- Of Resiliency and Spirituality, p. 2
- The Family Dance, p. 9
- When Parents Grieve, p. 16
To better serve its readers, Marriage & Families is adding three sections, designed to increase its appeal and usefulness.

Beginning with this issue, Marriage & Families will feature “Web Wise” (found on the inside front cover) which will provide brief summaries and overviews of Internet sites that provide various audiences with information relating to marriage and families.

In addition, a news section will now be included in each issue. This section will also feature information of use to those interested in marriage and family issues, including reports of activities of the BYU School of Family Life, information on professional conferences and workshops, research findings, and other practical information.

And, beginning with the next issue of Marriage & Families, scholars, researchers, and family practitioners will provide brief but informative answers to questions submitted by our readers. Those wishing to submit questions that related to marriage and families are invited to send them to Editor, Marriage & Families, 370 SWKT, Provo, UT 84602-5500, or to submit them via e-mail to marriage-family@byu.edu.

“Web Wise,” a new addition to Marriage & Families, features a variety of Internet sites of interest to our audiences. Each site is reviewed by the editorial staff, but inclusion does not constitute an endorsement of the site or its content by Marriage & Families or by its sponsoring institutions. (Although this issue features three interrelated sites from Brigham Young University, future issues will provide information on sites from a wide range of sources.)

Those wishing to submit Internet sites for possible inclusion should e-mail a URL and brief summary of the site being recommended to marriage-family@byu.edu.

WEB WISE

BYU School of Family Life: www.ffss.byu.edu/familylife/

In addition to publishing Marriage & Families, Brigham Young University’s School of Family Life is home to several academic disciplines and outreach activities that are committed to understanding, applying, and sharing principles of successful marriage and family life.

Information found on the website includes the school’s mission and objectives, listings of faculty, and descriptions of the School’s various departments, programs, majors, and graduate programs.

In addition, the site provides a link to the Marriage & Families website (www.marriageandfamilies.byu.edu), which contains a searchable archive of all issues as well as an option to receive the magazine online.

The BYU Family Studies Center: www.familycenter.byu.edu

A related site provides a link to BYU’s Family Studies Center, which is dedicated to identifying characteristics associated with strong families and the processes by which they develop. At the heart of the center’s mission is understanding families and family members and assisting them to achieve their full potential.

More than 75 faculty members at Brigham Young University focus on marriage, parenting, and family development. The Family Studies Center provides support to these scholars and disseminates the results of their research to families, educators, church and social organizations, family practitioners, government agencies, and the public with the goal of providing practical tools to use in strengthening family relationships.

A rich resource for information, the Center’s web site includes a complete archive of the Family Talk newsletter, a bi-monthly publication that highlights outreach and research programs; media resources, including an archive of newspaper columns by BYU faculty members and other press releases; information on outreach programs, conferences, symposia, and seminars; and links to related web sites.

Marriage & Families is a journal for young couples, husbands & wives, parents, and professionals—including educators, counselors, therapists, psychologists, physicians, social workers, nurses, public health people, teachers, clergy, experts in family law, and everyone interested in marriage and families. Our editorial board members belong to many faiths—with a common belief in the importance of traditional families. Marriage & Families is dedicated to strengthening families. Without apology, our name begins with the word marriage—a concept that many dismiss or completely ignore these days. However, since marriage and fidelity are essentials, not options, in a healthy society, we are pleased to bring you a publication containing credible data supporting this and other time-tested principles and values related to the family.
HOPE FOR CHILDREN LIKE BETSY
Lynn K. Wilder and Rob Weidmann

THE FAMILY DANCE
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UNDERSTANDING AND RESPONDING TO PARENTAL BEREAVEMENT
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GETTING PAST SELF-ESTEEM
H. Wallace Goddard
Hope for Children Like Betsy

By Lynn K. Wilder and Rob Weidmann
The patterns of human lives are as unique as the patterns of snowflakes. Betsy’s pattern formed an extraordinary design. She was born into a cold Wisconsin world in early May of 1930, chilled from two sources—damp Wisconsin weather and troubled German parents. The weather in Wisconsin has always been harsh from the forces of nature. Betsy’s parents chose their own harsh pattern.

Her father, Hans, had been recognized early in life for his brilliance. He was the youngest man ever to graduate from Marquette Medical School. Betsy’s mother, Alberta, was equally talented. Before her marriage to Hans, Alberta had been a concert pianist trained in Chicago, who had taught at the Milwaukee Conservatory of Music. Strikingly handsome and well to do, they were a popular couple in the small town in which they settled. He, outgoing and admired, ran a medical office and pharmacy out of their basement; Alberta took care of the home. Well, sort of.

Betsy was the one who assured the patients that her father would come down soon. She was the one who struggled to get him out of bed. She was the one who got herself and her brother up for school and made peanut butter sandwiches at lunchtime. She even traveled with her father in the middle of the night to the homes where he delivered infants, cared for the dying, and injected a serum made from his own blood into his patients with polio (he being a survivor of the disease). This serum was reported by county residents to have miraculous healing qualities; unfortunately, its benefits were never documented. It was Betsy’s job, she felt, to keep her father awake at the wheel—to keep him alive, and to keep the image of respectability alive.

That Betsy assume such roles became a necessity. Hans and Alberta were drug addicts. He had become addicted while in medical school, when the stress of 36-hour emergency room shifts had prompted him to take amphetamines to stay awake and narcotics to go to sleep. Alberta had joined him. In the nighttime, their home was rent by shrill quarreling, pushing, screaming, scuffling over sexual antics, and falling down stairs, with the chaos eventually subsiding into the melancholy sounds of Alberta’s piano playing. Later in life, Betsy looked at the old bedspread from her parents’ room and remarked, “Oh the beatings that took place here.” Her brother Billy’s job was to protect his mother as best he could, though he was barely a year older than Betsy. At night, Betsy closed the windows in an effort to keep the neighbors uninformed.

Hans toiled over several years to break the chains of addiction. He traveled to Texas and lived with a relative, a nurse, as he tried to conquer the addiction. But Mexicans desperate for money ran new supplies to him across the border under cover of darkness, and he did not turn them away. Back in Wisconsin, Hans finally gave up the struggle by closing the garage door, starting his car, siphoning the exhaust into the car, and drifting off to death.

Eleven-year-old Betsy came home at lunchtime that particular day. Alberta and Billy were still in bed asleep. Betsy heard the car running in the garage. She quickly made herself a sandwich and ran back to school. After school, the car was still running in the garage, so she went upstairs and awakened her mother, who checked to see why the car was running. Together they found Hans completely out of the car, as if he had changed his mind about his suicide after it was too late. Betsy lived with the awful realization that he might have been alive at noon, and she might have saved him. She could never be sure.

Alberta didn’t handle the tragedy well. She was overcome with grief and with drugs. The neighbors washed her hair, cleaned her up, and dressed her for the viewing of Hans’ body in the family dining room. None of Betsy’s grandparents (even the pair who had kept her every summer that she was old enough in their summer cabin on Lac du Flambeau) came to the funeral; but her Uncle Tony came, and he alone held her. Directly thereafter, she and her brother were taken to separate foster homes; Alberta went to a state institution. The family lived apart for several years.

After the stresses and tragedies of her young life, Betsy might have been expected to make some poor decisions as she matured, but she didn’t. As her daughter, I know Betsy well and have pondered for many years on why she did so well, considering the risk factors of childhood abuse and
neglect. From what she expressed to me before Alzheimer’s clouded her mind, I believe she survived and even thrived on the strength of two qualities not uncommon in those who have learned to handle a storm. One is resiliency, the other spirituality.

**Resiliency**

Resiliency is the inherent ability of an individual to cope with stressors. Research indicates that at risk children who successfully avoid mental illness and poor choices typically employ a number of coping skills (Kinsella & Anderson, 1996). Betsy, who was definitely at risk, applied several coping skills in order to stay emotionally healthy. One coping skill that builds resiliency is constructive escape. Children like Betsy need to become involved in activities—outside of the home—that occupy their time and attention in constructive ways and bring them pleasure. Some activities that serve as constructive escape are tutoring younger students, participating in athletics, participating in service learning activities, joining after-school clubs and study groups, acting in drama productions, taking art classes, joining music groups, participating in organized religious groups, and attending other extra curricular or social activities (Wilder & Obiakor, in press). One way Betsy escaped was through dance.

