



12-2004

## **Mother-loss: A Phenomenological Exploration of the Experience of Losing a Mother**

Catherine Trayer Shafer

Follow this and additional works at: [https://trace.tennessee.edu/utk\\_graddiss](https://trace.tennessee.edu/utk_graddiss)

---

### **Recommended Citation**

Shafer, Catherine Trayer, "Mother-loss: A Phenomenological Exploration of the Experience of Losing a Mother. " PhD diss., University of Tennessee, 2004.  
[https://trace.tennessee.edu/utk\\_graddiss/6869](https://trace.tennessee.edu/utk_graddiss/6869)

This Dissertation is brought to you for free and open access by the Graduate School at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Doctoral Dissertations by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact [trace@utk.edu](mailto:trace@utk.edu).

To the Graduate Council:

I am submitting herewith a dissertation written by Catherine Trayer Shafer entitled "Mother-loss: A Phenomenological Exploration of the Experience of Losing a Mother." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Human Ecology.

Priscilla Blanton, Major Professor

We have read this dissertation and recommend its acceptance:

Julia Malia, Sharon Judge, Patricia Droppleman

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

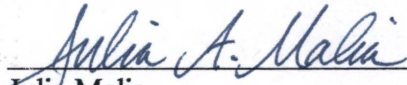
To the Graduate Council:

I am submitting herewith a dissertation written by Catherine Trayer Shafer entitled "Mother-loss: A Phenomenological Exploration of the Experience of Losing a Mother." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Human Ecology.

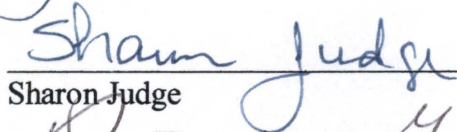


Priscilla Blanton, Major Professor

We have read this dissertation  
and recommend its acceptance:



Julia Malia



Sharon Judge



Patricia Droppleman

Accepted for the Council:



Vice Chancellor and Dean of  
Graduate Studies





**MOTHER-LOSS: A PHENOMENOLOGICAL  
EXPLORATION OF THE EXPERIENCE  
OF LOSING A MOTHER**

**A Dissertation  
Presented for the  
Doctor of Philosophy  
Degree  
The University of Tennessee, Knoxville**

**Catherine Trayer Shafer  
December 2004**

Thesis  
2004b  
.543

## **DEDICATION**

**This dissertation is dedicated to my husband, Shäf, and my children  
(Nathan, Joelle, Noah, Katie, Seth, Nephi, and Emily)  
who are my life, heart, and soul.**

**I also dedicate my dissertation to my mother and father,  
who have always loved and inspired me from the beginning.**



## ACKNOWLEDGMENTS

First and foremost, I would like to thank my participants who agreed to be a part of my dissertation research. They opened up their hearts in providing their stories of their mothers' deaths. There were a lot of tears, but also a lot of smiles. I appreciate them very much.

I would also like to thank Dr. Priscilla Blanton for her untiring support all through my doctoral program. She has been a superior committee chairwoman and is always upbeat, smiling, and encouraging. She is an excellent professor, a stalwart support, and a dear friend.

I thank my wonderful committee—Drs. Julia Malia, Sharon Judge, and Patricia Droppleman. This committee really blended well, worked together splendidly, and laughed together often. They are a jolly group, and I appreciated their editorial comments and timely advice. These four professors are inestimable.

With much love, I thank my wonderful husband, Shāf, a one-of-a-kind guy, who has always supported me in whatever paths I have chosen. My children also have supported my efforts, and having a happy home life has made my hard work joyful.

I also thank my parents who always instilled in me a love of learning and encouraged curiosity and exploration.

Thanks again. I love you all.



## **ABSTRACT**

The death of a mother can be devastating to a child. The purpose of this study was to qualitatively explore the experience of early maternal loss for adult women who were younger than 4 years old when their mothers died. This study focused on this phenomenon as it was perceived by these women and how the loss has impacted their lives across time. The theoretical frameworks used to guide this study were attachment theory, symbolic interaction theory and family stress midrange theory, and risk and resilience midrange theory. An adult woman who has grown up without a mother indeed may have attachment insecurity. There is empirical evidence to support the assertion that attachment insecurity can lead to adult outcomes such as depression, alcoholism, and other psychopathological responses.

For this study, a sample of 8 women was interviewed for approximately 2 hours each using intensive, interactive interviewing. Their words provided the data that informed this study. The themes that emerged as the most significant from these interviews were the presence of another female attachment substitute, **fathering**, religious beliefs, and memories of mothers. Most significant was the presence or absence of another woman who could step into the role left vacant by the death. If this woman provided loving and nurturing care for the young girl, grieving and suffering were short-lived. However, if she did not provide love and warmth, if she was abusive, or if there was no alternate attachment figure available, there were possibly ongoing deleterious results.





# TABLE OF CONTENTS

<b>Chapter</b>	<b>Page</b>
1. INTRODUCTION	1
Introduction and Rationale	1
Purpose of the Study	3
Substantive Frame and Theoretical Perspectives	4
Symbolic Interaction Theory and Family Stress	
Midrange Theory	4
Attachment Theory	6
Risk and Resilience Midrange Theory	10
Research Questions, Issues, and Topical Questions	14
Nominal Definitions	15
2. REVIEW OF LITERATURE	21
Attachment Theory and Research: A Chronology	21
Childhood Grief and Developmental Implications	25
Immediate Response to Childhood Grief	28
Long Term Psychological Response	31
Methodological Issues	37
Families Making Sense of Death	38
Family Responses and Coping Strategies	41
Conclusion	45
3. METHODS	47
Rationale for the Qualitative Paradigm	47
Preparatory Study: Myrtle Jane Hoops Trayer	49
Rationale for Using a Phenomenological Method of	
Qualitative Research	50
Sample	51
Data Collection Procedures	52
Intensive, Interacting Interviews	52
Bracketing Interview	53
Data Analysis Procedures	54
Autobiographical Memory	58
4. SAMPLE	61
Description of Sample	61
Madeline	64

	Isabella	67
	Annie's Story	70
	Samantha and Freda	75
	Katharine	80
	Bethany	85
	Layla	88
5.	<b>THEMES AND FINDINGS</b>	93
	Alternate Female Attachment Figures	96
	The Influence of Father	102
	Spiritual Comfort	106
	Mother Memories and Memorabilia	112
	Funeral Rites or Rituals	113
	Fleeting Memories	116
	Photographs and Memories	117
	Significance of "Mothering"	121
6.	<b>CONCLUSIONS, DISCUSSION, AND IMPLICATIONS</b>	123
	Symbolic Interactionism	123
	Attachment Theory	125
	Risk and Resilience Midrange Theory	128
	Limitations of the Study	131
	Implications for Further Research	133
	Conclusions	135
	<b>REFERENCES</b>	139
	<b>APPENDICES</b>	151
	Appendix A: Predoctoral Research Project (Edited)	
	Myrtle Jane Hoops Trayer: A Biography (Attachment and Loss)	153
	Statement of Purpose	153
	Research Methods	154
	Biographical Qualitative Research	154
	Procedures	155
	Myrtle Jane Hoops Trayer	157
	The Flood	157
	The Dream	162
	Lottie	165
	Ray	169
	The Fall	171
	Mental Illness	173

Conclusion	181
Appendix B: Forms	183
Informed Consent Form	183
Participant Identification Form	185
Demographics Form	186
Appendix C: Bethany's Interview	189
Appendix D: Samantha's Interview	205
VITA	231



## **TABLES**

<b>Table 1. Common risk and protective factors in childhood</b>	<b>27</b>
<b>Table 2. Overview of children's concepts of death</b>	<b>29</b>
<b>Table 3. Range of common grief manifestations in children and adolescents</b>	<b>30</b>
<b>Table 4. Bowlby's stage characteristics of favorable bereavement</b>	<b>44</b>
<b>Table 5a. Demographics and relationships of participants</b>	<b>62</b>
<b>Table 5b. Continued demographics and relationships of participants</b>	<b>63</b>
<b>Table 6. Risks and buffers for study participants</b>	<b>129</b>



## **FIGURES**

Figure 1. Data Analysis Spiral	56
Figure 2. Then A Miracle Occurs	58





## CHAPTER 1: INTRODUCTION

*“The evidence is now such that it leaves no room for doubt . . . that the prolonged deprivation of a young child of maternal care may have grave and far reaching effects on his character and so on the whole of his future life. It is a proposition exactly similar in form to those regarding the evil aftereffects of German measles before birth or deprivation of Vitamin D in infancy” (Bowlby, in Holmes, 1993, p. 37).*

### Introduction and Rationale

The early disruption of an attachment relationship, such as the loss of a mother, has been shown to have long-term implications for many aspects of a woman’s life, including psychological processes, cognitive, physical, educational, social, and behavioral development (Chalk, Gibbons, & Scarupa, 2002). The loss of a mother to a young girl may be more complex than is possible to be understood in a single study. This was poignantly expressed in a recent trade book on mother-loss: “My mother’s death has been the most determining, the most profound, the most influential event of my life. It had become my organizer, the focal point of my identity and the standard to which I compared and contrasted all the other stresses of life” (Edelman, 1994, p. xix). Because of the intense personal and individualistic nature of this type of experience, qualitatively exploring this phenomenon may provide a modicum of understanding.

Very young children have neither the cognitive capacity nor language abilities to come to an understanding of parental death. This loss may be something that a daughter deals with all of her life: “Preverbal, sensual memories of very early care may be lodged deep within her psyche, but she retains no conscious memories of being held, talked to, or fed by any particular caregiver” (Edelman, 1994, p. 33). Memories are ephemeral, and it is sometimes difficult to distinguish true memory from imagined memory. However, a

daughter's sense of what her relationship with her mother was like is reflected in both.

Trade books written on mother-loss are replete with letters and appeals from adult women for others to listen and understand their plight:

I've missed my mother so much throughout my life stages—my graduations, my wedding, the births of my two daughters—that I was surprised by the hurt I feel now. I woke up on my thirty-seventh birthday this year crying, because when my mother was thirty-seven, she had only one more year to live and she didn't even know it. (Edelman, 1995, p. xvi)

The death of a mother so early in her life—and too early in ours—changes us forever. It hovers over our shoulder and haunts who we are—our experiences, our emotions, our dreams. (Hambrook, Eisenberg, & Rosenthal, 1997, p. 4)

Further, the implications of a very early maternal death may be quite different from experiencing maternal death as an older child or as an adult. Many times, women who have lost their mother before the age of 4 years do not have conscious memories of her. This is a unique situation: to have been motherless for all of conscious memory. A daughter expressed her response to this reality: "I have no real memories of my mother. I feel like I was hatched. I don't have a history" (Hambrook, Eisenberg, & Rosenthal, 1997, p. 19).

My desire for the present study was to use symbolic interaction theory, attachment theory, and aspects of resiliency (risk, vulnerability, and buffers) as the guiding anchor points for exploring implications of early maternal death. I interviewed women personally and used their voices and words to explore this phenomenon. This study has qualitatively

explored the experience of mother-loss, through the words of women as they recalled their lives and experiences subsequent to their mother's death. The ways in which their lives have unfolded provides insight into coping strategies, resilience, and ongoing responses to their mother's death.

### **Purpose of the Study**

The purpose of this study was to explore the experience of early maternal loss for adult women who were younger than 4 years old when their mothers died. This study has focused on this phenomenon as it was perceived by these women and describes the ways in which their loss has impacted their lives across time. The limitation to only women and only early maternal loss was due to the nature of phenomenological qualitative research. This kind of research by definition has a limited scope because of the richness and thickness of the data collected in attempts to capture the essence of a specific phenomenon. In the present study, the phenomenon under exploration was the experience of maternal loss for daughters. A feminine perspective of the phenomenon of losing a mother was my desired goal in this research. The mother-daughter dyad is a unique relationship and one that has received much scholarly attention. Chodorow (1978) suggested that, historically, masculinity has been defined by separation and femininity by attachment, with the implication being that attachment relationships between two women may be more focused on connection than those between men or between a man and a woman.

There is an ineffable substance to the mother-daughter relationship. It is deep and real, but abstract and meandering. A woman who has grown up with the reality of

maternal death may have inklings of this relationship deep within herself but may have no capacity to define it clearly. This study is an exploration of the impact of losing that first, basic attachment relationship.

### **Substantive Frame and Theoretical Perspectives**

#### ***Symbolic Interaction Theory and Family Stress Midrange Theory***

The impact of stress (such as parental death) on an individual has been explored for decades. The study of stress in a family context is a more contemporary view, valuable to understanding the effects of stress both individually and within a family. Stress and its inherent meanings can be explored using symbolic interaction theory. Symbolic interaction theory is useful for the exploration of early maternal loss for a young girl because of the dynamic nature of families and individuals. Family stress midrange theory (considered through the larger lens of symbolic interactionism) recognizes that families are different from each other: not all events that stress families are perceived the same within families or between individuals, and not all families have the same values and beliefs (coping mechanisms) (Boss, 1988, p. 11).

Symbolic interaction theory focuses on meanings that are shared within a family. These meanings provide expectations for roles each particular member must enact. The meanings within families of interest to this study are the mechanisms used to perceive the death of one of their members. A young child might readily accept the family's meanings of her mother's death, provided that they were offered openly, because she may lack the capacity to create alternatives at a young age. As she grows and begins to make meanings of her own, the perceptions may change. For this study, I desired to hear the meanings

these women expressed as they recalled the death of their mothers. The meanings they have assigned to aspects of their lives as they have grown up without her are essential to understand this phenomenon.

Efforts to make sense of their experience suggest an attempt to create order out of the chaos they were experiencing and perhaps to gain some sense of control over the uncontrollable. . . . When a person dies, his or her family has a story to tell about the events surrounding the death. Such stories are meaning laden. . . . Alfred Alder said, 'Human beings live in the realm of meanings' and 'we experience reality always through the meaning we give it; not in itself, but as something interpreted.' (Nadeau, 1998, pp. 2-3)

Boss (1988) stated that "a stressed family constructs a symbolic reality based on shared meanings and role expectations inside the family" (p. 17). This reality is influenced to a great extent by external and internal contexts. The external contexts that are influential are such things as the genetic makeup of family members, culture, history, economics, and the family's developmental stage. The internal influencing contexts are family boundaries, role assignments, rules, perceptions, values, and beliefs.

Boss (1999) called the stress precipitated by the loss of a loved one ambiguous loss in instances where the degree of incongruence between the emotional presence but physical absence of a loved one was great. Boss said that the more ambiguous the loss, the more difficult it was to resolve by moving through a healthy grieving cycle. There is no sense of control over the situation and the person experiences a lack of understanding or ability to cope. A very young child who has lost a parent is likely to experience some

degree of an ambiguous loss. Because a young child may not be given clear or complete information (sharing of family meanings about the death), they are left without understanding or a sense of control. Ambiguous loss is stressful and increases the risk for such responses as depression, anxiety, somatic illness, or relationship conflicts (Boss).

### ***Attachment Theory***

Attachment theory is a salient framework for exploring early trauma and loss for many reasons. First, attachment style is rooted deeply in an individual's early experiences with parents or other caregivers. Second, attachment is based on inner sense-making mechanisms (called internal working models), which set up an individual for future behavioral and emotional interactions with others and the environment. Third, this framework sets the stage for the study of possible psychopathology as a result of early disruption of attachment relationships. Finally, relatively secure attachments are necessary for continued feelings of protection and security, but when a child loses a primary attachment figure, the child may be at risk for a myriad of difficulties as her development progresses.

Attachment theory historically has been based on a deficit model describing the deleterious effect of a lack of attachment, attachment separation, attachment break, or maltreatment by an attachment figure. John Bowlby, the originator of attachment theory, believed that what a child experiences in life in terms of the nature of early attachment relationships influences subsequent emotional health. Bowlby wrote, "Thus we reached the conclusion that loss of mother-figure, either by itself or in combination with other variables yet to be clearly identified, is capable of generating responses and processes that

are of the greatest interest to psychopathology [such as the] tendency to make excessive demands on others, . . . [feeling] anxious and angry, . . . dependent and hysterical personalities, . . . blockage in the capacity to make deep relationships, . . . [becoming] affectionless and psychopathic” (1969, preface).

Bowlby (1969) described attachment as a primary bond that provides protection for a developing child to explore the world. Parents represent comfort and protection for the child. They are the secure base from which the child operates. Bowlby described it thus:

**Attachment theory emphasizes:**

- (a) the primary status and biological function of intimate emotional bonds between individuals, the making and maintaining of which are postulated to be controlled by a cybernetic system situated within the central nervous system, utilizing working models of self and attachment figure in relationship with each other;
- (b) the powerful influence on a child’s development of the ways he is treated by his parents, especially his mother-figure; and
- (c) that present knowledge of infant and child development requires that a theory of developmental pathways should replace theories that invoke specific phases of development in which it is held a person may become fixated and/or to which he may regress. (Bowlby, 1988, p. 120)

Bowlby formalized the term *attachment* to describe an infant-mother relationship. He disliked the term *bonding*, which he thought suggested an immediate loving relationship. He preferred attachment because it suggested a developing relationship. As

the child grows, mother and child have a reciprocal give and take that forms the attachment bond. If a child is faced with parental death, in particular maternal death, the implications may be devastating, however. Bowlby (1980) postulated that, if three conditions exist for such a child, the implications might not be so devastating. The first condition is a pre-loss relationship between child and parents that is secure and warm. Second, Bowlby emphasized that children, even young children, should be given accurate information about the death of their parent. Children should be involved in funeral or other religious rites associated with the death. And third, the attachment relationship with the surviving parent can have a huge impact on the child's emotional health. If that relationship is warm, comforting, and available, the child will theoretically handle the loss much more easily. Alternately, an attachment source (non-parental) that is constant, warm, and ongoing also will ease the emotional pain of the death.

If some or all of the conditions are missing, the result can be "disturbing consequences—the primitive defenses, the failure of subsequent development, the formation of phobias and other hysterical symptoms, the depression, the extreme mental disorders, the antisocial behavior, the irresolvable anger toward the living parent, the inability to form new relationships—for the many who did not have these protective conditions" (Bowlby, as cited in Karen, 1994, p. 111).

Although a subsequent illness of a psychiatric nature may be exacerbated by the early death of a parent, a child's grief and mourning do not necessarily have to become psychopathological in nature, even without ideal conditions. However, the risk of developing psychopathology may be more probable for these children than for those who



do not experience early disruption of attachment. Bowlby reported three characteristics of psychopathological mourning in children. The first is prolonged anger and self-reproach, generally resulting in depression, anxiety, agoraphobia, hypochondria, or alcoholism. The second seems opposite to the first, with the appearance of a prolonged absence of grieving, but ultimately resulting in depression, interpersonal difficulties, or other physical ailments. Third, a less common circumstance is euphoria, or a manic response to the loss (Bowlby, 1980).

As attachment theory evolved and developed, other researchers such as Mary Ainsworth refined and supported it with research. Ainsworth coined the phrase *secure base* (Holmes, 1993) and developed the assessment tool called the Strange Situation (Fish & Dudas, 1999). In this context, a child is assessed on behavior when the parent is temporarily out of the room and again on reunion when the parent returns. She categorized the displayed behaviors into three patterns. The first was *secure attachment*, wherein the child appeared to be confident of the parent's return, feeling secure in the parent's support. The second was *anxious/resistant attachment*, where the child seemed unsure of the parent. The child was both clingy and angry with the parent upon return. This child displayed inconsistent internal working models, and there were possibly occasions of role-reverse parenting. Finally, she described *anxious/avoidant attachment*, the most insecure (identified to that point), wherein the child appeared to have no confidence at all in the parent. These children snubbed and avoided their parent upon return. They had a history of being rejected by their attachment figure (Bowlby, 1988).

Main and her colleagues (Carlson, Cicchetti, Barnett, & Braumwald, 1989) later

added another category to Ainsworth's original three (secure, avoidant, and resistant), called "disorganized/disoriented" in which the child may have been mistreated or suffered some other early trauma (such as parental death). The child's internal working models of attachment and relationships may be chaotic and disorganized, the result being an inclination toward hostility, depression, or other psychopathological response. Children in this category exhibited trance-like behaviors in the Strange Situation. They also tended to maintain their attachment category into adulthood and were believed to be the most at risk for later mental or developmental disorders.

Many aspects of attachment theory were particularly useful for informing this study. Kazak (1992) asserted that attachment theory is an excellent perspective to take to study the interrelatedness of loss and stress (or any change) within a family system. Loss, stress, resiliency, and risk as developmental constructs are very integral parts of attachment literature. An adult woman who has grown up without a mother may indeed have attachment insecurity in adult mental health or relationships. There is empirical evidence to support the assertion that attachment insecurity can lead to adult outcomes such as depression, alcoholism, and other psychopathological responses (see Chapter Two).

### ***Risk and Resilience Midrange Theory***

The mental health profession has long been interested in what leads some people to succumb to genetic or environmental risks and, conversely, what prevents others from succumbing to the same risks. Early applications of risk and resilience were used to identify the stressors in families and individuals that lead to schizophrenia or other

psychopathological outcomes. These early applications used risk as a dichotomous construct—you experience it or you do not. Further, risk factors often were examined in relative isolation. More contemporary research has included the effects of a myriad of variables affecting the risk or resilience of any particular family or individual.

A child suffering from early trauma (such as parental death) is at high risk unless there are mediating or moderating variables that lessen the deleterious effects of the trauma. Child psychiatrist Megan Gunnar suggested that such moderating variables may be a good quality home life, a positive parent-child relationship, or even an alternate attachment (as cited in Kotulak, 1997). Bowlby stated the same sentiment when he suggested that the pattern of attachment developed early in life sets the probability of resilience to stressful situations, and that pattern relies on a positive attachment relationship (as cited in Goldberg, Muir, & Kerr, 1995).

Modern families are the foundation of learning, emotions, and behavior. Patterson (2002a) delineated the functions of families as family membership, economic support, nurturance, socialization, and protection. Environmental and contextual stressors impact the family as a whole as well as individual members within the family. Differing family configurations and variables make delineating a clear path of causality between stressors and family dysfunction or individual psychopathology impossible.

Spanier (1989) addressed the nature of family resiliency in his autobiographical case study. He said that scientists spend a great deal of time and effort studying the intergenerational transmission of behaviors that are considered deviant, such as alcoholism or schizophrenia. Studies provide evidence that these behaviors can, indeed, be passed

intergenerationally. But what is not generally considered is the variance in the intergenerational connections. For instance, how can a family that is seemingly free of deviant behaviors be explained if generations before demonstrated supposedly transmittable deviant behaviors? This is where factors of individual and family resiliency are useful.

Patterson (2002b) defined family resiliency as the balance of “family demands with family capabilities as these interact with family meanings to arrive at a level of family adjustment or adaptation” (p. 236). This definition answers Spanier’s question: “How do we migrate from the troubled family of our parents to a healthy family for our children?” (p. 4). The answer is by balancing these family constructs: family demands, family capabilities, and family meanings.

Family demands are those normal or abnormal things that happen in everyday life within a family. This concept includes change, routine, strains, stressors, hassles, and so forth. Family capabilities are what the family has available as resources, whether physical, mental, or emotional. Family capabilities also include the family’s response and coping behaviors. In the capabilities concept, individual resiliency comes into play. Many times, a single family member can bring forth a coping mechanism for the entire family to utilize. Family capabilities can be considered protective factors.

Patterson (2002b) listed three levels of meaning-making mechanisms that families use: (a) situational meanings (a family’s primary appraisal of their demands and secondary appraisal of their capabilities), (b) their identity as a family (how they see themselves internally as a unit), and (c) their world view (how they see their family in relationship to

systems outside of their family). Patterson concluded, “Consistent with the individual resilience perspective, family resilience is an ongoing, often emergent process in families, and not a stable trait” (p. 237).

Welsh (2002) also framed family resilience within these concepts. She said, “A basic premise guiding this approach is that stressful crises and persistent challenges influence the whole family, and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit” (p. 130).

Inherent in the present study was the question: Does it take a catastrophic event or overwhelming risk to bring about family resilience? In other words, do family demands have to be extreme so as to induce emergent family resources? Ganong and Coleman (2002) asked, “If multiple definitions of risk are applicable, do they evoke the same or diverse resilience processes?” (p. 348).

Family resiliency can be viewed as being primarily influenced by the nature of family relationships. In a family that is resilient, there are four strengthening characteristics. First, the resilient family acts as a bridge between individual family members and society. Second, the resilient family fulfills the roles of nurturance, socialization, and membership. Third, the resilient family provides economic support. Finally, the resilient family provides protection to its members, especially ones that may be considered vulnerable. (Patterson, 2002a)

The usefulness of these constructs to explore the implications of early maternal death on a young girl is complex. First, individuals and families are dynamic—risks, resiliencies, and reactions tend to change over time. Psychopathological responses to risks

may be short-lived. Second, even if there are psychopathological responses to risks and they seem to be lengthy, there is always a chance of forward progress and gradual healing. Third, the Freudian notion that psychopathology is directly precipitated by trauma has been rejected with the conclusion that trauma does not always lead to a poor outcome. The differences in perception, meaning-making, and responses to early trauma, such as early maternal death, may be vast. Further, several other mitigating variables are likely to come into play as each of the women has grown into adulthood. Disentangling the effects of the early maternal death and other stressors or buffers may prove impossible.

### **Research Questions, Issues, and Topical Questions**

To explore the experiences of women who lost their mothers while a young child, several research questions were considered. An open-ended interview protocol was designed to guide the discussion with study participants.

The central purpose of this phenomenological study was to describe aspects of early maternal loss for daughters, using attachment theory, symbolic interaction theory and family stress midrange theory, and risk and resiliency midrange theory as the guiding frameworks. The research questions follow.

#### **Central:**

What is the essence of the phenomenon of early loss of a mother (early attachment loss) in a woman's life?

#### **Issue:**

What meanings do adult women give to the very early deaths of their mothers?

How have these meanings changed over the course of their lives—i.e., what

were the family and individual meanings then as compared to now?

How has her mother's death impacted her life?

What factors may have made the daughter more vulnerable to the impact of her mother's death?

What protective factors buffered the impact of her death?

Topical:

Tell me about your mother's death.

Tell me about your family.

Tell me about your childhood.

Tell me about your current relationships.

Tell me about being a mother, if applicable.

Tell me about being a wife, if applicable.

**Nominal Definitions**

*Stress* at an individual level was defined by Boss (1988) as change, which by itself may not produce stress. The reaction of the individual to the change is what may produce stress. *Family stress* is change that causes pressure or tension within a family. Family stress is "an extension of individual stress applied to the family domain" (Hobfall & Spielberger, 1992, p. 99), or the ways in which individuals within a family and the family unit are challenged by environmental factors in such a way that their collective and individual resources are overspent.

Families react to stress by making shared meanings about the stressful event or change. *Meaning* is "an effort to understand the event: why it happened and what impact



it had. The search for meaning attempts to answer the question, What is the significance of the event? Meaning is also reflected in the answer to the question, What does my life mean now?" (Taylor, as cited in Nadeau, 1998, p. 14).

*Meaning-making* was defined by Nadeau (1998) as "the social act whereby an actor interprets stimuli in a setting and represents the situation to him- or herself in symbolic terms" (p. 15). She further defined *family meaning-making* as "the social act whereby family members interpret stimuli in the context of the family and represent the situation to themselves and each other in symbolic terms" (p. 15).

*Loss* is a type of change within a family, one that is usually upsetting to the family. However, the family's meanings and perceptions of the loss greatly affect the response that individuals take. It is impossible to ever consider any family stress or loss as a single causal variable.

*Ambiguous loss* is "incomplete or uncertain loss" (Boss, 1999, p. 3). This kind of loss can take two forms: (a) the physical loss of a loved one while perceived as still present, and (b) perceiving the loss of a loved one who is actually still present. For a child experiencing parental loss, the ambiguous loss is of the first kind, because to a young mind, the death may be unclear and indeterminate. Boss (1992) said,

When family members cannot obtain clear facts surrounding their loss, the system is frozen into place; structural reorganization is blocked; systemic boundaries cannot be maintained. Individuals remain immobilized until they are able to construct a new reality of who is in and who is out of the family. When a loss remains ambiguous, this process depends on perceptions. (p. 114)



*Attachment* is defined as a highly individualized relationship that forms between parents and their child. It is based on a biological bond between child and parent that is as basic a need as is food or warmth. It is affected by many factors, such as parental emotional and physical health, the infant's temperament, and the family's social support network. Bowlby (1975) defined attachment as "any form of behavior that results in a person attaining or retaining proximity to some other differentiated or preferred individual, usually conceived as stronger and/or wiser" (p. 292).

*Resilience* refers to either individual or group ability to withstand the stress of a specified risk. Luthar, Cicchetti, and Becker (2000) defined resilience as a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process. (p. 543)

*Risk* is defined as an environmental condition or event that predisposes an individual or a population to a specific negative outcome. The particular risk of interest in this study is the death of a mother. The expected negative outcome would be manifest in some form of adult psychopathology as predicted by Bowlby: depression, anxiety, agoraphobia, hypochondria, alcoholism, interpersonal difficulties, other physical ailments, euphoria, or manic response to the loss (Bowlby, 1980). However, this risk (early maternal death) cannot be considered solely without also considering either predisposing conditions (vulnerabilities) or protective factors (buffers) (Cowan, Cowan, & Shulz, 1996).

*Vulnerabilities* are conditions that may increase the probability of a negative reaction to a risk. These conditions can be considered either internally or externally to the individual or family of interest. Vulnerabilities may come before, during, or after the actual risk. They are not always time-sensitive. In this study, vulnerabilities may be such things as poverty, alcohol or other drug usage in the home, abuse, neglect, or genetic predisposition to mental illness.

Conversely, *buffers* are protective factors that decrease the probability of a negative reaction to a risk. Buffers also can come before, during, or after the risk. They also may be external or internal to the individual or group at risk. In this study, buffers may be such things as a satisfying attachment relationship with the surviving parent (father) or other attachment substitute, close relationships with older siblings (who may assume the role of a substitute attachment figure), strong social and community resources, or religious convictions. Because resilience, risk, vulnerabilities, and buffers are all dynamic rather than static constructs, the unfolding of a life can be the only clue to their changing influences.

*Autobiographical memory* served as the path for exploring these constructs and their interplay with early attachment loss in the lives of these women. Autobiographical memory is defined as backward recalling of events leading to the present. It is life story telling. "To be a person is to have a story to tell" (Isak Denisen, as cited in Hambrook, Eisenberg, & Rosenthal, 1997, p. 13). It is important to note that autobiographical narratives are evolutionary—that is, they are subject to changes and reinterpretation based on new information or new experiences that color memory. Gilbert (2002) called

autobiographical narratives “continually evolving sketch books of memories and life experiences” (p. 225).

***“When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they are revealing truths. These truths don’t reveal the past ‘as it actually was,’ aspiring to a standard of objectivity. They give us instead the truths of our experience . . . We come to understand them only through interpretation, paying careful attention to the contexts that shape their creation and to the world views that inform them.”  
(Gabrielle, 2000, 37–38)***



## CHAPTER 2: REVIEW OF LITERATURE

*“Death, yes, well, it gets us where we live, doesn’t it?” (Edward Albee, *All Over*, 1971)*

Abraham Lincoln was 8 years old when his mother died as a result of what the settlers of that region called “milk sickness.” The illness was caused by a poisonous white snakeroot plant that was being eaten by their cows. Lincoln later wrote of his loss, “In this sad world of ours, sorrow comes to all; and, to the young, it comes with bitterest agony, because it takes them unawares . . . I have had experience enough to know what I say” (as cited in Donald, 1995, p. 27). Even though his step-mother was kind and there was a deep mutual love between the two of them, he credited his birth mother (“angel mother”) for some of his more desirable traits, such as ambition, mental alertness, and the power of analysis: “God bless my angel mother; all that I am or ever hope to be I owe to her” (Donald, p. 23).

The topics discussed in this literature review are (a) a brief chronology of attachment theory and research, (b) childhood grief and adult development, (c) a child’s immediate response to parental death, (d) long-term responses to parental death, (e) methodological issues in current empirical work concerning loss, (f) family meaning making, and (g) family responses and coping strategies.

### **Attachment Theory and Research: A Chronology**

The deleterious effects of attachment disruption or loss have been known for centuries (Blackwell, 2002). In the 1200s, King Frederick II of Germany made an inadvertent discovery about infant attachment when he removed newborns from their mothers to determine an instinctive language. Salimbene, a thirteenth century Italian

Franciscan told the story thus: The king made linguistic experiments on the vile bodies of hapless infants, "bidding foster mothers and nurses to suckle and bathe and wash the children, but in no wise to prattle or speak with them: for he would have learnt whether they would speak the Hebrew language (which had been first), or Greek, or Latin, or Arabic, or perchance the tongue of their parents of whom they had been born. But he laboured in vain, for the children could not live without clappings of the hands, and gestures, and gladness of countenance, and blandishments." (Coulton, 1906, p. 1)

John Bowlby first presented his theory of attachment to the British Psycho-Analytic Society in 1939. His presentation, which was not well-received by the society, suggested that the environment (home relationships and experiences) were a major impact on a child's psychological well-being, indicating that it is as important as "the nurseryman to make a scientific study of the soil and atmosphere" (Karen, 1994, p. 26). The presentation caused quite a stir in the society, causing one analyst to exclaim, "Bowlby? Give me Barrabas!" (Bretherton, 1994, p. 763).

Bowlby drew on concepts from ethology, cybernetics, information processing, developmental psychology, and psychoanalysis to inform and formulate his theory.

Bretherton (1994) stated that Bowlby "revolutionized our thinking about a child's tie to the mother and its disruption through separation, deprivation, and bereavement" (p. 759).

Bowlby was a student of psychoanalysis. A tenet of psychoanalytic theory at that time was that the relationship between a baby and mother evolved from feeding and that fulfilling this basic need brought satisfaction and pleasure to the baby, thus making the mother's presence satisfying and pleasurable (Cassidy, 1999). However, Bowlby was

fascinated by the ethological work of both Konrad Lorenz and Harry Harlow, which seemed to contradict this premise.

Lorenz, in his study of greylag goslings, noted the newborn gosling's following response to the mother. Goslings hatched in incubators showed this same following response with Lorenz. This response was termed *imprinting* by Lorenz (Sarafino & Armstrong, 1996). Noteworthy in Lorenz's work was that goslings self-fed from the time they hatched. The imprinting behavior was not food-based.

Harlow's work with rhesus monkeys in the 1950s was also of great interest to Bowlby. Harlow had noticed that many of the monkeys in his laboratory were dying. He feared infection, so he separated 60 of his infant monkeys from their mothers within hours of birth to be reared in a germ-free environment. The baby monkeys were fed with tiny bottles attached to their cages. However, Harlow noticed how ardently the monkeys seemed to care for the soft diapers covering their cage floors. In contrast, monkeys put in cages without the soft diapers generally died before 5 days had elapsed.

Curious, Harlow began a new experiment. Eight baby rhesus monkeys were raised in isolated conditions but with two surrogate mothers. The first was a wood block covered in terry cloth. This "mother" had a face with big eyes and a light bulb for warmth. The other was made of wire, not softened, but also had a face and a light bulb. For four of the monkeys, the cloth mother provided a bottle of milk. For the other four, the wire mother provided the bottle. The monkeys all showed attachment behaviors toward the cloth surrogate, but not for the wire surrogate, regardless of the milk bottle (Blackwell, 2002, & Karen, 1994).

In later years, these same eight monkeys began showing abnormalities in their behaviors, particularly in terms of social and sexual behaviors. If they did successfully mate and become parents, they were non-nurturing and often violent, even murderous. They also showed violent behaviors toward their mates. Harlow's work provided support for Bowlby's idea that attachment was not food-based and that the environment could have a major impact on long-term psychopathology.

More contemporary researchers also have found empirical support for the impact of early attachment relationships. Benoit and Parker (1994) assessed expectant mothers and their mothers using the Adult Attachment Interview (George, Kaplan, & Main, 1996). When the babies were 1 year old, they were assessed using the Strange Situation Assessment Tool. The baby, mother, and grandmother had highly correlated attachment styles, suggesting an intergenerational transmission of attachment behaviors. Beckwith, Cohen, and Hamilton (1999), in their study of 86 young adults, also showed that there seems to be a continuity between early attachment behaviors and adulthood behaviors, particularly regarding maternal sensitivity.

Crittenden (1992) used attachment theory to explore the coping strategies that children created and used when they were faced with adverse home environments. The participants in Crittenden's study came from five different kinds of homes: abusing, abusing and neglecting, neglecting, marginally maltreating, and adequate. The children in the abused and abused-and-neglecting households were the most compliant, and the children in neglecting households were the most passive. These research findings are relevant for children grieving the death of a parent even though she did not specifically



deal with parental death. An adverse home environment is a major concern for children who are grieving the death of a parent. Surviving parents are dealing with their own grief and may inadvertently create an adverse environment of neglect. This sentiment was expressed by Dowdney (2000): "Given that the majority of parentally bereaved children will be in families where surviving parents are more likely to show high levels of psychological morbidity, . . . symptoms of mild depression and dysphoria in their children are unsurprising" (p. 820).

