchised or stigmatized if occurring within a community on the margins of power, and struggling to regain some measure of control over the memory of a loved one is a characteristic of homicide bereavement (Neimeyer & Anderson, 2002).

As Neimeyer asserts, bereavement is a crisis in meaning: the more profound the loss, the more meaning reconstruction is demanded (Neimeyer & Anderson, 2002). “Context of meaning reconstruction include of the loss itself, finding a silver lining of existential benefit in the dark cloud of bereavement, and establishing a changed sense of identity as a consequence of the transition” (p. 61). Survivors of violent death are fundamentally changed post-homicide because their belief systems have been radically dismantled: those who respond to traumatic loss in adaptive ways reconstruct themselves in a manner that may result in “positive growth” (Tedeschi et al., Armour, 2007; van der

Kolk 2001; Currier et al., 2006; Neimeyer, 2005; Gillies & Neimeyer, 2005). Janoff-Bulman suggests that coming to terms with a “senseless” or “meaningless” death requires that one put aside as unsolvable the issue of comprehending the event and focus instead on ascribing personal value or significance to it, which involves deriving some benefit or growth from it (as cited by Davis & Nolan-Hoeksema, 2001, p. 734).

The struggle and the capacity to integrate both profound loss into one’s sense of selfhood, and violated belief in the overarching moral order of the world, seems to be exemplified through those who bring their struggle into public view; the public as audience becomes a witness to the grievous harm that has been done to the survivors because of the violence that has been enacted against someone who is beloved by them. It is a particularly powerful phenomenon when the private grief aligns with the collective trauma of a marginalized group, who are so often the victims of social violence due to their minority status (Bloom, 1998; Herman, 1992). Armour observed that “engaging in proactive living can be a generative process that increases control and gives power back to survivors” (2006, p.80) and that the actions homicide survivors pursue post-loss often have symbolic as well as substantive value (Herman, 1998; Armour, 2003, 2006; Gillies & Neimeyer, 2005). Drawing attention to the sociopolitical framework that contributed to the murder of a loved one enables homicide survivors to both reframe the loss, and restore dignity to the mourned (Armour, 2006; Herman, 1998; Davis et al., 2001). It also liberates the survivor from the paralysis of grief, and in illuminating the power of the lost life through social action work, resurrects both the mourner and the mourned and the relationship between them. In a chapter entitled “Reconnection” from *Trauma and Recovery* (1997), Judith Herman states:

Most survivors seek the resolution of their traumatic experience within the confines of their personal lives. But a significant minority, as a result of the trauma, feel called upon to engage in a wider world. These survivors recognize a political or religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy, making it the basis for social action. While there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a survivor mission (p. 207).

#### *Summary*

This chapter examined the concepts of traumatic loss, stigmatized grief, posttraumatic growth, and the therapeutic value of engagement in social action. Traumatic loss through homicide represents one of the most overwhelming psychological traumas that challenges survivor well-being post-loss. Grief is exacerbated by the fragmentation of personal and social identity in the aftermath of an unanticipated violent death. The stigmatization of the victim's death that occurs through the negative attention a homicide generates is an additional obstacle to mourning fully. Recent trauma literature postulates enhanced survivor outcomes, posttraumatic growth, and even transformation when the bereaved engage in acts that reconnect them to community, to self, and to the deceased; speaking out in order to raise public awareness and becoming an instrument of change enables survivors to regain control over their lives, and the life of the mourned, redeeming the trauma in some measure. A relationship between each of these concepts was established and will be investigated in the findings.

## CHAPTER III

### METHODOLOGY

Although acts are geared towards desirable results, meaningfulness related to the post-homicide experience rests primarily on the process of the pursuit rather than the specific outcome.

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This section describes the methods the researcher utilized to recruit the sample population, collect the data, and analyze the findings from the data. Though they were not the focus of the study, the subsection entitled “Victims’ Characteristics” was included because it links directly to the concept of stigmatized grief on a number of levels. The participant’s murdered daughter was a single mother, and the father of her murdered child was African-American. Both of these circumstances speak to the study’s claim that victims of homicide are disproportionately members of marginalized communities whose deaths are often degraded or dismissed with greater frequency than those from majority communities, and that social violence is more often enacted against those who live on the margins of power.

#### *Research Design*

The purpose of this project is to examine how engaging in “public action” in response to a devastating and traumatic loss may be an adaptive coping response which has therapeutic value to the bereaved by helping restore a sense of equilibrium. The study will also identify the process through which the survivor of two homicide victims

reconstructed meaning and positive growth post-loss, and experienced relief from the stigmatization of her grief by taking these public actions in the service of her loved ones.

The case study method was utilized as the study design. This particular case study examined how the process of converting private grief into public action was used by a specific individual to regain her sense of survivor well-being through social action and advocacy work. Exploring these particular kinds of narratives of reconstruction, and assessing the therapeutic value of change efforts in order to expand the knowledge on traumatic loss experiences was a goal of the study. Locating themes and patterns that emerge from the individual who brings his or her pain to the forefront and converts it into action as a means for regaining equilibrium was additionally a goal of the study. Tracing this movement from private to public action and social change was another theme this study explored.

Case study research design, defined by Yin (2003) as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 13), provided an excellent framework to examine the subject’s process of regaining equilibrium following the murder of her daughter and grandchild. The study sought to identify if devastating loss becomes better integrated into the self and/or if a sense of equilibrium is regained when grief is acted upon through action. Utilizing the case study design enabled the writer to investigate the breadth of the phenomena and expand on knowledge regarding how survivors of traumatic loss find meaning in a life radically altered by violent death and how or if they make therapeutic use of social action. Introducing topic areas that invited the participant to talk about her post-loss experience guided the

interviews: the goal was to trace the trajectory of the participant's process as an adaptive coping response to traumatic loss. In the analysis, the researcher identified core themes or evidence of patterns in this pursuit of reconstructing meaning post-loss. Recording her narrative as she expressed it enabled the writer to systematically examine and capture the subjective experience of the survivor through collecting data vis-à-vis a narrative and empirical framework. The single case study was supported and supplemented by the use of the literature and research; gathering multiple perspectives on the process of trauma recovery better enabled the researcher to formulate a theory of how activism has the capacity to restore survivor well-being.

The theoretical perspective underpinning this study was that the pursuit of “meaning-making grounded in action” could serve as a catalyst for reestablishing a sense of equilibrium that can be used as a complement to traditional therapeutic interventions. If this is so, its value can be said to emerge from its capacity to liberate survivors of traumatic loss from the paralysis of grief and to contribute to the reshaping of the grieving self in a way that is transformative. The findings may have particular relevance to marginalized communities since its members are more often the victims of violent death.

### *Participant Characteristics*

In keeping with the parameters of the single case study design, the study population was a single individual. The sample criteria included females and males of any socioeconomic class, race, sexual orientation, and marital/relationship status who were at



least 18 years of age and had known the deceased as a family member, or intimate, marriage or domestic partner. The homicide survivor must have responded to the traumatic loss by becoming engaged in social action or advocacy work.

The study participant is an individual in the community who self-identifies as a survivor of traumatic loss, and who has become involved in public action flowing from the violent death of two loved ones. Her visibility in the community stems from her efforts to draw attention to domestic violence and its devastating consequences.

She is a bilingual Japanese woman who moved to the United States forty years ago at the age of twenty-two. Shortly upon her arrival, she met and married an American serviceman, bore two children, and later divorced, becoming the primary parent to their two daughters. She put herself through college and was a successful, self-employed businesswoman until her recent retirement. In 1993, her twenty-three year old daughter and eighteen-month old grandson were killed by an act of domestic violence; the daughter's boyfriend and father of their child was found responsible and is serving two life sentences. The participant is a spiritually observant Christian.

#### *Victim Characteristics*

The victims were mother and son, ages twenty-three years old and eighteen months old. She was biracial (Japanese/Caucasian); her son's father was African-American. She lived in an apartment with her son and was not married to nor living with her child's father at the time of their deaths. She had taken out a restraining order against him shortly before she was killed. The mother was stabbed fifty-six times and the child twelve.

### *Recruitment*

A working assumption from the outset was that the case subject would be drawn from a largely self-selected community of social activists who were part of an organized effort to draw attention to their loved ones as victims of a violent crime. Another assumption was that survivors of homicide or traumatic loss who were engaged in advocacy work held a belief that social action could be a mechanism for restoring a sense of equilibrium and give meaning to an otherwise meaningless act of violence. Participation in the study, by definition and as a form of action, aligns with this commitment because the participant had an opportunity to be involved in a project that drew attention to their mission or cause.

The subject of the case study who ultimately participated in the project (hereafter referred to as the participant) was identified as a potential participant due to her visibility in the community: as a survivor of a traumatic loss who consequently became involved in social action and advocacy work, the subject sought to draw attention to domestic violence and initiate change efforts at the level of policy. She was recruited, therefore, because her mission met the selection criteria of the study, especially with regard to her level of activity, effectiveness, and commitment to addressing domestic violence and its impact on individuals and communities, both in the United States and in Japan.

### *Confidentiality Procedures*

The subject voluntarily agreed to participate in the study and signed the Informed

Consent Form (Appendix B). The parameters of the project were outlined in both the Informed Consent and by telephone during the recruitment phase (Appendix C). The subject agreed to meet with the researcher for a discrete series of open-ended interviews and was sent the Topic Areas of Inquiry in advance (Appendix D). It was not feasible to assure anonymity since interviews would be conducted face-to-face and the researcher would therefore know the identity of the participant. In the Human Subjects Review Application, the researcher described the participant's interest in having her identifying information included throughout the study. Additionally, she is well-known in the local community due to both her advocacy work and the media attention the deaths of her daughter and grandson received. Nonetheless, all identifying information from questionnaires, audiotapes, or forms of any nature was removed and numerical codes were used to conceal the participant's identifying information. Her signed informed consent form is kept separate from completed instruments or tapes. The professional transcriber signed a confidentiality agreement in advance of transcribing the tapes or analyzing the data. The participant was informed that the student's research advisor would have access to the data after the identifying information had been removed.

Presentations and publication will be presented in such a way that the participant will not be identified; her visibility in the community as a social activist, however, does not afford her the anonymity customarily offered research participants. Nonetheless, quotes have not been attributed to her by name and all identifying information has been disguised. All notes, surveys, tapes, transcriptions, and informed consent forms will be kept in a secure, locked cabinet for a period of three years as required by federal regulations. After that time, if the data is no longer needed, the researcher will physically

destroy the data.

### *Data Collection*

Before the interviews were conducted, the researcher reviewed the purpose of the study and invited questions from the participant. Once the project was underway, narrative data was collected through conducting three ninety-minute open-ended interviews over the course of three weeks. The researcher provided the participant with the Topic Areas of Interest in advance of the first meeting so that she could reflect on the questions and prepare for the interviews, and was reassured that she would have the opportunity to addend or modify responses as she wished to as the process evolved. She was also made aware that she could decline to answer whatever questions she wished to. The researcher emphasized that the objective was to accurately capture the participant's post-loss experience as it was felt by her, and that checking in with her was a way to enhance this goal. The Informed Consent Form clarified that interviews would be audiotaped by the researcher and later transcribed by a professional transcriber who would be required to sign a confidentiality agreement. The Topic Areas of Inquiry were intended to elicit data that would enable the researcher to search for core themes or evidence of patterns in the pursuit of reconstructing meaning post-loss. Interviews enabled the writer to systematically examine and capture the subjective experience of the survivor through collecting data vis-à-vis a narrative and empirical framework.

