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Grieving Behaviors During Parental Bereavement in Western Societies

by

Victor A. Luna

Submitted in partial fulfillment
of the requirements for the degree of
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Thesis Sponsor:

December 6, 2017

Date

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Signature

December 6, 2017

Date

Ignasi Clemente, PhD

Signature of Second Reader

Dedication

For Victor R. Luna, Lourdes Martínez and Xavier V. Luna, the only people that were there to witness a graduate student leave his home before sunrise to start the first of his two part-time jobs. I could not have done this without their support.

Also for Rosemary Salcedo, the person with the amazing ability to turn my thoughts to words that make sense to the rest of the world. I am very grateful to have her in my world.

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I believe that it is important for me to have a balance of hard work and relaxation in order to achieve my very best work. I would like to thank Stephanie Sierra, Julián Almánzar, Samuel Payero, Qwasim Campbell, and, all the way from Tokyo, Christian Quiles for helping me stay relaxed through many of the most stressful times with levity and dismissing anything that has to do with academics or the field of anthropology.

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It would have been impossible for me to do this alone

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Abstract

Death is the inescapable fate that awaits us all. Even after death, signs of one's identity remains, as both personal memories and the culturally prescribed impressions and norms remain connected to a person after death. Cultural norms are manifested in the actions of the living at all times during their loved one's mortuary rituals. Culture also defines appropriate and inappropriate norms around death to some degree; prescribing heteronormative behaviors is one of these appropriate behaviors.

An individual following socially inappropriate grieving behaviors may instill doubts about this person, including questioning the veracity of their grief, which then impacts their social standing. These norms may unfortunately prevent some from grieving in a way that they feel most comfortable. The fear of repercussion often suppresses people into the expected gendered patterns of grief.

This paper will examine the grieving behaviors of parents who have lost a child. More specifically, it will discuss how grieving behaviors that are deemed appropriate depend on one's gender, and how societal norms discourage behaviors that are deemed inappropriate. The focus will be on industrialized Western societies, specifically the United States and Western Europe, but will also examine non-Western societies for purposes of comparison. This paper will focus on three elements of culture that impact the grieving process following the death of a child. They are: 1.) Perceptions of childhood; 2.) Types of childhood death; and 3.) Gender identity issues.

Personal Background

Growing up, I had a limited experience with death and bereavement. My parents did not allow my brother and I to attend the funerals of family friends and distant relatives. I was made aware of someone's death, whether it was expected or unexpected, but I was not allowed to participate in mortuary ritual. Because of this, I didn't have an adequate understanding of what the appropriate grieving behaviors were.

Early in my adulthood, a person that I deeply cared about died unexpectedly near the end of final undergraduate semester. My brother and I both chose not to attend the funeral because we did not think that it mattered. We did not think it mattered because that person was no longer alive to see us, nor could we express our affection towards them anymore. The first funeral that I attended took place about a year later. It was the funeral of the father of a close friend of mine. I did not meet her father while he was alive. I decided to be there for emotional support, even though it was a situation that I'd never experienced before.

I had several experiences with death a few years later when I worked at the Mount Sinai children's hospital. I had the opportunity to work with most of the children who were admitted to the hospital for an extended period of time. Most of the children who I worked with were expected to live into adulthood with some sort of medical intervention, like medication or surgery. Sadly, some of the children I worked with did not live the same fate. Through working with different families from different backgrounds and ethnicities I noticed that after the death of a child, the members of different families tended to demonstrate similar behaviors.

I began to wonder why these families had similar grieving behaviors. Why did people who had never met each other behave similarly during the death of a child? The grieving behaviors that were most apparent to me were the differing behaviors between men and women.

I am interested in exploring further the reasons why these are the normative grieving behaviors, as well as what the social consequences may be for not following the socially prescribed norms. It is possible that I see these behaviors different than most because I didn't personally experience death until I was an adult.

This paper will discuss some factors that may influence the grieving process for parents, including how the cultural traditions influence and reinforce grieving behaviors. Specifically it will examine parents who have lost children from birth through adolescence.

Background

Anthropology is the study of the human species in its present and past diversity from a holistic and empirical perspective (Clemente 27). The study of anthropology is, partially, a study of culture. As Clemente states

...culture is dynamically adaptive, which allows human societies to meet social and environmental changes; and second, societies...are not necessarily culturally homogenous but are rather crosscut by variation in terms of socioeconomic class, gender, age, education, rural/urban setting religion, and so forth (27).

Through ethnography, a description of human social phenomena in their natural and local settings within which they emerge and acquire meaning (Clemente 27), anthropologists describe and examine common situations within different cultures to attempt to understand why things happen the way that they happen.

Because this paper will describe scenarios that involve children's death and dying, it is important to define the word "child" and clarify what "childhood means." The definition of a child varies cross-culturally and historically in terms of when it ends and adolescence and adulthood begin (Clemente 39). In the social sciences, childhood is a social construct that isn't exclusively defined in terms of the child's age (Clemente 39), but rather by expectation of

maturity defined by each culture. For purposes of this paper, a child will be considered a person from time of birth through adolescence (age 19).

Mortuary Rights, Bereavement, Grief and Mourning

Every culture has some form of mortuary ritual. These practices are not only designed to honor the dead, but to provide the living with a space to grieve (Lofland 174-175). In certain situations, funeral practices allow the living to accept the unexpected death of a child caused by an accident, illness or pandemic.

The terms “bereavement” and “grief” terms are often used when referring to subjects involving death. While, they are commonly used interchangeably in everyday conversations, Doka and Martin distinguish between these two terms. They state that bereavement tends to refer to the fact of loss, while grief refers to an individual’s response or reaction to loss (qtd. in Doka and Martin 17).

Grief is a display of emotion, “an instinctual attempt to make and external adjustments to an unwanted change in one’s world” (Doka and Martin 38). Mourning is defined as “the culturally patterned expressions or rituals that accompany loss and allow others to recognize that one has become bereaved” (qtd. in Doka and Martin 29).

Grieving means to sorrow for. It’s the normal response to loss on every level – psychological, emotional, physical, and behavioral. But more accurately from the Latin, grieving means to burden, from the word *gravis* meaning heavy. We carry the burden of a heavy heart, not only for the loss of a loved one, but [sic] for ourselves now that we are left without them (Silverman and Brenner).

In general, modern-day Western cultures expect men and women to have different grieving behaviors. Women are expected to be more emotionally expressive during grief, such as publicly crying and expressing how they feel (Doka and Martin 4). Men, on the other hand, are

discouraged from displaying emotion. They are expected to remain strong and poised at all times (Doka and Martin 4).

Catherine Exley notes that academic research has focused on the modern-day expectations of “moving on” after a loss. Exley writes that the

...conventional wisdom that, given a period of time, those who have been bereaved need to ‘move on’ and/or ‘let go’ in order to get over their loss...For any of us who have been bereaved and resisted ‘moving on’, Walter demonstrates that maintaining meaningful bonds (and relationships) with those who have died should not be seen as ‘pathological’ grief, but rather as part of the reflexive construction of self-identity and relationships engaged with on a daily basis (Exley 116).