### **Childhood Grief and Developmental Implications**

The early loss of a parent may have a myriad of implications for a young child that may last throughout her lifetime. Early parental loss may be exacerbated by other primary and secondary stressors such as poverty or abuse. Resiliency and spirituality often are cited as protective factors when a child is at high risk of a psychopathological response to loss. Angell, Dennis, and Dumain (1998) said that the loss of a parent is particularly significant. They are the givers of our lives, our nurturers, guides, and the constructors of our initial realities. The form of response we made to our parents' death is tied to the quality of this prior relationship and may be more psychologically profound in its impact on us than the loss itself. We find and make ways of living with our emotions and struggle to reestablish self-confidence, self-esteem, and identity in a biography colored by loss. (p. 619)

Both the child's developmental level and the context of the parent's death are important in understanding a child's grieving. Most children are inexperienced with grief, and have fewer inner resources available for grieving. Children also are generally more

dependent on others than are adults and, therefore, may rely even more heavily on family meanings and contexts than would an adult in a similar grief situation. The mistaken inclination to cease talk of the deceased is quite harmful for a child who is seeking understanding. "Mourning never does, nor necessarily should succeed in the withdrawal of all investment" (Furman, as cited in Sedney, 2002, p. 280).

We are very aware that the bereaved object is never given up in its entirety—nor would that even be desirable. While one talks about decathexis of the lost object to free energy for investment in new objects, this is a relative matter, and memories of the loved object are retained and even become a source of satisfaction. (Sedney, p. 280)

Frazier and Ellis (1997) presented risk and protective factors (buffers) considered to be common in childhood. The risk factors were broken down into (a) broad environmental risk factors (such as poverty); (b) family, school, and neighborhood risk factors (such as abuse); and (c) individual psychosocial and biological risk factors (such as gender) (see Table 1). The protective factors are broken down similarly.

Frazier and Ellis further described risks and buffers as interactive or additive. Additive models of risk and resilience describe risks and buffers on a continuum with risks and buffers as polar opposites. These authors posited that "competence always declines as stress increases" (p. 17). Interactive models of risk and resilience conceptualize risks and buffers in interaction with each other; in other words, buffers have very little impact on a person except in relation and interplay with risks.

**Table 1. Common risk and protective factors in childhood**

**Broad Environmental**

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
Few opportunities for education or employment	Education and employment opportunities
Racial discrimination and injustice	
Poverty	

**Family, Social, and Neighborhood**

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
Child maltreatment (neglect, physical abuse, sexual abuse, psychological abuse)	Social support
Interparental conflict	Presence of a caring, supportive adult
Parental psychopathology	Positive child-parent relationship
Poor parenting	Effective parenting

**Individual Psychosocial and Biological**

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
Biomedical problems (illness, prematurity, disabilities)	Easy Temperament
Gender	Self-efficacy
	Self-esteem
	Intelligence

(from Frazier & Ellis, 1997, pp. 20–27)

### ***Immediate Response to Childhood Grief***

The American Academy of Pediatrics (AAP) issued a statement in 2000 about dealing with childhood grief. The academy delineated common conceptions of death that children of various ages manifest (see Table 2). Additionally, common manifestations of grief were outlined (see Table 3). The AAP suggested interventions for helping a child deal with loss in a healthy manner. These include talking openly with the child about the death, allowing the child to attend funeral rites, continuation of normal activities as far as possible, and professional help if indicated. "Bereaved children have fears of abandonment, fear of the death of those they love and themselves, guilt and fear of retribution for imagined or actual transgressions, difficulties in attaching to new caretakers, and difficulties at school" (Black, 1996, p. 1498).

A review of literature by Parkes (2002) detailed the history of grief and how remaining loved ones are likely to respond, starting from Biblical times. "Griefe" was listed as a cause of death in 1657, and the flow of "black bile" in 1621 was perceived as being caused by grief. In 1835, one of the signers of the Declaration of Independence prescribed "liberal doses of opium" for those suffering from grief, or "inflammation of the heart, with rupture of its auricles and ventricles" (p. 369). Parkes stressed that contextual factors must be considered before grief can be understood, such as the mode of the loss (e.g., sudden or expected, multiple, violent, feelings of guilt), personal vulnerability (dependence on the deceased, ambivalence, lack of self-esteem, psychological vulnerability), and lack of social support (absent or unsupportive family, social isolation).

---

**Table 2. Overview of children's concepts of death**

---

Age Range, Years	Concept
0-2	Death is perceived as separation or abandonment Protest and despair from disruption in caretaking  No cognitive understanding of death
2-6	Death is reversible or temporary  Death is personified and often seen as punishment Magical thinking that wishes can come true
6-11	Gradual awareness of irreversibility and finality Specific death of self or loved one difficult to understand Concrete reasoning with ability to see cause-and-effect relationships
Older than 11	Death is irreversible, universal, and inevitable All people and self must die, although latter is far off Abstract and philosophical reasoning

---

(from American Academy of Pediatrics, 2000, p. 2)

---

**Table 3. Range of common grief manifestations in children and adolescents**

---

<b>Normal or variant behavior</b>	<b>Sign of problem or disorder**</b>
Shock or numbness	Long-term denial and avoidance of feelings
Crying	Repeated crying spells
Sadness	Disabling depression and suicidal ideation
Anger	Persistent anger
Feeling guilty	Believing guilty
Transient unhappiness	Persistent unhappiness
Keeping concerns inside	Social withdrawal
Increased clinging	Separation anxiety
Disobedience	Oppositional or conduct disorder
Lack of interest in school	Decline in school performance
Transient sleep disturbance	Persistent sleep problems
Physical complaints	Physical symptoms of deceased
Decreased appetite	Eating disorder
Temporary regression	Disabling or persistent regression
Being good or bad	Being much too good or bad
Believing deceased is still alive	Persistent belief that deceased is still alive
Adolescent relating better to friend than to family	Promiscuity or delinquent behavior
Behavior lasts days to weeks	Behavior lasts weeks to months

---

**\*\*Should prompt investigation by pediatrician; mental health referral is probable.**

(from American Academy of Pediatrics, 2000, p. 2)

Freud's proposition that unresolved childhood grief could lead to adult psychopathology has been explored by several researchers. Dowdney (2000), in a review of literature, followed the history of these early proposals:

Early studies of bereavement in childhood document 'pathological mourning' following the death of a parent (Furman, 1974); depressed mood; phobic disorders; and school refusal (Arthur & Kemme, 1964; Black, 1974; Caplan & Douglas, 1969). . . . Black (1978) concludes 'bereaved children are more likely than children from intact homes to develop psychiatric disorders both in childhood and in adult life, although the differences are small.' (p. 819)

### ***Long-term Psychological Response***

Implications of early parental loss as suggested by Freud were published in his seminal work, Mourning and Melancholia (cited in Agid, Shapira, Zislin, Ritsner, Hanin, Murad, Troudart, Bloch, Heresco-Levy, & Lerer, 1999). Agid et al. reported a study of 117 patients with major depression, bipolar disorder, and schizophrenia who were compared with a matched control of healthy participants. Some of the participants from both groups had suffered some kind of parental loss before age 17. The researchers found that patients with schizophrenia had the highest rates of parental loss but that loss due to separation was more significantly related to adult psychopathology than loss due to death. The implication remains, despite a lack of strong statistical support in Agid's study, that early parental loss is potentially influential in the development of adult psychopathology for some individuals.

The loss of a parent may become a nucleus around which conflicts and latent pathogenic elements are organized, e.g., it may represent and bring into sharp focus earlier deprivation of some type. The loss *event* is important as well as the loss *process*: the chain of events preceding, set in motion by, and subsequent to the loss. . . . The loss of a parent will have both narcissistic and conflictual elements. The developmental level attained by the child at the time of loss, including cognitive, integrative, structural, and defensive capacities will have significant impact on the experience of the loss. . . Parent loss is, in a sense, a model neurosis, as it is a circumscribed and concretized trauma occurring at a specific point in time; further, it can affect certain structures or lines of development and leave others relatively intact. (Kreuger, 1983, pp. 582–583)

A study by Thompson, Kaslow, Price, Williams, and Kingree (1998) found that the role of secondary stressors, mode of parental death, context, and human intent (intentional death, such as homicide or suicide) were important factors in studying parental death and child bereavement. The study sample consisted of 116 adolescents and their guardians. Of the 116 youth, 26 had lost a parent to homicide, 45 to other causes, and 45 had not lost a parent. They were assessed using a scale that yielded two factors: general life events and bereavement-related events (p. 360). They also were assessed using the Child Behavior Checklist-Youth Self-Report (CBCL-YSR, Achenbach, 1991). The researchers found that secondary stressors and mode of death had a strong association with pathological child bereavement. More specifically, children who had lost a parent to homicide (where there was human intent to harm) exhibited a much greater incidence of negative externalizing



behaviors. The authors concluded with a plea to mental health professionals dealing with grieving children to address secondary and mediating factors. Interventions are designed and are increasingly in place for such purposes.

However, empirical work indicating a strong relationship between early parental loss and adult depression or other psychopathology is extremely limited. Much of the literature shows either a very weak relationship or no relationship at all (Ragan & McGlashan, 1986; Harris, Brown, Bifulco, 1987; Oakley Browne, Joyce, Wells, Bushnell, & Hornblow, 1995). Ragan and McGlashan (1986) interviewed 532 patients with severe psychiatric illness at a long-term residential hospital. Within this group were 72 patients who had lost one or both of their parents before the age of 18. Their data indicated no difference between the patients who had lost their parent and those who had not in terms of depression, schizophrenia, or other mental disorders. However, an excellent point was made: "Parental object loss falling on the fertile soil of an impaired family unit, for example, may be what is pathogenic rather than early parental death per se" (p. 156). This implies a contextual significance that must be taken into account for any person, diagnosis, or situation.

Conversely, Brennan and Shaver (1998) found a statistically significant relationship between (a) both early parental death and early parental divorce and (b) subsequent adult personality disorder. Using attachment theory as their base, the authors assessed 1,407 college students for attachment and relationship quality with parents and peers. Of these participants, 69 reported an early parental death, and these participants were found to be

more likely to have insecure attachment classification than those whose parents were living. They found that those who were classified in any insecure attachment category were much more likely to have an adult personality disorder, which are defined in the Diagnostic and Statistical Manual of the American Psychiatric Association as “enduring patterns of inner experience and behavior that deviate markedly from the expectations of the individual’s culture, [are] pervasive and inflexible, [have] an onset in adolescence or early adulthood, [are] stable over time, and [lead] to distress and impairment” (1994, p. 629).

Mack (2001) also explored the possible psychopathological response of children to both parental death and parental divorce. She used both attachment and social learning theories as frameworks for examining data from the National Survey of Families and Households (NSFH). Her sample consisted of 4,341 people, each interviewed and assessed using four measures: a measure for parent-child relationship quality, Rosenberg Self-Esteem Scale (Rosenberg, 1965), Center for Epidemiological Studies Depression Scale (CESD, Radloff, 1977), and childhood family structure. She controlled for gender, age, race, years of formal education, marital status, employment status, income, childhood family circumstances, and health. The results of this study suggest there is a greater chance of lasting damage from parental divorce than death, but still a very strong association between parental death and subsequent adult psychopathology was suggested. Both death and divorce involve a disruption of attachment relationships for children.

Cerel and her colleagues (2000) addressed several key variables when considering the implications of early parental death on adult psychopathology, in particular comparing

whether the parental death occurred through suicide or not. Also considered were psychopathology in both the deceased and surviving parent, family functioning prior to the death, and changes in social or religious support that the family receives after the death. The participants in her study were part of a longitudinal study of bereaved children. They found that children whose parent committed suicide were more likely to be anxious, angry, and ashamed than children whose parent died from illness or accident. But beyond those emotions, the children were very similar in their experiences of grief. Other variables considered were significant in family difference but not in their implications for childhood bereavement on adult psychopathology.

Gaensbauer, Chatoor, Drell, Siegel, and Zeanah (1995) presented a case study of a small girl who, at age 1, witnessed her mother's death by mail bomb. Previous to the explosion, the girl had been progressing within normal developmental pathways. After the explosion, she dramatically regressed. By the age of 4, she still had not toilet trained. She showed symptoms similar to autism (repetitive and compulsive self-stimulation), demonstrated screaming episodes and eating disorders, and had become withdrawn and sensitive to touch. Her case was discussed by each of the authors as post-traumatic stress, disordered eating, memory trauma, and attachment disorder. Each of the diagnoses had merit, which leads to the conclusion that psychopathological responses are complex and may not be easily categorized.

McLeod (1991) used the Life Events in Everyday Experience study (Kessler, 1985) to explore the implications of childhood parental loss (either through death or divorce) on adult well-being. She used regression models to examine the mediating effects

of socioeconomic status and marital quality on adult depression. Her hypothesis stated that “parental losses create socioeconomic and relational disadvantages which, in turn, lead to the development of depression. One could make an equally strong argument for the importance of interactive relationships between parental losses and their socioeconomic and marital outcomes in predicting depression” (p. 207). She found that marital quality was much stronger mediator between parental loss and adult depression than was socioeconomic status, particularly for women.

However, Mireault, Bearor, and Thomas (2001) found that women who were maternally bereaved as children showed more avoidant behaviors in their adult romantic attachments than did their matched controls of non-maternally bereaved women. The participants who lost their mothers as children showed more anxiety and insecurity in their romantic relationships than the control group. The authors suggested that this finding may not be directly linked to the early loss of their mother, but to the vulnerability that is naturally created when a child loses a parent, leading the child to be more distrustful of future attachment relationships.

In essence, the early bereaved may subtly prepare themselves for what they perceive to be another inevitable loss (i.e., the loss of their spouses) by distancing themselves from and relying less upon partners (avoidance). Ironically, the early-bereaved, like the motherless women in this study, are ultimately more preoccupied with the relationship and its potential premature end (anxiety). (p. 102)

### ***Methodological Issues***

Harris, Brown, and Bifulco (1986) addressed the seemingly inconsistent findings in the empirical literature with suggestions for making research more robust: eliminating sampling biases, applying appropriate controls, grouping of variables, controlling for provoking agents (such as an unhappy marriage), manipulation of the dependent variable (timing of psychopathology), and examining intervening variables (such as the quality of the care the child received after the death). Dilworth and Hildreth (1997) also discussed the inconsistent research done in this area. Further, when research is done, generally key variables are overlooked, such as the identification of variables in long-term grieving and control factors that must be considered. These authors suggested that key indicators of unresolved grief are persistent anxiety, desire to die, persistent blame and guilt, compulsive self-reliance, and aggressive outbursts. They concluded by calling for longitudinal research and close attention to control factors such as parent's age at the time of death, the child's age at the time of the parent's death, gender of both parent and child, pre-existing psychological history and symptomology of the family, socioeconomic status, and family circumstances.

A meta-analysis of grief literature by Patten (1991) also reported that depression is more likely for women who suffer from maternal loss (odds ratio 2:3) than for men. However, the author expressed concern for the lack of thorough family histories before making the assumption that early maternal loss is directly linked to adult depression. Specifically, Patten suggested that genetic predisposition for depression often is overlooked and thus not considered as a vulnerability for these women.

*Please don't tell me she's in a better place.  
Please don't ask me if I feel better. Bereavement isn't a condition that 'clears up.'  
Please don't tell me 'at least you had her for XX years.' What year would you like your  
mother to die?*

*Please just say you're sorry.  
Please just say you remember her, if you do.  
Please just let me talk if I want.  
Please let me cry when I must.  
(Hambrook, Eisenberg, & Rosenthal, 1997, p. 230)*

### **Families Making Sense of Death**

Families who experience the loss of one of their members begin a process of meaning making intended to help individual members cope with the death but that also serves as a protective measure for the survival of the family as a unit. Symbolic interaction theory posits that families make these meanings by interactions between members as well as by the individual inner processes of each member, motivated by the need to make sense of what has happened. This process of making family meanings has been recognized for decades. In 1959, Hess and Handel used the term *family worlds* to label the concept of family meanings (as cited in Nadeau, 1998). Each family has meanings that are logical and beneficent within their own family but not necessarily outside the family. Nadeau said that the family facing a member's death have a story to tell, and that story is full of meaning. These meanings can be existential or specific to the death, providing the family with a story meaningful maybe only inside the family. The stories, when told and retold, provide information about the family's coping strategies. Adler (1958) said, "Human beings live in the realm of meanings" and "we experience reality always through the realm of the

meaning we give it; not in itself, but as something interpreted” (as cited in Nadeau, pp. 2-3).

The death of a family member may be the most terrifying event a family could face because it greatly upsets the status quo within the family framework. Making meanings of the death as a whole unit (family), along with individual meaning making makes the death a family reality. Taylor (1983) defined meaning as efforts to understand why an event happened and what significance it holds for the future. These meanings also relate to the continued meaning of life for surviving family members.

Patterson and Garwick (1994) defined family meaning as

The interpretation, images, and views that have been collectively constructed by family members as they share time, space, and life experiences; and as they talk with each other and dialogue about these experiences. They are the family social constructions, the product of their interactions. They belong to no one member, but to the family as a whole. (p. 288)

Nadeau (1998), in her qualitative study of 10 families who were grieving the death of a family member, found that meaning making in families can take many forms. For her study, she interviewed several family members from each family with the desired goal being immersion in individual perspectives as compared to family-wide perspectives. She found that the meanings within families are not always positive ones, that not all meanings are verbally expressed and are often contradictory between members, and that many meaning statements made were concerning what the death did not mean instead of what it did mean. Nadeau broke her data down into ten categories:

- (1) What the death was not;
- (2) There is no sense to be made of the death. These family members seemed to still be struggling with meanings;
- (3) The death was unfair or unjust. In this category, family members expressed strong anger, deep depression, or sadness. Meanings were negative instead of positive, but still appropriate;
- (4) Philosophical meanings, including fatalistic meanings or purpose of life or death meanings;
- (5) The afterlife;
- (6) Religious meanings;
- (7) The nature of death;
- (8) The attitude of the deceased toward death;
- (9) How the death changed the family; and
- (10) Lessons learned and truths realized.

Families who are bereaved and are receiving counseling may be helped by sharing their story with their therapist. Sedney, Baker, and Gross (1994) advised therapists to facilitate and listen to families telling "the story" of their member's death.

Every death creates a story, or a set of stories, to tell. In working with bereaved families we regard 'The Story' of a death in the family as the family's account of what happened when the individual died, and how other family members found out about it. 'The Story' includes (a) a basic explanation of how the person died, (b) details about the circumstances of the death, (c) the sequence of events leading



up to and following the death, and (d) the experience of each family member at the time or when and how each learned of the death. 'The Story' contains multiple stories since each member of the family recounts events from their own unique perspective. Each person's version of 'The Story' is a construction that is affected by their relationship with the deceased, relationships with other family members, proximity, role in the events, developmental and cognitive status, and any preexisting and current conditions or circumstances. (p. 288)

The authors emphasized that family stories may change over time, as family needs and circumstances change. As a story is retold, changes or new information may be included to bring the family to a fuller understanding (meaning) of the death. Gilbert (2002) said that stories, or narratives bring order to lives; they organize and bring meaning to lived experiences.

However, further empirical or theoretical literature supporting the notion of family meaning making following a death is very limited. The definitions of terms are often inconsistent between studies and authors, impeding the ability to generalize or postulate from findings. Further, literature concerning family meanings among daughters facing maternal death is non-existent. For purposes of this literature review, I will report basic assumptions made by professionals dealing with deaths of any member of the family.

### ***Family Responses and Coping Strategies***

The initial response to a family member's death has always been a source of much speculation and theorizing. Professionals have tried for generations to make sense of the different aspects or stages of grief to bring comfort and control to their grieving patients.

Each theory of grief has merit, but, as with all human phenomena, it is impossible to make one theory fit all circumstances or each individual. However, several theories will be presented here.

Worden (1991) developed a model of the tasks of mourning that involves four tasks: (a) accepting the reality of the loss, (b) working through the pain of grief, (c) adjusting to a changed environment, and (d) emotionally relocating the deceased and moving on with life. Concerning the first task, Worden said, "Denying the facts of the loss can vary in degree from a slight distortion to a full-blown delusion" (p. 13). The main goal in this first task, according to Worden, would be the transition of language from present to past tense when discussing the deceased member of the family.

Rando (1993) outlined a process of grieving that she called the "Six Rs":

1. Recognize the loss (acknowledge and understand the death);
2. React to the separation (experience the pain; feel, identify, accept, and express the reaction to loss; and identify and mourn secondary losses);
3. Recollect and reexperience the deceased and the relationship (review and remember realistically; revive and reexperience the feelings);
4. Relinquish the old attachments to the deceased and the old assumptive world;
5. Readjust to move adaptively into the new world without forgetting the old (develop a new relationship with the deceased, adopt new ways of being in the world, form a new identity); and
6. Reinvest. (pp. 229)

Raphael (1983) described healthy grieving as a process of adaptation, which included denial, recognition of the loss, yearning and longing, recognition of and review of the loss, and, finally, adaptation to the loss. Raphael suggested that these stages are not necessarily ordered and the griever may actually move back and forth through the stages several times before reaching adaptation. Raphael also described pathological grieving, which was manifest by absence, inhibition, or delay of grieving; distorted grief; and chronic grief. The role of the family as a support for bereavement was key in Raphael's clinical studies.

Parkes (1986) also developed a model of bereavement that includes pining, disorganization and despair, and reorganization. He suggested that the initial reactions to a loss are very similar to reactions to threat and danger: alarm, searching, mitigation, anger, guilt, and gaining a new identity.

By far, the most comprehensive model of grief was developed by Bowlby (1980). He described both healthy and pathological bereavement. Table 4 delineates Bowlby's stages of healthy grieving. However, pathological grieving may follow a different course or may even appear to be absent altogether. The griever may manifest a lack of acceptance for their loss or an absence of sadness. Also, similar to Parkes' model, reactions may include persistent anger, self-reproach, nightmares, or euphoria. The griever may develop symptoms similar to those of their lost loved one's last illness. There may be feelings of abandonment, helplessness, and suicide ideation.

---

**TABLE 4. Bowlby's stage characteristics of favorable bereavement**

---

STAGE	CHARACTERISTICS
<i>Numbing</i>	<p><u>(peaks from several hours to one week post-loss)</u></p> <ul style="list-style-type: none"> <li>-Denial alternates with recognizing reality of the loss</li> <li>-Bereaved may be stunned, unable to accept news, and experience disbelief, unreality, being in a dream</li> <li>-Activities may be automatic</li> <li>-Outward calm alternates with feelings of dread, feeling about to burst, fears of losing control</li> <li>-Brief episodes of intense emotion including anguish, panic, alarm, tearfulness</li> </ul>
<i>Yearning and Searching</i>	<p><u>(peaks from four to six weeks post-loss)</u></p> <ul style="list-style-type: none"> <li>--Intense yearning with urges to search and recover the deceased, alternating with brief awareness of loss and coexisting deep sadness</li> <li>-Bereaved exhibits range of alarm and arousal including anxious pining, yearning, longing, agitation, restlessness, irritation, sobbing, distress</li> <li>-Anger during searching</li> <li>-Scanning, nervousness, pressure to act, preoccupation with deceased, vigilance, expectation of deceased's return</li> <li>-Repeated examination of how the loss occurred</li> <li>-Feels the deceased's presence, dreams of deceased as alive and feels deserted upon waking</li> <li>-Pining and searching diminish, leading to episodic recognition of death, beginning of inner pain, sadness, despair, followed by renewed yearning and searching</li> </ul>
<i>Disorganization and Despair</i>	<p><u>(peaks about six months post-loss)</u></p> <ul style="list-style-type: none"> <li>-Growing acceptance of loss as permanent</li> <li>-Predominance of despair, hopelessness, emptiness, depression, apathy, and defeat</li> <li>-Feel life and meaning are lost</li> <li>-Express memories, with positive or idealized recollections preceding negative ones</li> <li>-Relinquishes hope that prior circumstances will be reestablished</li> </ul>
<i>Reorganization</i>	<p><u>(usually apparent one year post-loss)</u></p> <ul style="list-style-type: none"> <li>-Begins to resolve loss</li> <li>-Decreased pain, despair, and distress</li> <li>-Increased hopefulness, self-esteem, social contact, with some feelings of happiness</li> <li>-Disturbances of sleeping and appetite, restlessness, fatigue, difficulty concentrating, and anxiety may persist</li> <li>-Some sadness with emergence of loneliness</li> </ul>

---

(from Meyer, 1991, p. 59)

## Conclusion

In this literature review, I have summarized scholarly work pertaining to the death of a parent and the subsequent implications of that loss for children. The literature that deals specifically with maternal death early in a daughter's life is extremely limited. Using attachment theory, symbolic interactionism and family stress midrange theory, and risk and resilience midrange theory as guiding concepts for this exploration further narrowed the topic so that supporting empirical literature is virtually non-existent. Further, the inconsistencies of findings in the reviewed literature makes a solid argument for qualitatively exploring the implications of early maternal loss on a woman's life. Primary and secondary stressors that may exacerbate the loss are far too numerous and dynamic to adequately control for in a quantitatively driven study. By individually interviewing women who have actually lived through the loss and subsequently grown up and faced the implications of the loss, controls such as poverty, age of child and parent at death, or abuse, among others, may be handled as emerging themes. Each woman is able to speak of her own loss, with the result being a body of data that can inform future qualitative and further quantitative explorations of this topic.

***“Probably there is nothing in human nature more resonant  
with charges than the flow of energy between  
two biologically alike bodies, one of which has lain  
in amniotic bliss inside the other,  
one of which has labored to give birth to the other.”  
(Adrienne Rich, as cited in Hambrook, Eisenberg, & Rosenthal, 1997, p. 43)***



## CHAPTER 3: METHODS

*“We are moulded and remoulded by those who have loved us; and though the love may pass, we are nevertheless their work, for good or ill.” (François Mauriac, as cited in Bowlby, 1969, p. 331)*

### Rationale for the Qualitative Paradigm

For this study, a phenomenological approach to qualitative research was selected. Qualitative research is the most appropriate paradigm for this study because of the nature of the data desired, which came from intensive interviewing. Creswell (1998) compared qualitative inquiry to an intricate weave of threads that form fabric—each thread has a different color and texture, which together produce a beautiful tapestry. However, each thread is singly important and essential in the weave. Such is the nature of lives: intricate, multiply colored and faceted, which together with other lives, bring about understanding. In qualitative research, the researcher “builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, p. 15).

Additionally, Creswell (1998, pp. 17–18) outlined reasons that a researcher might choose qualitative research:

1. Because of the nature of the research question. Qualitative research often starts with questions such as “How?” or “What?” rather than “Why?” The purpose of this research project is to find out how the early death of a mother has affected the life of each woman interviewed;
2. Because the topic needs to be explored. The main thrust of this research project will be the exploration of mother-loss for adult women which has not often been explained

with the use of a qualitative approach;

3. Because a detailed view of the topic is the desired result. With individualistic consideration of the effects of mother-loss for each woman, a detailed view will be provided;

4. To study individuals in their natural setting;

5. Because of an interest in writing in a literary style;

6. Because time and resources are available to spend on extensive data collection in the field and detailed data analysis of text information;

7. Because audiences are receptive to qualitative research; and

8. To emphasize the researcher's role as an active learner telling the story from the participant's viewpoint, rather than as an expert.

Qualitative data have been called "soft" (Bogdan & Biklen, 1982, p. 2), which refers to data that is very descriptive and not easily handled statistically. Sewell (2001) characterized qualitative research as "attempts to understand the world from the subjects' point of view, to unfold the meaning of people's experiences, to uncover their lived world prior to scientific explanations" (p. 1). This describes well the purpose of this study—to understand the phenomenon of early maternal death in each individual woman's life.

The hallmark of qualitative research lies in the inherent value of each frame of reference. Not only are the participants considered valuable, but also the writer and the reader. Because qualitative research considers people holistically, the whole person remains a valuable and integral part of the process.



Taylor and Bogdan (1998) described qualitative research as “research that produces descriptive data: people’s own written or spoken words, and observable behavior” (p. 5). The authors further delineated characteristics of the craft of qualitative research: inductive, holistic, sensitive, personalized, objective, humanistic, non-judgmental, valid, and interested in all viewpoints.

The term *inductive* refers to the process of coming to conclusions from the data as they unfold, instead of using the data to verify preconceived notions. I began this research with questions concerning the mental health of my grandmother, who was only 3 when she witnessed her mother’s death. Bowlby’s attachment theory seemed a logical theoretical framework for exploring this issue. My predoctoral research (preparatory study) of my grandmother’s experience uncovered further questions, leading to this research project.

***Preparatory Study: Myrtle Jane Hoops Trayer***

For the preparatory study, I told my grandmother’s story using a narrative approach (see Appendix A). While this account is based on historical records and family history gathered from her children, fictive details were added for interest and narrative flow. This story is included solely for illustrative purposes. Without corroboration from those in this account, one cannot consider it to be a portrayal of their actual emotions.

This study of my grandmother whetted my curiosity further about attachment loss (particularly maternal attachment loss) and the consequences for a child facing such a profound loss. According to one of my grandmother’s psychiatrists, her life-long mental illness was a direct result of the death of her mother. At first blush, this seemed a logical conclusion. However, after much research and study, it seemed to me unlikely that one

single variable could account for such a debilitating mental health disorder. But my instincts and previous empirical studies still suggested that mother-loss is an abstruse event for a child to experience. My desire for more answers led to the decision to further research this topic for my dissertation.

### **Rationale for Using a Phenomenological Method of Qualitative Research**

Phenomenology is described by Creswell (1998) as research that seeks “the meanings of lived experiences for several individuals about a concept or the phenomenon” (p. 51). A characteristic of phenomenology is that study participants each give their own perspective of the phenomenon under study, and then the researcher tries to understand, describe, and capture the essence of the phenomenon using many points of view. The women who participated in this study were able to describe an event that happened in their lives through their own perspectives—their own lens. Together, the stories created a new lens of understanding and enlightenment. It is impossible to make this lens without the words of each individual woman in describing her own feelings and meanings. To hear their words, I enlisted an intensive interview protocol to allow each participant to speak her story.

“The phenomenologist is likely to ask participants to define the phenomenon in question rather than defining it for them” (Boss, Dahl, & Kaplan, 1996, p. 91). Generally, a phenomenological study starts with a hunch, which may have been gleaned through a literature review or from the researcher’s own experience. In this study, I followed the hunch that my grandmother’s mental illness may have been either directly or indirectly related to the loss of her mother at an early age that resulted in attachment anxiety and

disorders that influenced all of her interpersonal relationships. As this study progressed, the hunch was found to be both challenged and supported by empirical literature. The process of speaking to women who also have experienced the loss of their mothers uncovered the deep meanings and reality of “what individuals . . . perceive it to be; their ‘real world’ most likely is not found in the laboratory or clinic but where they naturally interact in their daily lives” (Boss et al., p. 85).

### **Sample**

For this study, I originally hoped to interview at least 8 adult women who were very young (ages birth to 4 years) when they lost their mother to death. Creswell (1998) suggested 6 to 10 participants, or continuing to recruit until the researcher feels that she has reached saturation or repetition in the data collected. The sample for this study was identified and recruited by word of mouth, and can therefore be considered purposeful sampling, or choosing a sample based on the criteria that have been defined by the study. The participants had to meet the following requirements:

- (1) Be an adult woman;
- (2) Were birth to 4 years of age when their mother died; and
- (3) Be willing to be interviewed for this study.

Though I did interview 8 women, there were two who did not fit the criteria set forth in the design of the study. The fifth woman I interviewed was the older sister of the fourth interviewee, and was age 8 when her mother died. The data in her interview was included as considered to be corroborative of the data for the fourth participant. Also, the third participant was the daughter of a woman who had suffered mother-loss as a child.

Her story was rich with detail and poignancy. To have discounted it would have been a true shame. I ultimately made the decision to include both interviews. A detailed description of the study participants is presented in the following chapter.

I presented each participant with a homemade angel ornament as a thank-you for participating, along with the story of Abraham Lincoln's early mother-loss and his reference to her as his "angel mother." The angel proved to be a fitting thank-you, as most of the interviewed women referred to their mothers as their guardian angels.

### **Data Collection Procedures**

#### ***Intensive, Interacting Interviews***

For collecting data, I interviewed each study participant, using an unstructured interview protocol. The main thrust of the interview was to elicit memories of their mothers' deaths as well as the perceived impact the death has had on their adult life, in particular their attachment relationships with fathers, stepmothers, siblings, their own children, and romantic partners. Also, the interviews were rich in descriptions of both vulnerabilities or buffers present in each participant's life.

Nadeau (1998) described *intensive interviewing* as "a guided conversation in which the goal is to elicit rich, detailed material that can be used in qualitative analysis" (p. 41). This kind of interviewing also has been called open-ended or unstructured. With *intensive interviewing*, the main source of raw data is the actual transcription of the interview, which provides the researcher with quotations that "reveal the respondents' level of emotion, the way in which they have organized the world, their thoughts about what is happening, their experiences, and their basic perceptions" (Sewell, 2001, p. 1).

I followed the interviewing style described by Ellis and Berger (2002): interactive interviewing. This style of interviewing appealed to me because of both the topic and the people I interviewed. Interactive interviewing assumes that “emotions and personal meanings are legitimate topics of research” and can “explore sensitive topics that are intimate, may be personally discrediting, and normally are shrouded in secrecy” (p. 852). The sensitive nature of this topic elicited emotion-laden data, which was handled with sensitivity and caution, as well as discretion.

For this study, each participant was asked to read and sign an informed consent form, and an unsigned copy was provided to them for their own reference (Appendix B). The consent form gave their consent to be interviewed, audiotaped, and for their interview data to be considered in the final analysis of this topic. Each participant was assured that their interviews would be kept strictly confidential, ensuring that no personally identifying information would be used in any report, and that the taped and transcribed interviews would be kept in a secure place.

### ***Bracketing Interview***

Because of my emotional involvement in the preparatory study of my grandmother, I had a bracketing interview prior to conducting the interviews for the present research project. A *bracketing interview* or *epoche* is an attempt by the principal researcher to set aside all of her preconceived notions and to face the data gleaned from interviews with a fresh and open mind, as far as possible. Creswell (1998) called this “a return to ‘natural science’ . . . relying on intuition, imagination, or universal structures to obtain a picture of the experiment” (p. 52). Moustakas (1994) said that the *epoche* allows researchers to be

“transparent to ourselves, to allow whatever is before us in consciousness to disclose itself so that we may see with new eyes in a naive and completely open manner” (p. 86).

My bracketing interview could be considered a personal epiphany in that during the interview I was able to face my own attachment style and issues. My interviewer was able to glean personal information, buffers, and vulnerabilities that together formed the basis of my curiosity concerning maternal death as well as preconceived notions about attachment and grief. However, because of the very personal nature of the interview and the possibility of inflicting harm, it is not included as an appendix.

### **Data Analysis Procedures**

Immediately following each interview, I made field notes indicating my general impressions during and after the interview. Each audiotaped interview was transcribed by me, the principal researcher. The transcriptions were read and reread by both myself and my advising professor to glean themes. Together, we were able to break down themes, analyze, and interpret the data based on previous research and new findings. The reading and rereading of transcriptions began with the first interview. With each successive interview, the new data were compared and contrasted with existing data until the last interview. In this manner, I familiarized myself with recurring themes and was able to make changes as warranted in both the interviewing process and analysis of the data. After all of the interviews were completed and transcribed, and themes were identified, I divided the data into folders per theme. From these folders, I was able to reduce the themes to the final four, which were (a) alternate female attachment figures, (b) fathers, (c) religion, and (d) thoughts of mothers.

Creswell (1998) suggested that a data analysis spiral is useful for the interpretation of qualitative data (see Figure 1). This spiral is represented by progressive loops, beginning with data management (the first loop of the spiral). Creswell suggested that the volumes of data that come from intensive interviewing be kept in file folders, index cards, or computer files to be converted into text units.

