After the death of a friend: Young Men’s grief and masculine identities

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A B S T R A C T

Young men can have an uncomfortable relationship with grief. Socially constructed masculine ideals dictate that men be stoic in the aftermath of loss, most often expressing their sadness and despair as anger. Perhaps because of alignment to such masculine ideals little research has been done to explore young men’s grief – and chronicle the ways they think about loss, their responses and how they go about describing their identities after a tragic event. Using qualitative individual interviews and photo elicitation methods, we investigated the ways in which 25 men aged 19–25 grieved the accidental death of a male friend. The study was conducted from April 2010–December 2011. Causes of death were diverse, and included motor vehicle accidents, adventure sports, drug overdose and fights. The findings revealed men’s predominant grief responses as emptiness, anger, stoicism and sentimentality. Participants’ description of their grief responses illustrated the ways in which they struggled to reconcile feelings of vulnerability and manly ideals of strength and stoicism. We gained insight into men’s grief practices by looking at the ways in which they aligned themselves with a post-loss masculine identity. These identities, which included the adventurer, father- figure and the lamplighter, revealed gender-specific processes through which men understood and actively dealt with their tragic loss. The results offer novel insights to men’s grief and identity work that may serve to affirm other men’s experiences as well as guide counselling services targeted to young men.

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Introduction

Grief can be a challenging experience that catalyses a diverse array of social processes and practices (Jacobs & Prigerson, 2000; Ritchie, 2003). While there has been scholarly attention paid to grief and the linkages to health and illness, gender analyses are conspicuously absent and, in particular, studies examining connections between masculinities and grief among young men. Instead much of the literature has focussed on describing gender and the linkages to health and illness, gender analyses are

[1] Martin & Doka, 2000). Inversely, emotional outpourings, such as crying, expressed by Western women in grief are conceived of as typically feminine behaviours (Martin & Doka, 2000; Shamir & Travis, 2002). In the specific context of bereavement induced grief, Archer’s (1999) review of the literature revealed that men experience significant mental and physical health impacts following the loss of a spouse, with subsequent mortality was most often attributed to accidents, lung cancer and heart disease (Martikainen & Valkonen, 1996). W. Stroebe and M. S. Stroebe (1993) suggest that this may be due the tendency for men to have fewer social support networks than women do. In contrast, Archer (1999) found that many men recover from grief more quickly than do women. Nolen-Hoeksema (1997) suggested that men’s “problem solving” approaches to grief can reduce their potential for developing reactive depression.

Because expressions of grief are deeply gendered, they are also powerfully policed and men who grieve in ways that do not embody socially assigned masculine practices (such as stoicism and rationality) can feel judged and alienated (Martin & Doka, 2000). The social practices around men’s grief have been deemed detrimental by Zinner (2000) because “manning-up” and adopting a
form of toughness positions crying and/or seeking supports as being weak and un-masculine. Perhaps this is especially evident among young men who aspire to embody manly virtues of competitiveness and self-reliance and risk taking following the loss of a significant other (Archer, 1999; Davies, McCrae, & Frank, 2000; Mayne, Acree, Chesney, & Folkman, 1998). Rieker and Bird (2000) have referred to such practices as choice disability, arguing that gender restraints can constrain men’s expressions and perhaps experiences of death related grief.

The aim of this article is to describe young men’s grief experiences and how they expressed a masculine identity following the accidental death of a male friend. Findings from the study, while potentially affirming other men’s experiences of grieving, may also influence young men-centred counselling services.

Masculinities, young men and death

The leading cause of death for young Western men between 19 and 24 years is accidental injury (Kelland, 2011; Phillips, 2005; Statistics Canada, 2005). Many young men are killed in motor vehicle accidents, and these fatalities are often connected to recklessness, excessive speed and impaired driving (ICBC, 2007). Other leading causes of mortality include sports-related and workplace deaths, along with unintentional substance overdose (Statistics Canada, 2005). These longstanding tragic outcomes have, to some extent, been positioned as a fait accompli in the lives and deaths of many young men. Sex-based explanations have posited evolution (Maccoby & Jacklin, 1974; Wilson, 1975; 1978), hormones and brain physiology (Kemper, 1990; Maccoby & Jacklin, 1974; Steinberg, 2007; Wilson, 1975) as biological drivers for men’s risk taking, violence and involvement in extreme sports (Campbell, 1999; Pawlowski & Atwal, 2008). Similarly, Cobb (2004) argues that male adolescents are not developmentally mature enough to understand the consequences of risky actions.