Exley also notes that there has been a neglect of spiritual care when it comes to how grief is discussed in academic literature (117). Even with this lack of coverage when it comes to spiritual care, Exley states that the overall quality of the academic literature relating to bereavement has improved over the last 15 years (118). This allows us to have a clearer understanding of mourning in Western societies.

Grief has traditionally been studied in the social sciences through the examination of non-Western cultures (Small). This subject does not escape the tradition known as “othering” that has been a part of the field of anthropology since its inception. “Othering” is the tendency to treat other people, usually people from a different culture, as different from oneself. Because of this history, anthropologist Johannes Fabian claims that it was inevitable that studies involving death dealt with “how others die” at a safe distance (Palgi and Abramovitch 385).

Over the last several decades there has been more of an effort made by anthropologists and sociologists to examine mortuary rituals and behaviors of Western societies in order to get a more complete understanding of grief and bereavement. A lot of this work has focused on appropriate grieving behaviors, the origins of these behaviors, and the consequences of not

behaving socially accepted manner (Cacciatore and Raffo; Farnsworth and Allen). We will now examine some of these norms through mourning.

Length of Mourning Period

Mourning, once again, is defined as “the culturally patterned expressions or rituals that accompany loss and allow others to recognize that one has become bereaved” (qtd. in Doka and Martin 29). It involves acceptance of death and how people react to this and unexpected deaths. Examining how the deceased are remembered may give us a better understanding of how people accept an unexpected death. Sharon Roseman’s work on remembrance in Spain gives us more of an understanding on grief and mourning in Western societies.

Roseman writes about a woman who lost her grandson in a car accident. The article examines how this woman’s grandson is remembered and how bereavement was experienced through her eyes. Throughout the article there was no real mention on the causes of her grandson’s car accident, but there was an insistence that it was all destined to happen and out of anyone’s control.

Mourning has traditionally taken place immediately following a death. How long one is allowed to mourn for, however, may be dependent on one’s culture. In Western societies, one is expected to stop mourning once the socially accepted time is complete.

This memory practice is supported by another discursive pattern that contains the same message: frequent, almost proverbial statements about the powerlessness of humans in the face of their fates and certain deaths were one of the features of the variety of the Galician language spoken in the rural municipality of Zas (Roseman 453).

In this case, there is no end to the grief, it continues because there is a constant reminder of the dead and the powerlessness that is felt not being able to prevent that death. This woman, as proven by her behavior, is in a constant state of mourning.

Anthropologist Arnold van Gennep noted that, “the length of the period (of mourning) increases with the closeness of the social tie to the deceased and higher social standing of the dead person; If [sic] the dead man was a chief, the suspension affects the entire society” (Palgi and Abramovitch 390). This shows that parents, with a close emotional connection to their deceased child, may mourn for longer than expected.

Shortly after the funeral, one is expected to continue their everyday life. Unfortunately, parents who lose a child may not be able to adjust the way they are expected to (Mitchell et al. 414). No one expects to lose their child, yet parents who do are held to these seemingly impossible standards. This may be one reason that parents have used technology to create virtual spaces for mourning.

After a child dies, societal norms often push parents to move on and limit their grief. It can be difficult, during a period of such high stress, for grieving parents to constantly feel the pressures of those around them, telling them that their time for grieving is over. To some parents, this could feel like pressure to forget their deceased child. After the loss of a child, parents often report “themes including needing to push forward in order to avoid breakdown, keeping the child in everyday life, and finding meaning in the grief experience” (Snaman et al. 1600). It is common for parents to succumb to societal pressures and grieve in a different form that is not seen as detrimental by others.

General Patterns of Grief and Mourning

In this section I will discuss common grieving behaviors that are more closely associated with gender, and then apply this to a child's death.

In Western societies women are more likely to express their emotions, while men do not seem to be held to the same expectations. Women are sometimes perceived as easily swayed by their emotions. Women have been raised to express their emotions in societies that associate emotional displays with irrationality. Men, on the other hand, have been thought to be strong and logical, in part due to the lack of emotional displays (Doka and Martin). More will be discussed about these gender differences later in the paper when discussing the death of a child.

Gerontologist Kenneth Doka and psychologist Terry Martin study individuals grieving after a significant loss in Western cultures. They describe two patterns of grief: intuitive grieving and instrumental grieving. The intuitive pattern of grief describes when individuals experience and express grief in an affective way (Doka and Martin 4). People who express themselves through this grieving pattern are generally more publically expressive. This grieving pattern is generally associated with women, who tend to be more publicly expressive than men. Women are more likely to seek affection and someone to talk to, as well as physical touch such as hugs and hold hands. The instrumental grieving pattern is experienced physically, such as restlessness, but not necessarily expressive (Doka and Martin 4). According to Doka and Martin, men typically grieve using the instrumental pattern of grief because of the contemporary pattern of male socialization.

The fact that instrumental grievers regulate their emotions differently than intuitive grievers, by not physically expressing their grief, does not mean that they feel less emotion. It is simply a different way of adapting to bereavement and the emotional shock that accompanies it.

Men are generally socialized to be instrumental grievers, making it unacceptable for them to grieve publicly. If a woman chooses not to show emotions, however, it becomes a cause for concern. There are, of course, men who are intuitive grievers and women who are instrumental grievers. Table 1 contains a list of behaviors associated with the intuitive and instrumental grief patterns.

Table 1:

The associated behaviors of certain grief patterns.

Grief Pattern	Associated Behaviors
Intuitive Grief	<ul style="list-style-type: none"> • Public display of grief • Crying • Lamentation
Instrumental Grief	<ul style="list-style-type: none"> • Not displaying any signs of grief • Anger • Does not seek affection from others • Completes tasks, seemingly focused

People, however, do not always behave follow the expected grieving behaviors. The excerpt below is an example of an unexpected pattern of grief after Janice lost her husband David to a heart attack.

Janice, David’s wife, threw herself into making the necessary arrangements for his funeral. She wept at the funeral on Monday, but by Wednesday she was immersed in settling her late husband’s estate. Although Janice made several inquiries about support services for her daughter and accompanied her to the first bereavement support group meeting, she chose not to return. She found the raw emotionality of the group uncomfortable and unhelpful...Although Janice felt sad and diminished by David’s untimely death, she was never overwhelmed by the intensity of her feelings (Doka and Martin 51).

Doka and Martin also note that social support for a loss varies, depending on the type of loss. Certain losses are recognized as being more socially significant than others. For example, the loss of a parent is considered to be more significant than the loss of a friend. Loses involving

relationships that are not socially sanctioned experience what is known as disenfranchised grief because their behaviors are not socially sanctioned (Doka and Martin 34).

Disenfranchised grief occurs when a relationship is not socially sanctioned and, therefore, cannot be openly acknowledged or publicly mourned (qtd. in Cacciatore and Raffo 169). Because the relationship is not recognized, neither is the loss or the griever. The author considered some men's grief in terms of "double disenfranchisement", stating that the effect of disenfranchisement is greater for men than it is for women because social expectations prevent them from grieving openly. Now I will briefly discuss how disenfranchised grief affects bereaved parents.