Shirley Temple, the little curly-headed movie star, was about the age of Betsy and Billy. With her popularity, dance studios sprang up all over the country, including the Hollywood Dance Studio in Waukesha, Wisconsin. Alberta, always anxious for anything she considered proper and classy, drove her son and daughter twice a week to tap dancing lessons. Billy didn’t tap very well, even with instructions, but Betsy blossomed. At the exclusive recital, held at a local movie theater, she literally shook the stage with her pronounced stomping every fifth or sixth beat. Billy, who hadn’t made the cut to perform, teased his sister. She took it characteristically well and offered him a few suggestions on how he could improve his dancing skills. Dance helped Betsy feel competent at something, feel like she belonged to an important group and had power as a group member. Creating such conditions for children at risk helps them to feel optimistic about the future (Sagor, 1996).

Another coping skill that builds resiliency in children is learning to seek support from healthy individuals. Adults are especially effective, but anyone who cares can help (Beardslee, Wright, Salt, Drezner, Gladstone, Versage, & Rothberg, 1997). Resilient children tend to be active, affectionate, and good-natured, making it easier for them to gain social and other kinds of support from others (Wolkow & Ferguson, 2001). Betsy constantly fostered strong relationships with others. One of the most valuable relationships in her young life was with her brother Billy. On one occasion, Hans’ oldest brother Tony took Betsy and Billy fishing on Pokegama Lake. Immediately Betsy began catching fish, and Tony was kept busy taking the fish off her hook while praising her ability as a great sportswoman. Meanwhile, Billy sat in the boat holding a rod with a bare hook. Finally, during a lull in Betsy’s fishing success, Tony attempted to help Billy become a great outdoorsman, too. But, alas, as Betsy once again started to pull them in, Billy sat there with nary a nibble. Tony praised Betsy’s prowess, now and then glancing at her brother. Finally, Billy whined that he should change sides with her because all the fish were on her side of the boat. Betsy cheerfully agreed to the change, but she continued to catch all the fish. Billy responded by griping and teasing. Betsy endured his harassing on this and many occasions because she didn’t want to jeopardize that important relationship with her brother.

The gift of building relationships continued into Betsy’s adult life. She had an unusual talent for
making anyone near her feel comfortable. She truly loved people, showing genuine interest in their troubles. She spent the days of her adult life looking for people who were hurting and then doing what she could to ease their burdens, as if these acts were in some way an atonement for her childhood troubles. She was determined that her own children, the children of her neighbors, and, later, the students she taught in religious education classes, would never experience the kind of pain she had known without the support that she had to offer.

Some might recognize this gift as charity. Betsy was contented with it; she caused others to feel it, and they were drawn to her. More than once, as Betsy went through the checkout at a store with her purchases, the line of customers would accumulate behind her as the clerk, a total stranger, told Betsy with great intensity about the nuances of her personal life. Betsy listened with heart and soul, unconcerned about the mounting numbers behind her. She survived and even thrived despite her childhood experiences because of her resilient personal characteristics, her use of constructive escape, her precious personal relationships, and her attention, as an adult, to helping others who were experiencing pain as she had experienced it. Betsy learned to turn bad experiences into good personal qualities, even though the images and emotions of her abuse and neglect never left her memory or her conversation until Alzheimer’s changed her.

### Spirituality

Another coping mechanism that saved Betsy from the all-too-common emotional problems that can result from childhood abuse and neglect was an increase in spiritual faith. Kinsella and Anderson (1996) reported on a retrospective study of these children and siblings of persons with emotional problems:

> Many of the respondents spoke of distressing periods where they felt hopeless and helpless. A religious or spiritual faith was articulated by several of the participants as an important means of coping during the bleakest of times. Existing family values appeared to be influential, but were not necessarily linked to the use of this coping technique. A daughter whose mother had been diagnosed with [a mental illness] prior to her birth stated, “I’ve always had faith in God—that God cared about me. So I always prayed. I always believed that He would hear me, so I never gave up, and that’s how I kept going, otherwise I would have quit. So, I remember praying. I’ve always prayed, and I believe in my heart that my faith kept me alive.”

(p.28)

Typically, children who have a strong relationship with a healthy parent or other adult figure tend to adjust to hardships in life better than children who lack that supportive relationship (Wolkow & Ferguson, 2001). For some individuals at risk of emotional problems, like Betsy, a religious figure or a personal image of God can serve as this dependable, loving adult who cares. Then spiritual strength becomes a daily companion; spirituality becomes more than merely an exercise that improves one’s life, but one that sustains it.

> Who builds a church within his heart  
> And takes it with him everywhere  
> Is holier far than he whose church  
> Is but a one-day house of prayer.  

Morris Abel Beer

(Clark, 1941, p. 87)

For Betsy and others with similar stressors in their lives, spirituality with its concept of an adult of a higher power can be the very lifeline that moves them along toward normalcy.

After Hans’ death, although no one talked to Betsy about her pain, someone invited her to Sunday School. She later indicated that this was a turning point in her life. Having been introduced to God, she believed He cared whether she lived or died, as no one else seemed to. God was someone to talk to. She felt that he was there for her. This
gave her faith in herself. If the great God of the universe cared for her, then surely she must have value. She threw herself into her schoolwork, an instance of constructive escape in her teen years, where she excelled as her father had. She attended church regularly. For some individuals, a relationship with a higher power contributes a unique, often reinforcing dimension to the experience of support. Spirituality and support from a higher being can strengthen a sense of personal coherence, of being a “whole person” with a purpose in living (Fallot, 2001).

Another benefit of spirituality is an increase of hope. Chamberlain (1993) found that belief in a higher power gives individuals hope. Hope in the possibility of a better, more positive life drives many vulnerable children to overcome their difficulties (Werner, 1992). Change is a form of coping, and belief in a higher power can be a catalyst for change when individuals believe that change is possible. Not only does this spirituality help individuals change the rules of the coping system, it helps them change their attitudes and value systems as well. Husaini, Blasi, and Miller (1999) found that religious involvement is related to a greater sense of well-being and fewer symptoms of depression. Case and McMinn (2001) found that religious psychologists use prayer and meditation as an important means for coping with the stressors of their occupation. The same effect can be observed in others, not just in psychologists. Hope, change, religious involvement, and prayer all assist religious individuals in dealing with stressors.

In addition, spirituality promotes personal values that, if lived, can greatly influence lives. As an adult, Betsy was with a group of friends that was gossiping about another friend who was not there. The spurned woman found out about the conversation, and Betsy lost her friendship. Betsy subsequently taught her children that one should never say unkind things about another person. One of her daughters reported taking that lesson to heart as a small example of a larger lesson not to judge others. Betsy espoused the value of avoiding judgment due to her spirituality; judging others was clearly wrong. This belief was evident in her response when one of her daughters chose a religion quite different from her own. Betsy listened to others’ judgments, quietly accepted them, and never responded with an unkind word. Spirituality allowed her to espouse a constructive value, practice it in her life, and teach it to her children.

Fellowship and altruistic service are other aspects of spirituality that greatly influence people. Participation in fellowship and service can strengthen the faith of the individual, help the person avoid self-preoccupation and foster unselfishness, give him or her a sense of belonging and a sense of purpose, and give the individual further help in coping (Richards & Bergin, 1997). Betsy made full use of the therapeutic effects of altruistic service in her life. Because she sought opportunities to help others in genuine ways that were comfortable to her, using her individual talents, she found peace in her own life. Her service was only part of the solution, though. Another aspect was her connection to a religious community that gave
her fellowship and provided occasions to give service to others. For Betsy, as for others like her, spirituality has been a lifeline to positive mental health.

What Does This Mean for Children at Risk?

Just because abuse and neglect place children at risk of emotional difficulties, such children are not necessarily “ruined” for the rest of their lives. British child psychiatrist Rutter (1987) lists among the protective processes those that reduce the impact of risk, reduce the likelihood of negative reactions, promote self-esteem and self-efficacy, and launch opportunities for growth and mental health. Activities that build and reinforce resilient personal characteristics, provide constructive escape, increase healthy personal relationships, promote religious fellowship and spiritual practice, and give opportunities for service to others will improve outcomes for children at risk of poor mental health. Betsy is a superb example of what an at-risk child can become, a model of coping mechanisms that can make a difference for a child who has endured hardships and tragedy.

Children who are at risk of poor mental health need unremitting support from a healthy individual, particularly a parent or other adult.