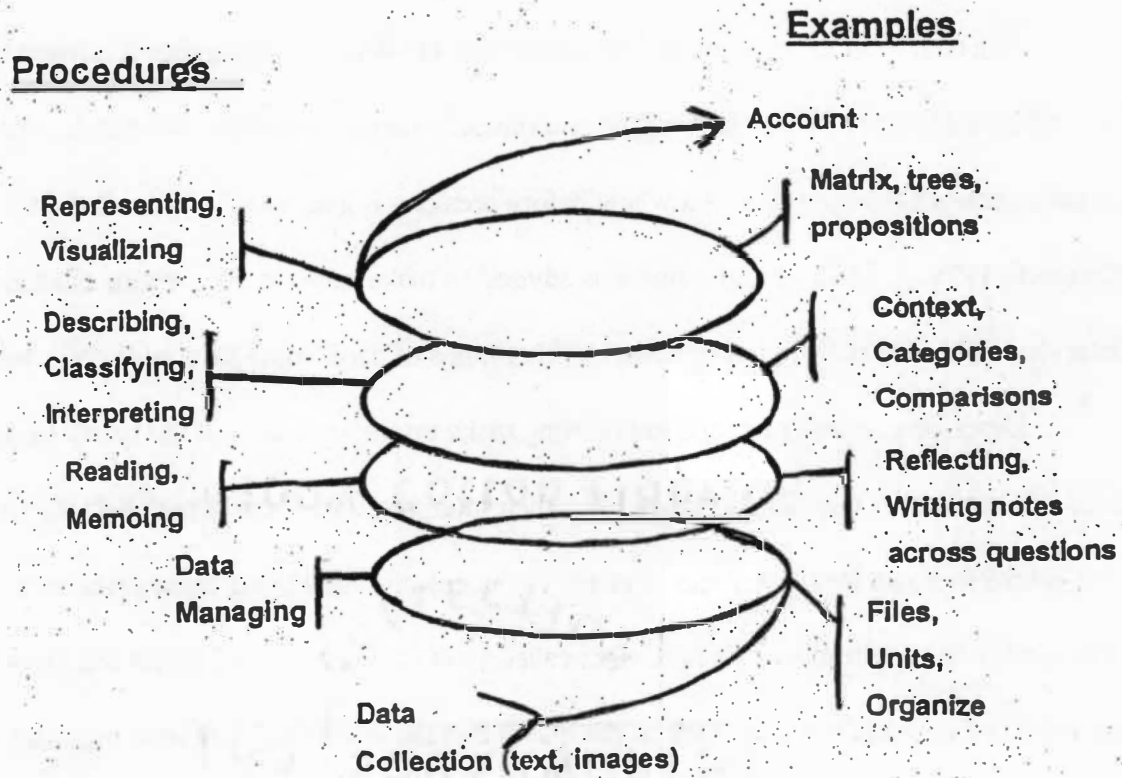
The next loop in the spiral is data immersion, in which the researcher is advised to “read their transcripts in their entirety several times. Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts” (Agar, as cited in Creswell, 1998, p. 143). At this point, it is advised to make notes in the margins of each interview, add field notes, photographs, or other kinds of data which have been collected.

Describing, classifying, and interpreting make up the next loop of the spiral. In this loop, the researcher describes in great detail their interpretation of the data collected. The text is broken down into categories, themes, or dimensions, identifying these categories across all of the interviews. This process is called “lessons learned” by Lincoln and Guba (as cited in Creswell) and goes back to the hunch that the researcher may have originally had concerning the topic.

Finally, the last loop in the spiral is the representation or visualization of the data, in which the researcher presents the data for the reader in words, figures, or tables. Figure 1 replicates the Data Analysis Spiral.

Colaizzi (as cited in Langenbrunner & Blanton, 1993) suggested the following specific steps in the data analysis process of working with phenomenological data:

1. transcription of each taped interview (which Colaizzi called *protocols*);




---

**Figure 1. The Data Analysis Spiral (from Creswell, 1998, pp. 142–146)**

---



2. reading the transcriptions through several times and marking significant statements meaningful to the purpose of the research;
3. attaching meaning to the significant statements; and
4. clustering, or grouping the statements together according to the meanings assigned, across all of the interview data available.

The third step in the process is the most creative and risky for the researcher. Colaizzi (as cited in Langenbrunner & Blanton, 1993) called this step the *precarious leap*:

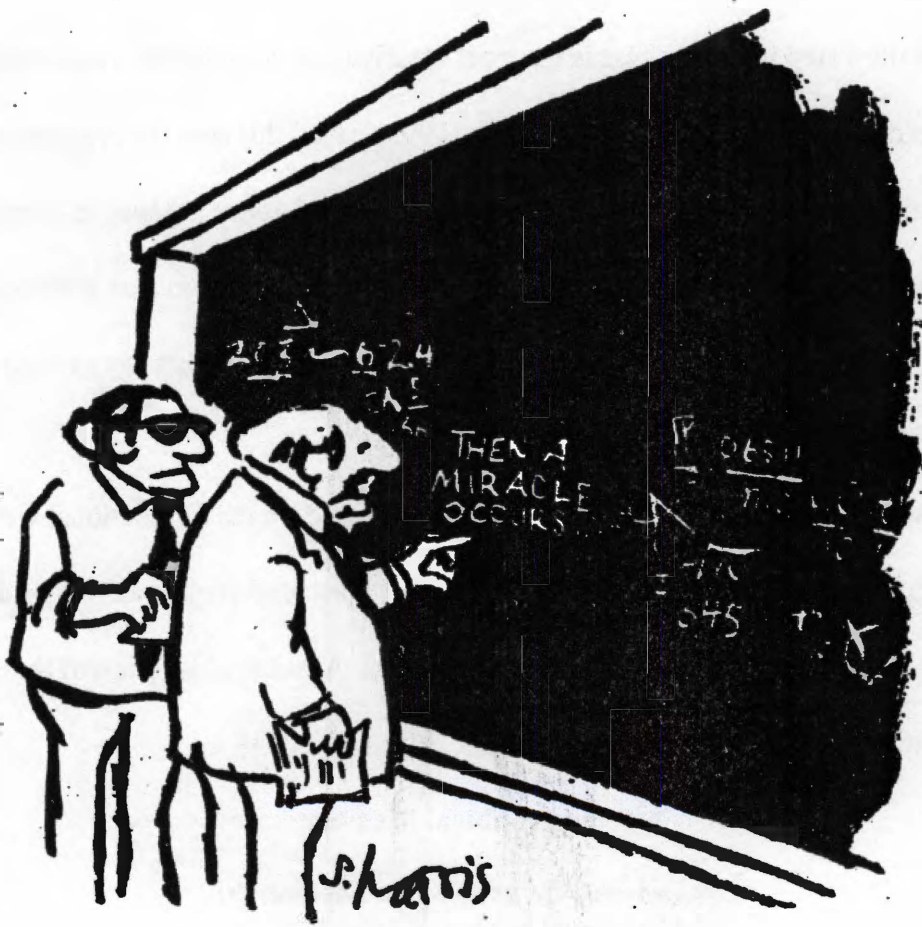
Particularly in this step is the phenomenological researcher engaged in something which cannot be precisely delineated, for here he is involved in that ineffable thing known as creative insights; he must leap from what the subjects say to what the subjects mean. (p. 183)

While this seems serendipitous, the precarious leap is based on the foundational work of becoming familiar with existing data collected for this particular project as well as the body of existing empirical data concerning mother-loss. A risible illustration of the precarious leap is shown in Figure 2 (copyright, S. Harris, 2003).

### **Autobiographical Memory**

***“Life can only be understood backwards;  
but it must be lived forwards”***  
***(Søren Kierkegaard, in Hambrook, Eisenberg, & Rosenthal, 1997, p. 1).***

Narratives recalling early childhood have been criticized on the basis of their validity. It can understandably be assumed that memories can be only as good as the innate ability to remember in the speaker. Other possible factors that indicate either the validity



---

Figure 2. "Then A Miracle Occurs," ©2003 by Sidney Harris

---

or invalidity of memory are the intelligence of the speaker and the social desirability of the things that are said. However,

there is no clear window into the inner life of a person, for any window is always filtered through the glaze of language, signs, and the process of signification. And language, in both its written and spoken forms, is always inherently unstable, in flux, and made up of the traces of other signs and symbolic statements. (Denzin, 1989, p. 14).

As well, the researcher uses her own interpretation of the remembered life. The reader joins into the interpretation, so that three people “create the lives they write and read about. Along the way, the produced text is cluttered by the traces of the life of the ‘real’ person being written about” (Denzin, p. 26).

An adult’s memory or even her subconscious memory of past relationships may affect current relationships. Alexander, Anderson, Brand, Schaeffer, Grelling, and Kretz (1998) said that an adult’s current relationship status can be predicted by the state of the adult’s past attachment relationships, increasing or decreasing the ability to regulate affect. Their study of incest survivors showed that the early trauma of incestuous relationships was highly correlated with adult attachment insecurity.

For this study, no attempt was made to verify information given by participants concerning the deaths of their mothers. Their sense of the impact of the loss was the desired thrust of the study. The passage of time between the deaths and the interviews was admittedly a drawback, as time and experience may tend to distort or rewrite history. According to Gubrium and Holstein (2000), recalled events are colored by images, folk

theories, beliefs, values, and attitudes that serve the purpose of making a memory meaningful and thus familiar. Vaillant (1977) said, "Human development continues throughout life, and adequate explanatory truth about an event may not be discovered for decades."

***"The crucial thing is the story, for it alone shows  
the human background and the human suffering.  
It is the patient's secret, the rock against which he is shattered.  
The task is to find a way to get at that knowledge.  
We must ask questions which challenge the whole personality."  
(Carl Jung, 1961, Memories, Dreams, Reflections)***

## CHAPTER 4: SAMPLE

*“The loss of the daughter to the mother, the mother to the daughter,  
is the essential female tragedy.”*

*(Adrienne Rich, as cited in Edelman, 1994, p. 1)*

*“The loss of a mother is one of the most profound events  
that will occur in a woman’s life,  
and like a loud sound in an empty house, it echoes on and on.”*  
*(Edelman, as cited in Hambrook, Elsenberg, & Rosenthal, 1997, p. 9)*

### Description of Sample

The purpose of this research was to explore the implications of early maternal death on the life of an adult daughter. In this chapter, I will describe the women who participated in this study. I will use each participant’s words to tell the story of her mother’s death and experiences subsequent to her death. The quotes, though lengthy, are given so that the reader may “hear” the story in its pure state. I will make no attempt at explaining their meanings in this chapter, but in following chapters themes and meanings will be explored. All of the participants’ names and identifying data have been changed to protect their privacy.

The interviews were conducted in a place of the participant’s choosing. Most (5) were conducted at the kitchen table in the participant’s home. One was a telephone interview, one was done at her workplace, and one was at a local restaurant. Each of the women were given the consent forms (two copies) and a demographics page (see Appendix C). The interviews were open-ended and followed the lead of the participant.

Tables 5a and 5b give demographic information about the study participants. As can be seen in the tables, the participants ranged in age from 19 to 71 years, though 7 out

**Table 5a. Demographics and relationships of participants**

<b>NAME</b>	<b>Madeline</b>	<b>Isabella</b>	<b>Annie**</b>	<b>Samantha</b>
<b>Age at mother's death</b>	3 days	2 years old	9 months old	4 years old
<b>Age at time of interview</b>	65 years old	68 years old	deceased	64 years old
<b>Cause of Mother's death</b>	"toxic poison"	cancer of the liver	"hip disease"	suicide
<b>Birth order</b>	only child; 6 half siblings (2 girls; 4 boys)	youngest; 2 brothers, 2 sisters	youngest of 2; older brother; 2 half brothers; 2 step-brothers	middle of three; older sister, younger brother; 4 half siblings
<b>Race</b>	white	white	white	white
<b>Alternate female attachment figure?</b>	Yes paternal grandmother	sisters; paternal grandmother	none	none at first; ultimately maternal grandmother
<b>Described relationship with Mother</b>	no memory of mother	no memory of mother; loves stories	no memory of mother	not remembered essentially; assumed good
<b>Described relationship with Father</b>	assumed good; not stated directly	good	sexually abused by father; neglected	good; spoke well of him entire interview
<b>Father remarried</b>	yes	yes	yes	yes
<b>Described relationship with stepmother</b>	"just a friendship, more like a sister or a good friend"	got along well "to a degree"	"didn't like her much"	"I hated the woman, she hated me, she hit me every time I walked by her."
<b>Marital status/ # of children</b>	married; one son	married several times; only step-children	married several times; six children—3 boys, 3 girls (13 pregnancies)	married (widowed); 4 daughters, 1 son (died as an infant)

\*\*as related by daughter Elizabeth

**Table 5b. Continued demographics and relationships of participants**

<b>NAME</b>	<b>Freda</b>	<b>Katharine</b>	<b>Bethany</b>	<b>Layla</b>
<b>Age at mother's death</b>	8 years old	4 years	3 years	6 months
<b>Age at time of interview</b>	68 years old	63 years old	71 years old	19 years old
<b>Cause of Mother's death</b>	suicide	stomach cancer	"Malnutrition and a nervous breakdown"	Aneurysm in her brain
<b>Birth order</b>	oldest of three; younger sister and brother; 4 half siblings	youngest of five children; 2 half siblings	youngest of five girls—2 full siblings and 2 half siblings	youngest of seven; 3 brothers, 3 sisters
<b>Race</b>	white	white	white	white
<b>Alternate female attachment figure?</b>	none; ultimately teachers, etc.	Yes; siblings, aunt, stepmother	Yes, maternal aunt	none
<b>Described relationship with Mother</b>	good relationship; lots of memories	no real memories; comforted by photograph showing her mother smiling at her	no real memories; assumed good; remembers mother being sick; felt frightened	assumed good; breast-fed
<b>Described relationship with Father</b>	good; same as sister	"And I just had a dad who was a big man and he just filled in all the spaces."	Father abandoned girls upon wife's death. Some resentment; some tender feelings	relatively good—"I love being around my dad except when he's married."
<b>Father remarried</b>	yes	yes	unsure	yes—3 times
<b>Described relationship with stepmother</b>	resentful	"She was a very very wonderful mother, and we called her 'Mom.'"	No stepmother, assumed; not applicable	Did not like any of her stepmothers; called the 1st "evil" and the 2 <sup>nd</sup> "crazy"
<b>Marital status/ # of children</b>	divorced; 2 children (?)	married; 5 children	married; 4 children	unmarried, no children

of 8 of the participants were over the age of 60. This produced rather a cohort effect among the participants in that the older participants became motherless during the Great Depression. Fathers who were still present for these participants nevertheless were absent to some extent, due to long hours at work. This brought about an unusual phenomenon, wherein the girls were basically influenced by their connection with a female attachment substitute, whether positive or difficult. This phenomenon, discussed at the end of this chapter, will be more thoroughly addressed in chapters 5 and 6.

### *Madeline*

Madeline was 65 years old at the time of the interview, white, married for 47 years, and mother of one son. She works as a custodian at a local high school. When Madeline was only 3 days old, her mother died from what she referred to as “toxic poison” (as described in the interview, I assume that this is preeclampsia, or toxemia). After her mother died, Madeline’s maternal grandmother took her to live with her in Ohio. Madeline’s father remained in Tennessee. After 1 year, her father, having remarried, came to Ohio to get her. When they returned to Tennessee, however, Madeline lived with her paternal grandmother instead of her father and new stepmother. Here is her story:

I was 3 days old, and, of course, I don’t have any remembrance of her except for the pictures. Um, my, she had toxic poison. Of course, back 65 years ago, they didn’t know how to treat that. And, uh, my mother’s grandmother kept me up there for about a year. That was in Ohio. And my father’s parents lived in Tennessee, and he came back and got me and brought me back here. . . . Of course, I visited mother’s parents back in Ohio once in a while. And uh, they of



course, Mother was buried up there, and I would go back and visit her grave when I got old enough to know what you know, what was going on and everything. But as far as remembering anything about what went on or anything, I don't. You know, I have people to ask me, 'Do you remember your mother?' How could I remember my mother when I was 3 days old? (I: Now you said that she had toxic poison? What is that?) It's a kidney infection where they retain fluid and sooner or later, the fluid just gathers until they smother. 'Til they smother in their own fluid. And back then the doctors didn't know how to treat stuff like that like they do now. Of course, she was in the hospital for a week or two before I was born, you know. (I: With the same thing?) Yes. And uh, of course, from what I know, she knew what her condition was. She knew that she wasn't going to make it. She had told my dad what to do in case she passed away. And uh, so, uh, I have one son, he'll be 45 next year, and I had a real hard time with pregnancy. So, I asked the Lord if he let me live to raise my son, that if possible, I wouldn't have any more children. (1:5-24; 2: 42-54)

Madeline's grandmother lived in a house on the same property as Madeline's father and stepmother. Living with Madeline and her grandmother was one of her paternal aunts, Rosie. Rosie was a war widow, and she also moved into a mothering role with baby Madeline.

Madeline understandably has no memory of her mother. She has heard stories of her mother over the years from the relatives who raised her. They gave her pictures and documents (marriage certificates, birth certificates, death certificates, etc.), which she

treasures. She shared her documents and pictures with me during the interview. She felt a friendship—“more like a sister or a good friend” with her stepmother, but she never placed her in the role of a mother in her heart, though she did address her as “Mother.” She addressed her grandmother as “Mom.”

On occasion, Madeline would scoot across the yard to her father’s house and stay with him and her stepmother for a while. But she always considered her grandmother’s house to be home. Madeline stated that she felt very loved and wanted by the adults who surrounded her, and she was lovingly raised by them. Her bond with her grandmother was extremely strong, so much so that, after her grandmother’s death, she had a dream about her.

Now my grandmother, when she passed away, I mean I just about had a nervous breakdown because she was all I had ever known, really. And so, it came to me in a dream. I just sat straight up in bed. ‘Don’t worry about me, I’m all right, there’s too many other people for you to take care of.’ I never did dream of her anymore, and I quit grieving, you know. But there has to be a closure of some kind. . . And it was a great experience, you know. (3: 85–93)

Madeline was a very fortunate child to have a father who continued to be a strong force in her life, as well as maternal and paternal aunts and grandmothers who filled the void left by her mother. Her story is a good example of one of Bowlby’s main tenets, the third of the three conditions that Bowlby postulated would greatly diminish deleterious effects of parental death for a child. If the child has an ongoing, positive relationship with

her surviving parent or an alternate positive attachment source (such as a grandparent or stepmother), the effects would lessen and possibly ultimately disappear.

### ***Isabella***

Isabella was 68 years old at the time of the interview, white, married, and she has no children. She lives with her third husband, Ben. She teaches high school as a substitute. When Isabella was 2, her mother died from cancer of the liver. Isabella was the youngest of five children, and she was considerably younger than her siblings. Her oldest brother was 14 years her senior. Her sister Kathleen took over care of the home and the younger siblings when her mother died. Kathleen married only 2 years later, but she and her new husband continued to live there at home with Isabella, the other children, and their father. Here is her story:

Um, my mother died of cancer so she was sick for some time before her death. (I: **What kind of cancer did she have?**) Uh, cancer of the liver. And uh, she died when I was, I was 2 in December and she died in March. (I, looking at obituary: **I don't see the date on that one.**) "Friday morning." She died on a Friday morning. And I think it was in March. So I was a little over 2 years old. And as far as saying that I remember my mother, I don't. Uh, there's things that the other children, my oldest brother was 14 years older than I was. The next one was 12 years older than I. And the next one was 11 years older. And the next one was 9 years older. So, I wasn't going to be left out. So they were all, it was almost like being an only child because they were much older. I can remember my youngest brother being at home a little bit as a sibling. Um, cause I wanted to hang on him,

and he would try to kind of fight me off a little bit. But the rest of them were pretty much grown. And my one sister, the one that was 11 years older than I, Sarah, she more or less took over as being the mother in the family. Uh, she was in school, and of course, it was hard on her, but she was the motherly type. **(I: She took care of you?)** Right, and kept the house going, and she cooked. Uh, my other sister, she probably helped out some, but I can't remember that much about her doing. She wasn't as prone to be the motherly type even though she ended up having six kids. **(I: Oh, she did?)** And the other sister only had one. But, uh, Sally, she took over then, pretty much the house. And she got married when she was 15, I think. And her and her husband lived there with Daddy for quite a while. **(I: So, she was still there?)** She was still there. Uh, I lived at home part of the time, and I lived with my grandmother part of the time. I don't remember my mother's family too much. (1: 3-2: 40)

Nevertheless, Isabella lived mainly at her grandmother's house. She also lived for a while with her older brother when she was 9 years old. She felt that she had several places where she was welcome and that she could call home. She explained:

**(I: So, when your mom died, you went immediately to your grandmother's house?)** I'd say I probably stay at home for quite a bit. I was a little smart aleck. I played both ends against the middle. If things weren't going the way I wanted them to go one place, I'd move some place else. **(I: That's pretty clever!)** And, uh, if things got too rough, then I'd move back with Daddy. And Daddy always let me come back. Probably the best thing Daddy could have ever done would be to

have them adopt me. But of course he couldn't let his little baby go. And uh, he got married not long after my oldest brother did. (3: 100–4: 112)

Isabella's father remarried when she was 9 years old. She and her stepmother got along well, but Isabella mentioned that there was some jealousy there, and distance. She explained when I asked her if she called her stepmother "Mother."

Uh, she didn't want me to. I wanted to call somebody "Mom." Uh, and I thought when Daddy got married that I had me a mother! But uh, she said, "No, you have a mother." So I think that right there kinda built a barrier between us. I just called her "Annie." That was her name. (14: 449–452)

By the time Isabella turned 15, she had determined to leave home "because my stepmother and I had some problems." So she moved to North Carolina to live with some relatives, got a job, and stayed briefly before moving to Florida, entirely on her own. She always felt that her mother was her guardian angel in those years.

When she married for the first time and subsequently divorced, she ached for her mother:

I never really thought that much about not having a mother until I got married. (I: **OK. Why did that change?**) When I got married and I started having a rough time with my ex-husband. When my marriage wasn't going right. I cried a lot of times that I didn't have a mother. (I: **Someone to talk to?**) Uh huh. (I: **Was your grandmother deceased by then?**) Yeah. (She started to cry.) (I: **I can turn this off if you want.**) (Shakes her head 'no') Uh, it just seems strange that the only time you miss your mother is times you really feel desperate that you need

her. (I: How about your sisters? Were they available to talk to at that time?)

I could have, I guess, but I wanted my mother. (7: 233–8:248)

Interestingly, when her second husband was killed in an accident, she did not remember feeling the same yearning:

I probably did, but it wasn't the desperate feeling that I felt. I guess because I had so many rallying around me. And my brother and sister-in-law, you know, my family, was around me. (11: 370–372)

### *Annie's Story*

The story of Annie, told in an interview with Elizabeth, her daughter, was somewhat unique. Elizabeth's mother is deceased, but she died relatively recently. However, I met Elizabeth when I was actively recruiting participants for this study. She came over to sit beside me and shared the story of her mother. Naturally, I returned for an interview and added it to my growing stack of data. Admittedly, Elizabeth was relating a story that she had only heard but had not experienced. As such, her story is colored by another generation of time. However, I included the data because of the nature of the story—it was very compelling.

Elizabeth was 66 years old when interviewed, married, and mother of six boys. Her mother (Annie) was 9 months old when her mother (Elizabeth's grandmother) died. Elizabeth said that when all unfolded, it became apparent that Annie and her sibling had faced a horrific life starting at an extremely young age. Here is the story as told by Elizabeth:

Well, my mother's mother died when she was 9 months old. And a neighbor was

caring for her for a while. She had her brother Frank, who was 2 years older.

And by the time she's 2 and he's 4, they don't have anyone to take care of them in the daytime. This couple wanted to adopt her, but her father wouldn't let them adopt her. So he worked all day, and she was alone with her older brother. And they would wander in the garden and get food and eat green beans right off the plants and even get corn sometimes and eat that off the plant, anything they could find that was edible they would eat. So, both of them were very, very small children because they suffered from malnutrition. And this went on for several years. By the time she was 7 and her brother Frank was 9, they went to live with her aunt. And this aunt was her father's sister. She had never had any children so she didn't really know how to treat children. But she stayed with her until she was around 14 or 15 years old. And her aunt had divorced and married and divorced and married several times—there was a lot of men coming in and out of her life as well as her half-brothers and step-brothers. So by the time she finally decides she's going to run away from her aunt, her older brothers . . . at this point decided they were going to help her get away. Because in the meantime her father had molested her many times, and her half-brothers, step-brothers, all these people came in and out of her life. So by the time she's 16, she was pregnant and didn't know what 'pregnant' meant. And when she started having a baby, she didn't know what was going on—can you imagine? In her early life, in my early life, she told me that. She didn't tell me actually who had impregnated her, but she said there was a man she was to marry, and he left her at the church. She later told my younger sister that

she felt sure that her father was the one who was the father of this child. . . . But her father was an alcoholic, and he would drink excessively. And well, one of these times when she was with him, um, he threatened to kill her, and he had a gun, and she said, 'Well, just kill me, then. And get it over with.' Well, he didn't. And they were on a train going from one . . . she was with him for what reason, I don't know, he probably made her go with him, and they were crossing a river, she got the gun, opened the train window, and threw it out. (1: 7-2: 50)

When their mother died, Annie and Frank were left virtual orphans, as it was 1910, and their father worked long, hard days. He had no one to care for the children, so he left them home alone. Annie and Frank stayed alive by eating vegetables that they could find in gardens.

But she could remember being hungry so much. They would go in the fields, and somehow they had bread. And they would take onions and make an onion sandwich. Cucumber sandwich. Tomato sandwiches. Anything they could find that they'd be able to eat. And then as their father got a little better off, he would make pots of soup and leave it for them. But they were still by themselves, and they were so alone for much of their lives. (4: 154-5: 160)

Annie finally succeeded at running away with the aid of her older (half) brothers, and eventually met and married George. She got pregnant 12 more times, but only six of her children survived to adulthood. The continual pregnancies and emotional strain took their toll:

She gave birth [the first time] at 16. And then the last one was born when she was



39. So that was a long time. She was so tired of having children—she was glad when it was done! But she would take us with her everywhere she went. And she said, ‘If people don’t want you with me, then I will not go.’ And her prayer was that she would live to see us all grown. And she did, she didn’t die until she was 76. She lived a long time, was able to see most of her grandchildren by that time. But it tainted her life in that I have all boys. I have 6 boys. And I took them home twice—one time for a family reunion, and one other time, and she couldn’t tolerate them. She was just hateful to them. Really bad to them. And she just despised my husband. Anybody who was going to marry any of her children was never good enough. She was like a little red hen—I’m going to take care of all these children and nobody else is going to do it. (I: That’s too bad.) It is. And she, so as a result of that, her natural hatred for men, I mean why not? After all she’s been through. (I: Sure.) And then, before she got married, she was talked about in this little town as a terrible woman. And here she is just a teenager herself. You know? And, uh, so this tainted much of what she did, and I was always curious as to how she learned. (2: 83–3: 104)

Annie proved to be a prime example of Bowlby’s postulated theory. Even though she and her brother had a surviving father, he was not often at home, and they were badly neglected. When he was home, he proved to be abusive and cold. There were absolutely no women who moved into the place of mother in her heart, either. Though she grew up to have a reasonably solid marriage and was mostly well-spoken of by her daughter, the early lean years were evident in her poor health (from which she suffered her whole life) ]

and her ongoing hatred of men or outsiders. Elizabeth stated that her mother's hatred of men ultimately was visited upon Annie's youngest children:

Mother could not, she did not treat my brothers well. **(I: She had that hatred.)**

Right. **(I: I was going to ask you how she treated her own sons.)** It was awful.

And you know, I had a completely different childhood than what they had.

Because my two brothers younger than me of course. And so I came along, me and my sister and the older brother, and by the time I'm 10 or 8, he's gone, he'd gone into the Army. And he would get drunk and come back, but we didn't see him very often. But it was my sister and I together. And so we were just little princesses, you know? We were just treated like we were great. And I would never have done anything that my parents didn't want me to do. I just loved them that much! (9: 315–327)

Elizabeth theorized that her mother's early molestation and neglect was ultimately led to promiscuity. After Elizabeth's father died, Annie married again but continued to be promiscuous, according to Elizabeth.

She was so into the sexual thing with all these men, that is what happens with girls who are molested, one of two things happen to them—they turn bitter and will never marry or they become promiscuous. You know? So she still, I mean she fit that almost exactly. **(I: She did both of them, didn't she?)** Well, sure she did, oh yeah. Yeah, yeah she did. And my father could do no wrong. I mean she didn't really, I mean he just loved her beyond, . . . and that's what she had to have.

Somebody who loved her. **(I: Right. Now, do you think that if her mother had**

been around, any of that could have been stopped?) I think it would have been stopped. At least some of it. Of course, we know that back in those days it happened more than we know about. But I don't think her mother, because her mother always wanted a little girl. She wanted a little girl so bad, and she died when she was a baby. (I: Oh, that's so sad! Do you know what she died of?) You know, I think she probably had cancer. That's what I think. It was something in her hips, but I think it was probably bone cancer. . . . And after Dad died, . . . she could snap those blue eyes, you know, she looked like a little Dresden doll. She had, her hair was pure white. And her skin was just like, oh, and just tiny. . . She had little tiny hands, tiny little person, snappy blue eyes. And this Dresden doll look, I mean, she had the men just eating out of her hands. . . . But it was so interesting how the sexual promiscuousness still played in her life, you know? Till she died. So, uh, I don't know, I think about her. I still have to work through some things . . . . Well, I think that I have worked through it all, I really do. (7: 261-8: 278; 11: 373-388)

### *Samantha and Freda*

Samantha and Freda, sisters, were both willing to be interviewed. Samantha, the younger sister, was 64 years old at the time of the interview, white, mother of four daughters and one son, and a widow. She lives with her daughter and her family. She said she had run a successful day care center at her home until just recently, when she retired due to complications from Parkinson's Disease. Samantha was only 4 years old when her mother killed herself with a shotgun.

Freda, Samantha's older sister, was 8 years old at the time of her mother's death and, therefore, did not fit all the criteria to be a participant in this study. However, both she and Samantha expressed a fervent desire for her to add to Samantha's story, so she was interviewed. She lives across the country, so her interview was conducted by telephone.

The story that unfolded between the two sisters was rich and thick with detail and tears. Samantha spent the entire interview in tears. After the interview ended, when we were saying goodbye in her kitchen, she hugged me and told me that she could not get over her mother's death. She has begun seeing a therapist to help her work through issues. Here is the story from Samantha's perspective:

The only thing I remember, I remember something about us going to Mom and Pop's, it was right before Freda had to go to school. And that was the night Mother killed herself. And I remember something about us riding in Pop's car. I call him Pop instead of Papa Daddy. (I: Thank you for saying that because I was wondering who you were talking about.) That was the, my mother's parents. And I call her Mom. But I was excited in getting to go to the farm, and I was excited getting to ride in a car. It was a big deal getting to ride in a car. And, uh, that's all I remember. I don't remember anything about the night it happened. And so they took me away. I don't know whose house I went to, but it was either my grandmother's, my aunt's, or I went home with Daddy. I don't know where I went. And then we stayed with one aunt, . . . we'd stay with one for a little bit and then another one a little bit and then another one a little bit. Daddy was having to

work 16 to 18 hours a day because that was in '44, and that was when the war was really booming with Japan. . . . And then, we had to go to this orphanage. . . . I don't know the name of it. But I can remember being there, and it was really sad. I would sit and cry and want mother really bad. Freda kind of made friends, but I didn't want to make friends, I just wanted my mother. And I can remember I wouldn't eat. (2:57-3: 90)

Freda, 4 years older, had clearer memories of the night that their mother killed herself. She shared her memories:

When I went upstairs and Mother and Daddy were verbally fighting, well, what happened was that Mother picked [a Butterfinger] on her night stand and she threw it at Daddy, and it hit the wall and crumbled on the floor. That's when I said, 'Mama, can I have that?' An innocent 7-year-old [sic]! But as far as like I said, the last time I saw Mother was when she was putting her hat on. And she wore an awful lot of navy blue, and she wore some browns but mostly navy blue. I think it had polka dots in it. And a big blue hat, you know, the big round-brimmed ones, you know, and it had a ribbon down the back. She had beautiful dark curly hair. And I used to love, she'd lay across the bed and I'd brush her hair. And so I would just stand and watch her because she was such a beautiful woman in every way. Then she left, went in and told us good-bye and then went out the door. And that was the last time I ever saw my mama. . . . I don't remember anything else about the weekend, you know, Mother's death and stuff. I don't remember

anything about what other people did or what went on or anything. But up until the day of the funeral.

As indicated, after their mother's death, the girls were put in an orphanage for 2 years. Their baby brother went to live with his maternal grandparents. Samantha described his life as "a good life." After 2 years, their father remarried and subsequently brought the girls back home to live with him and his new wife. But the girls were unhappy with their stepmother. Samantha described their initial meeting, and continued with the story of her mother's death:

And one day Daddy came and got us, and he said, 'Life's going to be happy again.' And he said, 'I've remarried, and so we're going to have a home again.' So when we got back to the house, I remember her being up on the porch or something and he took us up there and said, 'Go over and kiss your new mother.' And so she leaned down for us to kiss her on the cheek. She did not hug us, say 'I love you,' 'I'm glad I'm going to be your mother,' nothing. And Daddy told us we was supposed to call her 'Mother.' So I always called her 'Mother,' but she was mean to us from the first week. *(Samantha's daughter: She was there the night her mother shot herself.)* **(I: Oh, she was?)** She was in the car waiting on Daddy to come in and get us. And a . . . *(Samantha's daughter: And a sheriff as well.)* It was a detective. *(Samantha's daughter: See, the situation at that time her father had come in with Molly in the car waiting on him.)* **(I: Molly is the stepmother?)** *(Samantha's daughter: They came in with the detective to tell my Mom's mom that she was an unfit mother and that she was guilty of*

*infidelity. Because there was a person who he had actually brought into the house as a boarder. And there was no infidelity going on but he brought this detective in, had evidence of it, blah, blah, blah.) (I: That's why he thought Louis [little brother] wasn't his.) (Samantha's daughter: That's why he thought Louis wasn't his. And she said, 'OK, let me go change my clothes.' Cause it was at night, so she went in the other room, takes out a gun, and shoots herself.) (I: Mmhmm. So Molly at that time was seeing your father.)* Yes. And Daddy admitted to my grandmother, Mom. She said, 'I want to ask you something, and I want the truth. Wasn't you dating Molly while you and Hope were still married?' And Daddy said, 'Well, we never dated.' He said, 'We went out to eat or we'd have coffee together, or something like that.' Well, that's a date.

The girls' relationship with their stepmother never improved. After about 3 years, Freda was sent away to boarding school, escaping the abuse experienced more profoundly by Samantha. Samantha described her situation:

So, she sent Freda away to school and then I became the Cinderella girl. When I came home from school, I changed my clothes, I started cleaning. And I started at the living room, and you worked your way through. I learned real quick how to clean. And then after I got the house cleaned up, then I had to cook supper, then I had to give, after the children were born, I had to give all three children their baths every night. I did washing on a wringer washer and hung the clothes up. I got up at 5 in the morning, and we had to heat the water in the washing machine to wash

the clothes in. . . . And I did the laundry for six people. She would sit and file her fingernails, she always had to be Miss Prim and Proper. And she would never help with the work. And she started telling Daddy—how much of this stuff do you want me to go into? (I: **As much as you want to.**) Uh, if she saw a dish dirty, now I was in the third grade, if she saw a dish dirty, I got a whipping. I mean with a razor strap. And then I have come in from school and there would be switches that would lay all the way across the table, two of them, and I would get a whipping with both of those switches, for something I'd done. (6: 198–7: 221)

Both of the interviews with these two sisters proved to be a classic example of how early attachment loss can be devastating to a young person's life. In their case, no other mother figure was able to move into a loving attachment role. Instead, after years as virtual orphans, their mother was replaced by an abusive and unloving stepmother, and they had an absent father, setting the girls up for further attachment disruption. The personal and combined resilience of these two sisters is apparent in their present attitudes, however—just as evident is the early damage of lost and failed attachment relationships.

### *Katharine*

Katharine was 63 years old when I interviewed her, married (for 45 years) to a retired Naval officer, and mother of five children. She has always been a stay-at-home mother. Now, she enjoys spending time with her husband and grandchildren.