Homosexual parents have been commonly known to experience disenfranchised grief. Loss of such a relationship is not recognized and a griever's mourning is not recognized (qtd. in Cacciatore and Raffo 169). Homosexual parents have been known to have less of a support system when it comes to grief due to their disenfranchised status in Western society. "Two of the most powerful facets of homophobia: abhorrence of any association between homosexuals and children; and the belief that gay men and lesbian women exist in opposition to family life" (Benkov 31).

All of the participants in Joanne Cacciatore and Zulma Raffo's study of bereaved lesbian mothers commented that their sexual orientation played a role in their experience of social support, in one way or another. Their study focused on child death in same-gendered-parent families, which has historically been studied on single or partnered heterosexual parents (Cacciatore and Raffo 169). Their study included parents of different ethnicities and socioeconomic classes. Some parents felt that they were being or would be judged negatively in support groups. Some of these mothers noted that they felt marginalized by other lesbians once

they became pregnant. Most of these mothers, however, admit to having discovered a support system in motherhood that was intact in their time of bereavement. Some of these mothers describe their feelings after joining a social support group for bereaved parents.

I just I...I felt awkward. Nobody openly said anything and there were a couple of couples that were fairly decent, but I felt their awkwardness with me... Well you know, the thing that was different about that is they were all like these couples that respect in such a different time, we may avoid groups because we also feel we need to protect the memory of our children, to protect them from those who judge our families, those who may not honor them (Cacciatore and Raffo 172-173).

Societal norms often restrict or refuse to recognize real grief and look to regulate emotional expression. These restrictions will continue to be discussed in terms of places that are deemed appropriate for grieving.

Place of Mourning

Funerals and gravesites have traditionally been the physical spaces where public mourning has been accepted. These ideas of appropriate spaces for mourning have existed for centuries in Europe. Burial sites from medieval Europe show how gravesites were respected as spaces for mourning.

In a burial site from medieval Poland, some children were found buried with eggs. “Among the Slavs eggs were connected with the cult of ancestors and perceived as symbols of ‘hidden and resurgent life’...In fact, very similar ideas are also related to ‘Easter Eggs’, which are common in Poland, today and which ‘commemorate’ the resurrection of Christ” (Gardeła and Duma 320-321). Pregnant women and newborns were often believed to be impure and this status could last an equal amount of time for both the mother and child (Gardeła and Duma 326). Infant burials in vessels were usually found in places away from consecrated grounds. This may have

been a result of the rise of Christianity in Poland, seeing as how Christian churches became considered sacred areas. This demonstrates that unbaptized infants were not considered people and not buried on church grounds with the other dead.

Anthropologist Sharon Roseman notes:

Work on the anthropology of ‘emotion’ and ‘discourse’ can contribute to a consideration of the social importance, cultural nuances, and pragmatic of death narratives...Anthropological research into the cultural specificity of emotion has challenged the notions of emotions as either ‘universal’ or ‘interior’ (437).

Placeless Mourning

Mitchell et al. note that memorial web pages are “de-territorialized” in Western societies; therefore they do not constrain bereavement into one ritual place and time (416). This enables mourning family members to grieve whenever and however they wish. These new practices are changing traditional ideas of proper time and space for mourning. One website notes:

Memorial websites are the obituaries of the future, offering real insight into who your loved one was and what their life was like. From beautiful pictures to descriptive text to touching audio, the content found on our virtual memorials provides family members and friends the chance to say goodbye, as well as pay tribute. (qtd. in Mitchell et al. 414).

Through these websites, parents can have a space to mourn and, because it is a digital space, they can visit at whatever time they see fit. This also removes the worry of geographical distance, letting parents make a memorial and express themselves however they want, and to share their experiences with others.

Mitchell et al. also note that culturally viable gendered attitudes continue to be expressed in this memorialization by parents (416). As an introduction to the discussion of gender and mourning, I will now discuss Westernized-mourning traditions relative to gender roles.

Gender and Mourning

In American society, both genders are somewhat held by the traditional Victorian standards of conduct (Layne). There is an expectation that a person should display a restrained level of emotion publicly during bereavement. There are different sets of emotions that are to be privately displayed. These expectations continue to govern the behaviors surrounding mourning in Western societies.

Historical Christian religious images represented the woman as the originator of sin and the cause of the moral downfall of man. Unruly and disobedient women were constant in all sorts of texts and images of the past. Images and stories of this nature have done their part to create and enforce the social hierarchies that exist to this day. “The emotional female, like the natural world that is the source of both affect and women, is constructed as both pliant (because weak and a resource for use by civilized man) and ultimately tremendously powerful and uncontrollable” (qtd. in Lutz 77).

In the American heterosexual narrative, “motherhood is assumed to be a natural role for women in which [sic] they are idealized as ‘all-loving, kind, gentle, and selfless’” (Andersen 59). “When a child dies, the idealistic assumptions about motherhood rapidly turn to blame, feelings of failure, and self-reproach” (Farnsworth and Allen 361). These roles may be thought of as completely normal to many people, but they often lay blame on mothers when they have no fault in unexpected tragedies.

Death of a Child

Child Mortality Rates

In 1999, approximately 10.5 million children worldwide died before they turned five years old, the majority of these deaths occurring in low-income countries (qtd. in Einasdióttir 108). Africa accounted for the highest child mortality rate in the world with 36 percent (Einasdióttir 109). “The difference between the lowest and highest child mortality rates within Africa is more than tenfold, and mortality rates for particular ethnic groups are considerably lower for those with access to power and economic resources” (qtd. in Einasdióttir 109). As opposed to most Western industrialized societies, parents in many parts of the world do not make the assumption that their children will make it to adulthood (Einasdióttir). Therefore, the expectations and responsibilities may be different than those held in Western societies. To continue this discussion of cross-cultural grieving and gender practices with an examination of modern-day non-Western societies. We begin by examining how children are raised cross-culturally, with the work done by anthropologist Jónína Einasdióttir. Among the Tongan, the aim of childrearing,

...is to educate the child, who is thought to be naturally stubborn. Through harsh physical punishment, which begins after the first birthday, children are taught to be obedient and show absolute respect for those who are older. Great efforts are made to teach children to speak in respectful language... The Gapun consider their children to be aggressive, selfish, and willful and thus not easily taught. Acquisition of language, knowledge, and other capacities are seen as autonomous rather than socialized processes and care of children is permissive and physical punishment is rare (Einasdióttir 89-90).

This states the expected role of childrearing and the investment of effort that must be put into raising children by parents, as well as other members of the community. After all, that is done to

socialize children in this society to behave appropriately, it is understandable how the loss of a child could be so devastating.

In the following section I will present and discuss three elements of culture that impact the grieving process following the death of a child. They are: 1) perceptions of childhood; 2) types of childhood death; and 3) gender identity.

Personhood of Children

Different perceptions of a child and childhood are likely to impact how the death of a child is mourned. Children are generally thought to be innocent and not at fault if anything terrible were to happen to them (Einasdióttir). Adults tend to act differently in situations that children die, compared to situations when adults die.

Einasdióttir's work focuses on the people in the Biombo region of Guinea-Bissau. She noted that both men and women attended the funerals of children, but women, generally, attended in higher numbers (Einasdióttir 114). This may be because mothers tend to be thought of as closer to their children, as women are generally responsible for childrearing.