### *Reliability*

The researcher formulated the topic areas in order to guide the open-ended interviews with the participant and collect narrative data as organically as possible in the context of a formal interview. Topic areas were developed after consulting with both the researcher's thesis advisor and the Human Subjects Review Board. All interviews were audiotaped and were subsequently transcribed by a professional transcriber. The questions were not tested on non-participants of the study due to time constraints and ethical considerations. Wording of some of the questions was adjusted over the course of the interviews in order to clarify the intent and the meaning of the question.

### *Validity*

The interview guide was informed by the researcher's understanding of the literature on traumatic loss, stigmatized grief, and meaning making. While an attempt to ensure the validity of the guide was made through a review of the literature, the concept of meaning making, in particular, is abstract. Because it is subjective and driven by individual experience and interpretation, it lacks a central definition and this should be considered with regard to the findings of this study.

### *Data Analysis*

After checking with the participant to insure that her responses and ideas were accurately captured, the researcher analyzed the transcribed data, searching for themes that might emerge from the narrative data. The researcher was also attentive to non-

verbal data that might not be present in the participant's responses but which might infer a state of mind or have emotional content. Assigning meaning to the units of data in the record was done by coding: this included coding units of interview text (survivor's responses to topic areas) to track emerging themes and organizing these coded units so that the researcher could ascertain the frequency with which themes occurred. An aim of the study is to contribute to the theory of traumatic loss and its aftermath; codes therefore also reflected data that was conceptually meaningful to this effort. In order to preserve participant anonymity, all questionnaires were coded with numbers and the participant's name deleted. In an effort to control for any bias the researcher might bring to the study, a running log was kept that recorded various reflections, insights, and concerns along the way.

## CHAPTER IV

### FINDINGS

The objective of this project was to examine how engagement in social action initiatives in response to traumatic loss might serve as an adaptive coping mechanism and generate therapeutic benefits to homicide survivors. The question, “What is the internal process that fuels the bereaved to use their private grief as a catalyst for taking public action?” is a core question that the researcher considered. The study also sought to illuminate the means through which the participant was able to reconstruct a sense of purpose and meaning in her lifestory, undergo positive growth post-loss, and experience relief from the stigmatization of her grief by engaging in advocacy work in the service of her loved ones.

A case study method was utilized as the study design: narrative data was collected from a single individual over the course of (two) three hour-long interviews. A “Topic Areas of Inquiry” guide, comprised of nineteen areas of interest, was used to elicit information and gain insight into the participant’s bereavement experience and the role and impact of the public action work she undertook in relationship to mourning her loss.

The participant is a sixty-five year old Japanese woman whose first language is Japanese and who moved to the United States in 1965 and married a Caucasian American shortly after her arrival. During their nine-year marriage, they had two daughters and she earned a college degree. As described by the participant, her husband was an alcoholic and became physically abusive to her and the children; at the time, she did not recognize

his actions as fitting within a framework of domestic violence, a concept that was entirely unfamiliar to her at the time, but she nonetheless ended the marriage because she found the abuse intolerable. In 1993, her twenty-three year old daughter and eighteen-month old grandchild were killed in a particularly horrific act of domestic violence shortly after the daughter had taken out a restraining order against the father of her child. They were not married and did not live together. The participant's daughter was biracial (Japanese/Caucasian); her grandchild's father is African-American.

The findings are organized according to relevant themes that were generated by the "topic areas" guide and emerged through an analysis of the data. These findings are presented sequentially, as follows: participant's reflections on pre-loss personality; impact of media, legal system, and public attention on bereavement experience; value of traditional therapy to participant; participant's reflections on feelings of guilt and shame; social action and positive growth post-loss; and making death meaningful and staying connected. Findings will also be integrated into a discussion of the Literature Review Chapter in the subsequent Discussion and Conclusions Chapter.

#### *Participant's Reflections on Pre-Loss Personality*

This first section reflects the participant's insights into her personality predating the traumatic loss of her daughter and grandchild. These reflections were invited by asking the participant how she would describe herself and her attitudes and beliefs prior to their deaths.

The respondent spoke at length about her experiences as a young woman growing up in a traditional Japanese household, and her ultimate rejection of the expectations held by both her family of origin and her culture. "I was against everything because I don't



want to be a traditional Japanese good wife and good mother, and marry the Japanese man and live happily ever [after].” As she further reflected on her departure from Japan more than forty years ago, the participant explained:

I’m just too independent, and the culture wasn’t that important to me. It’s a male-dominated country, and I grew up and everything was the women’s fault – from divorces, to casual dating – all women’s fault. You know, if your children do something bad, it’s your fault. So all the things against the women, and I couldn’t deal with that.

When asked to consider various attributes that might have contributed to her ability to emigrate alone to the United States at the age of twenty-one, the respondent used descriptors such as “impulsive,” “fearless,” “open,” and “opinionated.” She characterized her actions and behaviors prior to the deaths of her child and grandchild as fairly thoughtless – driven less by any clear sense of purpose, as by an immediate emotional reaction to an event, situation, or person that either called to her or repelled her. Examples narrated by her include the following:

I’m a very impulsive person. Just something comes to my mind, and I do it.

If I don’t like a situation, I get out of it. The same thing with after my daughter was killed – I had to do something.

My personality – I share all, I hide nothing. I’m very, very open. I’m very opinionated and say things how I feel about it. I’m very adventurous, too.

The impulse thinking is always there and it comes out in a positive way.

That’s how I always live – doing what’s important to me.

Not every people can become an advocate, because everybody grieves differently and everybody has different ideas. And those ideas makes a difference to the personality...I think what I do, I do because of my personality.

From the time I was a young girl in Japan, I always take the risk.

Throughout the course of the interviews, the respondent expressed a belief that it was her impulsive and gregarious personality that spurred her to become involved in advocacy work on behalf of both victims of domestic violence and homicide survivors. She stated on multiple occasions that the essential nature of her impulsivity had not changed when she responded to the deaths of her child and grandchild by engaging in social action: as she always had, she acted without forethought of the outcome, and simply because she “had to.”

*Was impulse the thing that got you out of the door initially?*

Out the door, that’s right, that’s right. I acted quickly – not thinking about what I was getting myself into. I just had a feeling that I had to do it. And I couldn’t let strangers do everything for my daughter and me do nothing.

*Impact of Media, Legal System, and Public Attention on Bereavement Experience*

This section will examine the participant’s initial reaction to the news of her child and grandchild’s homicides through domestic violence, followed by her account of the role of the media, the legal system, and the public on her bereavement experience post-loss. The goal of the question was to determine whether the ‘sensational’ and highly public nature of a death by homicide had an adverse or beneficial effect on the bereaved.

The respondent reported that her initial reaction was disbelief and irony that her daughter “got killed by domestic violence.” She explained that she had had no insight

into her own marriage as domestically violent, in part because of her cultural identity, and in part because she had successfully negotiated leaving her own abusive relationship without apparent repercussions. She expressed concern about the impact of her own personal history on her daughter's relationship history and outcome.

...I was a victim of domestic violence, but there was no program locally or education about that, so I just left my ex-husband and became a single mom. Domestic violence was itself then so far away from me – I just raised my girls alone...it was so long ago. ...I didn't think about it like that until a friend said, "You know, that was domestic violence you experienced." So [my daughter's death by domestic violence] was ironic that way...but people say children who witness violence at home become either victims or offenders.

The participant describes also experiencing an initial unwillingness to go out in public due to the media attention, "I didn't want to get out of the house because the media was all over outside the house, and the reporters and the television stations and all that. The first three days, I stayed in the house."

*Did you resent the media or the public attention? What feelings did you have about how their deaths were portrayed?*

No, I didn't resent them. I think that's because the awareness, you know the public to know that it happen to an unwed mother with a biracial child...and in Northampton. They didn't have a domestic violence murder in more than ten years...so the whole city, the whole city, it was grieving. ...I was in business here...so the public in Northampton, everybody knew who I was.

On the fourth day after the homicides, the participant attended the wake and went to church, and the funeral was on the fifth: “still the media followed [her].” On the sixth day, she was watching cable news and was moved to become involved in social action work based on what she saw that day on TV:

Well, six days [after they were killed] I was in the street and demonstrating because there are so many women...I was watching television and there was a whole group of women and men in Boston, they're doing marching against the domestic violence. They were carrying [my daughter's and grandson's] newspaper clip [about their deaths]. I says, oh my gosh, I don't know these people and they're in Boston and they're talking about [my family]. Well I have to do something about it. I said well I have to join them. So I joined them. [Deciding to become involved on that day was] organic, just seem to happen. And remember I said I'm impulsive. So like an impulse... So that was six days after. And that was the beginning. And then people started contacting me and talking about domestic violence. You know, I belong to a lot of groups and study more about it. And then that's how I became who I am.

*So you felt like it was an obligation, an ethical obligation? Did you feel like their deaths had become almost a public event and that made it easier to get involved?*

Yes, already there was support. And obligation, yes, yes, obligation starting from that. And then I became an advocate. And then when you become an advocate you learn more about it, study more about it.

The participant noted that she regarded the public attention as a source of strength:

*You felt the public treated you with compassion?* “Oh yes, so much compassion. No, no judgment, nothing, and really supportive.” The participant speculated that her experience might have been different had the homicides occurred in Springfield, stating, “[The support] would maybe not happen if I lived in Springfield because the community is not as close as Northampton or the values the same.” “I got hate mail from people in Springfield that said my daughter was unwed and with a black man so I should be ashamed.” She traced a clear link between her ability to take action in the service of her loved ones, and the compassionate and progressive community in which she grieved.

She further indicated that through both the media, and her own experience as a homicide survivor, she became aware for the first time of the complexity of domestic violence and the issues impacting women:

When you lose a child, a lot of times you hear the news about this kind of thing more than before your child dies. Before my daughter was killed, I heard domestic violence things happen, but it was not identified to me because it was foreign to me because it wasn't my experience. But once it happens to you, all the news, it becomes real to you. And because you also become the news.

In spite of feeling that residing in Northampton offered some emotional protection from her grief, and that the media were well-meaning in their coverage, the participant noted that the attention the deaths generated shifted her identity from her former role as a community businesswoman:

I just become the mother of the girl that was killed... I couldn't even go grocery shopping because everybody stopped you to talk about it. And they don't know what to say to me in the beginning. So I avoided to go in a store in there.

*For their sake or for your sake?*

Both, for both. So I used to go to Pittsfield to go grocery shopping. Fewer people know me there. Because I don't know what to tell them, and they don't know what to say to me. In Northampton it happens everywhere I go, people know me. So that was the difficulty with the newspaper [paying so much attention to the case], and then I know people feel uncomfortable speaking to me because they feel bad speaking to me because of what I went through. And I don't want them to feel that way.