When Katharine was 4, her mother died as a result of cancer. Katharine was the youngest of five siblings. Katharine wrote a few pages describing various aspects of her



life as a child. She also told the story of her early life in the interview. Both are included here:

Mom and I took a bus ride downtown to the jewelry store to pick up my brother's high school ring. Mom was sad and tired. When we got off the bus, Mom started to yell and wave her arms. She left the ring on the bus. Mom took me on another bus ride, this time it was to the doctor. I was allowed to play on the porch. We took a few more of these trips, and then, Mom went to the hospital. Someone took my sister Beverly and me to an aunt's house. Mom was moved to a different sister's house on the same block as us. I would walk to the corner with a doll buggy and sit and look up at her window. I was told that Mama was in heaven, because she was a good person. My sister and cousin gave me a bath and said I'd go right down the drain if I wasn't good. My Dad took me over to the aunt's house around the corner, and there was Mama all beautiful and asleep. All the people sitting around were sad. I didn't know why. So I walked over to Mama and touched the white satin where she laid. Dad put me on his lap and soon we left. The next day we all arrived home. Dad's sister and [her] daughter came from [location] by train. I heard a lot of talk about how difficult and how hard it would be for Dad. My aunt's daughter Jane said that I could live with her, her husband, and a little boy. I would get to ride on the train. Dad said I could go but only if I wanted to go. I wanted to be a helper and the train sounded good and I liked my Aunt Nettie a lot. She lived right next door to Jane. The train ride was OK. I was told to watch the scenery. . . . I think Jane and her husband were good to me, but

times and culture were different. I don't remember grown ups talking to me. At night, I sometimes cried softly, asking God if He was real I wanted to know. Whenever I asked how I can get to Heaven, I was told just be good. Well, I knew I wasn't good—everyone told me so. (written story)

I think I was about 4 ½ when she died, and then I was . . . I was trying to think when I went to Michigan. My sister says that it wasn't long after that. Oh, I know what it was! She said my mother died in December. My sister felt like it was winter. My relatives came, and she said that there was a big train wreck and they were concerned about going back to Pennsylvania. And uh, but while she was sick, that was a while before she died. And she was sick up in a house across the street that I could see if I would sit out on the curb, I could see her up there. But that gave me comfort seeing her up there. And, you know, I think that my mother could see me from there, and I think it bothered her when she got very sick. (4: 94–117)

When we met for our interview, Katharine brought along a photograph album, including a picture of herself as a baby, held by her mother. The photograph, which she only recently received, was very meaningful for her:

It gave me a sense of um, knowing, you know, that we had a relationship. And that she was pleased. Because she had a pleased look on her face. I didn't remember that part, you know, I couldn't remember being held, cuddled. But my mother breast fed me; she breast fed all of her children, so, therefore I know I was. But that picture just kind of confirmed that. Somebody sorted out the pictures,

whoever had them, and I hadn't thought of them previously because I didn't know about them. So they are a treasure to have. . . . (I: One thing you said, you wanted to know what your mother would have prayed for her children.) Yes! Well, my mother died. And I was wondering, if you had to leave five children behind, what would you want for them in their grown up years? When I get to heaven, I'm going to ask her that. . . . And so, but I wondered that when I was growing up. Would Mom like this for me, would this be the boy she would say, OK, you can marry? If I dated, you know, what she would think. (5: 137-145; 6: 171-181)

Katharine's interview proved to be a very happy and satisfying one, as she described what could have been a traumatic life. Her life was changed by the appearance of a stepmother 4 years later. She tells of the meeting:

Oh, well, one day, my dad brought home this lady, and she said hello to each one of us individually. And uh, my father said, 'She's going to be your new mother.' But before, you know, he had coached us saying that, if we got a new mother, we would call her 'Mom.' You didn't call her 'Mother' because your mother died. And she would always be your mother. But this lady, we were to call her 'Mom.' And, uh, she went and looked around the house, and she left with my dad taking her away. And next time she came back, she had buckets and scrub stuff, and she housecleaned our house real nice. Uh, she rearranged the furniture and thought about what sort of things she could bring from her house. And uh, next time I saw her, they had already been married and she came in and she talked to me and she

put me on her lap, and she said, 'You know, I always wanted a little girl. And if I had my own little girl, I would have named her Katharine.' And that was my name! And I was just thrilled with her. When she walked in, the look on her face, she greeted me, was so individual, she knew me. . . . She was a very, very wonderful mother. And we called her 'Mom.'

In stark contrast to Samantha's and Freda's experience, Katharine was fortunate to have a loving substitute attachment figure in her life, from a young age. Her family relied on a deep religious conviction, as evidenced by constant prayers and hymn singing in the home. Katharine said that each night, her father prayed over her in her bedroom. This deep faith sustained her throughout her life and proved to be one of the most striking features of her interview. In her childhood home, her father would say a blessing on the food before meals and then a prayer of thanks after the meals. They read a scripture with every meal.

Katharine's father was also a presence in her life, unlike that of many of the other participants whose fathers were either absent or overworked. Katharine spoke lovingly of her father, chuckling at memories throughout the interview. She said that she never saw her father sad or depressed and that he was a hard worker, both at work and at home. His continued presence and support of his five children also proved to be an important theme in Katharine's interview.

And I just had a dad who was a big man, and he just filled in all the spaces. He could cook, he could clean, and he was a joyful person. He was a hard worker. (4: 123–125)

## ***Bethany***

Bethany was 71 years old at the time of the interview, married for 51 years, and mother to four children, two of whom have passed away. She has five grandchildren and one great granddaughter. She is very religious and mentioned her faith as an anchor in her life many times during the interview.

When Bethany was only 3 years old, her mother was taken to an institution in handcuffs. Bethany remembered:

This is my father here [indicating picture]. My father was much older than my mother, and he served in the First World War. **(I: Yeah, I was going to say, he's a soldier!)** Yes. He was a cook in France. He was quite a bit older than my mother. He was very handsome. He had green eyes. And my mother was married to this gentleman, and this gentleman left one night to go to the store and never came back. So my mother proceeded to do what she needed to do, which was get rid of him, and then married my father, and she had these two. And then they had three girls—five girls—I'm the baby, I'm now 71. And um, when I was 3, was the age my mother died in 1936, which of course was during the Depression. And at the time my mother died, before she was even laid to rest, my father left. And that left her, well, she had two sisters living [here]. I was born in Ohio. I was not born [here]. But my mother was very sick after I was born, so my aunt when I was 2 came to Ohio and got me and brought me down here to take care of me. **(I: And this is your mother's sister?)** My mother's sister. **(I: The one that was older than your mom?)** She was older. And so then she consequently, when she got

better, she came down here to live. But she never did get well. She died at 36 of malnutrition and a nervous breakdown. My father was an alcoholic. So he did not work very much. And what money he did earn he spent on beer and whiskey and everything. So it was a hard life for her—it was a hard life for the sisters. Now, being 3, I did not remember a whole lot about that. I remember only two things about my mother. One was when we were living in Longsdale. And we lived upstairs in a house. And I remember her screaming and hollering and carrying on. And then shortly after, the police came and put handcuffs on her and took her out. But it was because she was having this breakdown that she was acting this way. And they took her [to a place] for the mentally sick. They took her there, and then they moved her out to [another place.] And that's where she died. And my aunt raised me, and her sister buried my mother. She's buried at [cemetery]. The state consequently came in and took us girls. The two older girls had already quit school and were working in the mill. They were 16 when our mother died. [Other sisters] were 9 and 15. And they went to an orphanage. And because I was 3 and considered a baby they put me into a children's home. . . . I stayed in that home for 1 year. . . . And [my aunt] came, and she wanted to take me out and raise me. But because I still had a father, they were looking for him. But she did get temporary custody of me. And I stayed a year in the orphanage. And uh, of course, my sisters, they remember more because they were older. They remember the struggle that they went through with her first husband walking out and then marrying our daddy and him being an alcoholic and not taking care of the family. And her

struggle to earn a little money and take care of us. I remember they talked about a grocery store on [street] that a colored man owned, and he allowed us to stay in the back of the grocery store and let our mother clean the shelves so we could have a place to stay. Because she tried so hard to keep her family together. And so they, uh, after I stayed in an orphanage for a year and my aunt took me. Now my aunt did not have any children. So she was really like my mother. She was married. They both worked in the factory. And she gave me a good living, gave me a good Christian upbringing. She was a great Christian lady and brought me up in the church and taught me lots of things that I needed to know as I was growing up. . .

**(I: Spending 3 years with someone, . . . it's so sad that those memories fade. But you did have 3 years with her.)** Right. Do you remember things that happened in your life before you were 3 years old? No of course not. **(I: No, I don't have memories of then, isn't that sad?)** Yeah. I wish I could remember more, but I don't. **(I: Well, I appreciate the memories that you have of her. I'm sorry that it makes you cry.)** Well, a lot of times they're tears of joy, too. Tears are really different. (1: 22-3: 97; 10: 347-11: 380)

After her mother's death, Bethany's father left, leaving as orphans the five girls. The two oldest girls already were working and did not become wards of the state. But the three younger girls were taken to an orphanage. After 1 year, Bethany's maternal aunt came and took Bethany to her own home to raise. Bethany's older sisters remained at the orphanage until they were 18 and allowed to leave. Bethany developed a very close relationship with both her aunt and uncle. So, even in the face of losing essentially her

entire family, Bethany was able to adapt positively, due to the loving care provided for her.

I went into a, after a year I went into a very loving home. (I: You're lucky.) I am, yeah, I am very lucky. And uh, my, uh, not locating my daddy, you know my aunt, she couldn't adopt me until he was gone, until he died. And she still had the desire to adopt me so even after I had married my husband, she adopted me. (I: Wow!) Because she wanted me to feel that I had a real mother and daddy living, I guess, I don't know. But she did, she adopted me. (I: That's so sweet.) So I was very fortunate, more fortunate than [my sisters] were. . . . (I: Was your aunt married?) Yes, uh huh. (I: Her husband—was he like a dad to you?) Yes, very much so. He kept me out of a lot of spankings. [Laughter] When she thought I deserved one, he would talk her out of it. And they were very close to our children, too, just like they were their grandparents. . . . (I: Now your aunt, did she talk to you at all about your mother or her death? That was her sister, right?) I remember I was going to call her 'Mother' and she said, 'No, you had a mother. I'm your aunt, and I'm raising you like my child, but I want you to remember that you had a mother. And that I'm not your mother. I didn't give you birth.' And so I called her 'Aunt [name].' (5:178–6: 201; 9: 284–290)

### **Layla**

Layla, my youngest participant, was only 19 years old when I interviewed her, and unmarried. She was a bubbly teenage girl, very talkative. Her interview was also the most energetic of all of the interviews. When Layla was only 6 months old, her mother died as a



result of an aneurysm bursting in her brain. Layla was given over to the care of various aunts and siblings.

Layla is the youngest of seven children. Her oldest sibling, a sister, was 21 at the time of their mother's death. The closest sibling in age to Layla is 7 years older than her. She told the story:

I guess she, I was an accident because the closest sibling I have to my age is my youngest sister—she is 6 ½ years older than I am. And my mom, well my oldest sister was actually pregnant at the same time [as my mother was] with me. My nephew's actually 6 months older than I am. And she had, I guess she had migraines. She was diagnosed with migraines—well, she wasn't really diagnosed, but she had migraines all the time. And in September and she'd gotten out of bed to go to take something for her migraine, and she walked in the kitchen and she just fell and like everybody came. My brother came running through the house, and she was laying there. And what happened was she had had a brain aneurysm. On the right side of her head. And so my Dad took her to a hospital, and they told him to drive her to [location] cause we live in [location]. And she was actually brain dead. I mean, she was still alive, but she was brain dead. She died on the way over there, and we had a funeral a couple of days later. And she died 2 days before my oldest sister's birthday and was buried the day after her birthday. It was weird cause there were seven kids total. My oldest sister was married, and she had a kid. She might have been pregnant—no, she wasn't pregnant at that time. It was weird because my dad had always been in the military, and he hadn't ever been home

with the kids so he didn't really know how to take care of them. He didn't really know what to do. But he married shortly thereafter I guess 'cause he needed someone to help with the kids. (I: And you were 6 months old?) Yeah. I was actually, I had to be put in the hospital because I was dehydrated because I was breast fed. And I wouldn't take a bottle. I was put in the hospital because I wasn't going to eat anything. (I: How long were you there?) Um, not long, I think maybe a couple of days. Um, and then, until my dad remarried, I lived with one of my aunts. I was actually basically bounced around. I lived with my oldest sister for a little while, but she moved to [location] because her husband was in the military. And then I lived between a couple of aunts, I lived with my sister again, and then around the time that I was after my Dad, he remarried and lived at the time in [location]. He came back, and she had two kids. And they lived in [location]. And then they lived in this house, here in [location]. And we lived here for, I didn't move in with them until I was 4. So I really didn't live with my dad until I was 4. (I: How old were you when your dad remarried?) Um, I wasn't, I was about 1. I wasn't that old because he remarried soon after. We lived here, and they were married, and my dad was a school teacher, and I would go from, he would be on his way to school, and I would go to my aunt's house. So I lived with my aunt during the day and came home at night. And when I started school, I was basically, even though my sisters were older, I still had to take care of myself. When I was about 4 or 5, I could cook my own breakfast. . . . And then, um, when I was about 9 or 10, they finally got a divorce. When my brother threatened to beat her up and

we had the cops called and they were here and so, but, they finally got divorced. And then directly after that he married another lady. Like it wasn't even, it was a short period of time, he married this other lady. . . . They were married for about a year. She was basically, I don't know what her deal was. But the rest of them, like when he was divorcing my first stepmother, my second oldest sister got married, my oldest brother went on a mission and to school, my next brother went to school. And my next brother, after my dad was married again, the second lady, he got kicked out of the house. Then my sister, my little brother, he got his girlfriend pregnant and had a couple of kids, and he got kicked out so he was living with her, and then my sister, the youngest sister, she got pregnant, and she had a kid, a baby, she got kicked out of the house. And then all that was left was me, and I couldn't really go anywhere, I was only 10 or 11. And my sisters actually threatened to take me away and never have any contact with my dad again if he didn't divorce her. So he divorced her after about a year. She was crazy, she was AAAAHHH! I don't know. My memories of her and the first lady were just . . . (I: I'm so sorry. Were they abusive to you?) No, not really, I was just, they just, like all my brothers and sisters said they were weird and crazy, and I was like, 'You guys never lived with them. I was with all of them!' I mean I was like, 'You had a mom for a little extent of a time. I was left with all these people. And you guys think I'm crazy?' I was like, 'Live in a house with them. Then you'll understand.' I mean, I was like a recluse. I stayed in my bedroom. I never went anywhere. (080612-1: 5-3: 93)

Layla's dad remarried for a third time when she was a young adolescent (12 or 13 years old). She was just as unhappy with this third stepmother as she had been with the first two, but she did say that the third stepmother was nicer than the other two had been. This marriage is still current.

Layla never commented on any particular woman who might have filled in as a substitute attachment figure, though there were several women who seemed willing to care for her. But her stepmothers did not ever seem to want the responsibility of mothering her. Late in the interview, I asked her if she had ever called anyone else "Mother" and she answered with an emphatic "No." She called her stepmothers by their first names and would never even consider them in a mothering role even in her heart.

I thought that Layla's interview would prove very different from the others because she is of a much younger generation. But, just like the others, Layla was bounced around from home to home after her mother's death. She did not remain home with her father—in fact, she did not return to live with him until she was 4 years old. And while she did express love and warmth for her father, there was not the very strong bond that I had expected from a younger father.

***"Mother,***

***This seems funny, writing to a woman I never knew. Who were you? What were you like? Did you love me? Did you love my father? I recently heard the two of you were very different. Were you ever sorry you married him? Did you want all of us kids? I noticed I was in a different picture frame from the other kids, so was I a surprise? Did you still want me? . . . If the truth were known, I could still use the tools you could have provided, tools to show me how to be a woman, a human, a Christian, a friend, a wife, a mother, or a lover . . . You held all the answers to all my unanswered questions, and now I am trying to find a way to tap that information.***

***Your daughter."***

***(Hambrook, Eisenberg, & Rosenthal, 1997, p. 41)***

## CHAPTER 5: THEMES AND FINDINGS

*“Grief is, by its nature, unmanageable.  
The most we can do is respect its might and then ride it,  
like some towering wave,  
until it dumps us back on the shore.”  
(Barbara Lazear Ascher,  
as cited in Hambrook, Eisenberg, and Rosenthal, 1997, p. 3)*

When I began this project, I expected that the most compelling aspect of each woman’s story would be the feeling of emptiness left by the early demise of her mother. As the interviews progressed, however, it soon became apparent that conscious memories of mothers were either non-existent or very fleeting. To describe mother-loss with no memory of having a biological mother is rather like a blind man describing colors that he has never seen. Yet, there was a sense of desiring at times in their lives the sense of refuge and comfort of a mother. Nevertheless, many of the participants had “memories” of their mothers provided by other people in their lives, as well as treasured pictures and documents.

Therefore, as I began breaking the interview data into themes, I started with mother “memories” and father relationships. As the interviewing continued, it became apparent that the presence or absence of another woman after the death was becoming the most salient feature—eerily predicting the healthy or pathological paths taken by these women as they grew up. Initially I coded these “grandmother” and “stepmother” but changed the codes over time to “alternate female attachment figure—good,” “alternate female attachment figure—bad,” and “alternate female attachment figure—neutral.” In final

analysis, however, the neutral category was dropped because the impact of these other women proved almost always to be either superlative or disastrous.

I expected the role of the surviving parent (father) to play a rather large role, as well, and it did in some respects. But it did not come close to the impact of another woman attachment figure in these women's lives. As mentioned earlier, most of these women became motherless during the Great Depression, which may have produced a cohort effect for their experiences. Most of their fathers, when present, were generally working long hours, and were, therefore, not as central in their daughters' lives. However, there was one notable exception to this. Katharine described a very close and warm relationship with her father from the time she had memory until the present (though he has passed on). Interviewing several more women of other generational cohorts might show a stronger influence from the father. Despite this expectation, my youngest participant, Layla, who was only 19, still did not express an overly close relationship to her father, though he was a strong, present figure for her.

Other themes that emerged as the interviewing progressed were memories of their mothers' funerals (many could recall seeing their mothers in caskets); religious convictions and comfort found therein; stories, photographs, and other memorabilia about their mothers, as well as a few descriptions of feelings (loneliness, longing, etc.); the presence of siblings; and leaving home.

Religious convictions were mentioned in all of the interviews. However, it is important to note that I did go to various churches when recruiting for participants. A church seemed to be a good place to find many people gathered together in a small

enough group to address. But only three of the participants were found through various churches. Regardless, the five who were found by word of mouth also spoke of strong religious persuasions. The participants all expressed comfort found in their various worshiping styles. This theme could be accounted for somewhat in the generational cohort of the participants, as well as the possibility of a regional influence (Tennessee being described sometimes as the “buckle of the Bible Belt”). Religious beliefs were expressed by many participants relating to the hope of seeing their mothers again in heaven and also functioning as a comforting presence throughout their lives.

A theme that I thought might emerge was “dreams of mothers,” which was a very striking and powerful aspect of my predoctoral research project about my grandmother. My grandmother’s dream of her mother brought her immeasurable comfort, though she was still a very young girl when she had her dream. However, only one of the participants spoke of a dream of her mother. The others addressed dreams of their substitute female attachment figure but not of their mothers. This may be a more common occurrence in a girl who is older when she experiences her mother’s death.

It should be noted that the interview with Annie’s daughter (Elizabeth) showed the most profoundly distressing issues of all of the interviews. Annie suffered horrendous wrongs by many of the people who should have loved and protected her as a child, and neglect by others. In Elizabeth’s interview, there were several themes not found in any of the other interviews. For example, Annie had a deep hatred of men, yet she was extremely promiscuous. This was the only interview that addressed sexual abuse. However, in the face of describing such horrific experiences, Elizabeth remained surprisingly upbeat and

cheerful. Her resilience shone. Annie's resilience also was evident. Intergenerational transmission of characteristics (both positive and negative) was very clear in this interview. It would be intriguing to follow the paths opened by this interview into further and further generations.

For final analysis, I limited the themes to only four, though the four are broadly inclusive. The four themes are (a) alternate female attachment figures (both good and bad), (b) fathers, (c) religion, and (d) thoughts of mothers (including funeral memories).

### **Alternate Female Attachment Figures**

Unquestionably the largest influence on the healthy or unhealthy recovery of each girl from her mother's untimely death was the presence of another female attachment figure (or lack thereof). This was described as more influential than the nature of their relationships with their fathers, which was rather surprising to me as the researcher.

Bowlby (1980) had postulated that the relationship with the surviving parent (in this study, the fathers) was one of the three most important influences on healthy grieving. This was certainly an important theme, but not as consequential as a new or on-going attachment to another adult woman.

Out of the 8 participants, 3 (Madeline, Isabella, and Bethany) were raised by female relatives (either grandmother or aunt). Four (Madeline, Isabella, Katharine, and Layla) were sent to relatives to live for at least a short while after their mothers' deaths. Three (Samantha, Freda, Bethany) were placed in orphanages. One (Annie) was left with her older brother to care for her (though her brother was only 2 years older at the time). Ultimately, 3 lived with their grandmothers (Madeline, Isabella, and Samantha, but only



after she was a teenager); and 1 (Bethany) was raised by her maternal aunt. Four (Samantha, Freda, Katharine, and Layla) were raised by stepmothers (Layla, by a succession of stepmothers). Two of the participants (Isabella and Madeline) lived near to their fathers and stepmothers but called their grandmothers' houses home.

The women who described a close and loving relationship with an alternate female attachment figure described themselves as happy, satisfied with their lives, and, though they still expressed sadness about losing their mothers, appeared very pragmatic about their experience. In contrast, the participants who were rather left on their own, without a woman that stepped into a loving attachment relationship with them, spent more time in the interview crying and grieving for their lost mother. The early loss was evidenced more often in ways that might imply ongoing issues, for instance, therapy, illness, or addictions.

However, even though the difference between these two groups (regarding an alternate female attachment figure) was unequivocal, it is extremely difficult to illustrate this using merely words lifted from the interviews. There was a subliminal quality, an almost diaphanous presence to the interviews that made the difference. As an attempt to illustrate (though it is not really possible unless one were present during the interviewing), I decided to include extensive parts of two of the interviews. These two interviews were edited for confidentiality purposes— names, locations, and other identifying characteristics were changed or deleted altogether. Also, the interviews were reformatted for use as appendices and, therefore, do not match the data line references given when other quotes were lifted elsewhere in this dissertation. Please see Appendix C for Bethany's interview (positive female attachment figure) and Appendix D for Samantha's (negative female

attachment figure). Also it should be noted that Bethany's father abandoned his five daughters before their mother was even buried. But after spending a year in an orphanage, her aunt "saved" her, and Bethany's life turned from dark to light. Samantha's father, on the other hand, remained in his daughter's life all along. See the next section for discussion of father relationships.

The participants all described their substitute care givers. Positive substitute attachment figures were experienced by Madeline, Isabella, Katharine, and Bethany. Isabella, however, also could be considered negative as she was bounced from home to home, though sometimes by her own choice. A constant presence was the illuminating quality of most positive attachment figures—one continuing, constant, (female) presence in the girl's life. And, with the exception of Bethany, each of the participants who had a positive substitute attachment figure was involved still in a parent-child relationship with her father. Here are their words:

Madeline about the grandmother who raised her:

And I lived with [my father's] mother. He married. But I was always with my grandmother. You know, I would stay with my stepmother and my father at times, but she was more like a sister to me than, uh, you know. Of course my grandmother was the only real mother that I ever knew." (011215-1: 10-14)

Isabella about the several houses she called home:

But, wherever my clothes was, that was home to me. It didn't matter to me. I mean, I had more homes than most kids. And I was happy. And then when my

oldest brother got married—I was 9 years old—I went to live with him. (021217–3: 100–104)

Katharine about her stepmother whom she loved:

And uh, oh, she put big bows in my hair, and she combed my hair and washed it. She just took real good care of me, and she loved to dress me up. She got a big kick out of doing that. And then she would make me hats for Easter. She was a very, very wonderful mother. And we called her ‘Mom.’ . . . She is one of a kind, I tell you. (060119–5: 163–6: 170)

Bethany about her aunt who raised her:

Now, see I dream about my aunt. I think it is because I didn’t really know my mother, you know? It’s sort of like, well, she was here and then she died, and I didn’t get to know her. I don’t know. But my aunt, she was such a big part of my life when I was growing up that I do have dreams about her.

In contrast to the positive substitute attachment figures, Annie, Samantha, Freda, and Layla all suffered as the result of either no attachment substitute or an abusive one. Both Layla and Annie were bounced around between families and, therefore, never reestablished connection with another female attachment figure. Both had a father present in their lives, however. But Annie’s father was sexually abusive and alcoholic. Layla’s father, while more present than some of the other participants’ fathers, still was almost always involved in or between marriages, and Layla was unhappy with the marriages. She also was given over to the care of various relatives until she was 4 years old, and then she saw her father only in the evenings.

Annie's life of neglect and abuse:

And [Annie and her brother] didn't have anyone to take care of them in the daytime . . . and they would wander in the garden and get food and eat green beans right off the plants. . . . And this went on for several years. By the time she was 7 and her brother was 9, they went to live with her aunt. . . . She wasn't, they weren't treated very well there. . . . In the mean time, her father had molested her many times. . . . So by the time she's 16, she was pregnant. . . . She felt sure that her father was the one who was the father of this child. (031230–page 1)

Samantha about her abusive stepmother:

Uh, if she saw a dish dirty, now I was in the third grade, if she saw a dish dirty, I got a whipping. I mean with a razor strap. And then I have come in from school and there would be switches that would lay all the way across the table, two of them, and I would get a whipping with both of those switches, for something I'd done. (040102–6: 216–7: 221)

Freda about her abusive stepmother:

Well, there had not been anybody there to help [her sister], to put an arm around her and be with her. I mean, she was just verbally and physically abused [by the stepmother]. She ran away from home, . . . and I didn't get as much of the abuse because I was a bigger person. I mean, I grew fast, she grew slowly. (050104–4: 112–117)

Layla about her succession of stepmothers:

(First stepmother) My stepmother wasn't really a mother of any sort. She worked

during the day and her kids were here, but she just . . . I don't know. We really didn't like her at all. She was just an evil lady. **(I: Did you feel like she didn't like you either?)** I didn't really pay much attention to her until I got like a little bit older. She was just there. I didn't really have anything to do with her. (080612-2: 57-64)

**(Second stepmother)** And she turned out to be worse than the other one. I don't see how that was possible, but she was psychotic. She was crazy. (080612-2: 69-70)

**(Third stepmother)** They got married. And I was like, maaaaaaan. Not another one. I mean, she was nice, she was nicer than the other ones, and she has four daughters. Um, they're all older. But I just thought, man this is crazy that we have to go through this again. And then right about that time, I was 13, 14, 15, and I was like I didn't want another person. And she tried to be a mom, but I was like, 'I don't like it, it's not going over well.' (080612-4: 144-150)

The very strong influence of another attachment figure in a young girl's life is understandable. It is particularly easy to understand when the child is of such tender years when she loses her mother. This alternate attachment figure might move into the void left by the deceased mother, and can make all the difference in the world to that child. In the case of the participants, it was not the surviving parent who filled this void (when it was filled), but rather another woman, either a relative or stepmother.

## **The Influence of Father**

Many of the participants described temporary or permanent loss of their father upon their mother's death. It was surprising to me how many of the participants were either sent away to a relative's house directly after the funeral or were sent to orphanages. For instance, Madeleine's father, though he played an important role in her formative years, sent her to her grandmother to live for a year following his wife's death. Isabella stayed in the vicinity of her father, but soon began to live between homes—with grandmothers, sisters, brothers, and so forth. Layla's father, though it seems that she remained in his locality, was shuffled between aunts and sisters for 4 years following her mother's death.

With only a few notable exceptions, the fathers of the participants seemed to be facing and dealing with an unkind and unrelenting twist of events. To hear their daughters' descriptions, I got the impression that these men were doing the best that they could under the conditions that they found themselves in. For example, Madeline said that her mother's death was "hard for him, too, I'm sure, because probably the reason that he left [location] and came back here was that his family was here. And he was probably just lost for, 'cause they were, from what I hear, awful close" (011215-220-224). Samantha spoke of her father working 14 to 18 hours a day to provide for his family. Freda told of how her father helped her to become independent.

Daddy would come in at night, and he would lay the fire for me. And he had taught me how to light it and how to lay the coals after it had gone for a while and stuff. And I learned to do my own cooking—I could scramble my own eggs and fix

my bacon and fix my sausage and make my toast and everything all by myself.

(050104-4: 135-5: 139)

The notable exceptions mentioned above, of course, are Annie's and Bethany's fathers. Annie, when she was only an infant, was left without a caregiver while her father worked. This early neglect, compounded by malnutrition, was further exacerbated by sexual molestation from her own father. She was never able to attach to any parent figure in her life. She had the most traumatic life of all of the participants, probably due at least in part to the amalgamation of the many wrongs visited upon her all throughout her life.

Bethany's father abandoned his children before his wife was even buried. But before her death, he was certainly not an ideal father: "My father was an alcoholic. So he did not work very much. And what money he did earn he spent on beer and whiskey and everything. So it was a hard life for her [mother]—it was a hard life for the sisters"

(070212: 4: 113-116).

These two fathers left their already grieving daughters completely bereft. The healing that might have occurred with careful and loving attention was only compounded by the neglectful and abusive manner in which their fathers treated them. Annie, unfortunately, was never able to attach to any other caregiver. Bethany was lucky in that her maternal aunt was able to save her from pathological grieving from the loss of essentially her entire family.

But the other five fathers were trying hard to deal with their children, grieving their wife's death, and making money to feed and clothe their family. Most also were seeking a

wife. Most of them were relatively young men when they became widowed. It seems unsurprising that they would seek another wife.

Samantha's and Freda's father was present, although working long hours at the railroad, until the responsibility of raising children and working became too much for him. At that point, he sent his daughters to an orphanage and his son to his mother-in-law. Samantha described a poignant visit from their father at the orphanage:

But I can remember Daddy coming up there. I was sick and he came one time. But he brought us a bushel basket of apples, oranges, fruit of all kinds, candy of all kinds, but he sat there sobbing as hard as we were. We was both holding on to him begging him to let us go back home, and he said, 'Girls, I've got to work, I can't.' And he was crying as hard as we were. So people just pulled me and Freda away and said, 'Girls, come on now, you hug and let your daddy go.' So that was the last time we saw Daddy for about a whole year. So then Mother was gone, Daddy was gone, [brother] was gone, and just me and Freda [were left]. (040102-4: 115-125)

Another striking feature of Samantha's and Freda's story was the tremendous abuse suffered especially by Samantha at the hand of her stepmother. Their father apparently was unaware of the abuse going on in his home:

**(I: Did your dad know that she was whipping you?)** Uh, not for a long time. And she would tell him stuff that I had done and Daddy wanted to make us mind, wanted us to be good, but he would whip us when she told him something—but then he got wise to the fact that she just wanted him to whip us every time he



saw us. Or me, Freda was gone. I didn't, uh, see Freda for about third grade, when I was in third grade, she was never back home to live. She was always in school.  
(040102-7: 253-260)

When Samantha was finally able to escape her abusive stepmother and arrived at her maternal grandparents' home, her father was immediately called. Upon hearing of the terrible abuse suffered by Samantha at her stepmother's hand, he willingly protected her and aided her in her quest to leave home.

And so Daddy came and came over and hugged me and he started crying. He said, 'Samantha, I didn't realize all this stuff was happening to you.' I said, 'Well, Daddy, I never could see you, I couldn't tell you.' Because he was at work when I was at home. So he hugged me and said, 'Everything's going to be all right.' And I said, 'Daddy, I don't want to go back.' I said, 'That woman is a witch.' And he said, 'I will have to agree with you.' . . . And so, Daddy and her [stepmother] got into it again about her mistreating me, and she was telling him, 'She's just telling you a bunch of lies. Why are you falling for them?' And Daddy said, 'No, I don't think she is.' (040102-13:493-14: 510)

Layla described her father as her best friend, provided that he was not married. His several marriages were not well-received by Layla. She described her relationship with her father between marriages.

And um, after he divorced that lady, he was single for a while, which I really liked that. 'Cause I love being around my dad except when he's married. I can't handle when he's married. (I: Interesting.) We did everything, I mean we would do

everything together. He always went with me. I always went with him. . . . Cause when my dad's not married, he's really cool 'cause he thinks on his own. But when he's married, whoever he's married to at the time kind of formulates what he's thinking. (080612-3: 104-109; 5: 160-163)

The most happy and upbeat father-daughter relationship was Katharine's. She described him in loving terms, and many of her family lore stories included him as a major player, such as how her family sang and did chores together on Saturday mornings. She summed it up in a very sweet sentence: "And I just had a dad who was a big man, and he just filled in all the spaces" (070212-1: 33-34)

### **Spiritual Comfort**

Faith and hope in a greater being, in a spiritual hereafter, or in an omnipotent presence gave most of the participants peace by providing the possibility of a future relationship with their mothers. This was expressed over and over by these women and, as mentioned before, may have been due to the places that I actively scouted participants. Ultimately, 5 of my 8 participants were recruited through their church. The other three were recruited by word of mouth. Regardless, all of the participants expressed beliefs in God throughout the interviews. This constant and underlying religious theme was strikingly similar across interviews. All of the participants expressed gaining great comfort and buoyance from their beliefs when they might have otherwise felt alone or desperate.

Several of the participants thought of their mother as their guardian angel. This provided for them an almost constant feeling of protection as well as a feeling that their relationships with their mothers, while short-lived here, were continuing. Isabella

pragmatically believed that her mother was needed elsewhere but that she was still cared for:

Uh, and I'm a strong believer that God took my mother away. He had a job for her to do. He knew that he could watch after me and other people could watch after me. And I, he let me make my mistakes. And he let me have my hard times. But, he has sure watched after me in an awful lot of ways. He's watched over me in all ways, but in ways that I couldn't take care of myself. (021217-14: 464-469)

She also expressed a belief that possibly her own mother was assigned as her guardian angel.

I think it's made me be stronger in a lot of ways, because I had to be. Uh, even though I had a lot of people, um, it wasn't I guess you'd say, it's not quite the same because I didn't feel like I was tied to them like maybe I would have if I had had a mother. (I: And in 2 years, you had time to attach to her.) I'd say I probably did, even though I don't realize it. I think that between her and God, he has let her be my guardian angel. (I: That's nice. That's really nice.) But I do feel that by this happening, that I have been watched over. And I am sure that he assured her that even though he had to take her away, that he would make it, you know, right with me. That he would take care of me more so that he would if she'd have been there. (021217-17: 565-576)

Samantha also expressed a strong belief that her own mother has played the role of her own personal guardian angel. And not too many years ago, she had a very significant dream about her mother.

Oh, my OWN mother has been with me every day of my life. . . . Every day. But I would never talk about it. I would never talk to [husband] about it. I never talked to my own girls. But I would always think, 'Mother, I know you're my guardian angel.' And, uh, I'd talk to her a bunch. But the night, it was September or July, I was in bed in my bedroom. And she had never come to see me here. I just talked to her in heaven. And she was in white angel clothes, real soft, flowing, and she just kind of, she didn't walk, she just kind of swooshed. And she was at the foot of my bed. And she just swooshed up there to me, and she said, 'Honey, I don't want you to worry. Everything's going to be OK.' And she went back, just one swoosh. She didn't, I was still crying, 'Please don't leave, I need you.' And she came back one more time and told me that everything was going to be all right. And then she just evaporated. And that was like 4:30 in the morning. I was a sobbing mess. (040102-14: 532-15: 551)

Katharine, who is very devout, always wondered about her mother's religious beliefs. Katharine was outspoken about her personal struggles to know and understand God. She believed strongly in him and felt that her parents had instilled this in her in possibly unrecognizable ways. It just made sense to her that her mother would have felt these same things. She expressed this thus:

**(I: One thing you had said, you wanted to know what your mother would have prayed for her children.)** Yes! Well, my mother died. And I was wondering, if you had to leave five children behind, what would you want for them in their grown up years? When I get to heaven, I'm going to ask her that. I think it

would be that I hope they learn to know the Lord Jesus Christ as their Saviour.

And because that enables me to live a life that is like him. And so, but I wondered growing up. Would Mom like this for me, would this be the boy she would say, OK, you can marry? If I dated, you know, what she would think?

Bethany's religious convictions give her a hope for meeting her mother once again and reestablishing their relationship.

They give me hope that I would see her and get reacquainted with my mother.

(crying) So I can see her in the future. And even more so, my faith has grown stronger, I'm closer to the Lord. All we have to look forward to is hope. I know that I cannot bring my children back, I cannot bring my mother back, or my aunt, but I can go to them. And I'm ready to go when it's time. You have to be ready.

'Cause my aunt took me to church, she raised me in the church. I was saved when I was 12 ½ and I knew from that day I would see my mother again. (070212-10:338-346)

Layla also expressed hope for an ongoing relationship with her mother, but she said that she wanted her mother to play the role of her mother when she is able to see her again in another realm. She expressed the belief that her mother's strong faith and loving personality would have made all of the difference in her life and the lives of her siblings.

Besides the feelings about seeing their mothers again, several of the participants recognized the hand of a greater being in their daily lives. For instance, Isabella, after she left home as a young teenager, faced days and weeks where her money was nearly all gone and she had nothing to eat. She was strong and resilient because "I think that God was

letting, giving me a trial, what will you do if you don't have any money, get hungry, what will you do?" (021217-16: 544-545) Freda expressed this too: "The Lord just took and put his hands around [us] and just carried us through. . . . I think he just carried us three little kids. . ." (050104-7: 220-226)

The beliefs instilled from a very young age were ongoing and strong still in my participants. Sometimes they were there subliminally—possibly it could not be determined when these beliefs were implanted in their psyches. But most of the time the women assumed that they were there because of the training of their parents (see Katharine, page 103). Freda explained this when she spoke of a terrible depression she suffered as a young mother:

When I was carrying my last baby and you know, really it scared me at first. Because I was in such a black depression. I called it a room of black velvet. I couldn't feel the Lord's presence, but I knew that the Bible said, that the Lord said that he's never leave us. This kind of faith had to come from some place in my very young years. And I know because Daddy sent us to church, but he never was in church with me until I graduated from high school. He came for baccalaureate. He always had prayer, we always said grace at the table. But we were never allowed, I always had an aunt that told me every stitch that I put in because I loved to embroider. Every stitch that I put in on Sundays I'd have to take out in hell with my tongue. I understand that now but back then it was a whole lot different. (050104-11: 387-12: 399)

Samantha had a religious experience that was very difficult for her to describe. At

the beginning of the story, she asked her daughter to tell it for her. After just a few minutes, however, she felt composed enough to tell her own story. She was in surgery and found herself in a different realm. This dream or experience was significant also because of the mention of her father. In this excerpt, Samantha expressed a very close relationship with her father, so much so that she felt that he would be one of the people who would greet her when she died:

I went to heaven and I was, there was something beside, I don't know if it was a big river or a big ravine. But there was a big distance between here and here. Over here there was the prettiest clouds. Those big fluffy clouds. The sky was so blue. And I saw two very dear friends that had died and they were really special to me. One died when she was 104 and the other one died when she was 84. And they had on gowns like Mother had on. And they looked down at me and, oh! They were laughing and happy. They said, 'Oh, Samantha, honey, are you coming on over?' And I didn't answer them. And I was thinking I would like to go on, but I've got all the girls' scrapbooks caught up but I don't have Mark's caught up. And I kept thinking, 'Mark's scrapbook is not done, and I've already bought the stickers and stuff. Mark can, Karen can finish it.' And I looked over this way and there was Daddy. He had just died in February before this had happened. And Daddy and I got very close while he was in the hospital for a year before he died. So I could go and see him every night. And I did, except in bad weather, and during the winter when it got dark early. But I looked over to this other cloud, and there was Daddy. And he looked at me and said, 'Well, there's my Sammy girl!'