Sorcery is believed to be an important reason for the death of a child among the people of Biombo. Children are believed to be targets of sorcery in acts of revenge that target their parents.

Because of envy, hatred, vindictiveness, or simply bad intentions some people decide to use sorcery to hurt a rival or someone they dislike. A child is often the chosen victim...A co-wife's jealousy is the most frequently mentioned reason for killing a child with sorcery...God will later punish the person for such work...Children who die during the first days after birth are sometimes said to have died without any disease symptoms. The death of a newborn is often attributed to sorcery or ritual failure (Einasdióttir 117-119).

In Biombo society, it seems to be accepted that a child may die by some malicious intent by another adult. If a child's death is blamed on sorcery, there is no way for the parent to know who

was the cause. The belief of divine justice leaves family members at ease, believing that the person will suffer for their sins.

It should be noted that in Biombo, both men and women believe that a child is the responsibility of its mother (Einasdióttir 123). When a child is seriously ill, it is expected that the mother will get the child medication or take the child to the nearest medical center; hence, “a woman will not take the sick child of a co-wife or another woman to a health center without being authorized to do so; she will not risk being made responsible if the child dies... However, the mother of a sick child is usually reluctant to go to a health center or a hospital without an elderly woman” (Einasdióttir 123-124). In this society, where it is thought that members of one’s community could cause the death of a child, other parents would rather not be involved than to be held responsible for a child’s death.

Jónína Einasdióttir notes that fathers are considered to generally be less emotional when after the death of a child, but she has witnessed fathers becoming emotional after the loss of a child. She mentions a father who became angry and blaming his wife for not informing him about his daughter’s illness before she died.

Nevertheless, fathers are not considered to be as emotional about their child’s death as are mothers. At a community meeting on women’s burdens in life, a young mother comments that a father does not care so much when his child dies as he wants to sleep with his wife the next night. “It is the mother or *dona* [a closely related elderly woman] who treats the sick child. Fathers are worthless”... When a mother loses a child, if particular if this has never happened to her before, she is supposed to stay in her parental home for a couple of weeks “to forget her child” and “calm down” (Einasdióttir 132).

Even though men do grieve their dead children, men are believed to not grieve, or seem to care, about the death of their children.

Western Society and the Death of a Child

The Centers for Disease Control and Prevention (CDC) reported 18,666 deaths of people between the ages of 1 and 19 in the United States in 2014 (Kochanek et al. 13). In industrialized Western societies, the death of a child seems shocking and it is something that is unexpected (Mitchell et al.).

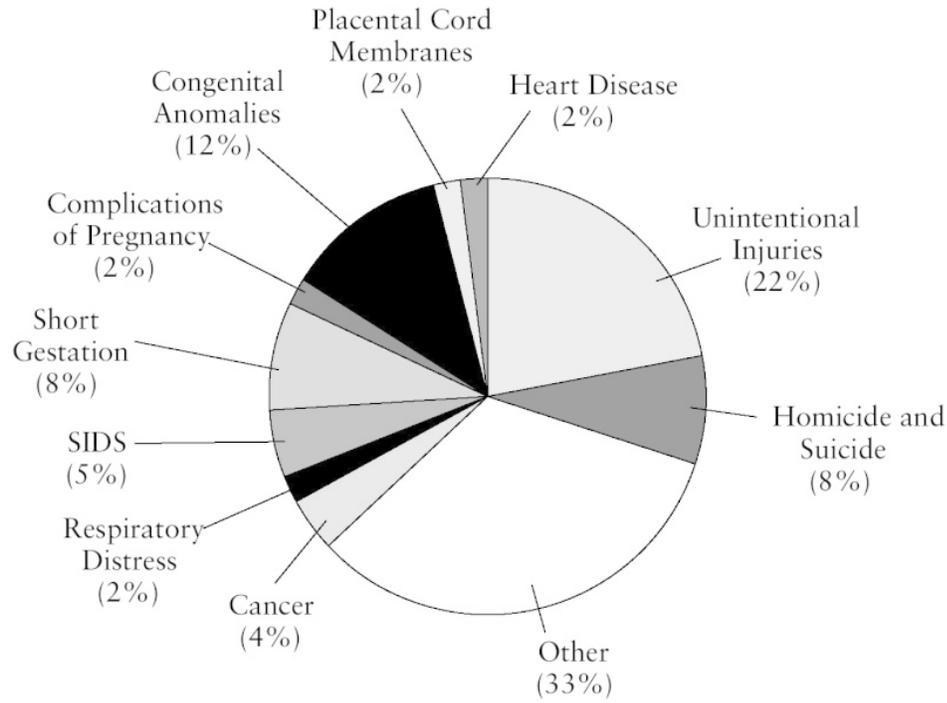
The death of a child may profoundly disrupt deeply held ontological assumptions and narratives about time, the future, nature, and may threaten parental identity...Indeed, there are English-language terms such as 'widow', 'widower', and 'orphan' that mark those changes in social status, but there is no special kin-term for parents whose children have died...The absence of images of deceased children is, we believe, deeply significant and underscores the profoundly destabilizing of child death in an affluent, medicalized society (Mitchell et al. 414).

Similar beliefs may have caused death in Western societies to "become a private affair and also demonstrates the depth of death anxiety endangered by the contemporary cultural milieu" (Palgi and Abramovitch 385).

Figure 1 below shows the percentages of all deaths in childhood accounted for by leading causes of child mortality in the United States in the Year 1999. Figure 2 shows the main causes of childhood deaths worldwide in 2010.

Figure 1:

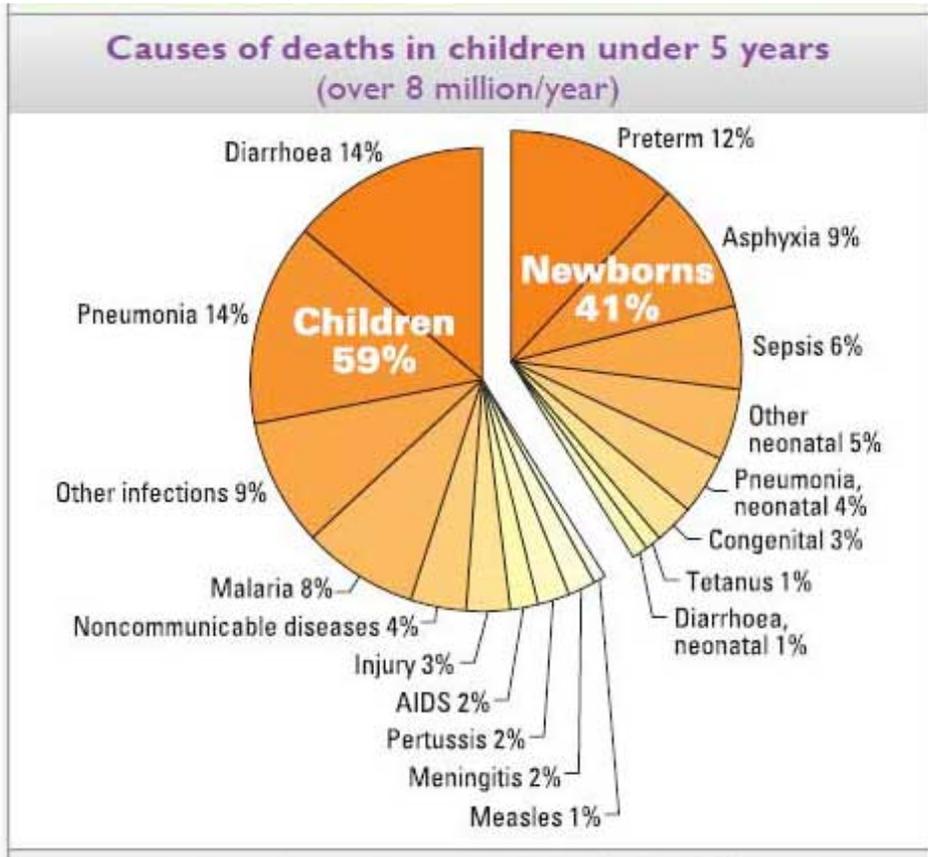
The percentage of total childhood deaths by major causes in the United States in 1999.