Children who are at risk of poor mental health need unremitting support from a healthy individual, particularly a parent or other adult. This relationship is more effective when it involves a parent because of the family connection that already exists. These children need to see how well-adjusted people function in life, so they can copy similar traits and activities in their own lives. In addition, children at risk need a religious grounding. They need to learn prayer or meditation to help them cope with life’s stressors, and they need to practice religious values. The centering of perspective that prayer or meditation and service can bring helps children bounce back from trauma. Mentally healthy, caring adults (even unseen) can help children rise above childhood abuse and neglect by helping them build both their resiliency and their spirituality. When parents or other adults who associate with at risk children follow these suggestions, the children will be more resilient to negative stressors in their lives, perhaps even as resilient as Betsy.

Postscript

Betsy is still amazing. All of her life, her outlook has been positive, hopeful. She continues to see only the best in others. Betsy lives full time in an assisted living facility now, and she smiles constantly. Even though she can say only a few phrases, they are all positive, encouraging ones. She says things like “Isn’t he the best?” “You’re so good,” “Didn’t we have fun!” and “Aren’t we lucky?” My father was sure she wouldn’t know who I was when I went to visit her. She didn’t know my name or perhaps even that I was her daughter, but the moment she saw me she arose from the couch (a difficult task for her) and shuffled toward me, shouting, waving her arms, and then throwing them around me. “Oh! Oh! Oh! You came to see me! We were always such good friends!” And then with surprise, “You look just like me!” We cried and laughed at the same time.

I sometimes dream of rocking Betsy to sleep. One night when I visited her in the assisted living center, I had the privilege of preparing her for bed, reverently, quietly, in that dark room, gently singing along with her to the “Tannenbaum” playing on her music box. My dream came true and I actually got to hold her, stroke her hair, and rock her to sleep. I have had many privileges in my life—being a wife to Michael, a mother to my precious children, a faculty member at Brigham Young University. But one of the greatest has been to have been taught and loved by Betsy.
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References


hen I was about 4 or 5 years old, my parents owned a store in West Yellowstone, Montana. During the summer, the stores in West Yellowstone opened at eight in the morning and closed at ten at night. In the evenings, a relative who lived with us and helped take care of me would often drive us over to the store where she would watch tourists walk the sidewalks of West Yellowstone. Being a typical young boy, I thought this was quite a boring activity, so I spent my time flitting back and forth between the car and the store, where I could watch what my parents were doing. But while I was in the car, my relative would point out to me different characteristics of different people and comment about their families, their children, their marriages, and such. At the time, I found it difficult to understand why she liked to watch people so much. As the years passed, though, I also became an observer of the social interactions of human beings.

One of the observations I have made—both personally and professionally—has been that marriage and family relationships are much like a dance, and that if we think of patterns in family relationships as a dance, we might see the need to change a few of our steps—which, in turn, will improve relationships and the patterns of interaction within our families.

What happens when we dance? Dances require that partners follow patterns and attend to each other. The dancers give and receive feedback and engage in verbal and nonverbal behavior. Physiological linkages between dancers contribute to rhythm and synchrony as partners move together or complement each other as the dance progresses. All the while, you need to monitor yourself and your dance partner in order to have good rhythm and good synchrony.

What happens during the family dance? Again, you have
exchanges of verbal and nonverbal behavior. You have physiological changes and linkages between family members. Some of the patterns in family life involve time cycles, or rhythms. On weekends, for example, family behavior is often different than it is during the week. Patterns of conflict often recur, as do patterns of kindness. Children may tend to argue more during a long drive in the car, but then show compassion when a family member is sick.

Like dancers, family members monitor distance between themselves and other family members. As adults, we tend to be comfortable with the amount of emotional and physical distance we learned as children, and so we continue to regulate distance according to our comfort. When you ask families about their patterns of fighting, you find there is often some rhythm to them: they recur and they involve the regulation of distance.

Families, like dancers, have reciprocity, meaning they exchange similar behaviors. In a dance, reciprocity can be a problem if both partners put their feet forward at the same time. Likewise, in families, two people will sometimes trade anger for anger or criticism for criticism. Reciprocity is not necessarily a good pattern when bad is exchanged for bad, but when good is exchanged for good, like eye-gazing or comforting, it can be a positive part of a family pattern.

Interactional synchrony is usually a better pattern than reciprocity in families, and it occurs when each family member learns the rhythms of the others and modifies his or her behavior to fit those rhythms. A teenage daughter who knows her mother doesn't like to drive may offer to do the shopping with her or go to a movie together, and then do the driving. A mother who knows her toddler is difficult in the late afternoon may offer the child a healthy snack to combat low blood sugar.

The dance between infants and their parents begins at birth; in fact, children are neurologically wired to start this dance almost immediately. Research on cycles of attention/nonattention in infants shows that during the first 24 hours, newborns are in an attention cycle. They gather information from the world and try to make sense and meaning from it. Their ability to bond with their parents is especially enhanced during these attention cycles. When infants go into a period of nonattention, they assimilate information they have gathered during the attention phase and self-regulate; they learn to monitor and change their own behavior. Babies' attention cycles affect mothers' behavior. When babies are in a nonattention cycle, they are looking away; they are not particularly alert to gathering information from their world. If the relationship is synchronous, parents allow the baby to influence them by learning the baby's nonverbal language. They synchronize their own states of attention or nonattention to those of the baby, and these cycles help infants organize cognitive and emotional experience.1

Mothers and fathers who aren't in a synchronous rhythm with their babies try to get their babies' attention. They may be trying to get their babies to look at them. Parents should try to synchronize their attention cycles with the baby's attention cycles and let the baby have nonattention cycles when the baby's nonverbal cues indicate that is what it wants to do. Then the infant learns to regulate its

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internal state—physiology and emotions. All of this leads to self-regulation in the infant and greater understanding by the parents. A baby who cries even when the problem that triggered the crying (cold, for example) is no longer present (because the baby is now wrapped in a blanket) has not learned to self-regulate. A baby who allows itself to be comforted when its needs are met (and change from tears to satisfaction or sleep when it is no longer cold) is self-regulating—monitoring and changing ongoing behavior (crying).

Likewise, if dancers aren’t in sync or don’t know the signals that allow the man to lead, the results may be trod-upon feet, stumbling, and collisions with other dancers. If the cycles are out of rhythm between parents and child, it’s likely the child will have difficulty organizing how he or she belongs in the family and what sense to make out of emotional, physiological, and informational experiences. Synchronous cycles maintain regularity in an infant’s heartbeat, respiration, and temperature. There are physiological linkages between family members, even on the first day of life. These physiological links involve one or more family members sensing the physiology of a family member—increased heart rate, temperature, breathing rate, and the like—and reacting with his or her own similar physiological response. This physiological reactivity can be part of a positive or a negative family pattern.

Touching is another interesting family pattern. It is a message system between parents and child for quieting and for alerting and arousing. Slow patting motions are soothing to children as well as adults. Rapid patting is an alerting stimulus. When a distressed infant is picked up, a parent in synchrony can readily soothe the baby’s physiological arousal with the baby. As young parents, many of us were told to let fussy babies cry. The baby would learn that no one would come, we were told, and learn to self-comfort and stop “manipulating” the exhausted parents, rather like the style of dancing where partners don’t touch (a glance at MTV indicates that dancing can be a solitary pursuit without synchrony or togetherness between partners).

More recent research suggests that when babies are picked up, it helps them soothe their physiological systems. Holding them, rather than ignoring them, trains them to dampen their internal arousal of negative as well as intense emotions. Touch is important and is even related to developing a good, accurate body concept, with studies showing that parents who touch their children have children who have more accurate perceptions of their bodies.

Sight and touch are not the only senses involved in the family dance. Mothers’ voice patterns are synchronized with babies’ movements, an interesting phenomenon that has been documented for years. Although a baby moves in rhythm to its mother’s voice patterns, when the mother uses nonsense syllables instead of language, there is no such rhythm and synchrony. And children who later develop autism or schizophrenia or both show differences in this response to their mothers’ voices. They don’t have the same kinds of early rhythms. Developmental psychologist Jay Belsky writes that parents who are synchronous with infants soothe distress and influence how the child will respond to stressful situations.

This contributes to the infant’s “emotional IQ,” or ability to understand its own emotional experience and later in life to be able to identify and express emotional experiences. Parents’ responsiveness to children in distress, providing stimulation and intimacy in the context of a warm, close relationship, contributes to the development of what we would call a “secure attachment style” in infants.