And he always called me that from then all the way up, he still called me his Sammy girl. Every time I went in the hospital room, he'd say, 'Well there's my Sammy girl.' And that's what he said to me. And I kept thinking that I really wanted to go on, but Mark's scrapbook's not finished. And so the next thing I knew I went crashing back, and it seemed like when I hit, they was doing those chest compressions. (040102-16: 611-17: 637)

Even though, when questioned, Samantha said that she did not see her mother or her baby son in this dream, she felt that this was still a personal epiphany. She described how she shared the story with all of her daughters and with her doctors. Sharing the story seemed to confirm her belief in a life beyond the grave, shared with family or other loved ones, and gave credence to her faith in seeing her mother again.

### **Mother Memories and Memorabilia**

Memories of mothers seemed to fall into several categories: funeral memories, fleeting memories, pictures and other memorabilia, and personal desires as a direct result of early maternal death. I will describe briefly the subcategories.

Remarkably, most of the participants had very clear memories of seeing their mothers in caskets. It was surprising how very perspicuously the women were able to describe this experience and the reactions of those about them. Antithetically, many of the women expressed very few memories of their mothers at all. But the memories of the funeral happenings were very lucid. I will discuss this first.

Even though the participants were extremely young when their mothers died, each expressed a desire for continued connection to her mother. There were almost no concrete



memories of their actual biological mothers among the participants, with the exception of Freda, who was 8 years old when her mother died and included in the study at the express desire of her sister, Samantha. However, some of the participants had fleeting memories. These memories may have been implanted by stories told by others over the years. Or they might have been recalled with a photograph. These fleeting or shared memories will be addressed second.

Third, all of the participants spoke highly of their mothers, and each had treasures and photographs to share. These treasures were proudly displayed in their homes, and I almost always was given a tour at the end of the interviews. Also, many of the participants brought photographs or other artifacts to share as we spoke. These items seemed to provide a catharsis for these women, showing their mothers in a healthier time and in positions where they were holding their children. The desire for physical, warm, and tactile memories was poignant among the participants.

Last of all, many of the women that I interviewed expressed desires for their children or for their futures that seemed to be diametrically opposed to the childhood they experienced as a motherless child.

### ***Funeral Rites or Rituals***

The clarity with which many of the participants described their mothers' funerals was a surprising finding. The participants were very young when their mothers died. As can be expected, however, these funeral memories were shared by the participants who were closer to 4 years old rather than the participants who were still infants. Also, the trauma of a situation may engrave a memory in the mind of a child. Bethany's appraisal of

her memory of her mother may be the most profound of all of the memories expressed and addresses this phenomenon.

See, the things that I do remember about my mother are the harsh things, them coming after her, taking her out, things like that. And we were all crying. She was crying. And then I remember that casket, even though to look down, I cannot tell you what she looked like. (070112-11: 362-367)

The memories that a toddler or infant may have of her mother may be the ones that were traumatic for her—that frightened or confused her. These women desired to know their mothers as mothers are intended to be, but instead they began their lives with maternal trauma.

Samantha was able to see her mother in the casket she was laid in, but her older sister was not given that privilege. Samantha described her experience:

But I do remember them taking me and holding me up and said, 'Tell your mommy good-bye.' And I leaned over and held her hand and kissed her, and I said, 'I want my Mommy!' And they said, 'Honey, your mommy's in heaven.' And so I remember and then I remember being at the funeral, and when they started to bury her, Daddy was, they couldn't bury her because he was hanging on to the casket. And saying, 'No, no, no.' (040102-2: 68-3: 74)

Freda was nearby watching but was not allowed to go up to say good-bye to her mother. She described her experience:

And that's when Aunt Ruth and I were sitting in the family area. And they took Samantha up for her to kiss Mother goodbye. And they wouldn't let me go. And I

never understood why. And uh, but like I said, now I'm glad that I didn't see that. I'll remember my mother alive and vital like she always was. And uh, but at the funeral, when my aunt told me not to cry because it would upset Mother and make her be upset, when she told me that, well I quit crying. And I didn't cry again until until I was 16. And even if I stepped on a nail, if Daddy spanked me, nothing. I would never cry. (050104-8: 250-259)

Katharine also described seeing her mother in the casket where she was laid.

Katharine was different in that she expressed only a little fear and a little bit of naughtiness.

I just remember seeing her laying there peacefully. I think I would have climbed in just as a prank. Because I didn't realize fully what was going on. But I just touched it, and soon as I touched it, I ran real quick and went back on my dad's knee. And her sisters, it must have been hard on them. But anyway, they made my dad take me out, and that was fine, you know. And the next thing I knew we were brought back home. (060119-4: 105-112)

Bethany expressed confusion upon seeing her mother laying in her casket.

The only other thing that I remember about my mother was that, when she died, they brought her casket to my aunt's home. You know back in those days they would bring the body to the home. People would sit up with the body and everything. And I remember them bringing the casket in, not really knowing what it was until somebody picked me up. And I was looking, and it seemed probably that I couldn't remember that, but I do remember saying, 'Who is that?' And they said,

'That's your mother.' But I didn't realize what death was, you know, at 3 years old. I remember that part. (070212-3: 73-82)

### ***Fleeting Memories***

Because of the very young age of the participants when their mothers died, I did expect that they would have no concrete memories of their mothers. As mentioned in the previous section, however, some of the participants remembered very clearly the most traumatic or frightening things. But other memories are either gone or filled in for the girls by other people in their environment. Madeline expressed the lack of real memories succinctly: "But as far as remembering anything about what went on or anything, I don't. You know I have people to ask me, 'Do you remember your mother?' How could I remember my mother when I was 3 days old?" (011215-1: 17-20)

Isabella expressed no memories as well, adding knowledge that comes with experience:

Well, as far as the experiences with her death, I really don't know. I have been around young children approximately the same age I was at the time, that the mothers has let me keep them and they've gone away or something. And the child will cry and ask for mommy. And I can just imagine what I probably put my family through. Because not knowing what was going on. (021217-1: 3-8)

Katharine remembered her mother's illness. Her mother was sick for a lengthy time before her death, so even though Katharine was 4 when her mother died, she was basically deprived of her presence for a length of time before.

And uh, but while she was sick, that was a while before she died. And she was sick up in a house across the street that I could see if I would sit out on the curb, I could see her up there. But that gave me comfort seeing her up there. And, you know, I think that my mother could see me from there, and I think it bothered her when she got very sick. . . . But, you know, it was all sad, but I was too young to have some of the feelings that my other brothers and sisters had. (060119-4: 112-123)

Katharine also had a bit of family lore that proved interesting: Her mother was singing right before she died. Katharine said that her mother's habit was singing and that she sang almost all of the time. That her mother was singing right as she was dying was both interesting and inspiring to Katharine.

Katharine's bit of family lore is an example of the shared memories provided for these girls. Several of the participants told of stories in which their mothers were star players—family happenings that illustrated to the participants a healthy, growing, and functioning family. This seemed to be a balm for these women. The stories that they shared about their families were heart-warming to me as well. It provided history for them as they went about their daily lives. It seemed to help them know and understand themselves in the perspective of generations.

### *Photographs and Memories*

Madeline was not given a picture of her mother until she was an adult. The pictures brought her some peace and information that she had been seeking:

I didn't get a picture of her. Now, I have pictures of her and my dad together. You know, big pictures, you know 8 by 10s. But I didn't get a picture of her by herself

for several years, you know. I'd often wondered what she looked like, you know. . . . I look at it—everybody, when I go anywhere, any of her people they'd always call me, 'There's little Julie.' That was my mother's name. And everybody said I looked just like my mother. And uh, I've looked at the picture, and I can see a lot of the resemblance, you know. Everybody has always said that I look just like my mother. People that I don't even know, yeah, they, uh, and I've had people to tell me that uh, 'Well your mother was an awfully good person.' She was the church secretary, kept the records and all that stuff. And um, different things like that, you know, personal stuff that made you feel like well you know a little bit more about what she did and everything, you know. But, uh, from what everybody tells me, she was a loving person, you know. Very, everybody thought. (011215-6: 191-195; 7: 205-217)

Many of the participants expressed the same sentiments about their mothers—that everyone who spoke of her spoke highly of her. This was comforting to them.. Another comforting comment by others was apparent similarities in either physical appearance or personality between mother and daughter. Isabella expressed this: "And from what I've heard people say about my mother, she must have been turned quite a bit like I was. I have a picture of myself when I wasn't very old. And I was smiling." (021217-17: 576-578)

Samantha told of similar comments made by relatives: "But I love to talk to people who were here and who knew my mother. . . . Everybody talks about her with love. I've never heard anybody but Daddy say bad things about my mother. Everybody says she was

the sweetest, kindest person. She was a very clean housekeeper.” (040102–20: 771–21: 778)

Katharine showed me a lovely picture of her mother holding her when she was very small. In the picture, Katharine’s mother is looking at Katharine and smiling. This was very comforting to Katharine and gave her knowledge of their relationship.

It gave me a sense of, um, knowing, you know that we had a relationship. And that she was pleased. Because she had a pleased look on her face. I didn’t remember that part, you know, I couldn’t remember being held, cuddled. But my mother breast fed me; she breast fed all of her children, so, therefore, I know I was. But that picture just kind of confirmed that. Somebody sorted out the pictures, whoever had them, and I hadn’t thought of them previously because I didn’t know about them. So they are a treasure to have. (060119–5: 137–145)

Isabella told a very bittersweet story from her family lore:

And from what I understand, she must have been a wonderful woman. Because I’ve heard a lot of people, the rest of the kids talk about her and then friends and neighbors. Uh, my uncle, my Daddy’s brother, he had two brothers and a sister. And the one brother and sister died when they were teenagers from scarlet fever. Uh, but his one brother that lived, they said that he never did get married. And the reason they said that he never did get married was that he also loved my mother. But she chose my father. (021217–3: 82–88)

The participants seemed to be comforted by hearing positive stories of their mothers. The stories seemed to make them a more concrete presence in the participants’

minds and hearts, though the mothers were still physically absent. This could be called an ambiguous presence, as compared with her death and subsequent physical loss. Making her mother a benevolent, motherly presence gave each woman a connection with her mother, made her more similar to other children with living mothers, and fed her belief that her relationship with her mother was ongoing. Many of their spiritually comforting thoughts involved the ambiguous presence of mother, as a guardian angel or in shared physical characteristics.

Boss (2002) described ambiguous loss as the ambiguity felt by family members regarding the physical or psychological presence or absence of another family member. This kind of boundary ambiguity may be considered pathological in some cases, bringing the family increased stress, confusion, and possibly even immobilization. In the case of the participants for this study, however, the ambiguity seemed to decrease stress and confusion, and seemed to actually mobilize cognitive and physical action. These women were comforted by physical indications of their mothers' lives, for example, pictures, physical similarities, or happy memories. Additionally, this ambiguous presence seemed to denote forward progression, or an acceptance and overcoming of a bad situation.

*“It is the image in the mind that links us to our lost treasures;  
but it is the loss that shapes the image,  
gathers the flowers, weaves the garlands.”  
(Colette, My Mother’s House, cited in Edelman, 1994, p. vii)*



### ***Significance of “Mothering”***

Almost without consciously realizing it, many of the participants expressed fears that they might leave their own children motherless. For instance, Madeline described the illness that killed her mother (most likely toxemia), followed immediately by these words:

And uh, so, I have one son, he'll be 45 next year, and I had a real hard time with pregnancy. So, I asked the Lord if he let me live to raise my son, that if possible I wouldn't have any more children. (011215-2: 51-54)

Bethany also expressed this emotion: “Well, I knew when I gave birth to them that I never wanted to be separated from them. I prayed that the Lord would let me live to raise them (crying—she looks at the picture of her mother) (070112-7: 230-232). Annie felt the way, according to her daughter:

And her prayer was that she would live to see us all grown. And she did. She didn't die until she was 76. She lived a long time, was able to see most of her grandchildren by that time. (031230-3:88-90)

When Isabella was experiencing a divorce, she realized that she desired her mother's comfort. She was feeling depressed and surprised herself with feelings of sorrow and grief for her mother, possibly latent in her psyche until then.. She felt that the only comfort she could have found would have been from her mother:

I never really thought that much about not having a mother, until I got married (I: OK. Why did that change?) When I got married and I started having a rough time with my ex-husband. When my marriage wasn't going right, I cried a lot at times that I didn't have a mother. (I: Someone to talk to?) Uh huh. (I: Was your

**grandmother deceased by then?) Yeah. (I: It's OK, you can cry. I can turn this off if you want) (She indicates, 'No.')** Uh, it just seems strange that the only time you miss your mother is times you really feel desperate that you need her. **(I: How about your sisters? Were they available to talk to at that time?)** I could have I guess, but I wanted my mother. You would think that I would have wanted to talk to somebody else that I'd been used to. (021217-7: 233-8: 249)

Some of the participants wanted to share their life experiences and joys with their mothers, as well as desiring her comfort in troubling times. Katharine expressed a desire for her mother to enjoy her grandchildren. "But, uh, I would have loved to have been able to show my mom my babies." (060119-6: 184-185)

Samantha's desire as a result of her mother's death was to mother many, many children. She wanted to share love that she felt inside of her with children, and not just her own.

And you wanted to know how Mother's death had affected me? And I told you I wanted to help children. So I have made a big, big dent in other children's lives, made their lives better. And I always wanted to make everything bigger and better and happier. It started out I wanted to help my own children. (040102-1: 35-2: 41)

*"I felt utterly and irrevocably alone." (Edelman, 1994, p. xviii)*

*"I have NO recollection of my mother.  
What did she look like?  
What did her voice sound like?  
Did she love and want me?"  
(Brenda, as cited in Edelman, 1995, p. 148)*

## CHAPTER 6: CONCLUSIONS, DISCUSSION, AND IMPLICATIONS

*“We see only what we know.”  
(Goethe, as cited in Bowlby, 1980, p. 44)*

### **Symbolic Interactionism**

Many years ago, two theorists, Hess and Handel used the term *family worlds* to describe the unique meanings inherent in family units—meanings that are taught, believed, and utilized among and between family members to make sense of the larger world (as cited in Nadeau, 1998). These meanings may not be credible in another family and, indeed, may not even be true anywhere else. But shared meanings are important for the effective functioning of family units. Families commonly create meanings in times of trauma in an attempt to maintain smooth functioning. The early death of a mother to a family is a situation that is fraught with trauma and therefore, may be profuse with meanings. Some meanings are of an existential nature—her death may bring a family to the point where the very meaning of life is questioned. Or meanings may be more practical—how will it be possible for us to recapture and maintain the status quo after such a catastrophic occurrence? Family meanings may be created for a sole member of a family, or they may be created for the entire family to utilize.

Among the participants in this study, there was evidence that meanings had been created and shared as each family coped with the untimely death. For example, when the study participants were repeatedly told that their mothers were “in heaven,” meanings were implied about a place called heaven, their mothers’ lives, death itself, and the expected reaction to death. The participants were quite young when their mothers died

and, therefore, were most likely unable to create their own cognitive meanings concerning the death at that time. Meanings subsequently were constructed with them but may not always have been freely given; adults in the family might not have discussed these meanings except when questioned by the children.

A very poignant example of meaning-making among the participants was the ritual of taking these young children to the side of their mothers' caskets for a final farewell. Rituals such as this are sometimes a family's public way of handling an upset in the status quo—to let the world know that there has been a risk introduced and acknowledged in this family. These participants expressed that they were basically confused by this ritual, but the meaning of the event seemed to clarify as each girl got older. The adults present in their lives tried to make meanings for the young girls as they looked down at their mothers. Perhaps these meanings were misunderstood. But at least they were offered.

Nadeau (1998) suggested that the death of a family member makes surviving members lose definitions of self that involved the deceased family member. It is the self that is defined by daily interactions with other family members that is called into question. A very real and physical example is Layla, who was a breast-feeding infant when her mother died. Her daily interaction with her mother was defined largely by feeding. Upon her mother's death, her feeding style was changed forever, and Layla's self, as well as the defined selves of her father and siblings, also were changed.

In my study, I found that meanings were expressed very often—in fact, meanings were conveyed in all aspects of the interviews. When the participants were telling stories that were handed down to them about their mothers, when they shared photographs, when

they compared physical characteristics between themselves and their mothers, when they spoke of their religious beliefs, what they hoped for their own children, what they hoped for their own lives and deaths—all of these were voluminous with meaning. Human conversation is an exchange of meanings and, thus, every memory, story, or emotion given by either the participants or myself during interviewing was meaningful. The reader of this dissertation forms meanings while reading. It is impossible to communicate without meanings of all involved being created, whether they are expressed or not.

For this reason, it is very critical that the conclusions I have drawn from the interviews of these 8 women not be assumed to be normative for any other woman who has lost her mother early in her life. Qualitative research delves deeply into the depths of individuals, and this individualistic exploration can bring about understanding of only that particular individual at that particular point in time and as understood by that particular researcher. However, this does not mean that the conclusions are worthless or not notable. They are, in fact, just the opposite. These conclusions are based on holistic descriptions and attempts to make sense of one phenomenon, as perceived by one person, in this case, the principal researcher. Additionally, these conclusions are valuable in that they inspire further exploration.

### **Attachment Theory**

When John Bowlby first presented his attachment concepts to the British Psychoanalytic Society in the late 1930s, his comments were not well received. The society, understandably greatly influenced by the Freudian perspective of parent-child relationships, was divided also between the assertions of Melanie Klein and Anna Freud

regarding an infant's relationship with his mother. As the society was deeply embroiled in the heated debate between the followers of these two women, Bowlby's work was largely overlooked. But it was his research that proved to be the basis for ultimately the most well-received and researched theory presented to the society at that time. Bowlby stood apart from the two women in his postulations. He strongly asserted that it was prolonged separation of a child from his mother that could conceivably have the largest impact on a child's development, not the condition of the home nor the marital status of the parents—nor even the way in which a child was fed (a common Freudian notion). (Karen, 1994)

Bowlby had been involved in a study of juvenile delinquents in which he observed a strange phenomenon: Some of the boys were seemingly without affect, remaining almost willfully detached from those who tried to care for them. Fourteen of his 44 juveniles showed symptoms of this "affectionless character" (Karen, 1994, p. 53), and it was with some amount of surprise and shock that Bowlby realized that among these 14 boys, fully 12 of them had suffered early and prolonged maternal separation in their lives. Bowlby was so in awe at this discovery that his attachment theory was born, based on the observed deleterious effect of prolonged maternal separation. (Karen, 1994)

As Bowlby's theories grew and became more readily accepted, he was criticized sharply by feminists for the decidedly gender bias of his work, seemingly only based on maternal separation and almost entirely ignoring the more common paternal separation. It seemed that he was blaming the wrongs of society on mothers. He relented in his later years, adding that children are just as capable of building close attachments with fathers or others in their environment as they are to mothers. (Karen, 1994)

Among my study's participants, the early loss of their mothers was a turning point at which their lives were changed. Most of the participants still had a father available in their lives, even if it was after a time separated. But this did not seem to be the critical context for influential attachment relationships among the participants. The critical element for these girls was another woman's influence. If this influence was one of acceptance, nurturance, and love, then the participants seemed to work through the loss of their mothers. Antithetically, if the influence was cruel, cold, or absent, the effects of maternal loss were exacerbated.

Bowlby (1980) proposed that the first female relationship (with mother, usually) was of such importance that, if it was lost, the result would be a life-long quest for another such relationship. However, he delineated three conditions that, if met, can greatly alter the course of pathological mourning for children after maternal loss. These conditions are (a) that the child had a good attachment relationship with the deceased parent prior to her death; (b) that the child be given clear information about the death and be allowed to participate in funeral rites and rituals; and (c) that the surviving parent remain a comforting presence in the child's life. The third condition could be fulfilled by a trusted and known attachment substitute, according to Bowlby (1980).

For these participants, all had constructed a positive sense of their mothers and of their mothers' care and concern for them, though all of the participants (with the exception of Freda) were too young to actually remember the nature of their mother-daughter relationship. Each expressed positive feelings about and appreciation for her

mother. Each expressed confidence that they were wanted and loved by her. Thus, the first condition is deemed to have been met for all of the participants.

Second, most of the participants recalled the funeral rites, or at least seeing their mothers in caskets. These were strikingly clear memories for those who had them. But not all did; for instance, Madeline did not, but she was only a few days old when her mother died. Regardless, it can be cautiously assumed that this condition was met as was appropriate for the participants.

The last condition is the one of interest in my findings—the relationship with the surviving parent (father) or an attachment substitute. It was the availability of a female attachment substitute that I found to be of utmost importance, much more than the relationship with the surviving parent. As stated before, it was the presence or absence of another woman—good or bad—that was the determining factor for my study’s participants.

### **Risk and Resilience Midrange Theory**

Fraser (1997) defined a risk as any “influence that increases the probability of onset, digression to a more serious state, or maintenance of a problem condition” (p. 3). The “problem condition” described by each participant was the death of her mother. Table 6 shows the risks that were made known during interviewing. Extended interviewing might uncover more vulnerabilities (risks). These risks, and those listed in Table 6, would likely increase the danger of an unhealthy reaction to the problem condition (the death). Some of the participants have relatively few risk factors listed (Madeline, Isabella, and Katharine). Others (most notably, Freda) have long lists of risk factors. However, it is not necessarily the number of risk factors, but instead the seriousness and nature of the risk



**Table 6. Risks and buffers for study participants**

Participant	Madeline	Isabella	Annie	Samantha	Freda	Katharine	Bethany	Layla
<b>BUFFERS</b>	<ol style="list-style-type: none"> <li>1. Loving grandmother (paternal)</li> <li>2. aunts (paternal)</li> <li>3. grandmother (maternal, though not local)</li> <li>4. Father present</li> <li>5. Religious upbringing</li> </ol>	<ol style="list-style-type: none"> <li>1. Many older siblings</li> <li>2. Father present</li> <li>3. Religious upbringing</li> <li>4. Many places to call home</li> </ol>	<ol style="list-style-type: none"> <li>1. One full sibling (brother)</li> <li>2. Older half brothers and step brothers</li> <li>3. Father present (?)</li> </ol>	<ol style="list-style-type: none"> <li>1. Father present</li> <li>2. Sister more or less present</li> <li>3. Religious upbringing</li> <li>4. Boarding school (?)</li> </ol>	<ol style="list-style-type: none"> <li>1. Father present-good relationship</li> <li>2. Siblings present</li> <li>3. Loving stepmother</li> <li>4. Religious upbringing</li> <li>5. Music in the home</li> </ol>	<ol style="list-style-type: none"> <li>1. Loving aunt/uncle</li> <li>2. Religious upbringing</li> </ol>	<ol style="list-style-type: none"> <li>1. Adult siblings</li> <li>2. Aunts</li> <li>3. Father present</li> <li>4. Religious upbringing</li> </ol>	
<b>RISKS</b>	<ol style="list-style-type: none"> <li>1. Early maternal death.</li> <li>2. Sent away for one year after mother died</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Not a good relationship with step mother</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Neglect</li> <li>3. Sexual abuse-father</li> <li>4. No female substitute attachment figure</li> <li>5. Malnutrition</li> <li>6. Poverty</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Sent to orphanage</li> <li>3. No contact with brother</li> <li>4. Abusive stepmother</li> <li>5. Sister left, grade 3</li> <li>6. Father-long work hours</li> <li>7. Grand-parents (maternal)-not allowed</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Sent away after mother's death</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Father alcoholic (before)</li> <li>3. Father abandoned children</li> <li>4. Sent to orphanage</li> <li>5. Lost sisters-no contact</li> <li>6. Poverty (before)</li> </ol>	<ol style="list-style-type: none"> <li>1. Early maternal death</li> <li>2. Shuffled between homes for 4 years</li> <li>3. Succession of 3 step mothers</li> <li>4. Not a good relationship with step mothers</li> </ol>	

factor and its possible consequences that matters. For example, abuse or poverty have the potential to severely change an already traumatic situation into a disastrous one.

Buffers, on the other hand, are defined as “internal or external forces that help children resist or ameliorate risk” (Fraser, 1997, p. 3). For several of the participants, a present father or another loving adult were significant buffers (see Table 6). For those who did not have these buffers, other things such as religious beliefs or siblings provided a measure of protection from the tremendous risk experienced by these girls.

However, totaling risks and buffers and comparing the totals does not seem necessarily to predict resilience. Resilience is ambiguous, hard to define. As an innate character trait rather than one rising from the interplay of risks and buffers, it may be better understood or explained, though still somewhat unclear. In the face of very grave risks, some children seem to wondrously prevail. The mathematics of their risks and buffers do not seem to predict ultimate poor or favorable outcomes. The whole character of such a child seems to exude resilience. But what is it? How can a researcher define, pinpoint, and subsequently measure so dubious a construct?

Table 1 (in Chapter 2) lists common risks and protective factors of childhood. Among my study participants, the most influence was likely from family, social, and neighborhood risk and protective factors. Of particular interest for this study were the presence of a caring, supportive adult and a positive child-parent relationship. Indeed, the first is likely the most salient for this study, as suggested before. These two protective factors gained in importance with the deletion of one of the parents (interactive model).

The most severe risk for the participants would have been the early deaths of their mothers. The most salient protective factor, according to the conclusions of this study, was the presence of another female attachment figure. In this way, the risk + buffer equation could be considered useful—the buffer helped ameliorate the repercussions of the risk. However, if the buffer of another woman were instead to be considered a risk—if she were abusive or absent—then the additive effects of this risk and maternal loss made the risk greater, increasing the chance of negative repercussions. Competence (the ability to grieve and overcome) lessened with the addition of a more stressful relationship.

While I do believe that the literature on risk and resilience provides an excellent tool for qualitatively exploring this topic, I ultimately, however, have come to the conclusion that resilience is a construct recalcitrant to definition. Unquestionably, it was demonstrated by the participants, some more so than others. Again, it was evidenced as a gossamer quality in the interviews; one would have to have been present to detect it. But it was there. These women faced tremendous risks. They had buffers available to them. But these were not the predictor—it was, instead, their capacity to strive for resilience.

### **Limitations of the Study**

One of the major limitations of this study was previously discussed (see Chapter 4), and that was the homogeneity of the sample, in particular the age of the participants. With the exception of Layla, all of the participants were over 60 years old. This, coupled with the age requirement for maternal loss made these participants motherless children during the Great Depression. This cohort effect may have long-reaching implications for the outcomes described by these women. First and foremost, the importance of fathers to

girls who are suddenly motherless almost certainly was colored by this generation of possibly out-of-work or overworked fathers. These girls were in their tender years, and the loss of their mothers put them at tremendous risk even without the added risk of having very little time with the surviving parent.

My sample is also very homogeneous in that all of the participants were white and middle-class. Given more time, money, and participants, other factors such as race, gender, and socioeconomic factors could be addressed as they relate to early maternal loss. For example, I have talked to several men who were very interested in sharing their stories with me following their experience with early maternal death. A man's perspective may prove to be stunningly different than that of a woman; conversely, it may be stunningly similar.

Of course, inherent in most qualitative research is the limited size of the sample group, due to the intense nature of gathering data. Again, more time and money to carry on further research would allow for including more participants. More participants would make a stronger set of implications for further research, treatment options, and human relations.

This study was based on autobiographical memory (see Chapter 2). This can be considered a limitation as well as a strength. Since the goal of the study was to understand each woman's story and how her experience with mother-loss has affected her life (her meanings of the experience), the data must by definition have been gathered from the participants in a form that would allow the meanings of events to be related. A retrospective approach to each participant's life seemed the obvious way to allow this

storytelling; however, it had the potential to be fraught with issues. One issue was the extremely young age at which each of the participants experienced her mother's death. This made memory of the relationship or death possibly non-existent. Also, there was no way to control for events that might have intervened in each of their lives between the time of the death and the time of the interview. Another limitation was that there was no family history of possible mental illness established for any of the participants. Longitudinally handling this kind of data or research seems to be an obvious way to overcome many of these issues.

### **Implications for Further Research**

Research on the implications of early maternal death is severely limited, and there is much more to learn. There is more research available on mother-loss at older ages, when the child has more memories and understanding of the experience. But there is very little scholarly research available that deals with the long-lasting effects of maternal loss on a newborn or a toddler. However, attachment literature brims with notion after notion concerning the implications of such a loss. These micro-theories should be addressed and considered carefully.

The participants' data showed strongly that the presence of a female attachment substitute was the most influential factor in their development. As I have considered this finding in this study, one question remains unanswered: Would this same be true if the attachment substitute were male, provided that he were home and caring for her on a full-time basis? In other words, is the gender of the attachment figure the essential element, or is the essential element the amount and quality of the time spent with the child?

Other research questions that could be explored are:

1. How do surviving fathers see their roles following the death of their mate (considering their children)? Interviewing fathers who have suffered this kind of loss would be enlightening. Do they feel that they can share their grief and tears with their children? Do they feel that the children should have an active role in funeral rites and rituals? Does the age of the child affect their desire or decision to remarry? Do they consider the continued inclusion of maternal relatives in their child's life? This kind of research could be useful for treatment of both grieving children and grieving fathers.
2. How does early maternal death affect young boys? Do boys (below age 4) grieve the same way as girls? Do boys need an alternate female attachment figure as well? How are boys' relationships with their surviving parents (fathers) different from girls'? Do boys feel differently about their roles as siblings after parental death? Having spoken to several men who suffered early maternal death, I think that the effect would be very dynamic, even up into their twilight years. This is research that I would like to be involved in.
3. What is the rate of psychopathological symptoms in girls who suffered early maternal loss? I would be interested in knowing the rates of such things as depression, schizophrenia, sexual obsessions, and so forth in women (or men) who experience maternal loss. This would, of course, require that the participant's family history be documented, if the psychopathology was assumed to be a direct or indirect result of the death.
4. What is the long-lasting effect of early separation from both parents (such as the participants who were sent away following their mother's death) after early maternal

death? This would be a hard question to piece out of the entire experience, since it may be an exacerbating variable added on to an already tremendously traumatic experience. This situation may be better considered a vulnerability rather than a separate experience. However, using control groups and other measures, this question may be possible to explore.

5. How do women who suffered early maternal loss and those who did not relate to life events differently (i.e., having babies, getting married)? Life events or achievements could be compared between women who suffered loss and those who did not. Other variables that could be researched would be career achievement, marital success, friendships, educational achievement, and so forth.

6. How do women who were extremely young when their mothers died compare with women who were older with respect to thoughts and feelings about their mothers? With very little or no memory, how do these women relate to their deceased mothers, or do they even feel that a relationship continues to exist? And how do their feelings compare to those of women who were older when their mothers died? This question could be taken further refinement by comparing to women who were extremely young, women who were adolescents, and women who were adults when their mothers died. Such comparison would bring about some interesting insights into the handling of grief and possibly could enlighten the role that religiosity plays.

### **Conclusions**

As I have grown up and followed the life of my Grandmother, Mimi, I always was aware of a general atmosphere of malaise about her. Often she would sigh and whisper,

“Whew!” My sisters and I, being young, were amused by this as well as surprised and confused. Why was she always so tired and sad? We didn’t know, but we did know that she loved us and we loved her. Our grandfather—her husband—was the most cuddly and wonderful grandfather a little girl could have. To go to their house meant that we would be well fed and well loved.

As I got older, and after my grandfather died, Mimi moved in with us. She was an absolutely amazing person. She had smoked for all of her adult life, but overnight, she set her pack of cigarettes down and never touched another. I was impressed. She had a steel core that was visible even to my skeptical teenage eyes. Yet, she was the most delicate and fragile person that I had ever met. She spent many hours talking about my grandfather, especially his last hours before his death. But she never once spoke to me about her mother, father, or growing up.

Since she passed away, I have learned about attachment theory, and I was privileged to read the transcriptions of interviews that she granted to my father and sister about her early life and her mother’s death. I knew that she had experienced mental illness, and, after considerable thought and research, put the two (her illness and her mother’s death) together. My doctoral work has allowed me to research attachment literature extensively, and I feel that I might understand finally just the tiniest part of her personal experience.

Additionally, speaking to the participants in my study who suffered similar losses has brought me to a certain level of understanding, at least as is much as possible without having suffered maternal loss myself. The thoughts and words of the participants have



confirmed in my mind the prodigiously immense importance of mothers in a girl's life. This relationship—mother and daughter—is one that is hard to describe, explain, or generalize. But it is the first basic relationship, and if that relationship is severed through death, divorce, or abandonment, the child is set up as high risk for developmental problems. However, this risk is not incontrovertible, meaning that it does not denote that the child will ultimately suffer depression or some other mental illness. It simply establishes a tremendous vulnerability. If that vulnerability is compounded by other risks such as poverty or abuse, then the risk heightens further. The findings of this study strongly suggest that an attachment substitute can diminish these risks exponentially, provided that it is a positive and loving substitute. If the substitute is not loving to the child, if the relationship is abusive, emotionless, or there is no substitute, the risks do not seem to diminish at all and may even increase over time.

My grandmother was raised in a tiny, mountain home with many other children (her father ultimately fathered 20 children), and her stepmother was abusive and cold to her. Her risks were early maternal loss; a cold, emotionless father; a cold, abusive stepmother; and crowded living conditions. But she was resilient—she had that inner steel core. She was later to escape that home and marry a loving, devoted man. Together they had two children who grew into exemplary adults. But her early trauma occasionally proved to be too much for her and she was hospitalized for her emotional illness several times over the course of her lifetime.

In conclusion, the stories of my study participants and my grandmother have shown that maternal loss at an extremely tender age can be devastating for a child. Family

and personal meanings of the death, the buffers available to them and other mitigating factors, and continued or discontinued attachment relationships were the essential elements identified in either their healthy or unhealthy recovery from this early trauma.

***“Once we appreciate the positive significance of  
the child’s total dependence on the primal relationship,  
we cannot be surprised by the catastrophic effects that ensue  
when that relationship is disturbed or destroyed.”***

***(Erich Neumann, as cited in Hambrook, Eisenberg, & Rosenthal, 1997, p. 77)***

***“The presence of that absence is everywhere.”***

***(Edna St. Vincent Millay,  
as cited in Hambrook, Eisenberg, & Rosenthal, 1997, p. 199)***

## **REFERENCES**



## References

- Achenbach, T. (1991). *Manual for the Child Behavior Checklist/4–18 and 1991 Profile*. Burlington: University of Vermont Department of Psychiatry.
- Agid, O., Shapira, B., Zislin, J., Ritsner, M., Hanin, B., Murad, H., Troudart, T., Bloch, M., Heresco-Levy, U., & Lerer, B. (1999). Environment and vulnerability to major psychiatric illness: A case control study of early parental loss in major depression, bipolar disorder and schizophrenia. *Molecular Psychiatry*, 4, 153–172.
- Albee, E. (1971). *All over*. New York: Atheneum.
- Alexander, P. C., Anderson, C. L., Brand, B., Schaeffer, C. M., Grelling, B. Z., & Kretz, L. (1998). Adult attachment and longterm effects in survivors of incest. *Child Abuse and Neglect*, 22, 45–61.
- American Academy of Pediatrics. (2000). The pediatrician and childhood bereavement. *Pediatrics*, 105, 445–447.
- American Psychological Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
- Angell, B., Dennis, B. G., & Dumain, L. E. (1998). Spirituality, resilience, and narrative: Coping with parental death. *Families in Society*, 79, 615–630.
- Beckwith, L., Cohen, S. E., & Hamilton, C. E. (1999). Maternal sensitivity during infancy and subsequent life events relate to attachment representation at early adulthood. *Developmental Psychology*, 35, 693–700.
- Benoit, D., & Parker, K. C. H. (1994). Stability and transmission of attachment across three generations. *Child Development*, 65, 1444–1456.