(SOURCE: NCHS, 2001a.)

Figure 2:

Main causes of children deaths worldwide.



(SOURCE: WHO, 2010)

In Western societies there also exists this expectation that the one can “get over” the death of a child the same way that one can “get over” the death of an adult (Exley) in Western societies. Exley notes,

...the loss of a child has profound, long-lasting consequences for one’s conceptualisation of self and other personal relations. For any of us who have been bereaved and resisted ‘moving on’, Walter demonstrates that maintaining meaningful bonds (and relationships) with those who have died should not be seen as ‘pathological’ grief, but rather as part of the reflexive construction of self-identity and relationships engaged with on a daily basis” (Exley 116).

Loved ones are often seen as not being able to get over the loss of a child. “Contemporary parents are situated in a social context in which open discussion of death is taboo” (Farnsworth and Allen 360). Snaman et al. note that the death of a child causes a disruption in family structure and that this could cause a feeling of isolation for grieving parents (1594).

Death is no longer considered a part of every day modern life (Small) in the West. Parents are expected to continue living their lives in as normal a manner as possible once the acceptable grieving period has ended. One bereaved parent notes, “Our children don’t expect us to lay down and die because they’ve passed away. They want us to continue with our life” (Snaman et al. 1594). This environment creates marginalization when parents express grief for their deceased children.

Today there is a taboo when it comes to the possibility of a child’s death, as if discussing it will somehow cause it to happen. The social expectation being opposite of what bereaved parents feel can create a feeling of isolation for those parents. There is often a feeling of isolation even from support systems that were previously available (Snaman et al. 1595). Parents may feel shunned unexpectedly by those that have been there for them. “Feeling isolated from support systems and impaired trust and communication with the provider were also important factors that may negatively affect parent’s grief” (Snaman et al. 1595).

Snaman et al. also note that parental behavior surrounding grief is constantly changing and evolving (1595). It must be noted that gender roles are constantly changing, which means that appropriate grieving behaviors are constantly changing as well.

Types of Death – Illness

Anthropological literature on death often focuses on the bereaved and the corpse, but not on the dying (Palgi and Abramovitch 385). To get the best understanding on how these deaths affect parents, it is important to examine situations in which children are expected to die due to illness.

The manner in which children die impacts the grieving process of parents (Clemente; Doka and Martin; Einasdióttir; Snaman et al.). Families who lose a child after a progressing illness may grieve differently from those who lose a child unexpectedly. The expectation of this child's death may cause parents to slowly begin to grieve months or years before the child dies, taking part in expected grieving behaviors without even realizing it. Uncertainty, "perception that ranges from a feeling just less than surety to a feeling of vagueness" (Clemente 21), during these situations may cause parents to behave in certain ways.

In these situations, parents must deal with their children in everyday life while waiting for the inevitable. Some of these ill children may also be expecting their deaths and participate in preparing their parents, possibly trying to soften the blow, for the actual grieving. As one mother notes,

"Once we started bringing him out of the coma... he looked at me and he said, 'Mom, am I dying?' And I didn't know what to say. And I said, 'no ... I don't think so, but you've been very, very ill ... we've been doing everything we could.' And he said, 'if I die, I want you and Dad to know that I love you and you've been good parents ...in case something happens, I wanted you to know this.' And I said, 'well, okay.' You know? Because [my husband] and I didn't know what to say. What do you say when your [teenage] son says that to you, you know? Had we been prepared, which I think the staff was trying to prepare us, we may not have been receiving what they were saying" (Snaman et al. 1595).

In the West, focusing on the present allows for a sense of normalcy, which gives a sense of control that parents do not have (Clemente 50). Strategies of parental control include partaking in

activities that help keep everyone busy and regulating communication to “protect” children; “normalcy becomes a moral requirement to maintain the social order at all costs when death looms closer, even if this requires putting up a front before the child...all the parties act as if the child is going to live when they all know that he or she is dying” (Clemente 51).

Using an example from a non-western society, anthropologist Jónína Einasdióttir describes how the people of Guinea-Bissau deal with a child that has contracted measles and the expectation of death that came with it. She notes how the adults react when a child has a life threatening illness.

When a child is sick with measles it is particularly urgent that some of the old people of the household make an extra offering and ask for help. Children carry amulets or leaves from a particular plant in the hair for protection. When measles are only present in one or a few compounds of the village, all children from other compounds are forbidden to go there. However, when a child in one’s household has measles it is considered too late to keep that child isolated from others (Einasdióttir 122)...

Amongst the people of this community, parents expecting the death of a child with measles create a barrier from other children. They offer extra assistance in, what appears to be, a last ditch effort to try to save the child’s life.

Death From Cancer

Childhood cancer may be one of the most dreaded fears for parents. Even when treated with the most advanced medications, there is still no cure for cancer. According to the CDC, cancer was the second-most leading cause of death, after accidental/unintentional deaths among children (Kochanek et al. 41) and is the leading cause of disease-related death among children in Spain (Clemente 2). Because of this, many consider cancer a death sentence.

Parents of children who have been diagnosed with cancer slowly experience the weakness and deterioration of their child’s health. Many of these parents experience the

phenomenon known as “middle knowledge”, which describes when patients and families move in and out of both denial and acceptance frequently (Snaman et al. 1599). People move from denial to acceptance several times within the same conversation.

As part of this “middle knowledge”, it is common for parents to imagine that their children will be a cured. Parents also commonly imagine their children growing old, getting married, and having children of their own. These expectations actively contradict simultaneous thoughts about the expected death of their children. Even while witnessing the deterioration of their child’s health, many parents remain hopeful that their children will be able to survive the battle with the disease and grow up to live a normal life (Snaman et al.).

Parents also take part in spreading a limited amount of information to their children. Clemente notes that parents often use both verbal and nonverbal queues to communicate, while consistently avoiding negative or uncertain aspects of their child’s medical care (4). Around 60% of these parents “used a variety of euphemisms”, similar results found with British pediatric cancer patients (Clemente 11). During his fieldwork, Clemente noted that children did not always get the answers that they were seeking (13). Many times, it led them to stop asking questions related to their health.