Researchers have identified three attachment styles. In a secure attachment style, the parent, father or mother, responds promptly to the baby’s stress. These parents provide moderate stimulation for the baby; they have warm involvement that’s
synchrous. In a child who develops the second, avoidant attachment style, the parent’s behavior is such that he or she is controlling the interaction; there is excessive stimulation. For example, a parent with a baby in a nonattention state would work hard to get the baby to attend, trying to make eye contact when the baby isn’t ready. The parent intrudes into the child’s world; the child is not allowed to explore openly; the parent tries to control the child. The result is that they are asynchronous in rhythms. In the third, ambivalent attachment style, the parent responds slowly to the baby’s stress, provides low stimulation, and is fairly distant rather than involved with the baby.

Adults tend to exhibit the attachment styles of their parents. So as adults, if we have a secure style, we can be warm and affectionate, desire closeness, acknowledge stress, and modulate negative emotion. If we’re avoidant as adults, we’re cold or rejecting, we limit closeness and suppress emotion. If we’re ambivalent adults, we’re cautious around others; we want extreme closeness; we’re always trying to be close; we drive other people crazy because of it; and we dump anger and stress on other people rather than monitoring our own emotions.

These findings seem to be related to clinical psychologist John Gottman’s research about parenting and children’s responses. He identified two types of parents in relation to their children’s emotions. One type is the emotionally coaching parent. That parent helps children learn to dampen emotions when they’re aroused, helps children understand their experiences, and supplies words to label emotions. The emotionally coaching parent is not threatened by expression of emotion in the family, but encourages it. Children with emotionally coaching parents are better able to soothe themselves and restore their baseline physiology more quickly; they are less physiologically reactive to other family members.

The other type of parent is emotionally dismissive. He or she has difficulty helping children learn to soothe their emotions. In fact, the parent often does things that escalate the child’s emotions. Generally, they don’t understand emotions themselves. They often don’t help their children understand their experiences, and they rarely give them labels for their emotions.

What are some other patterns in the family dance? I’ve been interested for years in what are called family process rules. These rules are understood, but not usually talked about. They are not things like who does the chores or what the curfew is on school nights. These are rules that develop over time because of redundancy and social interaction. The particular type of interaction becomes a pattern. For example, a process rule can come from a couple’s dating pattern. When he comes to pick her up, he’s 15 minutes late on the first date. She doesn’t say much. Second date, he’s 15 minutes late; she doesn’t say much. He continues the pattern several times. Finally about the seventh time she’s fairly upset, and so she confronts him when he arrives and says you’ve been late now seven times; what’s going on? He becomes angry. Why? He has indeed been late seven times, but the redundancy in the interaction had become an unspoken rule. It seemed as if it was okay with her if he was late. Suddenly she is changing the rules.

If we return to the dance, your regular partner might know that you refuse to “dance” the clutch-and-sway two-step that ends up in a close hug for the duration of the song. Perhaps you’ve always gone for punch and cookies during those songs. Suddenly, he or she is leading you toward the dance floor and she puts both arms around your neck or he takes your right arm and puts it around his neck. The rules have apparently changed, and you need to talk about it.

Families operate on such implicit rules. A few years ago, now-retired marriage and family therapist Margaret Hoopes and I were particularly interested in negative family rules. Margaret and I brainstormed some of the rules that we thought would be true for alcoholic family systems. We eventually ended up with fifteen. Here are some examples:
Don’t feel or talk about feelings. Rather than be who you are, act good, right, strong, or perfect. Don’t have fun, be silly, or enjoy life. Don’t trust yourself, your feelings, or your conclusions.

We used the rules in a survey, and marriage and family therapist Jeffry Larson became interested and has also done several studies about implicit family rules. We’ve found that adults from alcoholic families reported using the negative rules to a greater extent than adults in from non-alcoholic families. Also, young adults from families with negative rules reported more problems with cohesion, emotional expressiveness, and overall family functioning. We’ve now developed a scale that includes positive rules, as well, and we’ll begin studies using that. Some examples of positive rules are:

- Encourage others to share their feelings.
- Play and have fun together.
- Be gentle.
- Don’t blame others unfairly.

Why would a family therapist be interested in a family’s unspoken rules? Because, if you can change the rules—the steps of the dance—you can sometimes change the whole dance festival—the family—perhaps for generations.

So how do you change the pattern? Well, you have to somehow get education and information, and you have to practice. If you desire you can get counseling, but education will do it for most families. Can I entice you to consider some new dance steps? Self-soothing and self-regulation are fulfilling family dance steps. You can teach people that when they’re aware that they’re emotionally aroused, they can say things in a relationship like “relax, she still loves me. It’s not always like this. We really do love each other.” Some of those things can help. If you teach them to step back from the problem, to deep-breathe, to do relaxation techniques, they can dampen this problematic emotional arousal in about 20 minutes. If arguing family members return to the problem before that, they’re often not able to continue in any kind of a productive manner because they haven’t taken care of the self-regulation. The opposite of self-soothing is emotional or physiological escalation. Family members who have that problem may work themselves up to a dangerous point, as though each one danced faster as the other danced even faster, to the point of competing to see who could outlast the other, watch the other be injured or exhausted first, or “win.” If only one person in the family dance “wins,” then no one really wins.

What are some other good dance steps? A soft start is a good one for families. Parents, don’t go to your children and say, “You never take out the garbage. I’ve about had it with you!” That’s not a soft start. Soft starts are important in the same way that you wouldn’t begin a dance by throwing your partner in the air and expecting to catch her or by jumping off a table and expecting him to catch you. Take
let fondness for your partner or children become rare. Praise and validate. The opposite of those things would be demanding, dwelling on bad times, criticizing, or showing resentment.

When women make demands on men, the men usually withdraw. That’s what observational research shows. That’s because women tend to make more demands about relationship issues. There’s another piece of research that says if men get mad and make demands, women also withdraw. It’s just that men don’t make demands on relationships as much. Demand followed by withdrawal is not a good dance step. On the dance floor, it’s like one partner pulling the other too close and the other partner pushing away. The partners are sending mixed, opposing signals. There are more graceful and less exhausting ways to dance.

A third step, good in dancing and for families, is flexibility. It’s better than rigidity. Let me give you an example. I started changing my behavior as a result of my own research on the negative consequences of rigid thinking in relationships. I started realizing that there were multiple views of a certain situation, that

my view wasn’t necessarily the correct one, and that I could entertain multiple views. Certainly as a family therapist, I had seen multiple views of what the damage was all about. The pattern looked similar, but each person had a different—yet rigid—explanation, usually indicating a highly distressed family.

There are many good dance steps: be more affectionate, eye-gaze more. Let your spouse and children influence you. Everyone who’s been dancing knows that it’s fun to suggest new dance steps and essential to signal a partner that he or she is about to collide with other dancers. If you accept family members’ influence on you, it’ll make your dance much better.

Learn conflict resolution processes. Most of us solve conflict in the same ways that our families did. Gottman’s research on marriage indicates that if you don’t learn different kinds of conflict resolution, you’re going to try to resolve everything in the same way. Learn conflict resolution processes, and get the conflict out of the way. Happy family members may have intense conflicts, but they get them over with because they get the issue resolved. It doesn’t go on and on. You wouldn’t want to keep dancing if your partner reminded you every time you missed a step. Practice, take lessons, discuss why it’s important; but don’t continue to exchange the same old criticisms unless you want to be left on an empty dance floor. Get the problems resolved so you can get back to the joy of
dancing together.

Learn skills for nondefensiveness. When you're defensive, you come up with an excuse for your behavior. Or you just counterattack. The message to your spouse or child is always, “I’m not to blame for this, you are; don’t try to put it on me.” I learned long ago that it was a great strategy just to defer to my wife when she was saying something about me. Say, “You’re right, dear. I really am a klutz; I probably learned it from my mother.” If you can’t self-soothe, you can’t be nondefensive. If you can become aware of your physiology rising, if you have to go away, you deep breathe, you do relaxation exercises, you tell yourself she really doesn’t hate me, she’s trying to give me feedback, she’s trying to work on this. It could be a new family dance step and I could become a better dancer. These are great things to learn.

Last, learn the lost art of listening. Responsive listening is important. The opposite of that is stonewalling, where somebody just stops listening, turns his or her head, and looks the other way. Stonewalling causes problems on top of problems. Responsive listening, where you listen (rather than planning your defense) and respond with expressions of your feelings, is a better step in the family dance. The family dance can be fast or slow, routine or exciting, a dance of mourning or a dance of happiness—or all those things at different times. Every family goes through cycles. The families that learn to soothe themselves and each other, to be nondefensive, and to be flexible will find great rewards. Most important, the father and mother must learn to bring healthy patterns to their marriage and family life, leaving unhealthy patterns behind. The family dance is not a matter of luck or fate; rather, we can learn new steps and then practice those steps as we join with our families in a dance of joy.