- Bibeau, M. (1994). The dark side of psychiatric drugs. *USA Today*, 122(2588), 44–52.
- Black, D. (1996). Childhood bereavement: Distress and long term sequelae can be lessened by early intervention. *British Medical Journal*, 312, 1496.
- Blackwell, P. L. (2002). The influence of touch on child development: Implications for intervention. *Infants and Young Children*, 13, 25–39.
- Bogdan, R., & Biklen, S. (1982). *Qualitative research for education: An introduction to theory and methods*. Boston: Allyn & Bacon.
- Boss, P. (1988). *Family stress management*. Newbury Park, CA: Sage Publications.
- Boss, P. (1992). Primacy of perception in family stress theory and measurement. *Journal of Family Psychology*, 6, 113–119.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Boss, P. (2002). *Family stress management: A contextual approach* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Boss, P., Dahl, C., & Kaplan, L. (1996). The use of phenomenology in family therapy research. In D. H. Sprenkle, & S. M. Moon (Eds.). *Research methods in family therapy* (pp. 83–106). New York: The Guilford Press.
- Bowlby, J. (1969). *Attachment*. New York: Basic Books, Inc. Publishers.
- Bowlby, J. (1975). *Separation: Anxiety and anger*. New York: Basic Books, Inc. Publishers.
- Bowlby, J. (1980). *Loss: Sadness and depression*. New York: Basic Books, Inc. Publishers.

- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books, Inc. Publishers.
- Bragg, R. (1997). *All over but the shoutin'*. New York: Vintage Books.
- Brennan, K. A., & Shaver, P. R. (1998). Attachment styles and personality disorders: Their connections to each other and to parental divorce, parental death, and perceptions of parental caregiving. *Journal of Personality, 66*, 835–878.
- Bretherton, I. (1994). The origins of attachment theory: John Bowlby and Mary Ainsworth. In R. Parke, P. Ornstein, J. Reiser, & C. Zahn-Waxler (Eds.). *A century of developmental psychology*, (pp. 431–471). Washington, DC: American Psychological Association.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology, 25*, 525–531.
- Cassidy, J. (1999). The nature of the child's ties. In Cassidy, J., & Shaver, P. R. (Eds.). *Handbook of attachment: Theory, research, and clinical applications*, (pp. 3–20). New York: Guilford Press.
- Cerel, J., Fristad, M. A., Weller, E. B., & Weller, R. A. (2000). Suicide-bereaved children and adolescents: II. Parental and family functioning. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 437–450.
- Chalk, R., Gibbons, A., & Scarupa, H. J. (2002). The multiple dimensions of child abuse and neglect: New insights into an old problem. *Research Brief: Child Trends* (May).

- Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Los Angeles: University of California Press.
- Coulton, G. G. (1906). *St. Frances to Dante*. London: David Nutt.
- Cowan, P. A., Cowan, C. P., & Schulz, M. S. (1996). Thinking about risk and resilience in families. In M. E. Hetherington & E. A. Blechman. (Eds.). *Stress, coping, and resiliency in children and families* (pp. 1–38). Mahwah, NJ: Lawrence Erlbaum.
- Creswell, J. W. (1998). *Qualitative study and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Crittenden, P. M. (1992). Children's strategies for coping with adverse home environments: An interpretation using attachment theory. *Child Abuse, 16*, 329–343.
- Denzin, N. K. (1989). *Interpretive biography*. London: Sage Publications.
- Dilworth, J. L., & Hildreth, G. J. (1997). Long-term unresolved grief: Applying Bowlby's variants to adult survivors of early parental death. *Omega, 36*, 147–159.
- Donald, D. H. (1995). *Lincoln*. New York: Simon and Schuster.
- Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry, 41*, 819–830.
- Edelman, H. (1994). *Motherless Daughters: The legacy of loss*. New York: Dell Publishing.
- Edelman, H. (1995). *Letters from motherless daughters: Words of courage, grief, and healing*. New York: Addison-Wesley Publishing Company.



- Ellis, C., & Berger, L. (2002). Their story/my story/your story: Including the researcher's experience in interview research. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and method*, (pp. 849–875). Thousand Oaks, CA: Sage Publications.
- Fish, B., & Dudas, K. (1999). The relevance of attachment research for adult narrative told in psychotherapy. *Clinical Social Work Journal*, 27, 27–40.
- Frank, L. R. (1978). *The history of shock treatment*. San Francisco.
- Gabrielle, S. (2000). *Stressors in the parent death-child distress relation*. Unpublished doctoral dissertation, New York University.
- Gaensbauer, T., Chatoor, L., Drell, M., Siegel, D., & Zeanah, C. H. (1995). Traumatic loss in a one-year-old girl. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 520–527.
- Ganong, L. H., & Coleman, M. (2002). Introduction to the special section: Family resilience in multiple contexts. *Journal of Marriage and Family*, 64, 346–348.
- George, C., Kaplan, N., & Main, M. (1996). *Adult attachment interview*. (3<sup>rd</sup> Ed.). Unpublished manuscript, Department of Psychology, University of California, Berkeley.
- Gilbert, K. R. (2002). Taking a narrative approach to grief research: Finding meaning in stories. *Death Studies*, 26, 223–239.
- Goldberg, S., Muir, R., & Kerr, J. (Eds.). (1995). *Attachment theory: Social, developmental, and clinical perspectives*. Hillsdale, NJ: The Analytic Press.

- Grobe, J. (Ed.). (1995). *Beyond bedlam: Contemporary women psychiatric survivors speak out*. Chicago: Third Side Press.
- Gubrium, J. F., & Holstein, J. A. (2000). Analyzing interpretive practice. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2<sup>nd</sup> Ed.) (pp. 487–508). Thousand Oaks, CA: Sage Publications, Inc.
- Hambrook, D., Eisenberg, G., & Rosenthal, H. M. (1997). *A mother loss workbook: Healing exercises for daughters*. New York: Harper Perennial.
- Harris, S. (1992). *Chalk up another one: The best of Sidney Harris*. New Brunswick, NJ: Rutgers University Press.
- Harris, T., Brown, G. W., & Bifulco, A. (1986). Loss of parent in childhood and adult psychiatric disorder: The role of lack of adequate parental care. *Psychological Medicine*, 16, 641–659.
- Harris, T., Brown, G.W., & Bifulco, A. (1987). Loss of parent in childhood and adult psychiatric disorder: The role of social class position and premarital pregnancy. *Psychological Medicine*, 17, 163–183.
- Hobfall, S. E., & Spielberger, C. D. (1992). Family stress: Integrating theory and measurement. *Journal of Family Psychology*, 6, 99–112.
- Holmes, J. (1993). *John Bowlby and attachment theory*. London: Routledge.
- Jung, C. J. (1961). *Memories, dreams, reflections*. New York: Vintage Books.
- Karen, R. (1994). *Becoming attached: First relationships and how they shape our capacity to love*. New York: Oxford University Press.

- Kazak, A. E. (1992). Stress, change, and families: Theoretical and methodological considerations. *Journal of Family Psychology, 6*, 120–124.
- Kessler, R. C. (1985). *Life events in everyday experience*, Detroit area study, ICPSR version. Ann Arbor, MI: Inter-University Consortium for Political and Social Research [distributor], 1995.
- Kotulak, R. (1997). *Inside the brain: Revolutionary discoveries of how the mind works*. Kansas City, MO: Andrews McNeel Publishing.
- Kreuger, D.W. (1983). Childhood parental loss: Developmental impact and adult psychopathology. *American Journal of Psychotherapy, 37*, 582–592.
- Langenbrunner, M. R., & Blanton, P. W. (1993). Mothers' and fathers' perceptions of satisfactions and dissatisfactions with parenting. *Family Perspective, 27*, 179–193.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543–562.
- Mack, K. Y. (2001). Childhood family disruptions and adult well-being: The differential effects of divorce and parental death. *Death Studies, 25*, 419–443.
- McLeod, J. D. (1991). Childhood parental loss and adult depression. *Journal of Health and Social Behavior, 32*, 205–220.
- Meyer, S. J. (1991). *Course of bereavement and factors associated with outcome in childhood bereavement: An examination of John Bowlby's model of bereavement in children*. Unpublished doctoral dissertation, University of Miami.
- Mireault, G., Bearor, K., & Thomas, T. (2001). Adult romantic attachment among women who experienced childhood maternal loss. *Omega, 44*, 97–104.

- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc.
- Nadeau, J. W. (1998). *Families making sense of death*. Thousand Oaks, CA: Sage Publications.
- Oakley Browne, M. A., Joyce, P. R., Wells, J. E., Bushnell, J. A., & Hornblow, A. R. (1995). Disruptions in childhood parental care as risk factors for major depression in adult women. *The Australian and New Zealand Journal of Psychiatry*, *29*, 437–448.
- Parkes, C. M. (1986). *Bereavement: Studies of grief in adult life* (2<sup>nd</sup> ed.). London: Tavistock Publications.
- Parkes, C. M. (2002). Grief: Lessons from the past, visions for the future. *Death Studies*, *26*, 367–385.
- Patten, S. B. (1991). The loss of a parent during childhood as a risk factor for depression. *Canadian Journal of Psychiatry*, *36*, 706–711.
- Patterson, J. M. (2002a). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, *64*, 359–360.
- Patterson, J. M. (2002b). Understanding family resilience. *Journal of Clinical Psychology*, *58*, 233–246.
- Patterson, J. M., & Garwick, A. W. (1994). Levels of meaning in family stress theory. *Family Process*, *33*, 287–304.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385–401.

- Ragan, P. V., & McGlashan, T. H. (1986). Childhood parental death and adult psychopathology. *The American Journal of Psychiatry*, *143*, 153–157.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Raphael, B. (1983). *The anatomy of bereavement*. New York: Basic Books.
- Rosenberg, M. (1965). *Rosenberg Self-Esteem Scale*. Princeton, NJ: Princeton University Press.
- Sarafino, E. P., & Armstrong, J. W. (1996). *Attachment: The infant/parent bond: Child and adolescent development*. St. Paul, MN: West Publishing Co.
- Sedney, M. A. (2002). Maintaining connections in children's grief narratives in popular films. *American Journal of Orthopsychiatry*, *72*, 279–288.
- Sedney, M. A., Baker, J. E., & Gross, E. (1994). "The story" of a death: Therapeutic considerations with bereaved families. *Journal of Marital and Family Therapy*, *20*, 287.
- Sewell, M. (2001). The use of qualitative interviews in evaluation. Retrieved June 29, 2001 from the World Wide Web: <http://ag.arizona.edu/fcr/fs/cyfar/Intervu.htm>.
- Smith, D. (2001). Shock and disbelief. *The Atlantic Monthly*, *28*, 79–90.
- Spanier, G. (1989). Bequeathing family continuity. *Journal of Marriage and the Family*, *51*, 3–13.
- Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, *38*, 1161–1173.

Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative methods: A guidebook and resource*. New York: Wiley.

Teicher, M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286, 68–75.

Thompson, M. P., Kaslow, N. J., Price, A. W., Williams, K., & Kingree, J. B. (1998). Role of secondary stressors in the parental death-child distress relation. *Journal of Abnormal Child Psychology*, 26, 357–366.

Vaillant, G. E. (1977). *Adaptation to life*. Boston: Little, Brown.

Welsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51, 130–137.

Worden, J. W. (1991). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (2<sup>nd</sup> ed.). New York: Springer.

## **APPENDICES**





## **APPENDIX A: PREDOCTORAL RESEARCH PROJECT (EDITED)**

### **Myrtle Jane Hoops Trayer: A Biography (Attachment and Loss)**

#### **Statement of Purpose**

The purpose of this biographical study was two-fold: (a) to introduce the reader to Myrtle Jane Hoops Trayer as an illustration of the effects of maternal loss and (b) to describe and explore the utility of attachment theory as introduced by Bowlby and further researched by more contemporary scholars. The story of Myrtle's life illustrates a chronic psychopathological response subsequent to her mother's death—the loss of her primary attachment figure (possibly her only attachment figure).

Myrtle was only a tiny child (three years old) when her mother and baby sister were drowned in a flash flood just outside their home in Virginia. Myrtle was a survivor of that flood, having been taken to safety across a log felled by her father. She will be represented in a personal interpretive account—a story taken from real-life happenings, with fictive details added for interest and readability. The historically fictive account will be italicized, with discussion interspersed.

Myrtle is my grandmother, my father's mother. My sisters and I always called her "Mimi." Throughout the remainder of the account, with the exception of the fictive account, Myrtle will be referred to as "Mimi." My interest in this topic is both personal and scholarly. I have been haunted by questions about my grandmother my entire life.

I was trained as a Court Appointed Special Advocate (CASA) in Anchorage, Alaska. CASAs are volunteers who speak in courtroom situations for children in state

custody. One of our training sessions was about attachment disorders. At that time, I asked the instructor if the loss of an attachment figure when one was very young could cause resulting psychopathology. This trainer said, “Once attached, always attached.” In other words, no. However, as a doctoral student, I began reading research about attachment disorders, and I felt that I had found an answer: attachment loss has indeed been linked to a myriad of psychopathological outcomes.

## **Research Methods**

### ***Biographical Qualitative Research***

For this study, the biographical life history approach to qualitative research was employed. A biographical life history is defined as “the study of an individual and her or his experiences as told to the researcher or found in documents and archival material” (Creswell, 1998, p. 47). In doing the biographical life history of my grandmother, I took a rather interpretive approach, deemed necessary since she is not living, and cannot speak for herself. I focused on individuals in her life as they affected her and the epiphanies (events that are pivotal) that they shared.

Biographical life history, as a qualitative research method, has been described by Denzin (1989) as “the studied use and collection of life documents, or *documents of life*, which describe turning-point moments in individuals’ lives. These documents will include autobiographies, biographies, diaries, letters, obituaries, life histories, life stories, personal experience stories, oral histories, and personal histories” (p. 7). In this study of my grandmother, I used archival material such as those listed above. I wanted to capture the epiphanies of my grandmother’s life so as to understand her adult life and mental illness.

Epiphanies are defined as events that can be considered turning-points in one's life that leave permanent marks.

Biographies are criticized because they largely rely on memory: "there is no clear window into the inner life of a person, for any window is always filtered through the glaze of language, signs, and the process of signification. And language, in both its written and spoken forms, is always inherently unstable, in flux, and made up of the traces of other signs and symbolic statements" (Denzin, 1989, p. 14). As well, both the reader and the author of a biography use their own interpretation of the written life. The author and reader combine interpretations to "create the lives they write and read about. Along the way, the produced text is cluttered by the traces of the life of the 'real' person being written about" (p. 26).

### *Procedures*

I conducted five interview sessions for the study: three with my father, David Trayer (Mimi's son), and interviews by mail and telephone with my aunt, Katherine (Kitty) Starling (Mimi's daughter). All interviews were open-ended with the purpose of eliciting personal and family information about Mimi's life.

I began by interviewing my father. Each interview with him lasted approximately two hours. I then transcribed and read through them several times. I added the transcripts to the rest of the archival data that I had gathered about Mimi. I sent the first interviews to my Aunt Kitty for her to respond to. Reading them brought back memories to Kitty, to which she responded in writing. Following up the written questions, I called Kitty, and we talked for approximately one-half hour. I taped and transcribed that interview as well.

Also in my possession are old photographs of Mimi and other family members. I have transcriptions of several interviews done with Mimi in her waning years: short interviews about a specific time in her life (for example, her elopement). I have transcripts of short conversations with Mimi's half-sister, Bessie, and several accounts of her father as told by a cousin, Frazier Hoops. I studied documents and other genealogical records for facts and figures.

I was unable to obtain her medical records from the hospital where she was a patient. These would have provided, perhaps, great insight into her mental illness. However, the hospital did send information from the Admission Register showing her admission and discharge dates. The document included a memo indicating that medical records from the period of her hospitalization are no longer available.

I visited Virginia with my father to see where she grew up. We climbed through rotting, falling down cabins, climbed steep mountain hills to family cemeteries, and walked along the branch where Mimi's cabin stood when she was young (and where her mother drowned). We visited the hospital where she was a patient. We were unable to talk to her surviving siblings. However, my father filled my ears (and field notebook) with story after story. It was a pleasant and cathartic weekend for us both.

During the gathering and interviewing stages of this project, I was struck over and over by the emotional nature of this topic and this person, Mimi. Several times I considered stopping, desiring to cause no harm or heartache to my father or aunt. Both told me repeatedly that they wanted to continue and that they were also curious about the

roots of their mother's illness. We pressed ahead. An excerpt from a biography, *All Over But the Shoutin'*, written by popular writer, Rick Bragg, expresses well my feelings:

I would not have written it at all if my momma had said no. I asked if I should and I warned her that for every smile it evoked it would bring an equal number of tears. She was quiet for a moment, staring out the window of the car. 'Write it,' she said. 'I sat quiet for fifty years.' . . . *Every life deserves a certain amount of dignity, no matter how poor or damaged the shell that carries it* [italics added].  
(1997, pp. xix–xxi)

### **Myrtle Jane Hoops Trayer**

Myrtle Jane Hoops was born October 7, 1897, in Pounding Mill, Tazewell County, Virginia, to John Henry Hoops and Traysey Bell McGuire. This was a second marriage for both John Henry and Traysey Bell; both were widowed. John Henry came into the marriage with nine children—Gus, Ausker, Mattie, George, Mary, Annie Lizzie, Thomas, Monroe, and Luther. Traysey Bell had two children, Will and Emily. Myrtle was the second child of three born to John Henry and Traysey Bell, a year after Robert Lee Hoops and two years before Fannie Louise Hoops. When Mimi was only three years old, her mother and baby sister were drowned in a flash flood.

#### ***The Flood***

*Traysey Bell sat down with a sigh. So much to do. But the baby needed to nurse. And little Myrtle was so clingy. She needed some attention. She swallowed her guilt and enjoyed her two babies. The rain outside beat steadily against the cabin side, but inside it was cozy and warm.*

*Traysey looked at her small daughter. Myrtle did seem especially clingy this morning. Almost as though she was fearful. Myrtle's tiny brow was knit in a deep furrow.*

*"What's wrong, sweetheart?"*

*Myrtle looked up, startled, and leaned into her mother for a tight hug.*

*Traysey had lived in this mountain home for seven years now. Wonderful years with John. What a happy shock it had been to meet and draw the attention of John, a man recently widowed and with nine children. NINE! But they were good children, and Traysey loved them. She had been a widow herself and mother to two of her own. With John, her life had swollen with people and love. She looked at her small daughters. Where was Robbie? Oh yes, he had wanted so badly to go along with John today. All was well. She was content.*

*Pounding Mill may not have been Traysey's choice of places to live, had she ever been given the choice. But how would she know? She had never been anywhere else. As far as she knew, this entire world was just like this vibrant, verdant valley. The hills were lush and green with life.*

*Lottie stirred. Traysey looked over. Lottie's husband had died in 1880, long before Traysey and John had married. Since her husband's death, Lottie had lived with John. John's first wife, Fannie, had welcomed the help with the household and the children. When Fannie's illness kept her bed-ridden, she thanked God constantly for Lottie's warm presence. After her death, John and his mother were a constant in the children's upside-down world. Traysey loved her mother-in-law and respected her as the true "mother" and disciplinarian of her step-children.*

At the time of the flood, Mimi's paternal grandmother, Charlotte Rose Asbury (Lottie), was also living in the cabin. She did not stay with them all of the time; she spent time at the homes of her other children as well. She, of course, did not have the luxury of a car. She walked, and it was not an easy walk, as her children lived scattered between two mountains—Paint Lick and Deskins Mountain. Pounding Mill, where John Henry lived, was in the valley between the two mountains.

According to Bowlby's theory, another attachment figure—a substitute attachment figure—would make the loss of a parent much easier for a young child. Mimi was only 3 and Rob was only 4 when their mother died. They were still young and needed tender nurturance. Whether or not Lottie was able to provide that remains a mystery. But if she did, it only lasted a short while, because she also died in 1901—in October after Traysey Bell died in June.

Their father was also not likely to have been a strong attachment figure. He was not a physically demonstrative person, according to his children. Mimi said, "He was a very busy person, and he didn't take time to love us or play with us, or even talk to us. He was always busy caring for the stock."

Mimi's other grandparents, Angeline and William, may have been able to provide the children with some affection. They were rearing Traysey Bell's children from her first marriage, who had not been allowed to move with their mother when she married John Henry. The reasons for this are unknown. The children were orphans upon their mother's death, because their father had died years before. It was fortunate for them that their

grandparents were willing and able to rear them. Their perspectives would be invaluable, though unfortunately they are unavailable.

*There. The baby was asleep. Traysey put her into her own bed in the back room so that she would be able to finish some chores without waking her. Leaving Myrtle on Lottie's lap, she got started on lunch.*

*With enormous clatter, Tom came bursting in the front door.*

*"Dad says to get across the bridge and up the hill! The drift is breaking and it's full of water! Hurry!"*

*Lottie jumped up as John came charging in. Suddenly the room was filled with people. John picked up Myrtle and pulled Robert by the hand. Lottie and Traysey herded the other children out the door and up the hill.*

*With a sudden horrible lurch, Traysey remembered the sleeping baby in her bed. Without a word to John, she bolted back down the hill toward the house. Gathering her precious baby to her breast, she ran for the door. But when she stepped out, it was into a raging flood. Traysey and the baby were pulled under by torrents of water. Annie Lizzie screamed behind them. Blindly she ran toward her father and siblings. Jake, her beau, tried to stop her and grabbed her about the waist. But a sudden gush of water pulled both under.*

*Myrtle and her father watched from the hillside. With horror, John saw his wife and children swept away. There was nothing he could do. He pulled young Myrtle into his shoulder and wept. Myrtle pulled back, confused.*

*"What's wrong, Daddy?"*



*He didn't answer. She was soon wriggling to be free of his tight grasp. She ran to her grandmother who was also crying. Why? What had she done? She didn't know—she couldn't remember—but it must have been something very naughty. She cried, too.*

Mimi may have witnessed the death of her mother and two sisters. But whether she was watching or not is really irrelevant. She was there. She at least would have been a witness to the horror of the situation, and others in her family. Though she was present, she was very young, and may not have understood immediately the implications of what happened. Thus, the loss to the small children could be called an ambiguous loss.

*Where was Mother? Daddy and Grandma Lottie were still angry, she could tell. She walked about silently in tiny short steps. Maybe they would not see her and remember whatever it was that she had done. Maybe they would forget. Rob was also walking about silently. Myrtle crept over beside him and gave him a secret smile.*

*He reached down and took her hand. He led her to the corner where they sat together in their silent vigil. They stayed throughout the afternoon, watching people come and go, watching Daddy's nervous and unsure pacing, his crumbling face. It was the most frightening afternoon of their young lives. They longed for the comfort of Mother. Gratefully, they had each other. They sought out their Lottie and also Grandmother Angeline. Both were crumbling like Daddy. No one could help the two tiny souls except each other.*

Mimi's brother, Rob, did not emerge in any of the interviews as a prominent figure. I was always aware that Mimi and Rob had a strong attachment to each other. I talked to my father about Rob and his relationship with Mimi, who agreed that Rob was

certainly a powerful influence in Mimi's life. Nevertheless, he did not emerge as a prominent or strong figure in the data. It should be noted that Rob also lost his mother and was an eye-witness to her death, just like Mimi. He was only 4 years old at the time his mother died. If it is possible for a sibling to move in as a substitute attachment figure, he would be the likely one. But he had the same needs, and was probably too young to take on that sort of responsibility.

Rob died when I was only a baby, so I do not remember him. My father remembers him as "completely sweet and non-confrontational." Rob was Mimi's only full sibling, after the flood. Rob was also troubled as an adult, as evidenced by his alcoholism. According to neurological research (Teicher, 2002), alcoholism or other drug abuse is considered a relatively common response to early trauma or loss.

Even though Mimi said that she did not remember her mother, she often spoke of a dream that she had of her.

### ***The Dream***

*Soon, it became apparent to Myrtle and Rob that their mother was not going to come back. Daddy was still so quiet and pensive all the time and Grandma Lottie broke into tears so easily. Myrtle was afraid to ask where her mother was. It never occurred to the adults that the tiny girl would wonder. Myrtle was intelligent and perceptive, but she was a child, and her quiet manner was often misunderstood. Yet, she would have welcomed the truth because it would have brought her peace that comes from understanding. Rob came over beside Myrtle and whispered in her ear.*

*"Daddy says that Mother is living in Heaven now."*

*“When can we go see her, Robbie?” Myrtle was excited.*

*“No, never. Daddy says never. She’s gone forever.”*

*This was too confusing. Heaven was familiar to Myrtle. The happy place where God lives. Mom must be so happy to be there. But she would be sad to be alone. Then suddenly she brightened. The baby must be there, too, because she wasn’t at home.*

*“Where’s Fannie?” she whispered.*

*“She’s in heaven, too. Daddy says.”*

*Myrtle was pleased but her little head filled with even more questions. She longed for understanding. Rob watched his little sister and saw the confusion and agony in her luminous eyes. He squeezed her hand.*

*“C’mon, I’ll tell you a story. Wanna hear a story?”*

*Myrtle nodded and followed Rob. She cuddled next to him and fell asleep almost instantly. Suddenly she sat straight up. The house was dark and she could hear Robbie snoring softly. She was aware of someone standing by the bed. Jumping, she turned and found herself looking into the lovely face of her mother. Myrtle studied her for a long time. Mother looked so beautiful! Her long, red hair was lustrous. Her eyes were radiant and shiny; her face a resplendent sight. She was so shiny! Even her freckles were shiny!*

*“How are you, sweetheart?” She gathered her child into her arms.*

*Myrtle cried. She was so happy to see her! She spoke to her mother for a long time. Both expressed their love. They spoke as two adults together, not as adult and tiny child. Traysey told Myrtle all about heaven. Myrtle was comforted and felt happy. Where*

*childlike faith once was in Myrtle's heart, doubt and pain had taken over. Traysey restored the faith in her small daughter's heart.*

It can be assumed that Mimi and her mother enjoyed a close, attached relationship. She had pleasant thoughts of her, though she said that she had no memory of her. The nature of her relationship with her father is more uncertain, however. She did say that he was good to her. He did provide for his large family as well as he could. But they were very poor. This is what Mimi said about their lives:

We were very poor. My father was a farmer—he raised stock to sell and grew grain to feed the stock. He owned a stud horse that he traveled with. We had chickens, horses, cows, and sheep. We lived in a simple log house. It had a real rough wood floor and had only two rooms: a kitchen and a bedroom . . . we heated with wood. We also had a spring house where we got our water. We kept milk and eggs in the water to keep them cool.

When Mimi was asked to recall some of her happy experiences as a child, she responded, “We were very busy—I don’t remember any.” Her attachment relationships, after her mother’s death, seemed to drop to almost none. Her paternal grandmother, Lottie, had gone to another of her children’s houses shortly after the flood, and on her return, fell off a cliff and was badly injured. David said that she struck a tree on the way down that “tore her face off.” She was brought to John Henry’s house to recover. Mimi was there, witnessing her grandmother’s last days. Lottie did not appear in any of the interviews or archives as a major player. This is not surprising, since she died when Mimi was extremely young. I added Lottie’s story because it was likely traumatic to Mimi—an

epiphany. She would have been their mother-figure. The children were subsequently left with only a father.

### **Lottie**

*Lottie had wanderlust. This is what Will had always said. Odd that he said that because she had never been outside of Tazewell County. But she was taken with long walks—found them satisfying to her soul. She gathered wild ginseng root and other “treasures” as she walked. A twisted knot from a tree or an oddly shaped stone became a valued possession, displayed proudly on her mantle. Very often, she would take her children on “treasure hunts.” They all went yipping and yelping through the woods and fields gathering treasures of nature to return to the porch and compare. Lottie loved these walks. The children loved them, too, and loved their indefatigable mother.*

*Not long after the flood, Lottie decided that it was time to visit her daughter, Sally. Sally was one of 15 children born to Lottie and her Will. They had raised their children in Pounding Mill Branch, the narrow valley between Deskin Mountain and Paint Lick Mountain. Lottie was well-suited to life in the mountains. She was a tall, stocky woman, referred to as “handsome” by those who knew her. She had lovely, deep hazel eyes that told of her sweet nature and generosity. She loved to weave bedspreads, rugs, and carpets. Also, she loved her herb garden and fruit trees. She shared her “bounty” easily and happily with her neighbors.*

*And so it was that late in the summer, she decided to walk over Paint Lick Mountain to see Sally and care for her little granddaughter, Gracie, who was recovering from recent surgery. After caring for the baby for a few weeks, Lottie prepared to return*

*across the mountain and set out, leaning on her walking stick. Watching her mother leave, Sally got a sudden, dreadful, ominous feeling. She called for her children, Ollie and Charles, to go outside and help Lottie find her way home.*

*“Lottie, wait! We want to walk with you!” The children were well aware of Lottie’s strong nature. She would not like to have someone “looking out” for her. She gave them a broad smile, hugs, kisses, and turned them around.*

*“Back you go!” she sang, patting them as she sent them away. Then she turned and began her walk. As the children watched, she disappeared from their view into the dense morning fog settled on the mountain.*

*But as she traveled further, she regretted sending the children home. Her legs felt weak, and the path was darkened by fog and forest shadows. She was given to self-talk and admonished herself. “Good grief, girl, you’ve walked this path a hundred times. Just settle down.” Shaking her head, she continued. Soon, she was just able to make out in the distance an area that seemed to be just perfect for finding some ginseng. Impulsively, she left the path to gather some. She began daydreaming of returning home to John and the children. Rob and Myrtle certainly would have been watching for her.*

*Without realizing it, she found herself on the summit of a dangerously high caprock that ran along the crest of the mountain. She lost her footing and fell over the edge. She violently struck a tree at the bottom of the cliff and became lodged in its branches. Again, she began talking to herself. She realized that she was seriously hurt but must stay awake to summon help. “Boy, you’re in a mess now, girl. Looks like you’re hurt pretty bad. Now just holler out and the kids will hear you. They’ll come for you right*

*away. But stay awake. Stay awake now. You will be fine, they'll come for you soon . . ."*  
*She began to yell for help.*

*Down in Pounding Mill Branch, a small child heard the cries. Lou Ella Phillips was a little girl with a fascination for birds. She thought the cries were coming from a mourning dove. As the afternoon wore on, others who had heard the cries began to become suspicious. Lou Ella's older brother and father went into the woods to investigate. They came upon Lottie lodged in the tree, horribly wounded in the face. By then, Lottie was barely conscious, and her cries had become as weak as a kitten's mew. The men carefully dislodged her and carried her to a home nearby. A while later, John came and carried her home on a farm sled.*

*Myrtle and Rob became Lottie's constant companions for the next few months. The children loved the comfort of lying in bed beside Lottie in her final days. Lottie was so warm, so "squishy." This is what Rob and Myrtle said in private whispers.*

*"She's squishier than anyone."*

*"She's the best hugger because of that."*

*"Plus she's squishier than Daddy."*

*"Daddy's not squishy at all, huh?"*

*Their father was not blessed with breasts. Women throughout time have known the comfort of their soft bodies to babies and children.*

*After a few months, Lottie worsened with pneumonia, and died in October. Myrtle and Rob were abandoned once more.*

Not much more than a year after Traysey Bell's death, John Henry married again. His third wife (also named Fannie) and Mimi did not get along well. Bessie, Mimi's half-sister confirmed this, as told by my father, David.

She told me that Mother and her brother, Rob, of course, came into the marriage, you know, as step-children. And from the beginning, they liked Rob. Everybody liked Rob. But she said, "Myrtle couldn't get along with anybody."

According to Mimi, John Henry's third wife was cruel to her. When I asked David about John Henry's response to Fannie's cruelty, he said

Mother said that he did [respond], that he took up for her was sort of the way she said it. That on several occasions, she heard him physically threaten Fannie for mistreating Mimi. She told me that, but I don't think he was a peacemaker type of person. I mean, he would step in if, you know, a fight broke out or something like that. But he was not the type to try to mend relationships.

Several times, when Mimi was a small child, her cousin India took her in, to allow her to escape Fannie. At one point, Mimi got head lice. Fannie took lamp oil and put it on her head to kill the lice. India was so angry and outraged with this treatment that she came and took Mimi home with her for an extended stay. Later in Mimi's life, there were indications that the incident made a lasting negative impact. She would complain of a "funny feeling" on the top of her head. David quoted his mother's words: "I just feel something in the top of my head, it's like wheels rolling, or something," and she would say, 'I think it's because Fannie put oil on my head when I was a little girl.'" My aunt Kitty reported the same thing, adding, "Mother said the only time she had relief from that



feeling was when she was asleep.” She also said that Mimi’s older brother, Monroe, was very angry about this incident: “Mother said her half-brother, Monroe, was good to her. Mother and Uncle Monroe told Fannie if she ever did that again, he would kill her.”

The most wonderful part of Mimi’s life was her family—her husband and children. She adored them, and they adored her. On a personal note, I have never known anyone quite like my grandfather, except for his children. He was a gentle, empathetic person with the most pleasant and kind nature and a wicked sense of humor. Mimi was supported and loved by her family, yet she still suffered from depression all of her adult life. Kitty expressed this thought: “But you’d think after she had such a loving husband that that would compensate for it all.” That is the nature of mental illness, however. It is nonsensical and inexplicable.

### **Ray**

*Myrtle could hardly take a breath the first time that she met Ray. She could not believe her reaction to him! But he was so familiar, that within just a few minutes, they were chatting like old friends. He was purely fascinating. And so smart! He was kind and gentle. He was friendly to everyone. She knew that she could fall in love with him so easily.*

*Now, Myrtle loved her father. He was always a good provider to her and her siblings. He had fathered twenty children with his three wives. But John was not an affectionate man, at least with his children. He was very opinionated and argumentative. Myrtle would have given any amount of money (of course, she didn’t have any) for just a conversation with her father. But he was busy and distant. Ray, on the other hand, was*

*just the opposite. He was attentive and very affectionate. He expressed his love for Myrtle almost immediately by words and actions. He always kept a hand on her—on her waist, her arm, her hair. It seemed that he couldn't keep his hands to himself around her. And Myrtle loved him from the beginning. It was the start of a lifelong romance.*

*Ray was a loyal and devoted husband. He was a warm and tender companion. He was kind and sensitive when Myrtle had her "spells." She guessed that she must be awful to live with. He had to put up with so much! She spoke these fears to him. He always patted her hands.*

*"Dear, you are the world to me. You know that. Don't let these feelings get you down. They are simply not true."*

*It was almost a script. He spoke these exact words to her so often. But they were not at all without honesty and deep emotion. He meant it. It was almost impossible for him to be anything but honest. Ray really did love Myrtle with all of his heart. She was so enmeshed in his heart, in fact, that the thought of life without her made his chest actually ache. She was a joy and a constant wonder to him.*

*She was sure of this deep within herself.*

*Their wedding day had dawned in a Model T Ford. They had asked their friend Claude to drive them to Bristol, where they were married on June 29, 1918. Their elopement was a complete secret from all her family except for her Aunt Lou. Aunt Lou had seemed the obvious choice to confide in, simply because Myrtle's own mother was dead. It seemed so obvious, that she was a little surprised with Ray's surprised reaction. But when he saw her tears, he retreated.*

*The thought of her mother made her feel sorry and sad. Ray was startled. Strange that it would still cause such an emotional reaction. No one could ever understand or appreciate Myrtle's loss. Because it had happened so long ago, and Myrtle had been a baby, no one thought that it still hurt. But it was a hurt that Myrtle felt all of her life, a strong, hot hurt deep in her stomach. It sometimes overwhelmed her and came pouring out. She felt anger, frustration, ache. Maybe she hated her father. Yet she adored him. He didn't seem to adore her, though time had taught her that different people show love in different ways. He was so cold. He was definitely not the one to confide in. He would object. And Fannie would have been so awful. Well, awful to her anyway. She seemed to LOVE Ray. Why? She wanted to ask her so often, "Why do you hate me? What have I ever done? What can I do to win your love? You are the only mother I have!" And she needed a mother so desperately.*

### ***The Fall***

*Myrtle and Ray were happy when they first married. Ray was employed and Myrtle wanted to start a family. Ray worked at a limestone quarry, the Boxley Company. They had a camp for employees and Ray and Myrtle moved into one of the cabins. All of the cabins were alike—one level with a front porch. Each one was white, and each had an outhouse out back. But none had running water.*

*In 1926, when their daughter Kitty was two years old, Ray had an accident at the quarry. Early one morning, two women came to visit Myrtle. Myrtle saw them coming and felt a sudden clutch of fear. She ran to the door to let the women in.*

*They came straight to the point. They told Myrtle that Ray had fallen over 165 feet down a quarry wall. He had been taken in a car to a hospital in Richlands. Myrtle's face was white. She couldn't breathe.*

*"Is he . . . well, I mean, is he . . . still alive? Is Ray dead?" She could only whisper.*

*"He is very serious, but he's still alive. We must go, though." One woman stayed with Kitty and the other led Myrtle to her car.*

*Myrtle endured the long drive badly—she felt jumbled inside. She was terrified. She was sure that he would be dead before she arrived. Her rational mind could not accept that someone could fall that far and not be dead. She couldn't talk. She couldn't breathe. But neither could she cry. It was as though she were dead inside. Or at least completely hollow. Yes, she was hollow, she could feel it. She thumped her chest to hear the echo. No echo. She pounded on her stomach. Strange that there would be no sound! Her friend watched the nervous motions, aching.*

*When they arrived, Ray was already in surgery. By the time he came out, Myrtle was nearly hysterical. But the hysteria was internal—she was the picture of calm and composure on the outside. She was silent. But her head was screaming, jumbled. She saw Ray, and nearly fainted when he smiled.*

*"I'm pretty sick, honey, but I think I will be all right."*

*Myrtle nodded and kissed his hand. She was terribly distraught that he was in pain or could be permanently damaged. She was worried that he would be crippled*

*forever. It turned out that his leg and hip were crushed and he had several broken ribs. But he had not hurt his head or his spine. He was lucky that he was even alive.*

*Ray spent a long time recovering. He slept a lot, and Myrtle would watch him sleep. She counted his breaths. She willed him to stay alive. If she was diligent, he would not die, because she would not allow it. She was exhausted. Finally he spoke.*

*“When I fell, all I could think of was you and Kitty. What would you do? I thought that I was dead. I was so worried that you would have no way to live.”*

*Myrtle patted his hand and whispered her love. His face twisted.*

*“I thought of my soul, honey. How do I stand with God? How would I ever be worthy of heaven? How can I know the condition of my soul? It plagues me. I just don’t know.”*

*She looked up, startled. The condition of HIS soul? Why, of anyone on earth, he was the likeliest candidate for heaven! He was the kindest and most generous person she had ever met. He loved everyone. He truly did not have an enemy. If he knew her inner thoughts, he might have worried about the condition of HER soul. For she knew that she had bitter feelings for many people, most of all her father and Fannie. She patted his hand.*

*“The condition of your soul is lovely, Ray, you know that. I know that.”*

### ***Mental Illness***

*Myrtle sat in her chair. Her thoughts were on her family. The happy thoughts were evanescent. What made her feel this way? Why was she so miserable? She had tried to explain her sadness to Ray last night. Ray had almost insisted that she tell him. But*

*she was unable to, unable to even tell herself. Her feelings were such a jumble. She always did feel so insignificant, unimportant, small. She was unable to make enough sense of her thoughts to speak a clear sentence. She TRIED to tell Ray. He was confused, impatient. He didn't like to play games, he said. He was so tired. He would always fall asleep when she spoke to him. He did work hard and she understood. He did love her and she knew that. She did love him and she knew that. But sometimes, she wanted his undivided attention. She wanted him to feel this and know this and not have to tell him. He said that he couldn't read her mind. She laughed out loud when he said that! As though she could! It was so ironic and sad. He looked at her without comprehension. She must sound wild. Her crazy laughter rang through her mind. She wiped her tears away and looked at Ray. His eyes were liquid, the pupils hugely dilated. He looked at her with such love and desire to understand. It was too much. She turned and got out of bed.*

*"Where are you going, Sweetheart?" He spoke softly.*

*"Away. I'm leaving. I'm not staying."*

*She gathered up a blanket and pillow and left the room. She would once again spend a long, long night up and alone. She had her notebook that she could write in. She had been rereading her writings of previous nights and found that they were rambling. Somehow, it brought her peace to read them. Of course, she would have to burn these papers. What if Ray found them? She shuddered.*

*She thought that maybe she could just work this out without the help of anyone. She practiced. Square the shoulders. Look up. Stand tall. Positive thoughts. Her shoulders slumped forward. She went over to the table to write. Maybe she should eat.*

*But every bite she took seemed to grow and spoil in her mouth. She couldn't eat. She had become dangerously thin and people noticed. Her face burned with humiliation.*

*Sleep was no comfort. Whenever she was able to sleep, her dreams were disturbing and exhausting. She dreamed of her mother, her father, her stepmother. They were always there. Often, in her dreams, she was able to stand up to Fannie and say just what she wanted. It was powerful, but she didn't wake up empowered. She woke up drained. She dreamed of her father's disapproval. No, sleep didn't help.*

*She could tell that she was on a downward spiral. She had been here before and had to stay in the hospital a long time. She didn't mind this as much as the shocks. She hated that. She despised anyone who did that to her. She spit and cursed at them, but not until after they had left the room and couldn't hear her anymore. Tears spilled down her face. Her hands were tied down and she couldn't wipe away her tears. She pulled until her wrists tore and bled. She kept pulling until she heard a loud snap. She was sure that the strap had broken, but of course, it hadn't. The strap held tightly to her broken wrist. It was truly hellish and horrible. She had collapsed into oblivion, inside and out.*

As an adult, Mimi spent several months in the hospital being treated for her depression, or other mental pathology. She received several rounds of electroconvulsive therapy (ECT) while she was an inpatient at Southwest Virginia Mental Health Institution in the 1950s. According to David, it was successful.