Relatives that expected death began to keep their distance from the parents of the dying child and death is only discussed in hushed tones, which contributes to the sense of isolation that those parents feel when they have lost a child (Clemente 163). One mother expressed the guilt that she felt when another child was dying; it also served as a reminder that her child could be next without warning (Clemente 162-163).

“Bereaved parents of children that die from cancer describe an intense grief trajectory and the bereavement journey is a complex phenomenon that requires further investigation” (Snaman et al. 1601).

Miscarriages/Stillbirths

In Western Societies miscarriages and stillbirths are often accompanied with a degree of taboo, if not more taboo, perhaps more so than with the death of a living child. These may be more taboo than the loss of a child, even though there was not a child that was born. These parents often feel the same isolation as parents who have lost a child. The societal taboo causes parents to feel like they have lost of a support system as well (Snaman et al. 1595).

In many societies, both Western and non-Western, women are usually the ones to deal with the majority of tabooed deaths: miscarriages and stillbirths. They are even at times perceived as being at fault. In these situations, women are both the victims and the caretakers of the victims. In Western societies, “Representations of women as fruitful, productive, healing, cleansing and nourishing vessels contrast with the images of the female body as a source of that disease or as a consuming, dangerous trap, which may appear beautiful but the true condition of which is filthy and borne by the devil” (qtd. in Hallam). These mothers are not always accepted as legitimate mother by their loved ones because they did not give birth or raise a child. Yet they grieve as any other mother who has lost a child would. One would think that since death is the great leveler every mother would experience such a grief in a similar way, but, of course, this is not the case.

Fathers

It has been noted that men have often been absent from academic literature involving children (Layne). Men are generally not expected to be as emotionally expressive as women. “The ethnographic literature provides documentation of men’s observance of food taboos and seclusion during their wives’ pregnancies and of the birth process as a rite of passage for both parents in many societies” (Layne 61). Studies of reproductive loss have rarely put men on center stage, if on stage at all. This may be because stillbirths and miscarriages, both medically and socially, are treated as an illness. Men have traditionally been ignored in academic literature when it comes to social and demographic studies on reproduction.

Gender and Child Death, Grief, and Mourning

We cannot understand the grieving behaviors of parents without factoring gender roles. As has been discussed earlier in this paper, it is widely understood that gender influences so many aspects of life (Doka and Martin 7). Personalities are largely influenced by culture. Doka and Martin elucidate “individuals are active participants in shaping cultural norms, including gender role expectations” (109). It is known that gender is connected to almost everything that one does, this includes grieving behaviors that are deemed appropriate (Doka and Martin 7).

Parents often use the child’s biological sex as a guide on what appropriate behaviors they should raise that child with.¹ These are the patterns that children learn to display and develop into adulthood with.

¹ Doka and Martin note that one of the very first markers of identification that toddlers learn are “boys” and “girls”. These early identifiers begin shaping one’s view of the world at a very early age. This is the beginning of the ideas of appropriate behaviors. These ideas stay with people

During grief mothers often feel guilt and shame. Under the assumed gender stereotypes mothers are the ones considered responsible for the wellbeing of the child. The death of a child is implicitly considered to be a failure of the mother.

Beth's narrative seems to reflect an assumption about her relationship with her husband: she felt responsible for the care and protection of her children; his responsibility was work and school. Although gender roles are more flexible in contemporary American society, broader cultural ideology continues to play a persistent role in the separation of spheres of men and women... The overriding message received by bereaved mothers was: Don't talk; don't feel; don't ask questions; accept and move on (Farnsworth and Allen 363).

Sociologist Neil Thompson states that men in Western societies are known for their "emotional inexpressiveness". This, however, is misleading. It is not that men are socially discouraged to express emotions, Thompson argues, but it is that emotions reinforce the different gender expectations in Western societies. Men are allowed to express emotion in the form of anger, aggression, or violence (Doka and Martin 106), which distinguishes it from the acceptable behavior for women. It may be, in part, because of these expected behaviors that men are believed to be less emotional than women.

These expectations also have an effect on the grieving process.

Women are given free reign to express their grief emotionally, but less so men. Society often expects men to be strong, to be practical, to protect the family, and keep their emotions in check. It's far easier to express sympathy for a mother whose grief is visual and palpable. A father may feel like a bystander in the grieving process, suffering silently until he is alone and able to give himself over to his own sorrow (Silverman and Brenner).

their entire lives, assuming it remains acceptable in that culture over time. These ideas are ultimately influenced by one's surroundings. Cultures are constantly changing. Ideas about appropriate gender norms change simultaneously.

The expectation for the father to “be strong” limits his own ability to grieve after such a heartbreaking loss. Fathers who grieve publicly may have to deal with the social consequences of not staying within their expected gender role.

Violating stereotypic display rules can lead to negative social consequences, [sic] such as social rejection and discrimination...depressed men were rated as ‘unmanly’ and evaluated more negatively than depressed women (qtd. in Brody et al. 372).

Doka and Martin argue that men are less likely to display strong emotions while expressing grief and are more likely to take part in distractions, such as work, play, sex, and alcohol consumption. On the other hand, women are seen as more emotionally expressive than and more likely to seek out the support of others. After the death of a child, men and women typically follow the expected grieving patterns. These expected behaviors creates the incorrect notion that women need more emotional support than men do. The accepted norms place men at a disadvantage for seeking support or publicly expressing their grief.

It is unsurprising, given the bias towards affective responsiveness, that many clinicians have seen aspects of the male role placing men at a disadvantage with grieving when compared to women. Women are seen as more ready to accept help and express emotion, both of which are viewed as essential to the process of grieving. Since men are seen as most likely to show emotion or accept help, they are seen as having more difficulty in responding to loss (Doka and Martin 6).

The existing societal biases have had their influence on academic literature.²

Research has shown that women are generally more nonverbally expressive than men (Hall et al.).

Thus, even when the direct cause of females’ smiling is conformity to gender roles, positive affect may result from enacting those roles (stemming from both the act and its consequences), thus contributing to the positive affect and more smiling...There is,

² Men are often ignored in academic literature when it comes to social and demographic studies on reproduction.

however, evidence that deficiencies in expressing and judging gender-stereotypic emotions may have negative social consequences (Hall et al. 112).

Bereaved fathers generally describe the loss of a child as a “void” or loss of direction in the family (Schwab 104). Fathers feel responsible for managing and controlling’ their family members’ grief (Schwab 104). Mothers often describe the loss of a child as a personal loss that affects them deeply, often pushing towards isolation (Schwab 104). Societally constructed gender roles can greatly influence the way a parent thinks and reacts when it comes to the death of a child.

Gender norms change over time and are constantly influenced by cultural changes. Culture norms define the appropriate behaviors in every social interaction, including the appropriate behaviors during bereavement. These norms may sometimes seem permanent, but “gender roles are not static and there are differences within gender role socialization” (Doka and Martin 134).