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References


When I was young, my mother would often sing a lullaby with the refrain, “When the bough breaks/The cradle will fall/And down will come baby/Cradle and all.” Like most children, I never considered what might actually happen “when the bough breaks” in real life. This changed for me, though, when, as a college undergraduate, I found myself with my parents one night on a lonely country road. There I began trying to comprehend the loss of my older brother, who had just been killed in a car accident. The circumstances required me not only to cope with my own sense of grief but also to understand and respond to the intense trauma my mother and father were experiencing.

Since that night, I have considered both personally and professionally how parents respond when a child dies. Given both the complexity and gravity of that response, my hope is that this article will help family members, friends, and professionals better understand how the loss of a child affects parents and how to provide meaningful support.

For most bereaved parents, the consequences of the death of a child cannot adequately be expressed in words. One father said of his son’s death, “I don’t know if there’s a way of saying it—it’s like we were sent to hell.” Despite our efforts to empathize, those who have not experienced a child’s death cannot fully know what it is like. However, knowledge of parental bereavement and its dimensions can provide a helpful glimpse of understanding, as well as ideas for how to respond to parents’ needs when their child dies. Important issues include the effect on a parents’ sense of identity, the parents’ efforts to maintain a link with the deceased child, and the way the loss influences relationships in the family.

### Parental Identity and the Loss of a Child

For most people, family relationships define who we are and how we identify ourselves. We do not identify ourselves simply as mothers, fathers, spouses, in-laws, or...
grandparents, but as family members linked with specific people. For example, a graduate student once wrote in a paper on mothering: “I am not a mother of children. I am a mother of Adria-Candice-Michael-Lauren-Jonathan-Andrew.” For most parents, the meaning of one’s life as a mother or father is a central feature of personal identity. A child’s death challenges this sense of identity. Bereavement scholar Therese Rando makes this connection in stating, “the process of mourning for one’s child involves not only dealing with loss of the loved child, but with the loss of part of one’s self.”

**Loss of a Sense of Self**

Parents who identify strongly with their roles as mothers or fathers often experience a child’s death as a death of part of themselves. One father struggled to express the magnitude of what he felt had been lost after his son’s death:

“I really feel I lost a part of me. Part of me and part of [my wife]. Part of us was never going to be the same again. It was like taking the most valuable part of my body. It was like part of me died when he died and even worse. I don’t know how to say it in words.

This father equated the loss of his son to the loss of “the most valuable part of my body,” but the loss is almost indefinable because it removes feelings about himself as a parent. Dorothy Lee, an anthropologist, suggests that to bring a child into the world is “to take on a lifelong responsibility, a lifelong relationship.” At the heart of this relationship lies the parent-child bond. Bereaved parents often feel the loss of this bond in a deep, painful way. Some bereaved parents have said that the pain of the loss was so unbearable that they either wanted to die or seriously considered committing suicide to escape despair. The parent-child bond is incorporated in the parent’s sense of identity, and when that bond is severed by the child’s death, it may feel as if the parent’s life and identity have also ended.

Another feature of the parent-child attachment is that the bond between a parent and child involves a relationship with a specific figure who cannot be replaced. The parent may redirect parental energies to other relationships, but cannot substitute another person for the child who has been lost. Jean, whose son died, said:

*I miss listening to him sing. I miss sitting at the supper table and asking each other trivial historical questions. He was more willing than my other children to play this little “let’s-exercise-our-brains” game with me. I miss the fun of doing that. I miss watching him roughhouse. I just miss all his little eccentricities.*

Parents miss the opportunity to be a parent to a specific, beloved child when the child dies. One mother suggested, “there are certain unique things that I think every child, every person, has that maybe fill certain needs of ours.” Those unique aspects of a relationship disappear for a parent when a child dies.

**Alteration of a Parent’s Future**

A child’s death means the death of a portion of the parent’s future, as well. Parents are left to cope with the pain of what will never be. One mother, Carol, explained her feelings:

*[I lost] part of my future. My dreams of success for her. Those are all gone . . . all of those things I was looking forward to, and I was looking forward to being a grandparent. I had moved into a phase where everything my kids did had become so exciting because they’re such dynamic young people. To have that plucked right out of your life is not only losing the hugs, the kisses, the cards, the phone calls, and the physical-ness of that person; it is all of these dreams and hopes that you’ve talked about together.*

The part of a mother or father’s future identity that belonged to fishing trips with a child or attendance at school performances vanishes. Tom likened his parental experience to working on a painting over a lifetime that reflected his likes, dislikes, abilities, wants for the future, and desires for his children. Then, referring to his child’s death, he said, “it felt as if someone had taken my painting, ripped it off the easel, put up a blank canvas and said, ‘You have to start over.’” Parents who have painted a portrait of what they envision for the future with their children are forced to change it when a child dies.

Bereaved parents often ache for what their children will not be able to experience. This sense of loss is for the child and the parents’ hopes for the child. It may be difficult for bereaved parents to participate in activities reminding them of these passages their child will miss, while at other times parents seem to take comfort in seeing others close to the child, like siblings or friends, enjoy these occasions. A mother whose daughter passed away told
of how difficult it was to help her son’s fiancée pick out a bridal gown because she felt that, “I should be doing that with my daughter.”

**Parental Bereavement and Deceased Children**

Recent research on bereavement has examined how parents function in relation to their deceased child. The continued relationship is important, although it has been common in the past to suggest that parents must somehow disengage themselves emotionally after a child’s loss in order to move on. While parents certainly must deal with the reality of being separated from the child, most bereaved parents make an effort to maintain a link with the deceased child. Understanding how and why bereaved parents do this is important in learning how to support those who have lost a child. Perhaps the greatest fear of parents who lose a child is that somehow they or others will forget the child. This and other reasons motivate parents to find ways to maintain a connection to the child, keep the child’s memory alive, and extend care to others that is meaningfully related to the deceased child.

**Maintaining Connections**

Many parents will “search” for the missing relationship and seek ways to minimize the sense of loss and separation. Recent research shows behavioral patterns that parents describe as allowing them to connect emotionally with the deceased child. These patterns can include praying for the child or simply sharing stories about the child with a friend (see sidebars). Such strategies for maintaining connections make it possible for many bereaved parents to preserve an emotional tie to their deceased child and allow them to process the change in that relationship in a personalized way. Understanding these patterns can aid in developing therapeutic avenues of support for bereaved parents and suggest helpful ideas to concerned family members, friends, or professionals.

**Keeping Memories Alive**

Parents who have lost a child are often concerned about keeping the child’s memory alive for themselves, family members, and other people. This may involve preserving existing sources of memory related to the child or creating new sources of memory. Some parents will find comfort in possessing certain things that belonged to the child. For example, one mother treasured a bandanna her son had worn that his friend had given to her after the son’s death. Often parents will gather and keep certain of the child’s possessions. It can be meaningful to help facilitate such efforts for a bereaved parent.

It is quite common for parents who have lost a child to create a new source of memory as a lasting reminder of the child. Some of the specific examples include making scrapbooks or histories of the child or establishing a scholarship in the child’s name.

**Blessing Others**

Parents who lose children may feel a desire to reach out to others as a result of their own loss. This desire may reflect care given to others in place of what they would have given to the deceased child. Organizations like M.A.D.D. (Mothers Against Drunk Driving) or efforts like the Children’s Miracle Network (fundraising effort for children’s hospitals) had their genesis in the experience of parental bereavement. Informal support efforts (individual contacts, etc.) are considered to be most helpful for bereaved parents, and those who receive such assistance are less likely to seek formal sources of support. Yet formal support groups have been found to be helpful for some bereaved parents and can aid in the long healing process. One mother became involved in teaching motorcycle safety courses after her own young adult son had died in a motorcycle accident: she found this to be mean-
ingful and important volunteer work. Parents who describe extending care to others in place of their deceased child speak of reaching out to friends of the child, new children or grandchildren, and others outside the family circle. Some scholars have suggested that bereaved parents who involve themselves in such altruistic efforts seem to find greater meaning and cope better than those who do not.

**Parental Bereavement and Family Relationships**

The death of a child can have a variety of effects on family relationships, often creating strain and reducing the capacity of bereaved parents to manage their relationships effectively. The family system is changed when a child dies. For example, the death of an oldest child leaves a space that other children may try to fill. Understanding the effect of the loss of a child on parents must also include attention to the other family relationships of the parents. The influence of a child’s death on family relationships can be seen particularly in its impact on the marital relationship and on parental relationships with other children.