The participant felt she had enormous support from the Northampton community, including both the police who came to her with the news and followed the case, the local media who covered it, and the legal system's handling of the case. She noted that she had been treated with care and compassion throughout the proceedings:

I have no complaining about the legal system. The Victim/Witness Program people from D.A.'s office was at my house very next day and tell me all about what to expect in a courtroom. And I remember that. So they were with me. And they were with me entire trial, which we had to go through two trials. Yes, so the legal system and public, I have nothing to complain about. They were all supportive to me, yeah, supportive to me.

Nonetheless, the participant describes her experience in the Springfield courts and the trial as a stunningly difficult experience for her:

...During the trial was very difficult time too. That was long time [ago], very first trial, where they show the television clip, they show that. And I heard announcers mention about her name, [my daughter's] name - that triggered me. And I start

having a fit in the courtroom. And the D.A. said no, I had to get out because it makes a difference in the jurors. And so the Victim/Witness program person took me out of the room. And the rest of the day I was in the extra room. I didn't realize that something, it triggers me, and that was a television announcer. And that got me and I just started shaking...they're describing about what happened that day. When I heard television announcers voice, which I heard way before [that day in court], that triggered [me]. My body start shaking and my body was jumping, shaking, and I just couldn't sit still. And the District Attorney who was representing us says if I behave like that in a courtroom, I cannot come back in the courtroom because it's really bad for the juror to see that. But I couldn't control. I didn't know when it was coming. I didn't know that was trigger to me. I had no idea.

#### *Value of Traditional Therapy to Participant*

Loss and mourning are complicated when a traumatic event is the cause of death; homicide is regarded as foremost amongst traumatic losses since it is both a violation of the human connection and leaves such horrifying images in its wake. This section offers the participant's response to the interviewer's questions regarding what she found helpful post-loss in light of the nature of traumatic bereavement. Her reflections on the ways in which traditional therapy provided her some relief from suffering are noted, with particular attention paid to its effectiveness in easing the horrific and violent imagery of the crime scene. Besides the loss itself, this imagery is what the participant described as the most intolerable aspect of homicide survival.

The participant sought the services of a social worker whose area of expertise was homicide. They met twice a week in the beginning, but tapered to once a week for the following six years. The participant credits the social worker with assisting her to overcome one of the most haunting and devastating consequences of her child and grandchild's deaths: the crime scene.

...I was seeing a therapist and said you know, just to think about the last moment how she felt after receiving the 57 stabbings and he left the knife in her eyes and her face was all cut up - just think what the pain she went through witnessing her own child being slashed in the face and stabbed. And in her arms, they died in each other's arm. Nine stabbings went through the two hearts together, the baby's heart and her heart, at the same time. It went nine times. So I told the therapist, I said you know, how did my daughter deal with that, the feelings? And I'm so proud that she protected the baby until the end, but how much pain she went through the last minute? But then my therapist told me, it wouldn't, she didn't feel that. And my concern was, she must felt so much pain in that kind of crime scene. And crime scene shows you how angry he was, and how did he kill them. And just you know, it's just unthinkable. But my thing was how much pain she went through? How much you know, fear that she couldn't do anything but protecting the baby. And witnessing her own child being slashed, being stabbed and cut, and then in her arms you know? And I thought about she was screaming. Of course the baby would scream when first slashed in the face. The autopsy doctor said she lived nine minutes, and her son died instantly, but she lived nine minutes. I thought gosh, the nine minutes, how long that would be and knowing



she's helpless, and the knife there. And she just facing the death. What did she said, the last words? Did she call my name or did she say help? Did she say, Mom - help me? You know, all this imagination.

Because the survivor's past relationship with the deceased was so violently interrupted, and the death imagery so intrusive, the way the participant recalled her child and grandchild was deeply affected. The participant was asked how she currently regarded her deceased loved ones, or if she were able to hold them in her mind apart from the crime scene.

Yeah, yeah. Because what my therapist taught me, it was a technique when I become so panicky from imagining [the crime scene] - she called it a grief spasm - it comes and go, and comes and go, grief spasm. And so she said how to deal with that when I start feeling that it's going to be more like a shock and don't know what to do with it myself, she would teach me the technique how to deal with that.

The participant described the work she did with the therapist as being a kind of guided imagery. The therapist asked the participant to recall a pleasurable moment with her daughter and grandson that took place in physically beautiful surroundings. The goal was to subordinate the devastatingly horrific imagery of the crime scene to something beautiful and idyllic so that the participant could begin to reflect on her child and grandchild more peacefully. The participant also reported that the therapist had instructed her to use this imagery when she felt "overwhelmed," "triggered," or anticipated the onset of a "grief spasm." The participant described feeling immediate relief when she could interrupt the images of the violence with purely joyous images.

The therapist said just to put myself in most safest, pleasurable time I had with my daughter. So we made a scenario that was she and I was lying on the beach. And then you know, we worked on only that scenario so that's the same scenario every time. It's cemented in my brain. Every time I saw my therapist we practiced that. She taped it so I could listen and to memorize and remember and just that. We start practicing again, again and again, and we did the same thing over and over so I really remember exactly – the therapist's voice also, her voice and everything she talked about, we go again and again. So that helped. So every little thing that happened that begin to drown me, I can put myself in that scenario. Every time I knew some spasms coming, or I start feeling that terrible grief, I put myself in that scenario and I go through that and it just calms me down. I was drowning in the grief, didn't know how to deal with my life. Just all I did was crying and the drowning of the grief, and grief and grief. But with my therapist, she taught me things and we talked about other things. And that new memory we made bring back, sounds funny, but the value of the relationship between my daughter and I that we had . . .

The participant identified that having the capacity to reflect on her history with her daughter, and restore some modicum of beauty as she did so, was singularly important as she struggled to emerge from her grief. She speculated that just beyond the intolerable brutality of the deaths stood an accusation of sorts that she had failed to save her child.

*Participant's Reflections on Feelings of Shame and Guilt*

Another complication of the bereavement experience for the participant resulted from the disturbing reality that death by homicide occurs with greater statistical

frequency in marginalized communities and carries a certain stigma, characterized by shame and guilt in the case of the respondent in this study. This social stigmatization is an additional barrier to mourning: the participant confirmed that as a homicide survivor, she struggled to overcome these obstacles. Her experience of shame was particularly acute vis-à-vis her family of origin in Japan, but her experience of guilt derived primarily from the universal notion that mothers are responsible for protecting their children from harm. This section offers the participant's insights into her bereavement experience in light of these phenomena.

As the participant described it, she struggled with guilt due to both a self-assessed, and also a perceived failure to protect her daughter from harm:

The crime scene itself, it was cemented in my eye, in my brain. And it was always there. And with that, you feel guilt, you feel pain, and you wonder what she went through for the last moment of her life, what he went through the last moment in life, that creates a lot of things, a lot of bad feelings inside about me as a mother.

She described a persistent belief that she had ultimately failed to keep her daughter out of harm's way even though she had left her marriage fifteen years earlier to keep her children safe from their abusive father. She noted that by exposing her daughter to her own domestically violent relationship, she felt responsible for the daughter's involvement in a troubled relationship, (although she added that she was unaware at the time of the concept of "domestic violence" and its consequences on future generations). Her account continues with an exploration of her sense of guilt for not appreciating that her daughter was in an abusive relationship:

I couldn't sleep at night, with just the grieving... I hear [my grandson's] voice and his laughter and his crying, and all that. So when I turn televisions on, and then I hear the baby crying. I couldn't stand it. I had to shut it off. And I felt, gosh, that must be how he was screaming, crying, before he died. Or it just, somebody's arguing on the television, I have to shut it off because I thought, oh maybe that's how she was fighting for her life and the baby's life with him that night. So all these guilty feelings, and the feelings, try to understand how she felt and how he, baby felt the last time they're alive. So I didn't know how to deal with my daily life because just the grieving and just didn't know what to do with myself, and I was just exhausted. The crime scene, they died in each other's arms. And I couldn't be protecting my child till the last breath, which [my daughter] did. And she held [her son] in her arms until she died.

*As you were struggling with your loved ones' deaths, do you recall what feelings and thoughts you were experiencing? What particular words come to mind that describe those emotions?* The intent of the questions was to explore additional insights from the participant about her experience of guilt, and to also consider the factors that she believed contributed to her mourning experience as a homicide survivor. Her reflections continued to lead her back to a profound sense of failure with regard to her role as a parent: her belief that their deaths were the result of her inattention was an overwhelming and intractable fact in her mind:

When I first experienced [that] both my daughter and grandchild were both killed, you just become numb and then you have sleepless nights and you start feeling guilt. Why didn't I have them sleep over my house that night? Why didn't I go

there and stay with them? Why didn't I do that? All this, the guilt feelings you know, became real to me. And I didn't know how to deal with it so I couldn't sleep at night, and just the grieving took over.

And I couldn't protect my child till the last breath, which [my daughter] did [with her child].

And just, well, she was [a] better mother than I was because I couldn't protect either of them, but she did protect her child till the last breath. And I'm so proud of her. She was the best mom you know, that I couldn't be. But she did.

The participant identified that her sense of responsibility for her loved ones' deaths came in part from her lack of understanding about the complexities and seriousness of domestic violence. On numerous occasions throughout the interviews, the participant referenced her feelings of guilt and indicated that they emerged from both observing, and being informed, that her daughter's former boyfriend had violent tendencies without acting on what she suspected:

I remember [my daughter] saying about [her baby's father], "Mom, he had such a violence and he hates women. And I heard her say that, but I didn't do anything about it. So that's part of the guilt I have. So now if the women identify the partner is abusive and angry, you have to [help them to] leave safely. ...but I didn't know really know how much [she] was in that situation. But I remember that the magistrate from the courthouse... came to my store and said: "you know your daughter was in the court today? ...her boyfriend abused her and she got the restraining order against him. I said, I didn't know that - she didn't tell me that.

[So my daughter] didn't tell me everything of what's going on. ...after the restraining order, he kept coming back and then he killed them.

The participant credits her lack of insight into both the concept and the consequences of domestic violence as contributing to her loved ones' death, and also to her decision to engage in social action efforts: as she observed, had she known more, the outcome might have been different. One of her goals was conceived, therefore, around educational initiatives with the hope that by dismantling the shame that gets attached to being in a domestically violent relationship, victims would be encouraged to seek help at the first sign of abuse without fear of censorship.

So I have to think about tomorrow, which I can change tomorrow. So people understand that domestic violence not a shame thing and teach what to do. So that's, that's what I have to do. So that's what I've been doing; the past is the past. And the shame especially in Japan is very big which is why no one talks about it... and even that same kind of shame exists, even in the United States. Like her murder is because she did wrong things and not the batterer.

Northampton though never made me feel the shame. Everybody so good to me here but not so much in Springfield because the values a little different there. My family in Japan never told anybody what happened because of the shame though. And if she didn't feel ashamed that she'd been in an abusive relationship with [her boyfriend], my daughter could have asked for help before things got so bad.

Although the participant reported that violence against women was disclosed and addressed in significantly different ways in Japan than it was in the United States, she felt it nonetheless manifest itself in quite similar ways: women were violated in some manner

or another, assigned the blame for causing the abuse, and shamed and intimidated in order to prevent their speaking out. Reversing this pattern was the participant's stated objective in both Japan and the U.S.