More recently, attention has been paid to how social constructions of gender (and their intersections with other social determinants of health including culture, social class and socioeconomic status) influence an array of men’s health practices including risk-taking. Key to this men’s health work has been the adoption of Connell’s (1995) masculinities framework, which is based on two principles: (a) patriarchal power and characteristics, including stoicism and self-reliance, which are understood as hegemonic masculine ideals that influence men’s affect and health practices, and (b) a plurality of context-dependant masculine performances are embodied by men in relation to hegemonic masculinity.

Connell (1995) masculine performances are categorized as complicit, subordinate and marginalized; by definition, complicit masculinity sustains hegemony by enacting social practices that approximate or reproduce men’s hegemonic status in the social hierarchy. In the context of the current study, the masculinities literature suggests that many young men are complicit in sustaining hegemonic masculinity by engaging in high-risk activities (Connell, 1995; Grieg, 2009; Messerschmidt, 1993; Robertson, 2006), practices which result in many seemingly preventable accidents, injuries and deaths within that sub-population of men (De Visser & Smith, 2006; Frosh, Phoenix, & Pattman, 2002; Kimmel, 2008). Subordinate forms of masculinity are associated with failed hegemony, for instance, lack of authority, weakness, domesticity, and statuses associated with femininities such as emotionality and dependency. Marginalized masculinities are linked to de-privileged race, class and ethnic markers, and include men who are excluded because of their perceived deviation from standards of white Western idealized masculinity (Connell, 1995). In the context of the current study, subordinate masculinities may be assigned to young men who express their grief through crying and/or who become careful and conservative rather than risk-reliant because they fear future injury. Young men are also exposed to a variety of masculine ideals and, for marginalized men, the options may be narrower based on personal characteristics (e.g., tendency towards risk-taking), cultural milieu, and personal circumstances (e.g., growing up in poverty, absent fathers, high-risk environment, etc.). Young men have variable agency and levels of choice disability in rejecting, reconfiguring and aligning to specific hegemonic ideals as a means to demonstrate their complicity or contesting their subordinate or marginalized masculine status.

Methods

The methodological approach informing our study was interpretive description, a qualitative method drawing on the explicit logic of how knowledge is used in the applied health disciplines (Thorne, 2011). Our approach relied on a knowledge-to-practice orientation whereby we sought out knowledge with the intention of garnering empirical findings that could be utilized to improve the practice of health care providers and support workers who come into contact with men who have experienced loss (Thorne, 2008). In keeping with this approach, our social constructionist framing was purposely employed to produce knowledge with the aim of understanding young men’s grief as a means to positively influencing targeted support and counselling services. Data collection methods, including individual interviews and photo elicitation, were used to explore how participants grieved the accidental death of a male friend amid describing their post-loss masculine identities. Integral to our approach was attention to the meaning that participants made of their stories and photographs, drawing connections with material, social and institutional conditions. Addressing the overarching research question, How do young men grieve and construct masculine identities following the accidental death of a male friend? we inductively derived and developed findings based on the young men’s interviews and photographs.

Sample

Twenty-five men, ranging in age from 19 to 25 years old (mean = 21), who had experienced the death of a male friend within the last three years participated in the study. Participants were eligible for inclusion if their friend’s death was due to a risky activity (considered risky by the researcher—not necessarily the participant) such as drug overdose, motor vehicle accident, sports injury or fighting. Participants were Anglo-Canadian (n = 14), and Aboriginal (n = 5), South Asian (n = 3), Central American (n = 1), Jamaican (n = 1) and Bermudan (n = 1) and resided in Vancouver, British Columbia, Canada and its surrounding suburbs. Additional sample demographic details are included in Table 1.

<table>
<thead>
<tr>
<th>Table 1</th>
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<td>Age</td>
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<td>5</td>
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<td>Current primary activity</td>
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<td>Relationship status (all heterosexual)</td>
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<td>13</td>
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