**The Marriage Relationship and the Loss of a Child**

The consequences of losing a child for marriage have been studied by a number of scholars. At times it has been suggested that parents who lose a child are at much greater risk of marital breakup or failure. However, due to the limitations of some studies upon which these suggestions are based (small and unrepresentative samples not suitable to generalized results), it is probably inaccurate to predict that parents who lose a child will be much more likely to divorce. However, the difficulties associated with grief, fatigue, and other emotions that marital partners face following a child’s death sometimes make it hard for them to understand one another, which tends to diminish communication and support. Issues of concern in the marital relationship may include anger, irritability, need for privacy, and lack of understanding regarding one another’s coping styles and expressions of grief.

The demands placed upon a marital relationship following a child’s death add another heavy burden to the load of pain. Couples must often adjust their expectations of one another, since no two persons grieve in exactly the same manner. Each spouse struggles with emotional and physical fatigue while trying to meet the continuing demands of life. Usually sexual intimacy ceases for some time following a child’s death, and individuals vary widely in their readiness to resume this aspect of marital life. While these difficulties tend to be magnified during the first several months of mourning after a child’s loss, over time, patterns of marital interaction resume with various adjustments, and many couples report feeling better about their marriage than ever before because they have passed through the ultimate trial together and drawn closer.

**Parenting Other Children**

Bereaved parents are often placed in a challenging position because, as Therese Rando has noted, “Parents who have other children must continue to function in the very role that they are trying to grieve for and relinquish, that is, the parental role.” During the weeks and months immediately following a child’s death, parents may benefit from assistance with caring for their surviving children. A parent’s energies are diminished, making parental responsibilities much more difficult to perform.

Parents must help their remaining children cope emotionally and understand the loss of a sibling. Many parents thus find their parenting needs intensified at the same time their capacities are challenged. That pattern can be stressful because parents fear other children may resent the inadequacy of attention or care, particularly in cases where the death follows a lengthy illness or injury. The conflict a parent feels between having lost the parental role to one child while continuing it with others can add to the difficulty of the grief process. Families who have lost a child may benefit from help directing attention to these needs and focusing on how they and the other children in the family might be sensitive to each other.

Although parental capacity may be affected for a time after a child’s death, a parent’s desire to better his or her future interactions with surviving children often intensifies. One expected consequence of los-
ing a child is a tendency for parents to become protective of surviving children. One father even told of stopping strangers on the side of the road to lecture them about bicycle safety after losing his own son. Many bereaved parents also make efforts to strengthen relationships with surviving children through giving more of themselves to the children, making a greater commitment to spend time with other children, and being involved enough to feel that they can make a difference in the child’s life and happiness. While such efforts are understandable, bereaved parents must be careful not to become overly intrusive. Despite the challenges, parents often strive to improve their parenting and focus on teaching their values and beliefs, giving greater love and affection to children, and being responsive to the needs of their children.

**Conclusion**

The death of a child wholly disrupts ordinary family life. A child’s death prompts difficult questions and launches parents on an unwelcome journey of pain and transformation. The path of bereavement includes challenge to one’s sense of self and changes forever a parent’s relationship with the deceased child and other family members. Yet as parents move into the future, they teach us that by finding ways to connect with the child they have lost and with others around them, there is a way through the tragedy of child loss. They remind us that to believe is to remember.

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**References**

8. Sean E. Brotherson, note 6, above.

**Creating New Sources of Memory as a Lasting Reminder of the Child**

- Create personal records such as scrapbooks, personal histories, and collected memories of the child
- Create memorial events such as one-time memorial occasions or annual practices connected to a birthday, holiday, or other special occasion
- Create memorial locations to visit including the child’s burial place, special memorials dedicated to the child’s memory (a plaque at a school, etc.), or a memorial garden or tree, or favorite vacation spot
- Engage in activities the child enjoyed, such as reading a favorite book, listening to music, going on a hike, or eating a favorite food
- Participate in events related to the child such as a graduation, party, or remembrance ceremony
- Look at tangible sources of the child’s memory such as photo or memory albums, collections, letters and cards, or other information sources
- Create memorial symbols such as a scholarship in the child’s memory or an ornament to hang on a Christmas tree

J. R. Bernstein, note 9, above.
Id.
J. R. Bernstein, note 9, above.
Therese A. Rando, note 3, above, p. 22.
“The pain of grief,” a noted expert writes, “is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love, the cost of commitment.”

For those who provide support to those who have lost a loved one, it is important to understand eight basic aspects of grief. As family and friends come to understand the beneficial role of grief in promoting recovery from loss, they will be better able to provide effective support to those who grieve.

Grief is a natural, normal, and understandable reaction to the loss of a beloved person. Grief reactions vary from individual to individual and are expressed through a wide range of emotions, thoughts, and behaviors. Grief can be viewed as an effort to reunite with a lost loved one, physically or symbolically, by visiting places associated with the deceased or keeping a photograph and some of the deceased's belongings in a special place, for example. Other types of grief can be seen in a survivor's efforts to confront and adapt to the reality of the death—writing a personal history of the deceased, or giving the deceased's clothing to a relative or to charity.

Grief is often characterized as acute “pangs,” which may be evoked by reminders of the loss. A pang of grief typically consists of severe anxiety, sadness, and yearning to be reunited with the deceased and to reexperience the affection, guidance, reassurance, and companionship formerly provided by the relationship. During these pangs of grief, survivors often weep for the lost loved one.1

Grief is a beneficial, even necessary, reaction to significant loss. Grieving is healthy and beneficial because it helps survivors to adapt and adjust to the loss. The painful acknowledgement that a cherished person is dead and the discomfort of getting used to life without that person are part of adjusting to a loss. Indeed, unless survivors grieve effectively, they may continue to live as if the loss had not really happened. Grieving allows survivors to adjust to the changes that the loss has made in their lives and to reorient themselves to a future life in which the beloved person or object is physically absent.

In this way, grief differs from the traditional diagnoses of depression. Because depression's symptoms are distressing and decrease people's abilities to function effectively, clinicians usually focus on reducing them. In contrast, grief should not be regarded as undesirable or destructive. Rather, normal grieving helps the bereaved adapt to loss, because it facilitates adjustment to the many uncomfortable and often painful life changes that loss creates. Although grief reactions may be distressing, especially at first, they also frequently provide comfort, reassurance, and relief (such as experiencing a comforting dream about the loved one, resolving conflicted feelings toward the deceased by writing him or her a letter, or having a good cry). Indeed, over time, grief tends to include thoughts and activities that are more pleasant, such as fond remembering and finding uplifting and constructive ways to memorialize the deceased.2

Grief has both public and private aspects. Some of the work of grieving is carried out in the form of public rituals, including obituaries, funerals, memorial services, formal and informal conversations about the deceased, moments of silence, public prayers, public memorials (e.g., plaques and statues), and lighting candles in public places.
Rituals help survivors to perform a number of vital grief-related tasks, including helping survivors to remember, honor, memorialize, and reflect on the life and contributions of the deceased and to acknowledge the meaning of his or her loss. Funerals, for example, contain prescribed rituals for caring for the physical remains of the loved one. These acts allow survivors to honor their loved ones while acknowledging the reality of their deaths. Public rituals also help fellow mourners and their help-givers to share their feelings, to share memories, and to comfort and support each other in ways that help them to accept and adapt to the loss. Exchanging memories helps survivors to form a shared memory of the dead that describes what the loved one lived for, what he or she passed on to survivors, and the aspects of this legacy that they intend to carry forward. This shared memory is thus a shared biography of the deceased, which allows the deceased to live on in the memories and lives of survivors.\textsuperscript{3}

The private aspect of grief is often highly individualized and involves private thoughts, feelings, and personal rituals connected to one’s relationship with the deceased. These reactions include specific grief symptoms (e.g., dreaming about her, yearning for her smile, imagining what I will say when I see her again), specific loss reminders (e.g., anniversaries, holidays), reminiscing, and the personal meaning one attaches to mementos. Other personal reactions include identification with the deceased (e.g., learning more about him, trying to be more like him, doing what would make him proud), personal rituals (e.g., saying prayers for him, visiting his grave, caring for his pets), and communicating directly to the deceased (e.g., speaking out loud or in my mind to him, writing him a letter\textsuperscript{4}).