*Did the feelings of guilt that you expressed for not having done enough to protect your daughter play a role in your decision to pursue social justice work? Do you carry some idea that your commitment to public action is a way to address this emotion?*

In the beginning, in the beginning it was only that – to tell the survivors, it's not your fault, it's not your fault. The batterer has to take responsibility for his action. In the beginning I'm speaking out about only my daughter. In Japan, people gave me dirtiest look because my daughter was unwed mother and her boyfriend was black. In this culture, too, though, it's woman's fault for not leaving bad relationship or for being with a man not the same race. But my daughter tried to get away from him. She took out restraining order against him. This always the most dangerous time for women. I talk about that in my work – women always in the most danger after they take out the restraining order – if the man can't have her anymore, nobody can, you know?

In communicating this message that women are not complicit in their victimization, the participant noted that she was motivated in large measure to redeem her daughter's sullied memory as a victim of both domestic violence and homicide, and to restore her image as a "good mother" who would take care of her child, though it be in a post-loss context. In her words, "That's my most concerning hope. That's the thing I'm living for."

### *Social Action and Positive Growth Post-Loss*

A possible site of meaning is in the homicide survivor's engagement in social action in response to her traumatic loss, and her account of its efficacy as an adaptive coping mechanism. The interviewer sought to evaluate this issue through a series of questions that included inviting the participant to recall her earliest gesture aimed at drawing attention to domestic violence and how she took this first step, asking what specific activities she pursued, and eliciting feedback on the degree of therapeutic value the work held for her.

Following this account of her advocacy activities, the participant was asked to develop her ideas on the impact these actions had on her post-loss development and to reflect on whether she now saw herself differently than she had before the traumatic loss of her daughter and grandchild.

*What prompted you to pursue social action around the issue of domestic violence? Are you able to retrace the steps you in the process of becoming involved?*

Oh as a way of healing, because ever since that day happened, and the District Attorney will tell you, the next day I spoke with her and asked her, what can I do for the victims? That's the very next day after they were killed. And she used that term "victims" to describe [homicide survivors], and every time she gave a speech [she told everyone that I asked that question]. She would also say, "I cannot imagine any other victims would feel that the very next day – a desire to offer anything they could do to help."

As partially described earlier, the respondent also indicated that much of the impetus to participate in public action work derived from the fact that her daughter and grandchild's



murder had been taken up by an advocacy group in Boston that worked on behalf of victims/survivors of domestic violence: “I couldn’t let strangers do everything for my daughter and me do nothing.” She describes being stirred to action by their efforts. While intrusive and often sensationalized, the media’s very aggressive and visible documentation of the murders provided the participant with both insight into domestic violence and a ready means to become involved.

I felt like a first thing was next day after they were killed, people, over 300 people, women and men, were marching in Boston with their picture from newspaper and signs saying, domestic violence has to be stopped. And that, when I saw that other people are doing some demonstration for [my family], I says, boy I have to do something myself. Other people I don’t know them, they’re strangers and in Boston and they’re doing that and I said that is amazing. Here I’m still living and I have to do something. If somebody else is doing it for daughter, I have to do something. So I was in the street five days after.

The respondent describes being awakened to the issues through the sheer force of public attention that followed in the wake of the murders. She confirmed that had there been no publicity, whether negative or positive, she would not have understood the potential for taking action on her daughter’s and grandchild’s behalf nor realized its benefits. She regards the opportunity to act on her grief and rage as transformative.

*Had you not done the work that you do, do you think your grief would be different, be heavier?*

Yes, see, when they both died, my life changed. But I can tell you, I became much better person since their death, much better person because I can

sympathize with people who went through the same thing I did. I can see the world with lots of violence, and I can see the world with you know changes, through law so it's not happening to women or the children as much. And I became much more knowledgeable. And also became more, better person, that I can really sympathize other people. And I'm able to listen to other people. If I didn't go through what happened, I don't think I'd become the better person as I am now. Because I don't think I could sympathize that much. So I have to think about what happened to them, that in the beginning I was just so angry at the person who was responsible for this, but I had to think how to change that, to become more positive person. So from negative to positive, changing, that helped me. Helping other people helps me be a better person and use the anger in a way that helps [people].

The interviewer asked the respondent to further reflect on the last sixteen years of advocacy work and to identify other significant aspects of the work that contributed to her ability to reclaim some sense of well being. Over the course of the meetings, the interviewer asked the following questions in order to elicit this feedback: *Is it helpful that you're able to do something constructive every day to address both the stigma and the fact of domestic violence? Is it helpful that through the work that you do, you're able to continue to talk freely about your daughter and grandson and therefore stay connected with them? Is it helpful that in pursuing advocacy work, you are part of a supportive and engaged audience or community and so feel less isolated in your grief? Do things such as these have some healing component for you?*

According to the respondent, meaning flowed from her engagement in social action in each of these areas of inquiry. The power of any one activity tended to overlap in multiple domains: education and outreach addressed both preventing future harm and restoring the lost honor of her loved ones; participation on the international level universalized domestic violence and redemptively connected her to her country of origin; engagement on the national level eased her isolation, freed her to maintain her daughter's presence in her immediate world, and gave her a sense of purpose and accomplishment.

I felt I healed because I can function my daily life without feeling destructed by their death. I can plan my daily life without feeling so bad or feeling guilty toward them. I can do that. I think because of the reasons you talk about in the questions you ask me and also because I'm a better person now. I'm doing things for other people now and learn more compassion from going to speak in the jail. And also going to the Men's Resource Center and learning every batterer's own history. I think about other people and not just myself now and I see that everybody have the grief in their life. I think I'm already healed. But I will continue doing what I've been doing. Maybe I still need the help. I don't know. I don't know.

I just knew I had to change something, or be part of the change, part of the big movement. So that's why I'm on the board of the Massachusetts Office of Victim Assistance, which is a huge thing for me, and is the most proud thing in my life in Massachusetts – because I was appointed by the governor. And now I become voice for all the victims of any kind. We meet once a month, talk about the new

law, talk about the situation, talk about all of that. I'm most proud to be a part of the victim's voices. So I became voice for all of the people.

In order to identify the process through which the participant was able to realize her objectives with regards to both consciousness-raising and change efforts, the interviewer invited the participant to talk about some of the activities she undertook. Of those activities listed below, the participant described benefiting most from gaining insight on the life stories of the batterers.

I spoke many times in prison. One time it was 350 prisoners in Hampden Country. And I was up on a stage, and 350 inmates was on the floor. And the guards told me, do not get close to them. But after I finished my speech, I walked down and I shook everybody's hands. And the prison people were so scared that something bad might happen, but no, I impacted the prisoners. They all came up and saw me and told me – I was a victim, too - my father used to beat me, or my sister was a victim of domestic violence. And you hear all that. And it makes the anger less strong - knowing they themselves were victims growing up. Knowing that, it's easier.

The participant discussed at length how rage dominated her emotions much of the time, not simply because of the loss itself, but because of the hideous manner of the death. She expressed that a homicide caused by a single bullet, for example, would have somehow been more tolerable than the sheer brutality of her daughter and grandson's deaths. She therefore regarded her growing empathy for the perpetrators of such crimes as an unexpected yet rich benefit emerging from her many speaking engagements at the prisons and with men's resource centers. (It should be noted that statistically speaking,

domestic violence is most frequently enacted against women in intimate relationships and within families.)

She continued:

My goal everyday is to associate with domestic violence work. This Thursday I'll be speaking at the Domestic Violence Task Force meeting... and I'll be keynote speaker for the D.A. office's annual conference for domestic violence victims. I'll be at the State House doing a program because I'm on the board of directors for MOVA. I did four seminars in Harvard. And then did speaking engagements at all different universities - Smith College, UMass, Amherst.

When asked to describe the most difficult or painful aspects of pursuing advocacy work in the public arena, given that her daughter's and grandson's deaths were the point of reference, the participant replied: "I didn't feel anything painful no matter what I did."

*No matter how often you had to tell the story... not even that first time?*

As the participant explained, every speaking engagement was an opportunity "to share [her] experience . . . and to help other people."

*Making Death Meaningful and Staying Connected*

"Because of what happened to my daughter, I had to make a difference in my world. My priority is their deaths. So their deaths and what I can do now - they came together."

As described by the participant in the above quote, making the deaths of her loved ones meaningful dominated the landscape of her emotional life as a homicide survivor. It is clear from the Findings to date that the participant had articulated a number of factors that motivated her to engage in social action. Though they have been addressed as separate phenomena for the purposes of this study, in fact they originate from the same

source: the participant's intense suffering and her search for redemption both for and from her daughter; her desire to carry her daughter forward with her as she moved through a painfully and violently changed life; and the hope of creating a future for her child and grandchild by keeping their memory alive through her acts of love. "Making [her] daughter proud" was also an often heard theme:

When I see them again, she will tell me, "Mom, you did a good job." That's what matters most - I didn't care what the public says, society says - what she would say to me is most important to me. So that's what's keeping me going. As long as I can walk, I can see, I can talk, I will do for her and for my grandson, and for me too. That's my goal. In a sense, they were killed and I became more spiritual than before because I really, I was grieving, and said, I didn't have the time to say goodbye to them. And they were gone. A day before they were at my house. The next day they were gone. I never had a time to talk about her life or her future. So we never had time to say goodbye to them. But until I see them again, I have to do so much more so she will be proud of me.

When listening to locate data that supported the participant's belief that staying connected was more pressing than avoiding painful thoughts of her daughter and grandchild, she stated:

Staying connected and not letting go is how I want to live. Until the day I cannot even see or hear or think or anything, I will continue doing what I'm doing because it gives me the good feelings, helping other people, that helps me heal too. I reach out to one person, that's great, and I reach out to more than ten people, that's great too.

I feel better doing something, not forgetting about them.

The interviewer followed up on the participant's expressed view that staying connected was highly valued by her and inquired whether she had ever struggled with trying to make sense of the deaths of her loved ones. The objective of the question was to more clearly assess or gain insight into the participant's bereavement process and her current relationship with the deceased. The interviewer was also interested in learning how the participant viewed her actions to reconstruct meaning post-loss and if she felt she had successfully reconciled the constructed narrative with her pre-loss worldview.

It's funny, when incidents happen like this, people automatically think you are, you know everything about domestic violence because you're a victim. That's not true. You just face the situation. And wow, why me? Why my daughter has to be dying from domestic violence? What happened to me? But then I thought, why not me? Maybe God's up there, and knows my capability that I could do a lot of things - maybe I was chosen...to have my child taken away. And that's how I stopped thinking about why me? And started thinking, why not me? And now the laws have passed and changes happened here and in Japan, I think yeah, maybe that was the reason...because the things that happen in the past, you cannot change. I can change tomorrow, but I cannot change yesterday. No matter how hard I work for, I cannot bring them back. They're not going to be even part of my life except when I do this work. So I have to think about tomorrow, which I can change tomorrow. So people understand that domestic violence not a shame thing and teach what to do. So that's, I have to do that. So that's what I've been doing; the past is the past.

When invited to reflect on the relationship between her social action work and the six years she spent working with the social worker, the participant indicated that each vehicle offered something valuable and addressed different grief symptoms. She derived enormous benefits from both interventions, and regarded them as offering essential tools for rebuilding a life for herself and remaking a future with her daughter and grandchild.