Migration and Gender

Through migration people have carried their traditional grieving behaviors and understandings of gender roles into Western societies. Immigration allows people to keep some of their behaviors and traditions while simultaneously adapting to the common practices in their new home. Gerdien Jonker’s research focused on Greek and Turkish immigrant communities in Berlin. Jonker discovered that there was a division of labor during funerals for both of these cultures. Although men and women didn’t necessarily interact with each other during funeral proceedings, they were aware of each other’s roles. In both communities, the men are responsible for organization, transport and burial of the body back in their homeland, which

causes them to deal with institutions outside of their community. Women are charged with ensuring that the traditions are kept and passing them on to the next generation, which keeps most of their interactions within the community.

Male and female memory thus appeared to be tied to the different functions that structure their present communities...[a] continuous narration of the past is being transmitted...The past is an ever-present reality which is continuously being reproduced (Jonker).

Traditionally grief is also explored in relation to division of labor, with women expected to be the “carers” and men expected to be the “doers”. Men are usually seen as being more rational and taking action after a death, while women are thought of as being more emotional. These approaches are taken into account in studying grieving behaviors. Thompson sees this approach as problematic because it leaves very little room for dealing with the emotional challenges of a significant loss, an example of this being the lack of emotional expressiveness in men. This perception of masculinity continues to keep patriarchal inequalities in place.

Children and Grief

All of the aforementioned factors influence grief and grieving behaviors. As for children and grieving, children learn appropriate grieving behaviors from their parents and other adults who correct their behaviors accordingly. It is a trans-generational transmission on a societal level (Silverman and Brenner), which may be true of many of the socially accepted behaviors that children learn.

It is sometimes mistakenly assumed that the siblings of the deceased child will immediately resume their normal lives. Children, however, are more perceptive than adults and learn how to express grief by watching their parents grieve. It is important for parents to model

appropriate grieving behavior as “parents who are capable of expressing their emotions and displaying their feelings positively show their children that they can do the same thing” (Silverman and Brenner). Girls are more likely to share more about their feelings surrounding death than boys. On the other hand, boys are encouraged to be strong and keep to themselves (Doka and Martin 130-131). From a young age boys are encouraged to be stoic, remain calm and display emotional restraint.

Order of birth may also affect grief among siblings. Birth order demonstrates various characteristics that set each sibling apart. If the eldest sibling dies, the second oldest sibling may feel that it is his or her responsibility to step up and be stronger to make grieving easier for the family. This is especially true if this child is male, following his father’s example of not displaying any emotion.

When a firstborn dies, the parents must start over again, except that the relationship they’ve had with the deceased first child is carried over into the order of subsequent children. The child that follows...may then ‘inherit’ the role of the firstborn. In essence, the child may be deprived of the family role that is rightfully theirs according to birth order. Although the memory of the deceased is a reminder that someone was here before them, the responsibility to fill this other role shifts to their shoulders and what they should have been on their own terms becomes a distant memory (Silverman and Brenner).

As author Paolo Bacigalupi once wrote, “The problem with surviving is that you ended up with the ghosts of everyone you’d ever left behind on your shoulders.”

Medical Authority on Gender Roles and Grief

Historically the death of a child was accepted more than it is today. Historically as recently as the turn of the last century, children died very often. The medical advancements of

the 20th century have given people a sense of unfamiliarity with death, unlike previous generations.

In the last century, birth and death have transitioned from the home to the hospital (Mitchell et al. 413). The goal of the hospital is to keep order by maintaining a “rational” space. One way that order is kept is through the restraining of emotional outbursts. It should be no surprise that historically men have dominated medical spaces. As a consequence these spaces have been, and continue to be, characterized by female subjugation. The table below shows that even though the percentage of women in the medical profession has increased, men generally work in certain aspects of the medical profession in higher percentages than women.

Table 2:

Numbers (percentages) of men and women in top 10 male and female dominated healthcare occupations for age range 18-44 years, 1971 and 2001

	No/total of men and women (%)		Change (% points) [±]
	1971	2001	
<u>Male dominated</u>			
Orthotist	50/50 (100)	54/87 (62)	-38
Ambulance officer	156/156 (100)	363/600 (61)	-40
Hospital orderly	551/559 (99)	375/534 (70)	-28
Surgeon	121/123 (98)	237/270 (88)	-11
Dentist/dental surgeon	480/492 (98)	480/786 (61)	-37
Osteopath/chiropractor	49/50 (98)	153/276 (55)	-43
Optometrist/dispensing optician	108/111 (97)	183/525 (35)	-62
Physician	82/88 (93)	396/639 (62)	-31
General practitioner	564/604 (93)	1134/2148 (53)	-41
Gynecologist/obstetrician	27/30 (90)	21/60 (35)	-55
<u>Female dominated</u>			
Dental therapist	1645/1645 (100)	390/399 (98)	-2
Dietician/nutritionist	117/117 (100)	231/255 (91)	-9
Karitane nurse[‡]	504/504 (100)	45/45 (100)	0
Midwife	253/253 (100)	1116/1122 (99)	-1
Plunket nurse[‡]	80/80 (100)	249/249 (100)	0
Public health nurse	290/292 (99)	489/501 (98)	-2
Occupational therapist	246/248 (99)	1083/1209 (90)	-10
Principal nurse	80/81 (99)	177/198 (89)	-9
Registered nurse	4806/4880 (98)	13968/14991 (93)	-5
Nurse aide	3538/3603 (98)	3867/4140 (93)	-5

Percentage values do not always add to 100% owing to rounding.

[†]The decrease for each of the 10 male dominated occupations was highly significant (χ^2 test, $P < 0.0001$).

[‡]Nurse trained in the care of young babies and their mothers, according to the principles of the Plunket Society (a major provider of well child and family health services in New Zealand).

[§]A nurse who works for the Plunket Society.

People often speak of controlling emotions and handling emotional situations (Lutz 72). These promote what are perceived to be appropriate behaviors in the male dominated medical setting. When it comes to the decision of whether or not to see the body of their deceased child, Alice Lovell's work found that the mostly male hospital staff had a large influence in the decisions made by bereaved parents of both genders. In these situations health professionals defined the proper situations in which to proceed and grieve.

Limitations of this Paper

It should be noted that all of the information in this paper has been gathered through academic literature and not through completed fieldwork on this subject. The information presented is through the viewpoint of others, which may carry along the biases of these researchers. Due to limitations in firsthand experience with this research there may be missing factors that may have been included otherwise. Also, the role of religion was not discussed in how it has shaped gender roles and enforced certain grieving behaviors.

Conclusion

There is not a more difficult situation for a parent to live through than the death of a child. Parents face a range of socially sanctioned expectations surrounding their mourning. One not behaving in an acceptable manner can result in social repercussion. We don't often think of behaving in a socially sanctioned manner during such a painful, stressful time, but these rules are always in place, passing silent judgment on the parents at the most painful time of their lives.

This paper has explored how some specific elements in society shape current norms about parents dealing with the death of a child. In many ways the needs of parents are not well served by cultural expectations and limits. These expectations may change, since cultural norms are not static, however it is hard to predict when this will occur.

Neil Small notes that anthropologists, along with the other social scientists, should work to not make judgments through westernized eyes. The purpose being to prevent other cultures from having a perception of being exotic, which would allow for a wider acceptance of different ways to cope with grief. Different people with different cultural expectations should be able to express their grief in whatever way they see fit and shouldn't be judged negatively because of it. Even people who share a cultural background shouldn't be judged for not behaving in any particular way. Unfortunately, in modern Anglo-Saxon society, "the dead do not fit into modernity" (Small). This perception of what is acceptable limits those who mourn to follow certain acceptable behaviors and also limits their behavior to a certain length, as is done in the United States.