Grief has symbolic value. The intensity and duration of grief reflect the pervasiveness and influence of the loss in the lives of survivors. Survivors not only miss the physical presence of their loved ones; they also miss the things their relationships with the loved one gave them. These things include love and affection, companionship and a sense of belonging, information and advice, setting an example, reliable support in time of need, feeling needed, reassurance of one’s competence and worth, and physical and material assistance.\textsuperscript{5} Grief reflects the uniqueness, personal meaning, and value that survivors ascribe to the lost relationship as they yearn for those things not compensated for by other relationships and activities.

Grief fluctuates over time, often in response to reminders of the loss and life’s adversities. Grief is not a static state, but a dynamic process of ongoing adjustment and adaptation. Grief reactions typically do not decrease in an orderly fashion over time, but rather fluctuate in their frequency and intensity. These fluctuations are often linked to reminders of the loss, such as holidays, photographs, and hearing the deceased’s name spoken. Increases in the intensity and frequency of grief responses also may be linked to developmental transitions, such as beginning high school, the commencement of dating, beginning college, marriage, or bearing and rearing children. It is during these transition periods that the absence of the deceased’s support is felt more keenly.

Fluctuations in grief are often due to loss reminders, or situations and circumstances that remind survivors of the absence of the loved one, even years after the loss. These reminders can bring on feelings of sadness, emptiness in the survivor’s life, and missing or longing for the loved one’s presence. There are at least two general types of loss reminders: Empty situations are those in which the person is reminded of the absence of the loved one in the survivor’s current life. These include the empty place at the dinner table,
activities that were once shared with the loved one, and special occasions like birthdays and holidays. Survivors also are reminded by the everyday changes in their lives, especially hardships that are generated by the loss. Examples include decreases in family income, grief and depressive reactions in other family members, disruptions in family functioning, increased family responsibilities, lost opportunities (for example, cancelled vacations or educational plans due to decreased income) and the loss of a sense of protection and security. Efforts devoted to contending with these adversities may significantly deplete survivors’ coping and emotional resources, and in turn reduce their ability to cope effectively with their grief.

Grief is often an extended process. Contrary to the popular maxim, time does not heal all wounds, especially in the case of grief. Rather, individual grief is likely to last as long as a survivor continues to feel the absence of the lost relationship—reactions can last for months, years, decades, and often a lifetime. Indeed, research with Holocaust survivors indicates that grief reactions can be transmitted across generations in complex, enduring ways.6

Healthy grieving does not require forgetting. The purpose of grieving is not to forget or to cut survivors’ emotional ties to the person who is lost. Instead, healthy grieving helps survivors make the necessary emotional, mental, and physical adjustments to the loss that will help them get on with their lives. A major part of this work is finding a suitable place for the deceased in the survivor’s ongoing life—a process that involves an alteration, but not severance, of one’s relationship with the deceased. Rather, the relationship must be reformed so that it becomes one of memory instead of physical presence and permits survivors to create new and rewarding relationships and life activities. In this way, survivors both retain the past while making room for the present and future.7

There is no universally “normal” way to grieve. Recent cross-cultural studies of the grieving process do not support the once-popular belief that grieving consists of predictable and consistent progression through a series of universal stages. Rather, these studies have documented that the grief process is highly variable in its symptoms, presentation, duration, and intensity across individuals and across cultures. Because the grief process is so individualized and idiosyncratic, support by caregivers (including both lay caregivers, such as family, friends, and clergy members, as well as mental health professionals) should be adapted and tailored to the specific needs and circumstances of individual survivors. Specifically, “stage”-oriented models should not be used as a prescription for how one should grieve. Grieving people should not be placed on a timetable that prescribes which “stage” of grieving they should be in at specific periods after the loss, which specific grieving tasks must be undertaken at a given period, or the “ideal” time for completion of those tasks. In reality, these stage-driven prescriptions can be harmful when misused, as they may generate unrealistic and insensitive expectations about the nature and course of the grief process.8

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References

4. Rando, note 2, above.
5. Pynoos, note 3, above.
8. Rando, note 2, above.
Conventional wisdom declares that “you cannot love anyone until you love yourself.” Based on this maxim, the transmission of love follows a sensible pattern: when people are loved, they learn to love themselves and thereby are liberated to love others. Love can become the legacy of generations.

The notion seems to be in harmony with the ancient command to “love thy neighbor as thyself”; in fact, in recent decades, self-esteem has moved from an American movement to a human mandate.

But there is a fly in the ointment. Self-love is a teeming bog. Many people—even many remarkable people—do not seem to be able to love themselves very readily. We read regularly in the media—and meet in our personal lives—many prominent and successful people who “are still working on their self-esteem.” If we were quite honest, many of us would concede that we have some abilities but do not feel especially remarkable. Despite unrelenting effort, we have not talked ourselves into a wholehearted love of self.

Krauthammer, an insightful social commentator, underscores the problem as he wryly observes that “the reigning cliché of the day is that in order to love others one must first learn to love oneself. This formulation . . . is a license for unremitting self-indulgence, because the quest for self-love is endless” (p.76). The dilemma is evident: If we cannot succeed at self-love, and if self-love is prerequisite to loving others, we can never get around to loving others.

A growing chorus of psychologists, educators, and philosophers is suggesting that, rather than loving ourselves in preparation for loving others, there is a better way to become a mensch, a decent and responsible human being. Self-love, rather than a path toward goodness, may really be a side trip.
There are good reasons to throw over the effort at self-love. The reasons come not only from research but also from traditional wisdom and good sense. One of the most surprising reasons found in research to turn from self-esteem comes from a major project to promote self-esteem. A group of scholars in California convinced policymakers that a major push to promote self-esteem would have a general and positive effect on the state. "When people feel better about themselves, they will work harder, behave better, and cooperate more" went the logic.

Fortunately, the project gathered data, and the bleak conclusion was that "the news most consistently reported, however, is that the associations between self-esteem and its expected consequences are mixed, insignificant or absent" (Mecca, Smelser, & Vasconcellos, 1989, p.15). The discerning reader will recognize the metamessage: The self-esteem project was a bust. Self-esteem does not predict good behavior any better than it predicts bad behavior.

Other scholars have raised philosophical concerns about self-esteem. Dorothy Cudaback (1992, p.3), a sensible California scholar, suggests that "promoting self-esteem may undermine positive change, . . . reduce concern for social relationships, [and] deflect us from pursuing goals more likely to promote social responsibility."

Lillian Katz, past president of the National Association for the Education of Young Children, warns (1993) that "many practices advocated in pursuit of [high self esteem] may inadvertently develop narcissism through excessive preoccupation with oneself." She observes that many classrooms are so involved in promoting self-celebration that children may not realize the major objectives of education including the celebration of learning and the cultivation of teamwork.

My own concern with the self-esteem movement became clear some years ago when I heard a high school principal recommend that we give all students—regardless of their performance—high grades. "With good grades they will feel better about themselves. As a result they will be motivated to work harder." My experience does not support that conclusion. When high school students can get as many A's while playing at the lake as they can by studying at the library, the only occupants of the library will be those who don't know how to swim.

In fact, Susan Harter's summary of research on self-esteem (1983) suggests that many schools have put the cart before the horse. She found that raising children's self-esteem in order to get them to perform better in school was ineffective, and that just the reverse was true. When children are productive, they feel better about themselves. This is a vital point. Purposeful activity and contribution must come before satisfaction. We must lose ourselves if we are to find ourselves.

Thus, the art of teaching is to move students to real achievement. That requires sensitive structuring of expectations. The task that may perfectly challenge one student will overwhelm one classmate and bore another. That optimal state that psychologist Csikszentmihalyi calls flow comes when "a person's skills are fully involved in overcoming a challenge that is just about manageable" (1997, p.30).

Absorption in learning and contributing may ultimately be more satisfying than self-love. Bushman and Baumeister (1998) show (counter to most people's expectation) that it is not people with low self-regard who are prone to violence but rather it is those with an inflated sense of self. In a separate work, Baumeister (1991) show the dev-
stating effects of the growing focus on self for the meaning that people draw from life. When the basis of meaning is the self, then meaning is threatened by aging or ill-health. Our meaning depends on our permanence, if self-esteem is the end state for which we seek.

In addition, according to Baumeister (1991), the fundamental definition of morality has been inverted by the emphasis on self and self-esteem.