I was doing advocacy, doing it when I was seeing you know, seeing my therapist too. But the advocacy work - that was different thing; I'm creating myself all over again, I'm making myself stable so I can deal with it. And also it happened to you, your lifetime, the most terrible thing you know, in the woman's life, I went on the bottom of my life – losing a child, losing grandchild, you lost your future. You lost your future. And then I learned to deal with it with the work and with the therapist together. So I've had the bottom, bottom of my life experience. And I came back up. So everything has happened now - I'm not going to go any more below than that. So it's easier to come back up. The people, they respect who I am now, including respecting my daughter.

The interview also illustrated how strongly the participant believed that it was important to regain control over her life story and the narrative of her daughter's life and death. A common thread throughout the sessions was a commitment to educating herself and others about the complexities of not just domestic violence, but of homicide survival.

*Do you feel that the profound grief you carry as a homicide survivor has deepened your understanding of suffering or enhanced your capacity for empathy and reaching out to others?*



Yes, it has enriched my life, but then I kind of feel guilty: why did my daughter and her son have to be the victims in order to me to become better person, you know, me to become better person, me to become an advocate for domestic violence? Why I have to do it like that? And I feel bad. And why they're not here, and they're the ones who were the victims? And she had to face all that you know, things? So I still have that guilty feeling. I think, why it had to happen to her, not me?

*They are always at the forefront of the work you do, aren't they?*

That's right, that's right. That's why I can't let her go or him go, that they were the part of who I am now you know, who I am now. But you never plan this in your lifetime. You know, so that's why I couldn't even think that domestic violence [would kill my daughter and her son], it was suddenly just there. So the work I do now - it works in many different ways. Serve her and honor her, yes it is honoring her. So that's how I started doing that, by honoring their deaths. And then changed to, to reach out to other people. You know, it was for me to experience my life this way. And until I see them again, I have to do so much more so she would be proud of me.

In trying to trace the theme of "staying connected" as part of the bereavement process, the participant endorsed that advocacy work linked her so closely with her daughter over the passage of time that she felt as though she were "mothering her" still and that brought her great comfort.

Even when people think, boy she's doing so many things, she's here and she's there, she's doing everything that can be done – in my mind, my daughter and grandchild are always there with me and I'm just trying to take care of them.

### *Summary*

This chapter presented findings from (two) three hour-long interviews with a single participant who had lost family members to homicide and engaged in social action work in response to this traumatic loss. A nineteen question “topic areas of inquiry” guide was used to elicit information on the therapeutic value of advocacy work and its efficacy as a coping mechanism. The study also traced the homicide survivor's bereavement experience as expressed by her in the following domains: reflections on pre-loss personality; impact of media, legal system, and public attention on bereavement experience; value of traditional therapy to participant; reflections on feelings of guilt and shame; social action and positive growth post-loss; and making death meaningful and staying connected.

The concluding chapter that follows will discuss the findings in relationship to previous literature. It will also point to potential areas of inquiry that expand our understanding of taking action as a phenomenon that fosters survivor well-being and enhances psychic repair in the wake of traumatic loss.

## CHAPTER V

### DISCUSSION/CONCLUSION

Mourning dialogue is the means by which human beings maintain the vital meaning of the lost relationship in their psychological and social lives.

Hagman

The objective of this study was to examine how engagement in social action efforts in response to traumatic loss might operate as an adaptive coping mechanism, generate therapeutic benefits to homicide survivors, and contribute to a restored sense of equilibrium. Particular attention was paid to the internal process that fueled the bereaved to use her grief as a catalyst for pursuing public action in the service of her deceased loved ones. The study also sought to illuminate the means through which the survivor reconstructed meaning both internally and in her relationship with the deceased, experienced relief from the stigma attached to homicide and domestic violence, and underwent transformational change or posttraumatic growth. This chapter will juxtapose relevant material explored and synthesized in the literature to an analysis and interpretation of the findings from the narrative data gathered. The limitations of the study, implications for social work practice, and recommendations for future research will also be discussed in this chapter.

#### *The Social Violence of Homicide*

Traumatic loss generates a singularly difficult mourning experience, and homicide is amongst the most challenging trauma for the human psyche to assimilate (Currier, Holland, & Neimeyer, 2006). Because traumatic loss can be conceptualized as the fusing

of grief and trauma, it is not surprising that homicide presents a particularly complex and intractable psychological phenomenon or that it induces such severe disequilibrium in survivors. Overwhelming loss and mourning are amplified by the complicating presence of a traumatic event as the cause of death (Walsh, 2007; Green, 2000; Currier, Holland, & Neimeyer, 2006; Neimeyer, 2005), and when that event is a brutal act of social violence such as homicide, the interior life of the homicide survivor is even more deeply violated.

This sense of violation derives in part from the fact that death by homicide has multiple layers and sites of meaning: its content is at once private and public, its causes and consequences subjectively felt by the mourner but collectively assessed meaning by those who stand outside the event, and its willful breach of the human connection - essential to enhancing survivor well-being - alienates the bereaved from community (Neimeyer, 2005). Armour (2006) comments that the trauma is not created by the homicide alone, but by all that unfolds in the aftermath; the survivor experiences a grave dislocation in both personal identity and social location. Those in mourning “struggle to assimilate the loss into their existing self-narratives, which are sometimes profoundly challenged by traumatic bereavement” (Neimeyer, Prigerson, & Davies, 2002, p.235). The homicide survivor’s internal and external post-loss world is a fundamentally changed one, compelling an adaptation to altered relational interactions, shifts in social and personal identity, and a challenged belief system. Reorganizing in these domains in the wake of traumatic loss is an essential mourning task (Gilies & Neimeyer, 2006; Janoff-Bulman, 1992; Green, 2000) of homicide bereavement.

The case study participant's retelling of her immediate post-loss experience partially confirms the research; that is, her reported belief that since her suffering had been caused by such unique and horrific circumstances, she had no social context within which to either make sense of what had happened, or to find a personal or professional source of help and guidance. A bereavement experience of death by domestic violence set her so far apart from more ordinary loss events that a community of like-grievers was scarce, and therapists whose area of expertise was homicide survival, scarcer still.

Contrary to the literature, however, the participant observed that it was the scarcity of resources, (both human and material), that contributed to making her feel helpless and overwhelmed rather than an impression that the community had passed judgment on her. She described, for example, the agonizing search in the immediate aftermath of her loss for a therapist who could offer relief for her acute and debilitating suffering: "all I did was crying and the drowning of the grief, and the grief, and the grief, but no one could help me." The participant reported finding only one clinician who had expertise in homicide bereavement, and described her abrupt plunge into isolation as emerging from a diminishment of meaning and purpose in her life post-loss rather than issuing from anything that was being done to her by others.

In response to the researcher's inquiry about her immediate post-loss responses, she stated that her initial reaction involved feelings of disbelief and immobility: "I couldn't even call my other daughter – the police had to – and I stayed on my couch for three days," and "...I didn't know how to deal with my life." She repeatedly expressed that horror, disbelief, and virtual paralysis were the dominant sensations of her posttraumatic experience upon learning what had happened to her loved ones. Research

confirms that physical and cognitive responses to traumatic events often occur simultaneously and mirror each other in intensity in the immediate aftermath of the news (Janoff-Bulman, 1992; van der Kolk & McFarlane, 2007; van der Kolk, 2007). The violence of homicide is so radically intrusive that it supersedes any other reaction in the survivor's repertoire of emotions. The intensity of the participant's grief stands as painful testimony to this claim.

### *Stilling the Violent Imagery Through Traditional Therapy*

Amongst the detritus of a death by homicide is the intolerable and powerful imagery linked to the loss (Walsh, 2007; Armour, 2002, 2006). As the literature demonstrates, intrusive and horrific thoughts of the traumatic death interrupt the mourner's ability to make sense of a loved one's death, and the struggle to manage the overwhelming grief and profound sense of helplessness compound the psychic injury (Ambrose, 1991; Walsh, 2007; van der Kolk & McFarlane, 2007; van der Kolk, 2007). The participant's reflections regarding her bereavement experience support the research: the violent imagery caused the most haunting and devastating damage to her interior life, and homicide survival challenged her capacities in a number of fundamental ways. One of the most intolerable and enduring aspects of the horrific death scene was the impact it had on the participant's relationship with her deceased daughter; both her past relationship and the potential for a future relationship were deeply affected, exponentially increasing her traumatic loss. The crime scene was "cemented in her mind" and her daughter and grandchild were firmly embedded in that place of devastation, "the black hole of trauma" (van der Kolk, 2007). As expressed by the participant:

...just to think about the last moment how she felt after receiving the 57 stabbings and he left the knife in her eyes and her face was all cut up - just think what the pain she went through witnessing her own child being slashed in the face and stabbed. And in her arms, they died in each other's arm. Nine stabbings went through the two hearts together, the baby's heart and her heart, at the same time. It went nine times. So I told the therapist, I said you know, how did my daughter deal with that, the feelings? And my concern was, she must felt so much pain in that kind of crime scene. And crime scene shows you how angry he was, and how did he kill them. And just you know, it's just unthinkable. But my thing was how much pain she went through? How much you know, fear that she couldn't do anything but protecting the baby. And witnessing her own child being slashed, being stabbed and cut, and then in her arms you know? And I thought about she was screaming. Of course the baby would scream when first slashed in the face. The autopsy doctor said she lived nine minutes, and her son died instantly, but she lived nine minutes. I thought gosh, the nine minutes, how long that would be and knowing she's helpless, and the knife there. And she just facing the death. What did she said, the last words? Did she call my name or did she say help? Did she say, Mom - help me? You know, all this imagination.

Lifton referred to this as the "death imprint," and notes that this imprint prevents the trauma survivor from denying the reality of the death or from entering into mourning without disruption from violent death imagery. He also suggests that its grotesque nature prompts a high degree of disequilibrium, vulnerability, and an "existential encounter that is conceptually distinct from the loss itself" (as cited by Green, 1988, p. 3). The

participant's initial reactions support Lifton's concept: in the earliest days of despair, her profound grief was unfiltered and primal. Both the hideousness and violence of her loved ones' deaths prevented her from locating her grief experience and expressing it through action or language.

The powerful assault of violent death imagery on the participant's post-loss psyche, so aptly described by the literature, was allayed in large measure over the course of her six years of traditional therapy with a social worker. Though not the focus of this study, the findings reflect that the participant's profound suffering as a homicide survivor was appreciably lightened by therapeutic interventions such as guided imagery, a technique that effectively liberated her from the unremitting grotesqueness of the crime scene. "The therapist said just to put myself in most safest, pleasurable time I had with my daughter. So we made a scenario ... every time I saw my therapist we practiced that. Every time I knew some [grief] spasms coming, or I start feeling that terrible grief, I put myself in that scenario and I go through that and it just calms me down..." Over the course of the interviews, the participant spoke often about encountering the crime scene in her mind each time she sought to quietly recollect her daughter's life: relearning how to carry her daughter in her consciousness as inviolate and beautiful was both her greatest yearning and most painful challenge.