But when [David's oldest daughter] Carol was still a baby, my mother was hospitalized. We went to see her on a couple of occasions. And the first time the psychiatrist told me he just couldn't get through. Said, 'I can't tell you anything

about it except she's delusional and . . .' Of course, all of that I could see, and he said, 'I'm trying, trying to get through so that I can try to determine what the root of her problem is.' And sometime later she had had the electroconvulsive treatments and so forth. And made just dramatic improvement. Really, I mean, just practically back to normal. And I met with the psychiatrist, and he said, 'The root of her problem . . .' said, 'I did get through.' And he said that the root of her problem was the loss of her mother at a very early age. And that lack of nourishment, I guess you could call it.

ECT was relatively new, at least in the United States, when Mimi was hospitalized. The use of electricity for the treatment of patients has a long history, however. It was first reported to be used in the year 47 AD by a man named Scribonius Largus, who treated the Roman emperor's headaches with an electric eel (Frank, 1978). The first use of ECT for mental illness dates back to 1755 in France, when it was used by Dr. J. B. Leroy to treat a patient with psychogenic blindness (Frank).

In the 1930s, in Rome, a doctor named Ugo Cerletti decided that it was time to test ECT for himself. He found a transient at a train station. The man was shaved, hooked up to the electrodes, and zapped. It seemed to produce only a mild muscle tension. Cerletti turned up the voltage and zapped him again. The poor man began to sing. Cerletti turned it up once more, saying that he would try one more time and then, "Poi basta [and then enough]." The man looked up and said, "Look out! The first is pestiferous, the second mortiferous!" (Smith, 2001, p. 75). The doctor reported that the man responded well to the treatment.



Until the 1940s, when ECT was first used in the United States, other types of shock treatments were used, such as insulin shock, metrazol shock, and curare shock. In 1940, a doctor named Victor E. Gonda first used ECT in the United States—on his own thigh. Soon afterward, the first actual patient was administered ECT (Frank, 1978). By the 1950s, when ECT was used with Mimi, the procedure was often used inappropriately and overused by most. My depiction of Mimi's anger following ECT is fictional. I do not have corroborating data to back this up. However, it was based on an excerpt from Grobe (1995, p. vii), in which a patient spoke:

As a woman who has been diagnosed with 'mental illness,' I honor the blessed courage of all women who have survived this brutal war against ourselves. In addition to surviving our 'madness,' we've had to survive the 'treatment' of our 'madness': the solitary cells, the padded rooms, the restraints, the jackets; the forced injections, treatments without consent, commitments against our will; the drugs, electric currents, brain damage; the side effects, broken teeth, spinal injuries, disabilities, deaths, unclaimed bodies buried under numbered plates; the sexual assaults, physical abuse, rapes; the patronizing attitudes, stigmatizing labels, discriminations, invasion of privacy, ostracism, isolation, alienation. The coercion. The scapegoating. The lies that are told against us, the truths that go unheard because we are 'paranoid'; the absence of civil rights, human rights, justice. The mangling of mind, body, spirit; the broken parts that never get fixed, the broken lives, the parts forever lost. The pain. The suffering. The world's rejection.

Mimi was hospitalized for different reasons several times in her life. Her children recall her hospitalizations but could not be certain if it was emotional illness or some other illness that resulted in the hospitalizations. At one point, when David was just a small boy, the children were sent to an aunt's house in Ohio when their mother was "sick." Kitty told the story:

I was worried about my mother. I don't know what was wrong with her, though, they never told us. I was just worried about her because they told us she was sick. And of course, 'you are going to stay here,' and I think we were there about two weeks. It seemed to me, you know as a child, it could've been longer. I know I was so happy when Mother and Daddy came after us and I saw that Mother hadn't died, you know, that she was OK. I was really worried about her. I didn't know what was wrong with her.

Mimi says that her emotional problems began when she was about thirty years old.

This would have been before David was born, but after Kitty. An archival interview between David and Mimi told the story.

**(I: When did you start having emotional problems?)**

When I was about 30.

**(I: How did you feel?)**

I felt bad. I was depressed. I wasn't worried about anything special. I wasn't unhappy.

**(I: What did you do?)**

I tried to fight it off as best I could. Ray helped me by being kind and

understanding and talking to me. With medication and treatment by Dr. Painter in Bluefield, I got better. He gave me medicine and talked to me. When I was about 55, I had another episode.

The medicine that she referred to was prescribed for various things and by several doctors over the course of her life. When she came to live with us after my grandfather died, she was on so many medications that her new doctor was alarmed and immediately started weaning her off of them. Kitty described her mother and the medications:

Uh huh, well you know, it was a pitiful situation. There were times when she seemed like she was happy and felt good, and then all at once, you know this depression would come on her. She would want medication, you know. She would take too much of it at times. I used to hide it from her when she was out at my house. 'Cause I knew she would overmedicate if she could. So I would hide it and try to give it to her when it was due, and she would beg me for it, say, 'Give me a pill, please give me a pill.' And that was pitiful. That touches your heart, too.

Many of the medications were for her heart, but several were for her depression. She was given barbiturates at one point and became dependent on them. She also was given thorazine.

Thorazine is still used, for instance, in nursing homes, to contain and control the patients. That does not mean that it is used ethically, just that it is used. But it is not used as often today for treatment of depression or schizophrenia. Thorazine is in a class of medicines known as neuroleptic drugs or anti-psychotics. Thorazine became known as a "chemical lobotomy" because it induced a zombie-like state in the patient (Bibeau, 1994).

Thorazine has been reported to actually worsen such symptoms as psychosis, hallucinations, and anxiety. Patients using thorazine have reported, for example, “I felt like my mind had been put through a meat grinder,” and “It was as if my whole body was succumbing to a lethal poison” (Bibeau, 1994, p. 44). David described his mother on thorazine:

Some of those early tranquilizers, uh, they did [induce a zombie-like state]. I mean, that’s an unprofessional observation, of course. But it was like they were just walking in their sleep. To me. It was a way of calming them and being able to control their behavior and being able to contain them or something like that. But I doubt that it did much for therapeutics, to help them overcome those problems. . . Well, she was sort of absent. You know how people are. They’re just sort of in a daze. And, uh, but, that was the early treatments that they were trying, I guess, for emotional illness.

Ray was, of course, the one most affected by Mimi’s overmedication. He was always a supportive husband and always gentle with Mimi. But David said that Ray “had a pretty hard time with her, . . . but he was not a complainer.” David told of one incident:

He would never say anything derogatory, you know, ‘I’m having trouble with your mother’ or ‘She’s just . . .’ He was just not that way. But I was talking to him on the phone, and I asked him how she was doing. And apparently she had not come to the phone—I don’t remember the conversation. And he said, ‘Well, right now she’s laying over there on the floor unconscious.’ Well, I said, uh, ‘What’s

wrong?' And he said, 'She's just overmedicated.' So, I don't know how common that was.

## **Conclusion**

Although to the world, her life is obscure, much can be learned from Mimi's life. She suffered much in her life as a result of the early loss of her mother, intense poverty, maltreatment from those who should have loved her, the loss of several siblings, and finally, from recurring mental illness. She is well-remembered and well-loved by her family.

As Bowlby's attachment theory has grown and evolved, the utility of this theory in exploring many aspects of relationships has become glaringly obvious. This framework has especially proved beneficial for understanding the possible psychopathological or abnormal effects of maternal loss on a child's development. It seems logical that a child's ambiguous feelings and confusion may be manifest in the adult as psychopathological mental processes.

However, extreme caution should be taken when making such an assumption. The child with attachment issues is generally faced with a myriad of stressors, which might include extreme poverty, large family size, unsafe neighborhoods, lack of social support, disability, parental depression, maltreatment, and so on. To assume a direct causality between maternal death and subsequent psychopathology in the adult child is a precarious presumption, without addressing other exacerbating variables.

Conversely, variables that may ameliorate negative potential consequences of maternal death need to be addressed as well. Another caretaker or adult who is a positive

attachment representation may be present. The child may have high levels of resiliency. There may be other protective factors at play that may not be immediately apparent. The call for individual, case-by-case exploration is sounded. Robust quantitative and rich qualitative data together can give us a detailed picture that may provide a modicum of understanding.

*“Women whose mothers died when they were infants and toddlers  
often feel incredibly disconnected.  
Their mothers live only in borrowed stories and worn snapshots.  
Frequently, women who suffered early childhood loss  
have only vague sense memories—  
how she smelled, the touch of her hand, a look on her face.”  
(Hambrook, Eisenberg, & Rosenthal, 1997, pp. 45–46)*

## **APPENDIX B: FORMS**

### **INFORMED CONSENT**

#### **Mother-Loss: A Phenomenological Exploration of the Experience of Losing a Mother**

You are invited to participate in a research study. The purpose of this study is to explore the impact of early mother loss through interviewing adult women who experienced the early loss of their mother.

---

### **INFORMATION**

As a participant, you will be interviewed at a time and private location of your choosing. Each interview will last approximately 1 ½ to 2 hours and will be held in a private area. The interviews will be audiotaped. The audiotapes will be transcribed. If you decide to withdraw from the study at any point, your audiotape will be erased in your presence. Also there will be a demographic sheet that will be completed for each participant. If you decide to withdraw from the study at any point, your demographic sheet will be destroyed or returned to you per your request.

---

### **RISKS**

There are few anticipated risks involved in your participation in this study. Participation is voluntary. It is anticipated that you might find it helpful to talk about your experiences concerning the death of your mother early in your life. However, if you evidence anxiety or other negative emotional responses to the interview process, then you will be provided with a name and a telephone number of a mental health center that provides services in your area.

---

### **BENEFITS**

The results of this study will be used only to help develop a better understanding of the impact of maternal loss on a woman's life. Data will be used for research purposes only. Data will be prepared in manuscript format and may be published in professional journals or books. The data may, also, be presented at professional meetings to assist in the educational advancement of the field.

---

### **CONFIDENTIALITY**

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless you specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link you to the study. Your consent form will be stored separately from any information you provide. All information will be destroyed after three years. Transcribing of the interviews will be done by the principal investigator, and the transcriptions will be available only to her and to the student advisor. The transcriptions and other identifying data will be kept in locked files in the advisor's office. They will be destroyed after a three year period.

## CONTACT

If you have questions at any time about the study or the procedures, (or if you experience adverse effects as a result of participating in this study) you may contact the researcher or her faculty advisor:

Catherine T. Shafer/ Priscilla Blanton  
Department of Child and Family Studies  
College of Education, Health, and Human Sciences  
The University of Tennessee, Knoxville  
Knoxville, Tennessee 37996-1900  
(865) 974-5316  
Email addresses: [cshafer@utk.edu](mailto:cshafer@utk.edu)  
[pblanton@utk.edu](mailto:pblanton@utk.edu)

If you have any questions about your rights as a participant, contact the Research Compliances Services section of the Office of Research at (865) 974-3466.

---

## PARTICIPATION

**Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.**

---

## CONSENT

**I have read the above information and agree to participate in this study. I have received a copy of this form.**

**Participant's name (print)** \_\_\_\_\_

**Participant's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Participant Identification Form**

**ID#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone number(s)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Demographics Form**

ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race/Ethnic Group \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Date of mother's death \_\_\_\_\_

Your age at your mother's death \_\_\_\_\_

Do you have any full siblings? \_\_\_ Yes \_\_\_ No

If yes, please list them, first name only, including yourself. Indicate gender.

---

---

Do you have any step or half siblings? \_\_\_ Yes \_\_\_ No

If yes, please list them, first name only, indicating gender.

---

---

Were these siblings born prior to or after your mother's death?

---

---

Do you think that any of your full sisters would also like to be interviewed?

\_\_\_ Yes \_\_\_ No

Marital status \_\_\_\_\_

Please give a brief description of your marital history.

---

---

---

**Occupation**

---

**Income bracket per year: (please check one)**

0–\$25,000

\$25,000–\$50,000

above \$50,000



## APPENDIX C: BETHANY'S INTERVIEW

*I met Bethany at her home after school. After the interview at her kitchen table, she showed me around her house, indicating pictures of her relatives and descendants. Her husband sat in the den on the couch and listened to the interview. They were both very pleasant.*

**Now we have that rolling. This is what I talk about. I just ask you to tell me the story of your childhood, your mother's death, and then talk to me about your life since.**

OK. This is how old I was when my mother died (*has picture*). I was three years old.

**Oh, you were just beautiful! Look at all that curly hair!**

I had blonde curly hair and then my aunt started giving me permanents when I was about six or seven, and it took out all of the curl.

**No kidding! You're just gorgeous.**

Thank you. This is a picture of my mother. I have another I was looking for all afternoon and then I remembered I have a collage of pictures back there. This is mother with her first husband. She was married twice, and she had my half sisters Sarah and Mary. They're twins.

**Yeah, I saw them listed on your page. They are cute, too. So this isn't your father?**

No, not that one. This is my father here. My father was much older than my mother, and he served in the first World War.

**Yeah, I was going to say, he's a soldier!**

Yes, he was a cook in France. He was quite a bit older than my mother. He was very handsome. He had green eyes. And my mother was married to this gentleman and this gentleman left one night to go to the store and never came back. So my mother proceeded to do what she needed to do which was get rid of him and then married my father, and she had these two. And then they had three girls—five girls—I'm the baby, I'm now 71. And um, when I was three, was the age my mother died in 1936, which of course was during the Depression. And at the time my mother died, before she was even laid to rest, my father left. And that left her, well she has two sisters living here. I was born in [location]. I was not born in [location]. But my mother was very sick after I was born, so my aunt when I was two came and got me and brought me down here to take care of me.

**And this is your mother's sister?**

My mother's sister.

**The one that was older than your mom?**

She was older. And so then she consequently, when she got better, she came down here to live. But she never did get well. She died at 36 of malnutrition and a nervous breakdown. My father was an alcoholic. So he did not work very much. And what money he did earn he spent on beer and whiskey and everything. So it was a hard life for her—it was a hard life for the sisters. Now, being three, I did not remember a whole lot about that. I remember only two things about my mother. One was when we were living in [location]. And we lived upstairs in a house. And I remember her screaming and hollering and carrying on. And then shortly after the police came and put handcuffs on her and took her out. But it was because she was having this breakdown that she was acting this way. And they took her to what was at that's time [name]. They've since renamed it [name], for the

mentally sick. They took her there and then they moved her out to [location], which wasn't the prison then. And that's where she died. And my aunt that raised me and her sister buried my mother. The state consequently came in and took us girls. The two older girls had already quit school and were working in the mill. There was a porcelain factory and they were working there. They were 16 when our mother died. Bertha and Mona. Mona was 9 and Bertha was 15. And they went to an orphanage. And because I was 3 and considered a baby they put me into a children's home. But that was the children's home. I stayed in that home for one year. My aunt that raised me was named Clara. And she worked at [business] that was close to the orphanage. And she came and she wanted to take me out and raise me. But because I still had a father, they were looking for him. But she did get temporary custody of me. And I stayed a year in the orphanage. The only other thing I really remember about my mother was that when she died they brought her casket to my aunt's home. You know back in those days they would bring the body to the home. People would sit up with the body and everything. And I remember them bringing the casket in, not really knowing what it was until somebody picked me up. And I was looking and it seemed probably that I couldn't remember that but I do remember saying, "Who is that?" And they said, "That's your mother." But I didn't realize what death was, you know, at three years old. I remember that part. And uh, of course my sisters, they remember more because they were older. They remember the struggle that they went through with her first husband walking out, and then marrying our daddy and him being an alcoholic and not taking care of the family. And her struggle to earn a little money and take care of us. I remember they talked about a grocery store that a colored man owned and he allowed us to stay in the back of the grocery store and let our mother clean the shelves so we could have a place to stay. Because she tried so hard to keep her family together. And so they, uh, after I stayed in an orphanage for a year and my aunt took me. Now my aunt did not have any children. So she was really like my mother. She was married. They both worked in the factory. And she gave me a good living, gave me a good Christian upbringing. She was a great Christian lady, and she brought me up in the church and taught me a lot of things that I needed to know as I was growing up. And uh I tell the

girls at my class—I always carry a handkerchief—and they’re always asking me why I carry a handkerchief. Everybody carries Kleenex, which I do too. And I said, “My aunt always told me that a lady always has a handkerchief.”

**Oh that’s nice!**

So you do remember some things that you were taught as you grew up. And I do on occasion go over to the cemetery. They had some vandals or something and they’ve kindly misplaced graves and things over there. So it’s really hard to know if you’re at the right grave when you go there.

**That’s awful!**

It is. And the office burned one year and all the records burned up. So that’s another thing is you can’t locate the graves if you don’t know where they are. And her mother’s buried there; her father’s buried there; and she has a brother buried there. So she, you know, she is there among family. Now our father came back one time when I was 8 years old. And I saw him briefly and then he left again and he died when I was 15, and he’s buried in Washington D.C.—the National Cemetery. Yeah, he was in the military. So that’s really about all I can tell you about her. It does have an impact on you, I know. I sent a card to a friend the other day whose mother had died. And I said that it was very hard to lose your mother. And my aunt died in 98. My husband and I took care of her for 20 years. We brought her to our home and took care of her and she died at 90. And I said I felt like I had lost two mothers. Cause she was more like a mother to me than my real mother was.

**Those were probably hard years taking care of her, but a lot of rewards.**

Oh yeah. Very much so. And she was a very quiet lady. You know, she didn’t want to get in the way or cause you any trouble or put you out any way. You know a lot of women



aren't like that. (*Laughter*). She definitely was a lady, and that's how she behaved.

**I bet your mother was too.**

I believe she was. She was one of 15. Their mother had 15. She had a set of twins and a set of triplets out of that 15. But out of that 15, she only had 6 to survive to adulthood. And there were three boys and three girls that lived to be adults. Five of them married and had children, and one Uncle Harold who stayed with us, he never did marry, so he didn't have a family.

**So your sisters were, you said they were 9 and 15, your full siblings? (*She nods*). So there was quite a space between you and your next sister. And then your twin sisters.**

Well, they were 18. They had quit school at 16 and were working but they were 18 when our mother died.

**OK. Have these girls over the years talked to you much about your mother?  
Growing up, did you have contact with your sisters?**

Yes. They lived here. All four of them. Two of them have died. One died in October of 2000, one of the twins died in October of 2001. One lives in [location], one lives in assisted living down west, one of the twins. They'd be about 86 now, I think. No, you know, they never really talked a lot about our family. The only thing I picked up from them, the two girls above me, Bertha and Mona, was the bitterness they had for Daddy, because he left. And they felt like that he was the reason our mother had died. And so one of them, she has really really harbored the bitterness that she has with him, and the anger. And she has had 7 children of her own, and she has raised them and has a deep

relationship with her children and her grandchildren. And I think a lot of that, even though we want to have that, I think a lot of that has to do with us not having our real parents.

**Now they weren't living with you, you and your aunt, were they?**

No, they were in the orphanage. Uh, Mona stayed in the orphanage, well they both, Bertha and Mona stayed in the orphanage until they were 18. Then they could get out. So they stayed a long time.

**Do you feel that way about your father, that your sisters did?**

Well, I don't know him enough to really . . . I guess I don't have any love for him, because I didn't even know him. I can't say that I'm angry at him, cause I didn't know him, you know, didn't really know enough what was going on to be angry. And uh, I guess that having my aunt coming into my life took away the hurt that I had about losing . . . the real deep hurt that I had about losing my mother as they did, see? Because they were sent to an orphanage, they were separated from Daddy and Mother, their sisters. And at that time, when we would go down to see them, you know? They wouldn't let children go in to the ward, so they would have to walk out to the car to see me. And here I was the little sister, the baby. My aunt could go in to the building and visit with them and then they would come out with her to see me. And you know they had all that hurt, losing their mother and their daddy, and their sisters, whereas with me I went into a . . . after a year I went into a very loving home.

**You're lucky.**

I am, yeah I am very lucky. And uh, my uh, not locating my daddy, you know my aunt, she couldn't adopt me until he was gone, until he died. And she still had the desire to adopt me so even after I had married my husband, she adopted me.

**Wow!**

Because she wanted me to feel that I had a real mother and daddy living, I guess, I don't know. But she did, she adopted me.

**That's so sweet.**

So I was very fortunate, more fortunate than they were. And they knew the things that went on in the home, which I really don't remember. I remember more like I say of her crying and her screaming. And not really knowing why, cause you know at 3 years old. I've had children and grandchildren, and they don't realize what that means at 3.

**Was your aunt married?**

Yes, uh huh.

**Her husband—was he like a dad to you?**

Yes, very much so. He kept me out of a lot of spankings. (*Laughter*) When she thought I deserved one, he would talk her out of it. And they were very close to our children too, just like they were their grandparents.

**That's wonderful! How many children do you have?**

We had Rick, Rick was born in 52, and George was born in 54, and Angela was born in 59, and Ethan who lives next door was born in 66. Our daughter Angela died at 4 ½ years old. She had cirrhosis of the liver, and died in October 63. And our son Rick died in May of 1999 of multiple myeloma. Cancer of the \_\_\_\_? And he had two sons, and his son Harold is in the Army, stationed in [location]. Then he had Marvin who would have been

26 in July. Marvin died at 10 weeks, Rick was in the service stationed in Germany and he had a trauma birth and had a blood clot go to the brain. And our son George has Brad. Brad is 26, he is in Okinawa leaving for Iraq on February 29<sup>th</sup>. He's single. And then Ethan next door has Russell who will be 9 on next Wednesday. And Carole will be 6 in August.

**You have little grandchildren!**

Yes! Old grandchildren and little grandchildren, yes. I do. And Harold has a little girl, Jessie. Jessie's 2. So we have a little great grand daughter.

**Oh how nice!**

Yes.

**That's wonderful! So you said that your sister has 7 children and really really had a close relationship with them. Do you think that could be a direct result of the trauma?**

Oh yeah, oh I think so, yeah.

**Do you think that about yourself also?**

That I'm closer to my family? Yes. Yes.

**Was this something that you thought about actually when you gave birth, when you were having your family?**

Well, I knew that when I gave birth to them that I never wanted to be separated from them. I prayed that the Lord would let me live to raise them. *(Crying) (She*

*looks at the picture of her mother)*

**She's really pretty. I interviewed a lady that had a picture of her mother holding her and she said, "Look! She's looking at me." She was very small when her mother died, and she said, "I didn't know if she liked me or not."**

Yeah! Yeah, well so did I. Well I know how the girls would talk about how she had malnutrition, too, because what food came in she would give to us. You know, she wouldn't eat so that we could eat, especially me being the baby. She wanted us, and during the Depression she wanted us to be able to eat and be sure . . . And of course they said most of the time it was beans and cornbread, you know! But at least it was something to eat. Sustaining. And but there wasn't any milk in the house because I had rickets because of not having milk and everything and her not having the proper nourishment that she needed when she was pregnant. So, uh, I think a lot of hard things came out of that, you know. It's just a terrible thing to have a death in your family. I think anyway, it's the worst.

**Oh absolutely.**

Because you think of your children burying you, you don't think of burying your children. And your parents, you think of them like, well, you love them but they're your past. And your children are your future, because you see things in them and in their children.

*(Pause)*

I saw about a guy in the paper who lost his mother and he said that it was the hardest thing on earth, and that he had struggled with it for all of his life. It is the hardest struggle for him was his mother.

**I think it is, and I was talking to a nurse, and she said that, interestingly enough, the thing that most people say right before they die, and particularly men, is “Mama.” Isn’t that interesting?**

Yeah. Is that right?

**Yeah. Even grown men, that’s the last thing that they utter. I would love to know how men handle this, and I hope to some day study that, too!**

Yeah, that would be interesting. And you know, when you speak about men, too, I think that little boys are really closer to their mom. They love their daddies but they’re really closer to their moms. I know our boys when they wanted something that their dad would say no to, they always come to me and work it out with me before they went to him!

*(Laughter).*

**My boys do that too.**

And our little grandsons next door do the same thing with their mom. So I think they do have a good relationship with their mom. I think I had that with my boys. I have strived for that, yes I have.

**And the men . . . now even though you had a fabulous father, you know, the father that adopted you, your father left and then your mother’s first husband left her. But it didn’t leave any repercussion as far as when you were dating, when you were getting married, and that sort of thing?**

No. No I never thought about that.

**You never knew your father, basically.**

No, I never knew him either.

**Now your aunt, did she talk to you at all about your mother or her death? That was her sister, right?**

I remember I was going to call her "Mother" and she said "No, you had a mother. I'm your aunt and I'm raising you like my child but I want you to remember that you had a mother. And that I'm not your mother. I didn't give you birth." And so I called her "Aunt Clare."

**Is that CLAIRE?**

C-L-A-R-E. It's not a real known name. My uncle's sister had a child and they named her Clare. That's the only two really. No, that's one thing, we just never did talk about our

past. They would never tell us anything. I had a cousin that lived in Iowa. One of the girls comes through here and they have a home in Georgia. So they come through here and stop here and she had a brother will stop here. And this summer when they got here, I had the family Bible. And we got it out looking at it, cause their mother died when they were small. Um, they had a sister, well there were five of them and then there was a baby born that the little girl was five, and then another baby was born and the mother died in childbirth. And their father married and they had a mean, mean stepmother. They were very mistreated. And they say the same thing when they come through that they don't know anything about the family because nobody would talk to us, wouldn't tell us anything. So, as far as finding out anything. My sisters might know more but they've never told me. They just never talked about it.

**But you have the family Bible that she kept?**

Yeah, uh huh. Well that was my aunt's. And I have it.

**OK. And you have pictures.**

This is all I have and except the one picture that I have of my mother hanging on the wall back there, too. See the last place we lived, when they took my mother off, so my sisters say, we had a trunk full of pictures. And some other things. But because my daddy had not paid the rent, the landlord would not let us have that trunk out of the house. They wouldn't let us have anything out of the trunk, so they obviously destroyed anything that was in the trunk. And my aunt had this picture, and she had, uh, the picture that I have back on the wall. And then my sisters had this of our daddy, a little one, and then they blew a big one like this up. I got to have one.

**I'm glad that you have a picture to hang on your wall of your mother! That is so sad to think of all those treasures . . .**

Yeah, because they said that there was lots of pictures in there, and there was other things that our mother had, little things that she would wanted her girls to have. But they didn't, of course, I guess they didn't know then to try to get it or . . . I'm sure they didn't have any money to go to court. If they didn't have any money to buy food, they sure didn't have any to go to court. But you'd think that she could have emptied the stuff out and let them take the pictures and things that were in there. So that's all we ended up with from our mother and daddy.

**I'm so sorry, but I'm glad you have that. You said that you are Baptist. Over the years, uh, were you raised Baptist? How did your religious beliefs help?**

Definitely, because they gave me hope that I would see her, and get reacquainted with my mother. *(Crying)* So I can see her in the future. And even more so, my faith has grown



stronger, I'm closer to the Lord. All we have to look forward to is hope. I know that I cannot bring my children back, I cannot bring my mother back, or my aunt, but I can go to them. And I'm ready to go when it's time. You have to be ready. Cause my aunt took me to church, she raised me in the church. I was saved when I was 12 ½ and I knew from that day I would see my mother again.

**Did you ever have a dream about your mother?**

No.

**OK.**

Now, see I dream about my aunt. I think it is because I didn't really know my mother, you know? It's sort of like, well she was here and then she died and I didn't get to know her. I don't know. But my aunt, she was such a big part of my life when I was growing up that I do have dreams about her.

**Spending three years with someone . . . it's so sad that those memories fade. Because you had three years with her.**

Right. You know we went to France when my husband retired from the Air Force, we went to France (*tape turned over, lost the story*) Do you remember things that happened in your life before you were 3 years old? No, of course not.

**No, I don't have memories of then, isn't that sad?**

Yeah. See, the things that I do remember about my mother are the harsh things, them coming after her, taking her out, things like that. And we were all crying. She was crying. And then I remember that casket, even though to look down, I cannot tell you what she

looked like. You know, I looked down, but I can't remember what she looked like.

**And it was so different in your mind that you even asked who it was.**

Yeah, I said, "Who is this?" And they said, "That's your mother."

**Do you remember your response?**

No. No I don't remember that at all. It's just that, you know, we weren't used to having that in the house. And everybody was quiet, kindly tiptoeing around. It's not like the funerals today, people are talking and laughing like it's a party. But back then, they were very quiet. Very reverent. I wish I could remember more but I don't.

**Well, I appreciate the memories that you have of her. I'm sorry that it makes you cry.**

Well, a lot of times they're tears of joy, too. Tears are really really different. You know, Jesus wept, so that's why He gave us tears. And I've had so many people die. It's hard! You can't help but cry!

**I wasn't saying you shouldn't cry.**

I understand that, I understand that. I have just had a lot of people in my life die. Right from the beginning. I've just experienced death a lot in my family, people I love.

**I know that you've had trauma in your early days, and sounds like your aunt rescued you.**

She did.

**She probably had no idea then the good she was doing at that point. But it's just been proven over and over that if someone moves in and takes over, especially for a little person, that needs the love, it just saves you.**

It really does.

**So, you're a lovely lady, and you're an excellent example of somebody that has been loved in spite of a hard beginning.**

A really hard beginning. My husband knew that, you know, he's says a lot of times, "You're so darn independent!" And I say, "Well, my mother died when I was 3, and I had to fight to make it then, and then I married you and you were in the service and you were gone a lot. I had to be independent to take care of myself and the children. And then the children died, I had to be strong to go on." And take care of the other children, you know you try to like the older boy, he was just 2 years younger! And of course, he had difficulty! They had a difficult time when their little sister died. You have to minister to your children too, when you're trying to come back yourself. So I said, "I think that I have had to fight all my life just to make it! I guess that's why I am so independent."

**You've shown that you're gutsy!**

You know, when my aunt was trying to take me out of the orphanage, they were anticipating closing that orphanage, so all those children were going to Nashville. So see if I hadn't gotten, if she hadn't gotten me out when she did, there's no telling what could have happened. They might have placed me with somebody else. I may have never have known my own family. So it was in God's plan that she would take me and that she would raise me.

*(Interview ended with niceties.)*



## APPENDIX D: SAMANTHA'S INTERVIEW

*Samantha invited me into her kitchen, where she asked if I would mind if she ate breakfast first. While she ate, she called her older sister, and wanted me to talk to her. I took huge amounts of notes, and then arranged to call the older sister from my home so that I could tape her own words. I arranged to call her on Sunday following this interview. After I talked to her sister, Samantha began talking and started crying immediately. Soon it became apparent that she had begun talking about her early family so I hurriedly turned on the tape recorder. I will edit part of the beginning for content, as household business was also going on during the first of the tape.*

Daddy was a football player. There is his trophy. I have a sweater. He played for Central.  
*(Showed me the sweater)*

This is, that's Daddy, that's his Daddy, and uh, that's Aunt Mildred, Papaw, Aunt Em, Uncle Albert, this is the one I was telling you about. And Aunt Robbie, that was all of Daddy's brothers and sisters.

**OK.**

That's Daddy in his older years when he gave me the C sweater. And that's Central where he went to school, and he was a big football player. And we all look back and get the articles and typed it up. We've been going back to the archival pages and got the football rundown where his things were in it where he was playing football. And there's some of the old cars. I thought that was interesting.

*(Continued to look through pictures, voices are hard to hear with rustling papers.)*

I thought that old stuff was interesting.

**I think so too.**

But I'm going to find the stuff for Mother. *(More shuffling)* Tiny was Big Mammy's

mother. It was my mother, Big Mammy and then Tiny. She stayed with Tiny (*her sister*). And what is so strange—they lived close but couldn't see each other. When Freda was born, they lived on [location], and Uncle John had to live a donkey to [location] to get the doctor to come back. The doctor rode his horse back to take care of Freda being born. And you wanted to know how Mother's death had affected me? And I told you I wanted to help children. And that's stuff the parents have sent back to me. (*A folder of letters from parents*) So I have made a big, big dent in other children's lives, made their lives better. And I always wanted to make everything bigger and better and happier. It started out I wanted to help my own children. I went to work and they were having to stay with people. They weren't in day cares. But I quit working at Levi's and Jeff was in the army. That was right after we'd gone back together. And I started selling Avon, and Veronica went with me to sell Avon, and uh, so none of our children have ever been in day cares.

**How many children do you have?**

I've got four, and I have one little boy that died.

**OK. And are they all girls?**

Yes. Here is a picture. That's Veronica, Chastity, Freda, and Heather, they were born Veronica first, Freda second, Heather third and Chastity was fourth. That's me, that's my husband.

**Good looking family. What do you remember about your early life? Do you remember anything about your mother?**

No.

**OK. Do you remember—your sister said . . .**

The only thing I remember, I remember something about us going to Mom and Pop's, it was right before Freda had to go to school. And that was the night Mother killed herself. And I remember something about us riding in Pop's car. I call him Pop instead of Papa Daddy.