I had a limited experience with death while I was growing up, not losing my first loved one until I was an adult. I became interested in the appropriate social interactions surrounding death as I witnessed it more. These behaviors, that may have seemed normal to others, interested me. Specifically among gender lines, which was where I noticed the most difference.

All societies have some form of mortuary ritual designed to remember the dead and give the living some space to grieve. Most of the historical work on grief within the social sciences has been based on the examination of practices in non-Western cultures. This, unfortunately, creates an exotic idea surrounding death and mortuary ritual that does not allow us to examine our own cultural practices without bias.

There are different general grieving patterns. Certain behaviors are associated with one gender more than the other. When these culturally proscribed norms are not followed, grieving parents may pay the consequences through social isolation. Societal norms often restrict grieving parents to restrict their emotional display and only act in the appropriate manner. Gender roles in grief are not a modern-day occurrence.

Archaeological evidence from Western Europe proves that gender roles were expressed by the living through burials. Boys being buried with arrowheads symbolized their status as hunters in modern-day France.

The differences in these gender expectations guide how people should act. Unfortunately, these restrictions affect how parents grieve. These restrictions also help enforce the social hierarchies already in place. The medicalization of death over the last century has caused, mostly male, medical professionals to have large influence on the appropriate grieving patterns within hospitals.

All of these factors influence how these patterns of grief are displayed, shared, and learned, during what may be the hardest thing that any person has to go through: the death of their child. During such a complex time, one may not be aware that all of the complex social norms are still in place. The rules that we have been raised with and know subconsciously continue to apply. This world, and the way that we are supposed to behave in it, stop for no one.

Twenty years from now, there will most likely still be gender roles for grieving behaviors, but most likely with much less importance placed on these expected gender behaviors. There may be different than the expected gender-connected grieving behavior than what we see today. With a rise in societal pushback on prescribed gendered behaviors, there to be more of an

acceptance for different grieving behaviors, with more open acceptance of other behaviors as well, and more efforts to prevent feelings of isolation.

References

Andersen, Margaret L. *Thinking About Women: Sociological Perspectives on Sex and Gender* (3rd ed.). Macmillan, 1993.

Benkov, Laura. *Reinventing the Family: Lesbian and Gay Parents*. Harmony, 1994.

Brody, Leslie R., Judith A. Hall and Lynissa R. Stokes. "Gender and Emotion: Theory, Findings, and Context." *Handbook of Emotions*. Ed. Lisa F. Barrett, Ed. Michael Lewis, Ed. Jeannette M. Haviland-Jones. The Guilford Press, 2016, pp. 369-392.

Cacciatore, Joanne and Zulma Raffo. "An Exploration of Lesbian Maternal Bereavement." *Social Work*, vol. 56, no. 2, 2011, pp. 169-177.

Clemente, Ignasi. *Uncertain Futures: Communication and Culture in Childhood Cancer Treatment*. Wiley Blackwell, 2015.

Doka, Kenneth J., and Terry L. Martin. *Grieving Beyond Gender: Understanding the Ways Men and Women Mourn*. Routledge, 2010.

Einarsdóttir, Jónína. *Tired of Weeping: Mother Love, Child Death, and Poverty in Guinea-Bissau*. The University of Wisconsin Press, 2004.

Exley, C. "Review Article: The Sociology of Dying, Death and Bereavement." *Sociology of Health and Illness*, vol. 26, no. 1, 2004, pp. 110-122.

Farnsworth, Elizabeth B., and Katherine R. Allen. "Mothers' Bereavement: Experiences of Marginalization, Stories of Change." *Family Relations*, vol. 45, no. 4, 1996, pp. 360-367.

Gardeła, Leszek, and Paweł Duma. "Untimely Death: Atypical Burials of Children in Early and Late Medieval Poland." *World Archaeology*, vol. 45, no. 2, 2013, pp. 314-332.

Hall, J. A., J. D. Carter, And T. G. Horgan. "Gender Differences in Nonverbal Communication of Emotion." *Gender and Emotion: Social and Psychological Perspectives*. Ed. Agneta H. Fischer. Cambridge University Press, 2000, pp. 97-117.

Hallam, Elizabeth. "Death and the Representation of Gender in Image and Text." *Death, Gender, and Ethnicity*. Ed. David Field, Ed. Jenny Hockey, Ed. Neil Small. Routledge, 1997. E-book.

Jonker, Gerdien. "Death, Gender and Memory: Remembering Loss and Burial as a Migrant." *Death, Gender, and Ethnicity*. Ed. David Field, Ed. Jenny Hockey, Ed. Neil Small. Routledge, 1997. E-book.

Kochanek, Kenneth D., Sherry L. Murphy, Jiaquan Xu, and Betzaida Tejada-Vera. "Deaths: Final Data for 2014." *National Vital Statistics Reports*, vol. 65, no. 4, 2016, pp. 1-121.

Layne, Linda L. *Motherhood Lost: A Feminist Account of Pregnancy Lost*. Routledge, 2003.

Lofland, Lyn H. "The Social Shaping of Emotion: The Case of Grief." *Society for the Study of Symbolic Interaction*, vol. 8, no. 1, 1985, pp. 171-190.

Lutz, Catherine A. "Endangered Emotion: Gender, Power, and the Rhetoric of Emotional Control in American Discourse." *Language and the Politics of Emotion*. Ed. Catherine A. Lutz, Ed. Lila Abu-Lughod. Cambridge University Press, 1990. pp. 69-91.

Mitchell, Lisa M., Peter H. Stephenson, Susan Cadell and Mary E. Macdonald. "Death and Grief On-Line: Virtual Memorialization and Changing Concepts of Childhood Death and Parental Bereavement on the Internet." *Health Sociology Review*, vol. 21, no. 4, 2012, pp. 413-443.

Palgi, Phyllis and Henry Abramovich. "Death: A Cross-Cultural Perspective." *Annual Review of Anthropology*, vol. 13, 1984, pp. 385-417.

Roseman, Sharon R. "'Going Over to the Other Side': The Sociality of Remembrance in Galician Death Narratives." *Ethos*, vol. 30, no. 4, 2002, pp. 433-464.

Schwab, Reiko. "Gender Differences in Parental Grief." *Death Studies*, vol. 20, 1996, pp. 103-113.

Silverman, Rita and Abigail Brenner. *Replacement Children: The Unconscious Script*. Sound Hill Review Press, 2015. E-book.

Small, Neil. "Death and Difference." *Death, Gender, and Ethnicity*. Ed. David Field, Ed. Jenny Hockey, Ed. Neil Small. Routledge, 1997. E-book.

Snaman, Jennifer M., Erica C. Kaye, Carlos Torres, Deborah Gibson, and Justin N. Baker.

"Parental Grief Following the Death of a Child From Cancer: The Ongoing Odyssey."

Pediatr Blood Cancer, vol. 63, 2016, pp. 1594-1602.