Interestingly, the feelings of shame and guilt that emerged later signified a moving away from being flooded by debilitating emotion, into a consciously felt state of mind that could be acted upon or remediated by some measure. The participant's insight into the stigmatization of her grief – with its concomitant responses of guilt and shame - was secondary to a primarily visceral reaction.



### *Stigmatized Grief*

Among the challenges in the post-loss aftermath are the negative social responses that are attached to homicide; because the research participant's loved ones were killed in an act of domestic violence, which is a similarly stigmatized social phenomenon, negotiating the costs of homicide survival were intensified.

Consistent with prior research, the bereavement experience that emerged from the domestic violence homicides of her daughter and grandson was entangled with emotions such as guilt and shame for the participant, and these emotions significantly complicated mourning for her. It has been noted that the social environment plays a critical role in offering external compassionate validation when a loss is suffered (Armour, 2006; Herman, 1997) and that this support is often unavailable to homicide survivors due to the mode of death and the inferred degradation it communicates: the victim(s), the survivors, and the grief itself are by extension degraded and debased. The absence of an affirming social context becomes a second injury that isolates the bereaved (McFarlane & van der Kolk, 2007), and reestablishing the connection to community and a sense of belonging is an additional obstacle.

As she described it, the source of the participant's guilt and self-blame was initially drawn from within rather than from without. She assigned herself blame for not attending more closely to her daughter's expressed fears and for failing to save her, and her feelings of shame derived equally from her post-loss efforts to educate herself about domestic violence as they did from what was actively communicated by a critical public.

You feel guilt, you feel pain, and you wonder what she went through for the last moment of her life, what he went through the last moment in life, that creates a lot

of things, a lot of bad feelings inside about me as a mother...I couldn't protect my child till the last breath, which [my daughter] did [with her child]. And just, well, she was [a] better mother than I was because I couldn't protect either of them, but she did protect her child till the last breath. And I'm so proud of her. She was the best mom you know, that I couldn't be. But she did.

As the participant began to understand generational patterns of domestic violence and to retrospectively examine her personal history of physical abuse by her husband, she experienced an increase in self-blame on two levels. First, she believed herself blameworthy for exposing her daughters to a domestically violent experience as she began to gain insight into the future implications of this exposure on her daughters' relationship patterns. She also held herself to blame for neither recognizing that her daughter was in an acutely troubled relationship, nor fully appreciating the risks involved once her daughter had obtained a restraining order and attempted to sever ties with her abuser. As cited by Janoff-Bulman, "guilt is essentially an unconscious attempt to undo the utter helplessness of the victim's situation" (Janoff-Bulman, 1992, p. 132). She further notes that it is the survivor's form of self-blame: "survival guilt represents the intense longings of the human psyche to understand the world, to search for meaning in the wake of suffering" (p. 132).

As the findings demonstrate, the participant's search for meaning was complicated by the fragility of the social contract that had been broken when the participant's daughter and grandchild's lives were taken by another human being. Its fragility was furthered magnified when the participant confronted the devaluation of her daughter's life; a death by homicide not only disenfranchises the mourner from ritual

support from the community, but also stigmatizes the grief and consequently the bereavement experience. Because a death caused by an act of social violence unfolds at the juncture of self and society, a personal search for meaning is also relational and publicly contextualized. As Riches and Dawson (1998) note, when social violence transpires, causality is assigned to the victim, and the pursuit of meaning making post-homicide is therefore burdened by its various social implications.

Because homicide has social content whose social meaning reflects negatively on the victim, the loss of life is significantly undervalued (Armour, 2002, 2006; Riches & Dawson, 1998; Neimeyer, 2007). A life taken by homicide is further diminished by the disturbing truth that social violence occurs with greater frequency in marginalized or oppressed communities: within this social context, violent death is presented to the public as a moral cautionary tale whose tragic ending does not surprise (Armour, 2006). The findings support that this was the attitude the participant came to internalize as part of her bereavement experience – one of many complicated epiphanies she had post-loss and which isolated her as she mourned the loss of her loved ones. As the literature demonstrates, grief reconciliation is that much more formidable in the absence of social support, yet this sense of isolation from others occurs, in part, from the homicide survivors' expectation that the public causally implicates them in the death of the deceased (Armour, 2006; Gilbert, 1997). Beliefs about how and why the victims of homicide and domestic violence came to be victims are socially constructed phenomena that not only act as a defense against feeling vulnerable to violence, but implicitly teach shame to survivors of violence.

The element of shame that the participant struggled with manifest itself through her nascent involvement in her social action efforts; her increased awareness of how both homicide and domestic violence were publicly perceived led to a kind of post-loss learned shame that had not been present before she immersed herself in advocacy work. Coming to these insights while held in the positive regard of social activists cushioned her against the crippling shame that she might otherwise have struggled with in other social contexts.

When the researcher inquired directly about the role of the public and the media in her bereavement experience immediately post-loss, the participant reported feeling buoyed by public support and regarded her local community as a source of strength; in fact, it was the demonstrable and visible rallying of community activists expressing their rage that gave her something to hang onto in her many days of acute despair. Witnessing the outrage and the public action of others literally mobilized her to use her grief as a catalyst for both rejoining community and becoming an organizer around gendered violence and its causes.

*Taking Action: Redeeming the Deceased, Reinscribing the Self, and Revisioning a Relationship Between the Mourner and the Mourned*

Participant:

Well, six days [after they were killed] I was in the street and demonstrating because there are so many women [who lose their lives to domestic violence]. I was watching television and there was a whole group of women and men in Boston, they're doing marching against the domestic violence. They were carrying [my daughter's and grandson's] newspaper clip [about their deaths]. I

says, oh my gosh, I don't know these people and they're in Boston and they're talking about [my family]. Well, I have to do something about it. I said, I have to join them. So I joined them.

Converting and performing one's personal pain in the form of social action thrusts the private expression of grief into the public domain with an intentionality that enables homicide survivors to reclaim control over events. Calling attention to the underlying social causes of the traumatic loss nourishes the mourner's need to rebuild from the wreckage left in the wake of a devastating traumatic event and to restore the lost beauty of the beloved deceased, whose memory has been sullied by a critical public. Using advocacy as a tool for consciousness-raising and social change invites a groundswell of movement, transfers the power into the hands of survivors, and transforms stigma into cause. Creating continuity with the deceased by reconstructing and revitalizing the relationship through social action in the service of the beloved sustains the vital link between the mourner and the mourned – a reclaiming of the “lost object”. So while the conceptual underpinnings of a search for meaning are fairly fluid and wide-ranging, Victor Frankl notes that “...the way in which a man accepts his fate and all the suffering it entails, the way he takes up his cross, gives ample opportunity – even under the most difficult circumstances – to add a deeper meaning to his life” (as cited by Janoff-Bulman, 1992, p.135). It can be said with absolute certainty that the participant is a magnificent exemplar of reconceptualizing and transforming the self, the deceased, and the stigma of domestic violence in her pursuit of making meaning post-loss.

Armour asserts that “the intense pursuit of what matters” is a form of coping composed of intentional acts that have symbolic meaning. Its implied purpose is to

restore order or find meaning in a changed life through problem solving or striving to attain visionary goals (Armour, 2003). “Manifestations of the theme include (a) declarations of truth, (b) fighting for what’s right, and (c) living in ways that give purpose to the loved one’s death” (p.526). Janoff-Bulman contends that when a massive assault to our assumptions occurs, healing requires far more “in the way of restorative efforts” and that rebuilding assumptions through purposeful action is one such way (Janoff-Bulman, 1992). As further articulated in the literature, the way in which grief is conceptualized has evolved and there is no longer an overarching universal notion of grieving as a stagic process that unfolds until it reaches the endpoint called recovery. Rather than see mourning as the relinquishing of emotional ties to the beloved, meaning can be restored through continued psychic interaction (as cited by Monk, Gerald, Neylon, Eloise, Sinclair, Stacey, 2003).

The findings reflect that the participant’s internal psychological structures – her notions of self and other – had been so grossly violated by her daughter’s and grandchild’s deaths by domestic violence that she could not assume her former identity. This overwhelming disequilibrium radically challenged her ties to her beloved deceased; resurrecting and redeeming them became her most ardent longing and her greatest impetus to “get out of the house and join the [activists]” who were protesting the silence and the shame surrounding the violent act that took the lives of her child and grandchild. She describes being shaped by her grief and traumatic experience so fundamentally that the movement towards activism felt like an opportunity for rebirth, like a new and sustaining faith that would redeem her in the eyes of her deceased daughter. Restoring her image as a good mother and taking care of her child was her “most concerning hope.

That's the thing I'm living for...until I see them again, I have to do so much more so she will be proud of me.”

Though making her daughter proud was a frequently expressed theme, the participant also expressed a powerful need to reintegrate the pieces of her violently fractured life in order to make bearable, the unbearable. She regarded social activism as the mechanism that had the potential to restore her lost child to her: she could carry her with her into the future, creating a reenvisioned relationship that was narrated and sustained through redemptive acts.

...the advocacy work - that was different thing; I'm creating myself all over again, I'm making myself stable so I can deal with it. ...losing a child, losing grandchild, you lost your future. You lost your future. And then I learned to deal with it with the work and with the therapist together. So I've had the bottom, bottom of my life experience. And I came back up. The people, they respect who I am now, including respecting my daughter.

In *Trauma and Recovery*, Judith Herman observes that some survivors feel called upon to become engaged in the world outside of the confines of the narrower world they had inhabited predating their traumatic loss. Aligning with others creates a powerful weapon against helplessness and despair, and “while there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed when it becomes the source of a survivor mission” (p. 207). The participant confirmed that over the course of time, she was able to experience the transcendent nature of altruism: “Until the day I cannot even see or hear or think or anything, I will continue doing what I'm doing because it gives me the good feelings, helping other

people, that helps me heal too. I reach out to one person, that's great, and I reach out to more than ten people, that's great too."

She described, too, the heightened sense of humanity she feels when she is able to elevate compassion for the perpetrators of violence, over rage at the act they have committed. As both the findings and the literature reveals, the social transformation of trauma occurs because personal transformation and political transformation are interrelated and unfold within a sociopolitical context (Herman, 1992; Bloom, 1998): as the survivor of violent death, engagement in social change efforts reawakened both the participant's moral compass and her sense of hope and purpose. The defilement of her child and grandchild, the stigmatization of her grief, the lost futures of her loved ones conspired to overwhelm her with an untenable rage and desire for revenge – her advocacy efforts liberated her from the spiritual death she felt descending post-loss.

As part of her outreach work, she visited batterers in various prison settings and spoke with them about her intense suffering in the devastating aftermath of domestic violence, and the activism she engaged in as a response. Every opportunity to speak out was an opportunity to heal and to influence the interior life of the perpetrator and his future actions; she had gained enormous insight into the cycle of violence and her role in it post-loss, and she hoped to replicate and inspire in the batterers the same spiritual growth and belief in human connectedness that she herself had experienced.

I impacted the prisoners. They all came up and saw me and told me – I was a victim, too - my father used to beat me, or my sister was a victim of domestic violence. And you hear all that. And it makes the anger less strong - knowing they themselves were victims growing up. Knowing that, it's easier. And also



going to the Men's Resource Center and learning every batterer's own history. I think about other people and not just myself now and I see that everybody have the grief in their life.