For centuries . . . each individual made his or her major life choices between the conflicting demands of self-interest and morality. . . . Virtue meant conquering the various forms of self-interest, including greed, lust, laziness, and cowardice. . . . Vice, in contrast, meant putting the impulses and desires of the self first and acting on them even when such actions ran counter to the community’s needs, wants, and values. The hero exerted and suffered for others, and in the process the hero helped the community. The villain indulged his or her own selfish appetites at the expense of others. . . . [But] in the 20th century . . . morality has become allied with self-interest. It is not simply that people have the right to do what is best for themselves; rather, it has become an almost sacred obligation to do so. The modern message is that what is right and good and valuable to do in life is to focus on yourself, . . . Once it was a virtue to place the best interests of others ahead of your own. Now, instead, there is an increasingly moral imperative to do the opposite (p. 113).

Further, because of the focus on self, many people feel that they have not only the right but even the obligation to get out of an unsatisfying marriage. “If my needs are not being met, I must get out.”

The emphasis on self is part of a larger social movement. Triandis (1995) observes that the traditional inclination toward collective or communal attitudes and behaviors has been reversed in Western societies as we tilt dangerously toward individualism. Some of the fruits of this social change include loneliness, conflict, violence, alienation, narcissism, divorce, competitiveness, anxiety, frustration, discrimination, and family tension. No one would argue that we need more of these outcomes in Western societies. It is not a stiff drink of self-regard that most of us need; it is a strong dose of concern and connection for causes beyond ourselves.

A thoughtful reader might be puzzled by challenges to self-esteem. “Hasn’t research for several decades shown that self-esteem has very positive effects on people?” Not exactly. While it may be true that, on average, productive, happy people have higher self-esteem, it seems likely in light of recent evidence that happy, productive people spend less time in self-hate. There is no good evidence that inflating self-esteem makes success more likely.

The arguments for self-esteem can be further tested using a case study approach. Each of us can name our heroes and examine their lives for evidence of high or low self-esteem. When I do that I find a result that challenges the self-esteem dogma. One of my heroes is Abraham Lincoln. Based on what I know of him, he had low self-esteem. But he is one of
my heroes because of his commitment to courage, compassion, and humor. Self-esteem is apparently not essential for noble behavior.

My most personal hero is my wife. When we first married almost thirty years ago, I worried that she did not have adequate self-regard. As the years have passed, her attitude about herself has not changed much; she still prefers not to talk about herself. She prefers, instead, to comfort the lonely and encourage the hopeless. What has changed in the decades since we married is my attitude, as I have observed Nancy's countless acts of kindness and goodness. I recognize Nancy as the finest person I have ever known personally. I am trying to overcome my self-regard and become more like Nancy.

My most enduring hero is Jesus of Nazareth. Based on conventional measures of self-esteem, Jesus would not fare well. He would not allow himself to be called good but deferred all praise to his Father (Matthew 19:16-17). Further, "Jesus . . . said unto them, Verily, verily, I say unto you, The Son can do nothing of himself, but what he seeth the Father do" (John 5:19; see also John 8:28 and John 14:10). Jesus simply took no credit for anything. If he had completed a conventional measure of self-esteem, his modern counselor would be ready to commit him to a self-esteem camp.

Jesus equated righteousness with humility and wickedness with self-promotion. The Pharisee whom Jesus used as a model of the unregenerate had great self-esteem (provide reference). In stark contrast, the pitiful publican knew that he was sinful—and he knew that his only hope was trusting God (provide reference).

In traditional thinking, humility, selflessness, modesty, and cooperation were prized. That is very different from the popular doctrine of the self-esteem movement.

What should our attitude toward ourselves be? Based on his study of history's healthiest people, Abraham Maslow observes that they “can take the frailties and sins, weaknesses, and evils of human nature in the same unquestioning spirit with which one accepts the characteristics of nature. One does not complain about water because it is wet” (1954, pp.155-156). This is very different from self-celebration; it is a matter-of-factness that is closer to self-acceptance. In fact, consider whether the great people you admire are not characterized by a surprising and refreshing self-forgetfulness. Perhaps self-celebration and self-hate are both self-absorption. The healthiest people are those who think least about themselves. They consider themselves no more interesting or deserving than any other soul. They accept their gifts as mandates to be used in service. They consider their flaws to be limitations to be managed and balanced in cooperation with others who have different gifts.

The idea that we should love our neighbors as ourselves may suggest a greater need to be mindful of others rather than a renewed effort at self-appreciation; Most of us are already more than adequately self-mindful. The challenge to lose ourselves drags us from self-absorption to service.

The ideal path for self-development may be quite different from the dated recommendations of pop psychologists. Maybe each person must be connected to the love of God in order to be able to love effectively. As we experience that remarkable redemptiveness (granted in spite of our imperfections), we become able to love others and act for their well-being (in spite of their imperfections). We do not need to love or to hate ourselves. We need to recognize our dependence upon God.

Any attack on self-esteem makes people uncomfortable for a variety of reasons. One of them...
The objective is not to teach people to love themselves but to be filled with appreciation, purpose, and love.

is the assumption that the positive and encouraging behaviors that were assumed to build self-esteem might be jettisoned. If our central objective is no longer to cultivate self-love, can we be less careful about kindness, support and love? The answer is a resounding “No.” We should not be one whit less positive but we can be more clear about our objective and more wise in our efforts. The objective is not to teach people to love themselves but to be filled with appreciation, purpose, and love.

Some parents strive to build self-assurance in children by praising them. There is an exquisite irony here. Carol Dweck (see Dweck 1999) has repeatedly demonstrated that when children are praised as good or smart, their motivation, performance, and persistence suffer. Apparently the expectation makes children anxious. They become less likely to try difficult tasks because of fear of failure.

In contrast, when children are appreciated for their effort, their motivation improves. They know they can reliably produce effort even if they cannot reliably produce masterpieces. For that reason it is better to say, “Wow! You really worked hard on that!” than it is to say, “You are such a good writer.” It is better to focus on the process of expression and production than to evaluate the person. Apparently, humans should be encouraged but not evaluated or labeled.

There are many other traditions in family life that can encourage competition and rivalry or appreciation and cooperation. In one tradition, family members might gather weekly to discuss a certain principle or virtue. Family members could nominate themselves as models of that virtue. A recognition or reward could be given to the one who seems to best exemplify that virtue. Such a tradition seems to encourage virtuous action.

Contrast that with a second tradition. Family members gather weekly—or perhaps at dinner after church—and are invited to describe their best experience of the day or week. Each shares an experience that has been a blessing. As family members listen to each other’s experiences, they look for the talents and joys in each person’s experience.

The two traditions may be very similar in function and purpose, but they are very different in their outcomes. The first encourages competition between family members, leading to the conclusion, “Any time someone does well, it lessens the chance that I will win the reward.” While it is possible to offer a reward to everyone who meets some standard, such a practice suggests that the real rewards are all material. A child can become focused on rewards rather than on rightness and inner satisfaction.

The second tradition encourages family members to identify and enjoy the customized ways that each person experiences joy. It encourages us to enjoy each person’s gifts and uniqueness. The first tradition encourages self-promotion. The second acknowledges the wonderful way that gifts can be combined in a community of caring.

For most of us there were a
handful of people who changed the course of our lives. For me it was family members such as parents and grandparents as well as educators such as Rhea Bailey, Ray Gilbert, and Phil Ellis. The people who change our lives are people who take an interest in us, are kind to us, and are excited about the adventures of life. We should be sure that every child spends a substantial amount of time with people who enjoy him or her—and who enjoy life.

As children start to discover their talents, we can encourage them: “It seems like God has given you a gift to express yourself in your pictures. I wonder how you will use that talent to bless people?” God does not give us talents so that we can win contests but so we can win contests but so we can bless.

For all of us, our greatest claim to merit is our Heritage. We are, each and all of us, children of God. When we understand that, we are more inclined to treat each other with humble tenderness and respect. We teach children about their great heritage. We celebrate the great gift of life. Like God, we do not wink at sin and error but, like God, we act to draw children toward ever-better ways.

Our sins and weaknesses do not have to lead us to despair. Fortunately we have a God who is fully prepared to rescue us from our fallen state. We do not depend on our own talent or goodness to rescue and perfect us. We depend on Him.

The problem with self-esteem is that it gets us stuck crocheting doilies while the great meals of life go uncooked. The feasts of life are productive labor, loving relationships, and continuing growth. Self-forgetfulness is better preparation for these joys than self-love is.

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References


“Marriage requires the giving and keeping of confidences, the sharing of thoughts and feelings, unfailing respect and understanding, and a frank and gentle communication.”

—Richard L. Evans