**Thank you for saying that because I was wondering who you were talking about.**

That was the, my mother's parents. And I call her Mom. But I was excited in getting to go to the farm and I was excited getting to ride in a car. It was a big deal getting to ride in a car. And, uh, that's all I remember. I don't remember anything about the night it happened. But I do remember them taking me and holding me up and said, "Tell your mommy good-bye." And I leaned over and held her hand and kissed her and I said, "I want my Mommy!" And they said, "Honey, your mommy's in heaven." And so I remember and then I remember being at the funeral and when they started to bury her, Daddy was, they couldn't bury her because he was hanging on to the casket. And saying, "No no no." And so they took me away. I don't know whose house I went to but it was either my grandmother's, my aunts, or I went home with Daddy, I don't know where I went. And then we stayed one aunt, all of those women I showed you that were with Daddy—we'd stay with one for a little bit and then another one a little bit and then another one a little bit. Daddy was having to work 16 to 18 hours a day because that was in 44, and that was when the war was really booming with Japan. And the railroad was really—they had to be there. Their jobs was just as important as if they'd been on the front. Because they was shipping stuff over to the war. And so we hardly ever saw Daddy. And then, we had to go to this orphanage at [location], I don't know the name of it. But I can remember being there, and it was really sad. I would sit and cry and want mother really bad. Freda kind of made friends, but I didn't want to make friends, I just wanted my mother. And I can remember I wouldn't eat. And this was when I was Aunt Hattie's house, before we went to the orphanage. And I wouldn't eat anything, and they kept hollering at me, "Sammie, gal, you've got to eat!" And I would drink a good sweetened

grapefruit juice and that's all. And I can remember Uncle Albert saying, "If you don't eat, you're going to be sick." But I just didn't want it. Aunt Hattie had five kids, Aunt Mildred had 7, so you add 2 more on to those, and it was just too much for them to handle.

**Are you talking about you and Freda?**

Yes.

**Where was Louis?**

Louis stayed with Mom and Pop from the very beginning. Louis had a good life. He, he had Mom and Pop—they would have taken us too, they told us they would. And they tried to get Daddy to let us stay with them, but he said, no, that he wanted us. But Daddy kind of thought Louis was not his child. But Louis was Daddy's child. They are a whole lot alike. And uh, uh, all of the Pattersons have a severe weight problem—Louis had a severe weight problem. But we stayed up there. The only happy thing I can remember at the orphanage was it was an old resort place where there was mineral springs and people used to come there. After it got old, they made this orphanage out of it. And I remember sleep-walking and I went up to the boys' sleeping area, and they caught me two or three times. And I wouldn't even know I was out of bed. And so they started locking the doors so I couldn't go into that area if I started sleep walking. But I can remember Daddy coming up there. I was sick and he came one time. But he brought us a bushel basket of apples, oranges, fruit of all kinds, candy of all kinds, but he sat there sobbing as hard as we were. We was both holding on to him begging him to let us go back home, and he said, "Girls, I've got to work, I can't." And he was crying as hard as we were. So people just pulled me and Freda both away and said "Girls come on now, you hug and let your daddy go." So that was the last time we saw Daddy for about a whole year. So then Mother was gone, Daddy was gone, Louis was gone, and just me and Freda. And I felt like I was a bother because I was the little sister—I was always tagging along. And I felt like she didn't



like me because she had to take care of me. But she said that it was not that she didn't love me, it was just that it was such responsibility. She said she had to accept responsibility, but as far as I know they were good to us at that orphanage. But Freda was dropping those apples and oranges out to those boys in the, on the lower floor. They'd be out hanging out their windows catching them. And she'd be up hanging out our window, and I'd be screaming at her, "Freda, quit giving all of our candy and fruit away." And she said, "Daddy told us to share it." And I said, "Yeah, but you're just giving it to the boys." And that's basically all I can remember there. And one day Daddy came and got us, and he said "Life's going to be happy again." And he said, "I've remarried, and so we're going to have a home again." So when we got back to the house, I remember her being up on the porch or something and he took us up there and said, "Go over and kiss your new mother." And so she leaned down for us to kiss her on the cheek. She did not hug us, say "I love you" "I'm glad I'm going to be your mother" nothing. And Daddy told us we was supposed to call her "Mother." So I always called her "Mother" but she was mean to us from the first week.

S's daughter: She was there the night her mother shot herself.

**Oh, she was?**

She was in the car waiting on Daddy to come in to get us. And a

S's daughter: And a sheriff as well.

It was a detective. And Jack, my husband after we got married, he worked down in East [location] at an electric service company. And he uh, talked to the guy and Jeff said that he was as crooked as uh, yeah. He said uh, the man would do anything for a dollar. And he said, "Sammie, your mother was framed as sure as the day is long." That that man would do anything that you would pay him to say he saw. You could give him an extra

fifty, whatever you wanted on the papers . . .

**This was the detective?**

The detective. See this was years later. And see he didn't even know Jeff had any contact with that.

S's daughter: See the situation at that time her father had come in with Molly in the car waiting on him.

**Molly is the stepmother?**

S's daughter: They came in with the detective to tell my Mom's mom that she was an unfit mother and that she was guilty of infidelity. Because there was a person who he had actually brought into the house as a boarder. And there was no infidelity going on but he brought this detective in, he had evidence of it, blah blah blah.

**That's why he thought Louis wasn't his.**

S's daughter: That's why he thought Louis wasn't his. And she said, "OK, let me go change my clothes." Cause it was at night, so she went in the other room, takes out a gun, and shoots herself.

**Mhmm. So Molly at that time was seeing her father.**

Yes. And Daddy admitted that to my grandmother, Mom. She said, "I want to ask you something and I want the truth. Wasn't you dating Molly while you and Hope were still married?" And Daddy said, "Well, we never dated." He said, "We went out to eat or we'd have coffee together, or something like that." Well, that's a date.

S's daughter: Molly also slept with 2 or 3 of her father's brothers.

The father's brother's children. And she enticed them.

S's daughter: They were 13, 14.

And she had had sexual relations with her own step-father. He would pay her, so she would do it to get the money. So she found out that there was money to be had through her stepfather. And then Daddy being the railroad man, and Daddy made good money and having to work all the hours he had to work. So she thought well he'd be a good catch. Her first husband had died.

**Now how old were you when they got married?**

I was 6. And uh, or maybe 7, I don't remember. But I hadn't started to school yet. I think I was 6. But we just never got along with Molly from day 1.

S's daughter: She turned them into her slaves. Mom more so than Freda.

Yeah. Well, Freda was sent away, she did, Freda had to do the same jobs I had to do, but she left in about three years. Because Freda looked exactly like Mother, and I look more like Daddy. So she sent Freda away to school and then I became the Cinderella girl. When I came home from school I changed my clothes, I started cleaning. And I started at the living room, and you worked your way through. I learned real quick how to clean. And then after I got the house cleaned up, then I had to cook supper, then I had to give, after the children were born, I had to give all three children their baths every night. I did washing on a wringer washer, and hung the clothes up. I got up at 5 in the morning, and we had to heat the water in the washing machine to wash the clothes in. And I had to carry the water from the cistern, I had to carry two five-gallon buckets of water at a time

to fill the washer. You had to pump it out of the cistern and carry it around to the porch and that's where I did the laundry. And I did the laundry for six people. She would sit and file her fingernails, she always had to be Miss Prim and Proper. And she would never help with the work. And she started telling Daddy--how much of this stuff do you want me to go in to?

**As much as you want to.**

Uh, if she saw a dish dirty, now I was in the third grade, if she saw a dish dirty, I got a whipping. I mean with a razor strap. And then I have come in from school and there would be switches that would lay all the way across that table, two of them, and I would get a whipping with both of those switches, for something I'd done. Now I was in the 3<sup>rd</sup> grade. I had to make the bed in the morning before I left. She never got up to help me get off to school. Daddy uh, he was on the morning shift, he would get up and he would fix the fire. And he was always sweet to me and hug me and tell me I was pretty and stuff like that. And so uh, then she wanted to get him away from me on that morning deal, where we had time because she didn't want to get up that early. And I had to catch the bus about 7. And I had to walk about 3 blocks to catch the bus to go to school. So, uh, she made us change schools, because she didn't want me to go to the same school Louis went to. So I had to go to [school] so she made Daddy change to work night shift, so I couldn't have that morning time with him while she was asleep. And then, Daddy had to take us, or we would have to walk or pay to ride the bus to [school]. Then I'd get on the bus, ride back, sometimes if I didn't have bus money, I would walk from [school] back home. Which was probably how much, Chastity, 10 miles? 5 miles? A long way. And one time I was sent over there at [school] and Papa Daddy drove by and he saw us, and we'd been threatened if we had anything to do with them we were really going to get a whipping.

**By her? By Molly?**

Yeah. And so he stopped and I started to run to him and Freda said, “No, no Sammie, we’re not supposed to, we’ll get a whipping.” And I said, “I don’t care, I want to go home with him.” And Freda said “No Sammie, we’ll get a whipping.” And so he saw that we weren’t going to come to the car and he said he cried and the bus came and we got on the bus, and he pulled on out and went home. But I just missed my other grandparents, and my mother, and then Freda was sent away, so Freda was gone, Louis was gone, my whole family had just been pulled away, and there I was with the wicked witch of the north, east, west, or south, whichever one the wicked witch was from.

**Did your Dad know that she was whipping you?**

Uh, not for a long time. And she would tell him stuff that I had done and Daddy wanted to make us mind, wanted us to be good, but he would whip us when she had told him something but then he got wise to the fact that she just wanted him to whip us every time he saw us. Or me, Freda was gone. I didn’t uh, see Freda for about third grade, when I was in third grade, she was never back home to live. She was always in school.

**So she left at 13?**

Uh, I don’t know. Ask her. And uh, I just know I was about the 3<sup>rd</sup> grade.

**And how long did you live there?**

Til I was about 14. I ran away when I got to the 4<sup>th</sup> grade. I’d just had all the abuse I could stand. And I hated the woman, she hated me, she hit me every time I walked her, uh, for something that I had done that had caused problems. She’d kick me, she’d pull my hair, she would throw stuff at me. I mean, it was just constant. And she’d make me lay down across the bed for her to whip me with that razor strap. And that thing hurt! And all I wore were dresses, I didn’t wear pants back then. And I would crawl across the bed and

get under the bed and she would shove the bed over and yank me by the arm back up there and make me lay down on the bed again. And whip me again. And so I just had all I could stand!

**Did she whip her own children like that?**

Gosh, no! And we had an outside bathroom. And I had run out to go to the bathroom, and when I had to pee I had to pee quick. And I think it was first thing in the morning of something. But, I was just pulling the door shut, and her little boy was two or three or four, two I guess, I don't remember. He got his finger mashed in the door, because I intentionally slammed the door on his finger.

**That's what she said?**

Yeah. So I got a whipping with the razor strap again. And uh, I never had a bed of my own, they each had their own beds, but I had to sleep with one of them. And it would usually end up all four of us would be sleeping in one bed because all of the children loved me.

**OK. I was going to ask you if you all got along, and if you stay in touch still.**

Oh, no.

**You don't stay in touch.**

No. They were very mean to Daddy, they did to him just the way they did as he got older.

S's daughter: They'd been indoctrinated with that though.

**But that was there father right? They went against their own father?**

Yeah.

S's daughter: He was locked in a bedroom, at the time that he died. He wasn't allowed to make phone calls. He would sit in his room with a pad of notebook paper and a copy of the Bible. He wasn't allowed out to eat at the kitchen table with them. And that was because of . . .

He clicked his false teeth together. And his son had killed a man and been in prison. And he's a real weirdo. Daddy got him out of prison, and Daddy paid for everything for that house, the running, the all of it, the food, Teddy didn't do anything, he wouldn't work. But Teddy said "It bothers me, Daddy sitting over there clicking those false teeth together." He said, "It makes me want to throw up." Said that Molly told him that he's going to have to stay in his bedroom and she'd carry his tray of food to his bedroom and he sat on the side of the bed and ate. He was not allowed TV in his room, she had a TV in her room, she had a phone in her bedroom. He couldn't have a phone in his room. And then there was another phone in the living room. And Daddy would get up and slip while she was still asleep and call me early in the morning before she would wake up. And when Teddy got put in prison, we heard on the news, Jeff heard it at 6:00 that Teddy had been caught for shooting a man.

S's daughter: In front of his wife and little child.

And so I called down there and asked to speak to Daddy. And uh, so Daddy came and was telling me about it. And so Daddy loved chili, and so I said, "Daddy, I'm going to fix you a big pot of chili, and I'm going to bring it down there to you tonight ." And so I went out and bought the stuff, bought big packs of cheese, fritos, sour cream, everything you could want to put in chili, and took it down there to him, and made a gigantic pot, and

poured it out in one of her pots. And uh, she wasn't very nice to me while I was in there. And then the next day I called to see how Daddy was doing, and asked Daddy how things were going, and he was trying to tell me, and Daddy was crying while he was trying to tell me about it. And she screamed out, "It is none of her GD business what goes on down here!" And I said, "Daddy, you call me when you can call me. I will never call back down there again." But I got side-tracked. Back to when I was **running** away. She sent me downstairs, and I was terrified of the dark, and it was a big dirt area. Daddy had him a workshop down there. But there was no lights that you could turn on and the flashlight didn't have any batteries. So I had to go down there in the dark about 9:00 by myself. Maybe it was 8:00. And it was like in October, the end of September when you could still wear summer things. I had a little pinafore on that had the little you know ruffle. And then it was a little dress part here (indicates) and had worn that to school that day. But during the day it was warm but at night, after it got dark it got really cold. And she sent me down there to **find** blackberries. So I went down there and I had to shake them to try to figure out what was blackberry juice, what was the whole blackberry. She was wanting to make a cobbler. And so I kept shaking them, setting them down, shaking them, setting them down, so I thought I had the right thing, I took it up there to her. And she wiped it off and said, "No this is juice, I need whole berries." So I had to go back down there. I went through the same routine. I just set that jar up, I was shaking them trying to figure out what was what. And I went back up there, and I'd picked up the same jar I'd taken the first time. And she told me I didn't go back down there, but I did. And she said, "This is the jar I had the first time." And uh, she said, "I'm gonna beat the hell out of you." She said, "You didn't even go down there." I set the jar down on the counter, now this was 3<sup>rd</sup> or 4<sup>th</sup> grade, I don't remember. And she said she was going to beat the hell out of me. I said, "Fat old bitch, you're going to have to catch me first."

**Spunky little girl.**

S's daughter: From the woman that doesn't cuss.



*(Laughter)*

Uh, I didn't cuss then, but her. But I can still cuss her. No, I've forgiven her. But I took off running in pitch dark. I was scared to death, I was freezing to death. I had to go through probably 3 acres of woods to get to the road cause I couldn't go down the road cause she could see me. She started running after me but I could outrun her, and she turned around and went back home. And I was going to try to go to my aunt's house. And I was freezing to death, and I didn't have any money, and I was scared. And I went up to this house, and I said, "Would you care to loan me a quarter?" I was crying. And he said, "Honey, why do you need a quarter?" And I said, "My stepmother is being mean to me, I want to go to my aunt's house." And he said, "Who is your stepmother?" And I told him, and he said, "Who is your Daddy?" So he called Daddy on the railroad, he went into the other room, he told me he would get me the quarter. Uh, but his wife was having to hunt it for him. And while they were hunting the quarter, he was in there calling the railroad and they had to get in touch with Daddy. And then Daddy called him back, and his wife had come in there and she had put a towel or something around my shoulders to get warmed up with. And she fixed me something to eat. And then, the man came back and said, "Honey, I called your Daddy and he's getting off from the railroad. And he's coming home." And I was so, they hugged me, and I was still crying, and they were very nice to me. And I was afraid Daddy was going to whip me for running away. And so when Daddy got there, he grabbed me and started hugging me, and he said "Sammie, I'm sorry, I didn't realize you were having problems." And the man told Daddy the stuff I had already told him. And so he said "We gotta go back home." And I said, "Daddy, I don't want to go back home. She'll just keep on beating me and stuff." And so he said, "No, I'm going to have a talk to her." And then we went home and um, she had two big long switches across the table. And they was that big around (*indicates*) and that was what she was going to whip me with for running away. And uh, we walked in, and she started on to Daddy, she went to get the switches. And he said, "Molly, you lay those down. You don't whip your own kids, and you're not going to whip her." And so they got into a fight then. And

Daddy hugged me and told me to go on into my bedroom and he told me that he would take care of it. And uh, so I didn't get a whipping, but I went on to bed, and the next day. I would never stay out of school, because I knew that if I stayed out of school I would have to work hard like Cinderella. I was literally Cinderella. And she would buy good clothes for the other kids, brand new about three times a year. And all I got was hand-me-downs from my three older cousins. And so Daddy didn't know that. So she took care of the buying and he gave her the money. He thought she was buying me clothes too. So uh, she would . . . Daddy then, was working for the railroad. The war had ended in 45. So he wasn't able to work as many hours like he was at the railroad. So he had a caterpillar. Daddy liked to do farm work and he had 40 acres of farm down there. And uh the farm was in Mother's name only.

### **Your mother or your stepmother?**

No my mother's. And so uh, life went on, she was supposed to be paying the taxes, she was taking care of all of the bills, Daddy was running the caterpillar. Other people wanted him to work for them. He would pay them so he thought he was bringing in extra money to help out. But all she was doing was she was encouraging him to keep working so he had no contact with me. So I never saw him. And then things were really bad. She'd, I mean, she'd change the kids' diapers—there were no pampers in those days. She'd change the kids' diapers, roll them up, threw them in a bucket outside, and lay there maybe a week. And then, summer or winter, she'd say, "Samantha go wash out the dirty diapers." So I'd have to take a, go pump out the cistern a five-gallon bucket of water, take those poopy diapers that had laid there, slosh them up and down in that to get the poop out. And I did that for at least 4 years or five. And then I had to do the laundry, wash on Saturdays, and um, I loved washing. That didn't bother me. I loved doing the housework—that didn't bother me. It was just her being so, she was always calling me ugly and stupid and "don't think you're so cute in that dress." And I wasn't fat, but she was constantly telling me I was fat, and my hair looked shaggy and uh, looked like a wimp and a street

walker, just all kinds of bad names. And she would still smack me across the face or uh, if I would drop something, she would shove me across the room, stuff like that. So when I was in the 7<sup>th</sup> grade, it was like I had had all I could stand, I couldn't take any more of it. So she had been on to me about, and this was during the time she was having the affairs with the young nephews, and I knew about that and I wanted to tell Daddy. But I was afraid to. And so one day I was at school and I studied hard, I made good grades, I was in the Beta Club. I liked school. I worked in the school lunchroom so I could have lunch because she was supposed to be giving me lunch money and she wouldn't do it. So I worked in the lunchroom and this day there was 3 floors of the school, and I started down to go to lunch, and I thought, "I just can't stand any more of this. I'm just going to leave." And so I walked outside the school before I started crying. I didn't want anybody to know I was having problems at home. I never told any of my friends, I mean from the first grade on. I never told them I had a stepmother who was mean to me, my mother had killed herself, I just kept everything in. And so that day I walked down [location], I think it was, and I was going to the store out there to get me a Mound candy bar—chocolate always helped. And I stopped and got me a candy bar and a coke. And I started thinking about Mom and Pop and I thought I know they live out here somewhere but I don't know where. I had not seen them since Mom had died—I had not been out there. And I knew they lived on [road], and Mom had been sending me money like a dollar or two dollars a week. Or five dollars, whatever, so I had spending money. And she'd just send it by a girl that lived out there, and she gave it to me. I'd always keep it in my shoes. And so I started walking out there, and I got on [road], and I thought, "Which direction do I go?" I knew they lived somewhere off [road]. So I just happened to make the right turn, and I started walking and it was probably 10–15 miles. I'm not sure. Oh those long walks. I walked a lot. But I always prayed and kept asked God to help me find [road]. Not [road], that's where Jeff's mom lived. I can't remember. But anyway, I knew the two roads where Mom's house was. And they had a big farm, beautiful farm. And I saw that road, and I started screaming, "Thank you God, thank you." And I started running and I knew I was going to find my grandmother. So I went on running as hard as I could. I didn't know how

far it was, but I knew that was the road. And then I saw the barn, and remembered it, and I saw the house, and I tried to run even harder. And Mom was outside with a big collie dog. His name was Key. And she hadn't seen me since I was a little girl. And I was crying. And she looked over at me, and she said, "Sammie? Is this Sammie?" And she started crying and so she ran over to me and put her arms around me and was trying to calm me down. And I couldn't say anything. Then I said, "Mom I need you." And she said, "Come on honey, let's go in the house, and I'll fix you something to eat." She was always an excellent cook, they grew all their own food and canned it and froze it. And she got me calmed down and she said, "Now tell me what is going on." And I told her and she said, "That Ernest! I'm going to kill him. He assured me you all would not be abused." So she called Daddy at the railroad and she said, "Ernest, I need you to get off from work right now and I need you to come to my house." And so Daddy got off, he asked her, he said, "What's wrong?" She said, "Sammie is here and she's run away from school. She's very upset." She said, "You have not been doing what you assured me you would do." And so Daddy came and came over and hugged me and he started crying. He said, "Sammie, I didn't realize all this stuff was happening to you." I said, "Well, Daddy, I never could see you, I couldn't tell you." Because he was at work when I was at home. So he hugged me and said, "Everything's going to be all right." And I said, "Daddy, I don't want to go back." I said, "That woman is a witch." And he said, "I will have to agree with you." So Mom said, "After you get through eating, we're going to have a talk." And by then Pop was home. And so Mom and Pop both had a talk with Daddy. And they said I was welcome to go there, and live. Daddy said, "Sammie, what do you want to do?" And I said, "I want to live with Mom and Pop." So I had to go back home and stay a while. But I was allowed to call Mom every day from school. Molly couldn't find out. And so, Daddy and her got into it again about her mistreating me and she was telling him, "She's just telling you a bunch of lies. Why are you falling for them?" And Daddy said, "No I don't think she is." And so I stayed there I don't know how long, and I went to live with Mom and Pop but I'd already started dating Jeff before this happened. We could go to church together but that was it. And Daddy would be at church, and one of the children had to

ride in the car with me and Jeff. So then I had support from Jeff, too. And he wanted to kill the woman. He hated her. And so she wouldn't let me go out with Jeff until I asked my Daddy, which meant I wouldn't get to go do that night, because I had to wait and ask my Daddy. So she was doing everything she could to stab me. And so then I went to live with Mom and Pop and life was great. I never got whipped or hit, or talked smart to. And she was just an angel on earth, and let me tell you, she was like a lawyer. She would stand up and talk to anybody. And up until she died, she kept up with politics. She was big into politics. And uh, I stayed there with her until Jeff and I got married. And I lacked one month being 17.

**When you got married, did you think of your own parents' marriage or your dad's remarriage at all?**

All I was thinking about was getting out on my own. I thought life would start out good again. And I knew I would be a good mother.

**Right. I was going to ask you when you found out you were going to have children, did the thought of your own mother . . .**

*(Crying)*. Oh, my OWN mother has been with me everyday of my life.

**That's wonderful.**

Every day. But I would never talk about it. I would never talk to Jeff about it. I never talked to my own girls. But I would always think, "Mother, I know you're my guardian angel." And uh, I'd talk to her a bunch. But the night, it was September or July, I was in bed in my bedroom. And she had never came to see me here. I just talked to her in Heaven. And she was in white angel clothes, real soft, flowing, and she just kinda, she didn't walk she just kinda swooshed. And she was at the foot of my bed. And she just

swooshed up there to me and she said, "Honey, I don't want you to worry. Everything's gonna be OK." And she just swooshed back to the end of the bed. And I was sobbing. And I said, "Mother, please don't go away." And she just swooshed back up again. And she said, "Everything's going to be OK." And she went back, just one swoosh. She didn't, I was still crying, "Please don't leave, I need you." And she came back one more time and told me that everything was going to be all right. And then she just evaporated. And that was like 4:30 in the morning. I was a sobbing mess. And I had to get composure before the babies came in. I put powder and stuff and make-up on my face and eyes so the parents couldn't see. I had gotten my composure by 7:30. But that was still really eating away at me. And Chastity calls at what, 10? And she said, "Mom, we're going to have to go ahead and get your surgery." She said, "[Insurance] is cutting back, and you may be dropped." So, I started sobbing on the phone with Chastity, told her what had happened, and what did you think?

*(To Chastity)(can't hear her)*

And she said, "Mama, she is trying to reassure you that everything is going to be all right." And I told Veronica, and she said the same thing. I was wanting to wait for my surgery until I was 65, because I didn't want to lose time with my babysitting. So I said, "Chastity, can we wait til the end of August?" Then I would have children, four who would be graduating. And I would just had two I had to worry about. And I had a waiting list ready to come in and I could just put them on hold until I got through the surgery. So we went to the obstetrician and he said that I did need it done and I was going to have a bladder tack. I was getting to the point I could hardly make it to the commode at night. So in September, I went in, told I would be back at work in 6 weeks. But they couldn't do the bladder tack, they said I had to have a complete hysterectomy. Then uh, do you need all of this? So then, I had to go, that was real simple, just heart crunching. And they couldn't get me to wake up or something. I don't remember what medical problems there were. I came home and recuperated from that. I got two weeks, and I was just real anxious to get the other surgery over so I could go ahead and get my daycare started back. And then



November the fifth, I had to go back in the hospital to have it done. Would you tell her about this? (*To Chastity*)

S's daughter: She was fine but she had lost a lot of blood during surgery, so Will had donated a lot of blood, had it prepared for her. And they didn't think they would have to use it. But then two days later they were preparing to do a blood transfusion. They called me to the hospital. When I got there, she was laughing, joking. Said, "I'm just kind of tired, I'm just going to lay down." Well it was 4 in the morning so I didn't think a thing about it. And an hour later, she said, "I just don't feel right. I feel strange." She'd went into atrial fibrillation. And then she lost all function of her left side. They couldn't get her out of atrial fib, no matter what they did. They moved her to a cardiac floor, they defibrillated her, didn't work. She pretty much crashed. She had a blood pressure of 60 over 30, so she should not have been able to cognitively remember anything. She can tell you what the physician conversation was. She said that she was watching everything that was going on. She was upset.

They were talking about their SUVs, having brake problems or something. I kept thinking "Doctors, get your mind on that."

**Now had you had a stroke?**

S's daughter: Stroke and then M.I. But she had lost so much blood.

**Do you think that because of seeing your mom that maybe you were able to pull through that better?**

Uh, while they were working on my I could still hear them talking, and I kept trying to wiggle my fingers, anything to let them know I . . .

*(tape recorder turned off)*

*(New tape started)*

K. And they were looking at monitors. They weren't looking at me. And I was trying to move my head—I was trying to move anything but I was strapped down. I couldn't do anything. And I wasn't completely out. And they started doing those chest compressions and it was like I just left. I mean it was like my whole body just went away. And I went to heaven and I was, there was something beside, I don't know if it was a big river or a big ravine. But there was a big distance between here and here. Over here there was the prettiest clouds. Those big fluffy clouds. The sky was so blue. And I saw two very dear friends that had died and they were really special to me. One died when she was 104 and the other one died when she was 84. And they had on gowns like Mother had on. And they looked down at me and, oh! They were laughing and happy. They said, "Oh, Sammie, honey, are you coming on over?" And I didn't answer them. And I was thinking I would like to go on, but I've got all the girls' scrapbooks caught up but I don't have Mark's caught up. And I kept thinking, "Mark's scrapbook is not done, and I've already bought the stickers and stuff. Mark can, Veronica can finish it." And I looked over this way and there was Daddy. He had just died in February before this had happened. And Daddy and I got very close while he was in the hospital for a year before he died. So I could go and see him every night. And I did, except in bad weather, and during the winter when it got dark early. But I looked over to this other cloud, and there was Daddy. And he looked at me and he said, "Well there's my Sammie girl!" And he always called me that from then all the way up, he still called me his Sammie girl. Every time I went in the hospital room, he'd say, "Well, there's my Sammie girl." And that's what he said to me. And I kept thinking that I really wanted to go on, but Mark's scrapbook's not finished. And so the next thing I knew I went crashing back and it seemed like when I hit, they was doing those chest compressions. I wasn't really out enough, and boy it hurt. And um, so when they got through, first thing I couldn't see. Bill was standing over the bed, and he was smiling, and I could see his pearly white teeth, and he was holding my hand. He said, "Sammie, guess



what? We're blood brothers now." And he was just laughing but I was crying. And I couldn't hardly breathe because of I was crying over the near death experience. Should I have gone on or should I have stayed? Then I heard Chastity, and I said, "Why is Chastity crying?" And Chastity said, "I'm not crying, I've got some problems." And so then Heather came up to me, she was holding my hand, she was happy. And she said, "Mama, why are you crying?" And I said, "I can't talk about it now. They just hurt me. We'll talk later." And so I had to say very few words. But I didn't know then they had been out in the hall sobbing. Because when they was running down the hall with me I had no idea I was—they said I was cold. And they started running with me and I thought, "This must be serious. They've never run with me on a buggy before." I thought, "I better be praying—I might be gonna die!" And I prayed every day of my life, but I thought just for a last minute thing I better start a prayer and ask God to forgive me of all my sins, and let me come and live with him in heaven. And bless my girls and their husbands. And my grandchildren. And let them know I love them. And I said, "I'm happy to go." Then they got me in there and started all that work on me. But, that was one job coming back from that. It was rough. But I told the doctors about that, and the doctors cried. They said they'd had other ] patients that had done that, and I said, "Well I didn't know if you would think I was just an old quack, or if you'd believe me." And one doctor, he sobbed, and he held my hand, and said, "That's the sweetest story I ever heard."

**So you saw your Dad and your friends but at that point you didn't see your mother?**

No. And I didn't see my little boy that died.

*(Picture showing of people she saw).*

When I saw them *(the friends)* they both had white hair but they looked young. And they were both smiling, just real happy.

**That's a great story. I like it a lot!**

So then I stayed in the hospital for days and days and days and then came home and it was a very rough recovery.

**Is there anything else you'd like to add?**

I'm a survivor. Freda is a survivor. We got an innate sense of character from our mom and daddy both. They were both really good people. Daddy's mother died when he was about 6 years old. He had a really rough life. He was out selling papers on [street] at 6 years old. And his mother died of cancer. And they had a boarding home—his mother took care of 13 boarders plus her five children. And her husband, Daddy's Daddy worked for the railroad. We have a long line of railroad people in the family. And he was a very smart man. He could figure with—there was no calculators then—he had to figure in his head how many pounds of stuff could fit in a box car. And he could do it to the point. And his wife took care of the boarders, so that's where Daddy got the idea of having boarders, where this man was living in their house. But the stuff that was in the paper was not true. Daddy had told me that he, when he heard the shot, he ran in and caught Mother falling. And he held her. And it says in the paper the policeman did. Daddy had a rough upbringing. He was like we were—he was kind of on his own. And then after Mother died, he was terrified Molly would do the same thing. And he went through hell to stay with her for fear.

**Is Louis still living?**

Yeah.

**Do you have contact with him?**

Yeah, he's—we're not real close but we talk on the phone, he gets me Christmas, birthday presents.

**Did he and your dad make peace?**

No. No. He wouldn't even go to Daddy's funeral. And he, to spite Molly, he sent a 50 or 75 dollar bouquet of flowers to Daddy. And he hates Molly with a passion. He says, "That old bitch. I hope she dies the most horrible death ever."

**And is she still living?**

Yeah. At the funeral, I didn't even sit under the tent where the family sits. I stood outside with my girls, because I didn't feel like I was part of the family.

**Now, your sister said that sometimes she forgets and still calls Molly "Mother." Do you ever do that?**

No. No. I hated calling her Mother when I had to. But after we were out together, sometime this was when I was maybe in 6<sup>th</sup> or 7<sup>th</sup> grade. I had introduced her to somebody and said, "This is my mother." And then, she met somebody, and she introduced me to them as "Ernie's daughter." So she didn't acknowledge me as her daughter. And I kept thinking, "Why do I have to call her Mother if she doesn't acknowledge me as her daughter?" And the things she did to me. I would call her Mother when I had to but usually I would just ask her the question without calling a name.

**You said at one point earlier that you felt like you had forgiven her.**

After Daddy died. I prayed hard. I hated her guts up til then. But I knew after I nearly died, I knew I had to forgive her. And I sat here one day and wrote on a pad every bad thing that she had done to me. And I pretended that she was sitting in the chair, and I would look at her and say, "Do you remember that?" And I told her a whole bunch of things. And then I prayed about it and asked God if he would take that away from me—the

hatred I felt for her. And just take her out of my mind, my life. And I don't think about her any more. And uh, her son won't have anything to do with her. The one that killed the man, he's down there living with her. He plays like the good son that's down there taking care of her. Nobody else will. But I don't call her—I don't send her Christmas cards. She was in the hospital when Daddy was in the hospital. They said she was having a heart attack, and they was afraid she was going to die. And I didn't even go one floor down to see her. I saw Daddy, and I told Daddy I was sorry she wasn't my mother. And then at the funeral, I made no acknowledgment to her. And she hollered at me as we was walking out of the cemetery, and she hollered and said, "Sammie!" And I turned around and waved at her and kept walking. I didn't go back to talk to her. And at the hospital, she was in there everyday. As soon as I got off from work at 5:30, I would go pick Freda up at the bus, we would stop and get Daddy something to eat, uh, a hamburger or whatever he had told me that day he wanted. Then we would go on up there, and Sherrie, their other daughter, would do the same thing. Well that day, I had gotten up there and Molly had been dismissed from the hospital and so she was in Daddy's room. And we walked down there and I heard her in there talking to him, and I said, "Freda, we're not going in there." We turned around and came back home. And I called Daddy and said, "I'm sorry. We came to see you but the old battle ax was in there." And I said, "We turned around and came back home." But he felt the same way about her. And her own children feel the same way. They, uh, Sherrie has not talked to her, had anything to do with her, she hates her as bad as I did.

**That's sad.**

Yeah. I could not imagine me hating my children or them hating me. But she has no friends. I told Sherrie, when she asked me if I wanted to go see her mother when she was in the hospital, I said, "Sherrie, I'm sorry, I don't want to go." And Daddy didn't say a word. And so later, we were talking, and I said, "Sherrie, I will not be there when she dies. She is not my mother." And I said, "I will give you my sympathy but it will mean

nothing to me when she dies.” So after I prayed about it, did a little writing and talking to her, telling her exactly what I thought she was, God hadn’t forgive me for some of the words I used when I was talking to her. But now she’s just the old battle ax to me.

*(Pause)*

But, I love to talk to people who were here and who knew my mother.

### **Knew her personality.**

Yeah. But there, one of them that’s left is 90 or 91, and she can still talk about her, but everybody talks about her with love. I’ve never heard anybody but Daddy say bad things about my mother. Everybody says she was the sweetest, kindest person. She was a very clean housekeeper. And I work my butt off to get this, and she did too, to get it clean. I try to always spring clean, I try to fall clean. Every Friday, I used to, I don’t have the energy anymore. But I try to make sure when I was doing everybody’s laundry, that all the laundry was done by Friday, all the beds was changed; the house was vacuumed, dusted, uh, I washed the windows at least once a month. And cleaned the refrigerator, I was a robot.

### **You got that from your mother?**

Yeah. Plus being the slave for Molly. But Freda said we both inherited the kindness and wanting to do the happy things. Always wanted Saturday and Sunday to be free to do fun things. I mean, fun things was going to the Hyatt Regency and riding the elevators up and down! And stopping at that soft-serve ice cream place at Central. To art galleries, to the library, they all loved the library. I tried to always encourage them to read things, keep something to look forward to. I would tell them one weekend what fun thing we was going to do the next weekend. For holidays, I always went all out. I’m a pictureaholic. I’ve got all their memories, and now I’m trying to put them in scrapbooks. I have all my goals I’m trying to get met before I die again.

*(Laughter)*

*NOTES: After the interview, she showed me around her house, pictures of her family, several of her collections, and talked to me more about her mother. We went back to the kitchen to gather my supplies, and she gave me a hug. She was still crying, and said to me, "I got over my son's death, and my husband's death, but I can't get over my mother's death."*

## VITA

Catherine Shafer was born in Oak Ridge, Tennessee, on September 25, 1956. She was raised in Tennessee, Massachusetts, and Alabama. She graduated from Bradshaw High School (Florence, Alabama) in 1974 and subsequently attended the University of North Alabama (also Florence), transferring to Brigham Young University (Provo, Utah) in her junior year. She graduated with a Bachelor of Science degree in Child Development and Family Relationships in April of 1980. In 1995, she began a Master's program in Early Childhood Special Education at the University of Alaska, Anchorage, receiving her Master of Education degree in 1997. She is currently pursuing her doctorate in Human Ecology, with an emphasis on Child and Family Studies at the University of Tennessee (Knoxville).

Catherine has been married for 26 years to Melvin Ernest Shafer, Jr. Melvin (Shäf) is a retired Army lieutenant colonel, and he teaches ROTC at Gibbs High School in Knoxville. During his Army career, the Shafer family lived in Utah, Georgia, North Carolina, Alabama, West Germany, Kansas, Alaska, and Tennessee. Catherine and Shäf are the parents of five children: Nathan, Noah, Seth, Nephi, and Emily. Nathan lives with Joelle Howald in Florida, and Noah is married to Katie Cruze, rounding the family out to nine. Catherine is eagerly awaiting the birth of her first grandchild, a boy, in October 2004.

Catherine is currently an adjunct instructor at Pellissippi State Technical Community College.

5897 7108 3

04/06/05  MAB 