Reemerging from crippling despair and rebuilding a life for herself and her beloved deceased has been a pilgrimage of sorts - anguished and profoundly challenging. As her extraordinary account demonstrates, her emergence "from the bottom of [her] life experience" has been substantially facilitated by engagement in social activism as the tool to pursue making meaning in the aftermath of her devastating losses. Her mission to serve her daughter pulled her from the paralyzing abstraction of sheer grief to the concrete pursuit of creating new meaning, liberating her "to harness [her] pain in acts of sublimated creation" (van der Kolk & McFarlane, 2007, p. 4). An unexpected benefit, and profoundly painful revelation for the participant, has been the personal blossoming that has unfolded as she pursues this mission.

...it has enriched my life, but then I kind of feel guilty: why did my daughter and her son have to be the victims in order to me to become better person? [But] I just knew I had to change something, or be part of the change, part of the big movement. So that's why I'm on the board of the Massachusetts Office of Victim Assistance, which is a huge thing for me, and is the most proud thing in my life in Massachusetts - because I was appointed by the governor. And now I become voice for all the victims of any kind. We meet once a month, talk about the new law, talk about the situation, talk about all of that. I'm most proud to be a part of the victim's voices. So I became voice for all of the people.

The breadth and range of social action activities the participant has pursued in the service of her loved ones is breathtaking, and the impact she has had on the lives of both victims and perpetrators inestimable. She describes her need and commitment to serve and honor her deceased daughter and grandchild as opening her up to the unexpected benefit and rich experience of serving humanity more universally, an experience that ultimately brought her to regard the life she has come to live as destined: "...it was for me to experience my life this way." She came to regard her personhood, her core self and essential identity as transformed by her traumatic losses, and she drew upon this pain to create transformational change at the societal level. Illuminating her daughter's life against the dark landscape of social violence is her life's work.

Both the prior literature and the findings support the concept of the pursuit of meaning making in the aftermath of traumatic loss as an essential mourning task for homicide survivors. The literature and findings also demonstrate that the post-loss bereavement experience for survivors of homicide is profound, and is complicated by multiple factors that distinguish it from more ordinary loss experiences, including the stigmatization of grief, a shattered belief system, horrific imagery that haunts survivors post-loss, and the yearning to continue the bond with the lost loved one. As reflected in this study, the psychological trauma incited by the violent death of her loved ones was so wrenching and dislocating an experience for the participant that she was immobilized – literally stricken with grief.

The six years that the participant spent with the social worker afforded her enormous relief from one of the most enduring atrocities of her daughter's and grandchild's deaths: the physical crime itself, and persistent mental images of the horrific

injuries that resulted in their deaths. The therapeutic interventions utilized by the social worker were critically important to the survivor's capacity to create and hold memories of her daughter and grandchild in her consciousness, and to generally enhance her sense of well-being post-loss, but as the findings reflect, the greatest psychic repair occurred through her engagement in social action. These endeavors were mobilized by what had been an incapacitating grief; she was called to act upon her despair by a hunger to stay connected to her a child and grandchild, to experience the redemptive power of creating new meaning and seeking justice, and to be held in the healing embrace of community. The work she does so tirelessly has hastened the reintegration of her violated beliefs, provided her with a renewed sense of efficacy, and enabled her to live with a sense of hope where there had been none.

The findings also reflect benefits relating to social activism that are not fully developed in the literature and which merit further attention. Foremost was the participant's experience of not simply "becoming a better person" through performing good acts and coming to view others with a heightened compassion, but of engagement in activism as a capacity building endeavor. She came to regard herself as a person who, though thrust into an insupportable and devastating life event, had gained mastery in a number of domains that lay outside of anything previously known to her. This enhanced sense of self-worth allowed her to both observe cognitively, and feel experientially, that she was a better and more competent person than she had been.

The findings also suggest that individuals with certain personality traits or relational styles might initially be more inclined to align with community or social activism or regard themselves as having a collective identity. Finally, there is some

indication in the findings that social action serves as a refutation of social violence and therein lays its power as an adaptive coping mechanism and tool for transformational growth. “Because of what happened to my daughter, I had to make a difference in the world. My priority is their deaths. So their deaths and what I can do now – they came together.”

### *Limitations of the Study*

Several significant limitations of the research project will be discussed in this section.

A key variable that needs to be considered is the country of origin and first language of the research participant. More specifically, and with regard to the participant’s experience of alienation in the immediate aftermath of her daughter and grandchild’s deaths, it is difficult to assess its dominant cause; her country of origin is Japan, where she lived until age twenty-one, and her first language and language of choice is Japanese. English, however, was the only language utilized over the course of all proceedings concerning the homicides, including her work with the therapist and her interviews for this study. The participant acknowledged that she occasionally struggled to express her feelings accurately; by extension, capturing her experience as she felt it may therefore also have been compromised. There are countless other ways that English as a second language is no doubt implicated in the limitations of the study, but these did not emerge in the findings.

Another potential limitation is that the prevailing values and body politic of the community in which the homicides took place does not represent most communities: the participant experienced an unusual degree of affirmative and compassionate support from

local law enforcement, media sources, and the public at large. The presence of two women's colleges, in particular, has a firmly felt influence on the surrounding communities with regard to social issues that negatively and disproportionately affect women. This fact, coupled with the high degree of civic engagement and progressive politics of local citizens, changes the landscape immeasurably for a homicide survivor whose loved one(s) died through a horrific act of domestic violence. This researcher speculates that the stigmatization of grief, a multi-nuanced phenomenon that demonstrably complicates the mourning experience, is correlated to the demographics of any given community.

By definition, the single case study research design limits generalizability of the study due to its small sample size. In keeping with the parameters of this design, the study population was a single individual; therefore the study also lacked diversity in virtually all spheres. The sample criteria included females and males of any socioeconomic class, race, sexual orientation, and marital/relationship status who were at least 18 years of age and had known the deceased as a family member, or intimate, marriage or domestic partner. The homicide survivor must have responded to the traumatic loss by becoming engaged in social action or advocacy work. The individual who ultimately participated in this study was a sixty-five year old bilingual businesswoman whose country of origin is Japan, whose first language is Japanese, and whose daughter and grandchild were killed in domestic violence circumstances. The themes that emerged in the analysis may not represent a diversity of experiences or perceptions of the population as a whole.

The inexpertise of the researcher as a social science interviewer, her inability to speak the participant's first language, and her relative unfamiliarity with the social customs and traditional gender roles of Japan created occasional miscommunication between the researcher and the participant. The researcher worked to remain cognizant of these limitations throughout the process; nonetheless, the researcher's own cultural lens no doubt affected how she ascribed or searched for meaning in the narrative data. On a number of occasions, the participant reflected that her cultural lens had been shaped by Japan's homogeneity and traditional gendered roles, and that this history may have had an impact on how she both interpreted her experience, and expressed her grief.

The researcher firmly believes that her identity as a mother with a daughter only slightly younger than the participant's at the time of her daughter's death, and a son the same age as the man who killed the participant's daughter and grandchild, played a role in the researcher's interpretation of the profound and unimaginable loss and experience of grief.

#### *Implications for Social Work Practice*

The study may illuminate the singular nature of homicide as a bereavement experience, especially with regard to the horrific visual imagery that haunts the homicide survivor and obstructs psychic repair. Clinicians might better help their clients emerge from overwhelming grief if they cultivate skills that specifically focus on this artifact of homicide. The efficacy of the guided imagery utilized by the social worker and as described by the participant was stunningly effective in subordinating the violent death images so that the survivor could enter into mourning more fully.

Appreciating the full breadth and depth of the role of shame and guilt in the homicide survivor's bereavement experience can not be undervalued as a clinical tool and consciousness: a theme in both the literature and the findings suggests that the survivor seeks to redeem both the personal honor and virtue that have been debased by homicide, and also the virtue and honor of the deceased loved one. Offering therapeutic interventions or recommendations to survivors beyond traditional therapy, and that include "taking action" opportunities may produce positive results on survivor well-being.

As a long-standing hospice volunteer, the researcher has witnessed the profound grief that losing a loved one brings. She has also witnessed how the ways in which all the loving gestures that make up saying goodbye to a beloved person offers solace to the caretakers and can attribute meaning to the loss in the wake of death. Continuing bonds and staying connected with the deceased is more organically achieved in the absence of a homicide's traumatic content because there has been no violation of social or moral codes of conduct; psychological trauma severely undermines the mourner's bereavement experience, especially the capacity to hold peaceful memories of the beloved deceased in one's consciousness. The sudden and violent death of someone affords no such opportunities to those left behind. As both the research and the findings demonstrate, the violence of homicide has the power to paralyze - the grief to immobilize - and its effects are made more acute if the death carries a kind of stigma in its wake. "Helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery" (Herman, 1997, p. 197).

Tolerating the impact of a traumatic loss demands a great deal from homicide survivors. An affirming social context and a public consciousness to act as witness are essential to mitigate the overwhelming and complicated mourning experience inherent in homicide survival. Equally valuable to survivor well-being is a political movement with which the survivor can align and which rejects silence and shame in favor of the raised voice of change; reclaiming power over one's life, creating a future for self and deceased loved one, and directly answering acts of violence with life-affirming gestures is a way for the disempowered to resurrect themselves. For these reasons, it is important to determine what resources are available in the survivor's community, or what organizations might be engaged in advocacy work in order to increase the survivor's range of therapeutic options and release the survivor from the helpless suffering and rage engendered by a brutal act of social violence.

Both the literature and the findings demonstrate that the generally accepted linear stage model of grief undermines the distinct bereavement experience of homicide survivors. For survivors, the task of mourning is never complete; the resolution of grief, and severing the bond with the deceased loved one is an improbable outcome when grieving a traumatic loss. The search for meaning and goal of staying connected is an ever-evolving process for survivors and therapy that acknowledges this distinctive grieving experience is extremely important. Clinicians who are sensitive to the mourning tasks involved in homicide survival are less likely to pathologize what may be a normative and adaptive experience for homicide survivors, and more able to optimize the therapeutic encounter between survivor and clinician.



### *Areas of Future Research*

Areas of future research for examining the question of whether engagement in activism has the potential to relieve suffering of homicide survivors and restore a sense of equilibrium might consider the domain of personality. Investigating whether there is a correlation between pre-loss personality, and a post-loss impulse to pursue and subsequently derive therapeutic benefits from engagement in social action change efforts may prove fertile. Similarly, examining the efficacy of utilizing public action as an adaptive coping mechanism for extroverted personalities may yield interesting data.

More exhaustive research into the sociopolitical factors effecting homicide survival of individuals and communities would enhance available services and resources for survivors. The findings and the literature reflect a paucity of both items, and specialized treatment interventions which reflect and appropriately address that a disproportionate number of deaths by homicide occur in oppressed and/or marginalized communities is essential to increased survivor well-being. Strictly speaking, the issue of race and culture was outside the scope of this study, but there were clear implications in the findings that both variables had an enormous impact on the research participant's bereavement experience. The influence of race and culture on her mourning process was compounded by the subtext of domestic violence as the underlying cause of her daughter and grandchild's deaths.

A final area of research that might be fruitful is an inquiry into whether the emotional symmetry that exists between social action as a life-affirming challenge, to the social violence that caused a loss of life, makes it a cathartic response because it restores a certain balance and invites a renewal of homeostasis.

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## APPENDIX A

TABLE 1: Situations of Traumatic Death and Loss

The meaning and impact of traumatic deaths are influenced by a number of variables in the loss situation that require careful assessment and attention.

VARIABLES:	DESCRIPTION:
VIOLENT DEATH	A violent death is devastating for loved ones and for those who witnessed it or narrowly survived. Preoccupation with causal accusations, guilt, or wishes for retaliation is common. A senseless tragedy, loss of innocent lives, and deliberate acts of violence are especially hard to bear.
UNTIMELY DEATH	Untimely losses are hardest to bear. The death of a child or young spouse seems unjust and robs future hopes and dreams. The loss of parents with young children requires reorganization of the family system.
SUDDEN DEATH	Sudden losses shatter a sense of normalcy and predictability. Shock, intense emotions, disorganization, and confusion are common in the immediate aftermath. Loved ones, unable even to say their goodbyes, may need help with painful regrets.
PROLONGED SUFFERING	Prolonged physical or emotional suffering before death (e.g., with assault, torture, or lack of medical care) increases family agony, as well as anger or remorse.
AMBIGUOUS LOSS	Uncertainty about the fate of a missing loved one can immobilize families who may be torn apart, hoping for the best yet fearing the worst (Boss, 1999). Mourning may be blocked until remains or personal effects are recovered. Families may need help in pressing for information and in resuming lives in the face of lingering uncertainty.
UNACKNOWLEDGED AND/OR STIGMATIZED LOSSES	Mourning is complicated when losses or their causes are disenfranchised (Doka, 2002), hidden because of social stigma (e.g., HIV/AIDS) or collaboration with the enemy. Secrecy, misinformation, and estrangement impede family and social support.

PILE-UP EFFECTS	Families can be overwhelmed by the emotional, relational, and functional impact of multiple deaths, prolonged or recurrent trauma, and other losses (homes, jobs, communities) and disruptive transitions (separations, migration).
PAST TRAUMATIC EXPERIENCE	Past trauma or losses, reactivated in life-threatening or loss situations, intensify the impact and complicate recovery.

## APPENDIX B

### Informed Consent Form: Participant

Dear Potential Participant,

My name is Miriam Sadinsky. I am a Master's of Social Work student at Smith College School for Social Work in Massachusetts and currently at work on my master's thesis. The purpose of the thesis is to explore the ways that public action or organizing efforts aimed at calling attention to the traumatic circumstances of a loved one's death has therapeutic value in the aftermath of this trauma. My hope is to explore with you how, as a survivor of traumatic loss, you have been able to reconstruct meaning in your life and develop a restored sense of well-being through the social action and advocacy work that you do.

Listening to and recording your story will provide an opportunity to gain insight into the ways in which mental health workers might better serve survivors, and into the therapeutic use of social action towards regaining some sense of peace. It is also my hope that participation in this project will offer you an opportunity to reflect on your experience of being a survivor of a traumatic loss and to talk about the work and the vision that drives your work. My thesis will be shared with the Smith College School for Social Work community and findings will be used for my Master's thesis, professional presentation, and possible publication.

I am requesting your participation because you have engaged in public advocacy as part of your process to cope with the traumatic loss of family members. I would like to meet with you over three sessions; each session may take anywhere from sixty to ninety minutes. During our time together, I will ask you to discuss the impact on you of your loss, what led you to become involved in public advocacy initiatives, what emotional or psychological benefits you derive from your social action work, and how you would describe your pre- and post-loss self.

I appreciate that talking about loved ones whose deaths were devastating and traumatic will be difficult and I will work to make the environment and the interview feel safe and supportive. Prior to our meeting, I will send you the general topic areas I hope to learn about so that you'll have an opportunity to prepare for the interview; you may say as little or as much as you wish as we begin to talk together. I would like to reassure you that my purpose is to reflect on your post-loss experiences and not the traumatic events themselves. I plan to audiotape our meetings in order to document the interview and assure that I accurately capture the experience as it was felt and is described by you. Tapes will be transcribed by a professional transcriber who will not have access to any identifying information and who will sign an assurance of research confidentiality form.

In light of the trauma you experienced, you may become distressed or overwhelmed. It is important that you understand that you may decline to answer any questions, take breaks

as necessary, or withdraw from the study should participation become too difficult. A list of psychotherapy resources in Massachusetts is attached; being protected from undue distress is paramount and you will be urged to contact a therapist if the need arises.

Although maintaining confidentiality will be difficult given your visibility in the community through your social action work, I will take what measures I can. I will assign a code name to be used to identify you throughout the written work and all identifying information from questionnaires, audiotapes, or forms of any nature will be removed. I will prepare presentations and publications in such a way that you will not be identified and will present and publish only to professional groups interested in trauma. Any quotes that I use will not be attributed to any individual by name. Only I will know your name and contact information in order to call you as necessary, and I will not share this information with others besides the research advisor. In order to maintain your confidentiality and materials relating to the study, the audiotapes, interview notes, and consent form, will be locked in a file cabinet during the thesis process and for three years thereafter, in accordance with Federal regulations. After such time, all data including audiotapes and transcripts will be destroyed. The professional transcriber will receive the audiotape of the interview without any identifying or demographic information. Additionally, the transcriber will sign a confidentiality agreement. In the written thesis, I will not use demographic information to describe you; in this way, you will not be identifiable in the written body of work.

Participation in this study is completely voluntary and you may chose to withdraw from the study at any time before March 1st. Should you decide to withdraw, all materials pertaining to your participation will be immediately destroyed. Upon agreeing to participate in the research, you will be asked to sign this consent form and both you and I will retain a signed copy of this form. The signed consent forms will be kept in a locked file cabinet for three years after the conclusion of the study.

If you have any questions, or would like clarification in any way, please contact me. I can be reached by phone at 413-586-8363, or by email at [msadinsk@email.smith.edu](mailto:msadinsk@email.smith.edu). Please be aware that you may also contact the Smith College Human Subject Review Committee with any concerns or questions at (413) 585-7974 you may have.

Thank you very much for your time.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Researcher/date \_\_\_\_\_

Participant/date \_\_\_\_\_

## APPENDIX C

### Script for Phone Contact with Potential Participant

Hello, may I speak with \_\_\_\_\_?

Hi Ms. \_\_\_\_\_, this is Miriam Sadinsky, the social work student from Smith College School for Social Work who spoke with you some time ago about the possibility of your participation in a research study I am doing for my Master's thesis. In that conversation, I explained that I was interested in learning about the post-loss experiences of those who had suffered the traumatic loss of a loved one, in particular the social action work the bereaved became involved in and the therapeutic value this work holds. The goal of my research is to examine whether advocacy work as a coping mechanism has therapeutic value and might help survivors of traumatic loss regain some sense of peace. I hope to share these insights with mental health workers so that they might better serve these survivors.

The study involves three meetings, each of which will last between sixty to ninety minutes, and will be audiotaped. Ideally, each of these meetings will take place in February; we can talk more about when and where once you've confirmed that you'd still like to participate.

*If Yes:* I have an informed consent form which describes the project more thoroughly in writing. I'd like to send you two copies: please sign one and send it in the return envelope I'll enclose, and keep the second copy for your records. I'll also enclose a list of referral sources should you find it would be helpful to have support from a therapist over the course of our work together. Along with these forms, a letter with the heading "Topic Areas" will be enclosed. This letter reflects the general areas I hope to explore with you concerning the path you traveled following the traumatic loss of your ones. Do you have any questions at this point?

Thank you very much. I really look forward to working with you.

## APPENDIX D

### Topic Areas

#### Topic Areas:

- How would you describe your life prior to the death of your daughter and grandson?
- How did you initially deal with the grief you experienced as a result of your loss?
- What prompted you to pursue social action around the issue of domestic violence?
- Has the senselessness or the violence made grieving more difficult, or was the fact that your grief was intruded upon by the media and the legal system because your loved one died by violence been difficult or helpful in some way?
- Do you feel like trying to make sense of what happened has been an important part of grieving for you? As you were struggling with your loved ones' deaths, do you remember what feelings and thoughts you were experiencing? What words come to mind that describe those emotions?
- Do you think it was these thoughts and feelings that led you to do the work you now do? What words come to mind now that you've moved into taking positive action as you have?
- Can you retrace the steps you took in the process of becoming involved in advocacy work?
- Did you embark on this path alone or did you have support and encouragement from other family, friends, or community members? Can you describe this process?
- What does the social action work you do specifically involve? For example, how is it organized? What activities do you pursue in order to do the work? Who is your audience? Is it all new to you or do you have experience with either domestic violence or organizing around social issues?
- What do you find satisfying about the work? What do you enjoy the most? What has been the most difficult?
- How would you say the work that you're involved in has changed or had an impact on your grief?
- Has your work enabled you to make meaning of their deaths or helped you in some way? Is your life different as a result of the work that you do? Can you describe how?
- Would you say your loss has affected your worldviews – that you are changed in many ways because of your loved ones' deaths?
- How would you describe who you are now and is who you are different from who you were before they died?
- Are your efforts well-received by the public and do you feel your work has brought heightened attention to the issue of domestic violence and its devastating consequences?

- Would you say that your advocacy work has had therapeutic value to you and helped you restore a sense of well-being in your life? Would you call the journey you embarked on a coping mechanism of sorts?
- What other avenues did you explore in response to the grief you feel? Did traditional forms of therapy, such as mental health counseling or medication, provide relief? How has your advocacy work been significant as a way of coping?
- What would you most like others who have also suffered the traumatic loss of a loved one to know about social action work and its potential to ease some of the suffering?
- Are there other things you'd like to talk about, or anything you'd like to add or rethink?



## APPENDIX E

### Referral Sources

ServiceNet Mental Health Center  
50 Pleasant Street  
Northampton, MA 01060  
(413) 584-6855

Cooley Dickinson Behavioral Health Services  
10 Main Street  
Florence, MA 01062  
(413) 586-8550  
or  
30 Locust Street  
Northampton, MA 01060  
(413) 582-2000

## APPENDIX F

### Professional Transcriber's Assurance of Research Confidentiality

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer, or professional transcriber should be aware that the identity of the participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, Miriam Sadinsky, shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

### PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Miriam Sadinsky, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Miriam Sadinsky \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX G

January 27, 2009

Miriam Sadinsky

Dear Miriam,

Your second set of revisions has been reviewed and all is now in order. You have done a great job of pulling this all together and been very open and flexible in responding to our suggestions. Your new questions are excellent and promise to encourage a rich and interesting story. I would suggest you be very careful about the early questions which focus on the loss. You did tell her in the Consent you're not going to focus on it. The questions are fine but you can back off them if she gets upset. She also may be more ready to talk with you about it in the third interview than in the first when she has more of a relationship with you.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

I know it will be a tedious project but Laurie Wyman will need a clean copy for the permanent file. Although I guess the Feds would be pretty impressed if we left it as it was and they saw how hard our students work to comply with their demands!

Good luck with your very interesting and useful project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor