

ANTECEDENTS AND CONSEQUENCES OF FATHER'S GRIEF AND BEREAVEMENT: A SYSTEMATIC REVIEW

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ABSTRACT

Fathers, as men, are closely related to stereotypes of masculinity initiated by their social environment that they should remain solid and rigid and "should not" express their feelings under any circumstances. This study applied the PRISMA method for a systematic review to uncover the views, feelings, and other psychological characteristics of fathers who lost their child(ren) amid masculine stereotypes. Some studies showed that fathers felt sadness and grief while pressured by the stereotypes they had acquired. Fathers' grievance happens after their children or offspring die, mainly caused by illness. In the first few years of their loss, the father reported showing prolonged grief symptoms, insomnia, depression, and post-traumatic syndrome disorders that heighten as the years go by. Their relationship with their surroundings also worsens. These findings could differ due to differences in backgrounds, such as financial, social, and cultural ones.

Keywords: *Fathers' grief, fathers' bereavement, systematic review, antecedents, consequences*

1. INTRODUCTION

Death is unavoidable to every individual regardless of gender, place of residence, assets owned, and age. According to UNICEF (2023), by 2021, 5 million children under 5 years old will die. These deaths happened as the result of diseases, like pneumonia, diarrhea, and malaria, in addition to premature birth and intrapartum-related complications. From 1990, when it was 93 cases per 1,000 births, to 2021, when it was 38 cases per 1,000 births, the global under-five mortality rate dropped by 59%. Based on data attached to the World Health Organization [WHO], in the world in 2020, there were 2,372,095 newborn children died, 3,788,952 cases of death of babies under 1 year old, 504,382 children aged 5 to 9 years died, and 364,109 cases of dead children aged 10 to 14 years. This will certainly leave grief to the families concerned, including the grief felt by the child's father and mother.

According to Buckley et al. (2022) one of life's most stressful events is the death of a loved one. It has long been linked with a higher risk of impaired health, especially in surviving spouses or parents. Physiologically, life circumstances that create severe distress are associated with increased cortisol secretion. This enhancement potentially increases cognitive arousal. As a result, it can lead to sleep disturbances, mainly in those with prolonged grief reactions. Grief is an intrinsic process related to the loved one and a common life experience. Nevertheless, grief is impacting psychological and social well-being (Stroebe et al., 2007; Castro & Rocha, 2013). A

study suggested that the death of a loved one was the most commonly reported traumatic event (Maia & Resende, 2008; Castro & Rocha, 2013). Research by Castro & Rocha (2013) showed that people who experienced loss less frequently had a strong association with Complicated Grief (CG) and Post-Traumatic Stress Disorder (PTSD). Individuals that have suffered loss more frequently (including parents who have gone through many hardships in their life) are better able to adapt to the sense of loss so the relationship between CG and PTSD is weaker.

A parent is a father and/or mother who takes care of a child. Fatherhood in the traditional perspective is associated with the role of being the sole breadwinner. However, in today's world, ideal fatherhood has expanded to include fathers in an active parenting role (Marsiglio & Roy, 2012; Petts et al., 2018; Hutapea, 2022a). Research conducted by Petts et al. (2018) showed that fathers who stick to masculine standards are less active in their children's lives because they do not aspire to the new position of the ideal parent. Fathers who join to traditional masculine notion may underestimate the importance of their involvement in fatherhood. Therefore, their level of paternal engagement is relatively lower than males who are less manly. Fathers who see traditional concepts of masculinity as a less prominent aspect of their identity, on the other hand, may be more likely to see their fathering role as a central aspect of their identity, increasing the likelihood of instrumental and expressive parenting and decreasing the likelihood of harsh punishment.

If we draw an outline from a study that has been conducted on the case of suicide attempt survivors with male participants in Hong Kong, one of the reasons men do not want to share their problems with others is because they want to appear strong in accordance with the stigma of "men must be masculine" that continues to linger in the minds of the social environment, as well as feeling that not everyone understands the position and feelings of the participants in the problems they are facing. These individuals dealt with suicide attempts by suppressing memories with their masculine energy. They assumed that if they did not feel sadness then they were able to regain their identity as strong men who were able to protect their families from another suicide attempt. This is similar to using denial as a means of self-protection. They view themselves as protectors and they assume men need to sacrifice themselves to protect their families (Chan & Cheung, 2020).

One recurring conclusion in masculinity studies is that men are less emotionally expressive than women (Doucet, 2006; Dermott, 2008; Jones et al., 2019). This relates to dominant expectations from the surrounding social environment about 'being a man', as a result, some men may be hesitant to disclose their difficulties with others, including professionals. When it comes to emotional problems, some men admitted that they found more masculine ways to cope. One way is to avoid interacting with others, even their partners, in order to seem macho (Robb & Ruxton, 2018; Jones et al., 2019). This can lead to a decline in a man's (father's) state of mind which can lead to alcohol and substance abuse (Ashbourne et al., 2013; Jones et al., 2019).

This systematic review study aims to find out what fathers with masculine traits go through and feel in dealing with grief due to the death of their children due to various variables, as well as adding to the body of knowledge on fathers' grieving over lost children.

2. RESEARCH METHOD

In this review process, a scoping review method was utilized to find literature from diverse sources that were pertinent to the specified study topic. This involves establishing research questions, seeking professional advice on conceptualizing the study's subject, selecting relevant

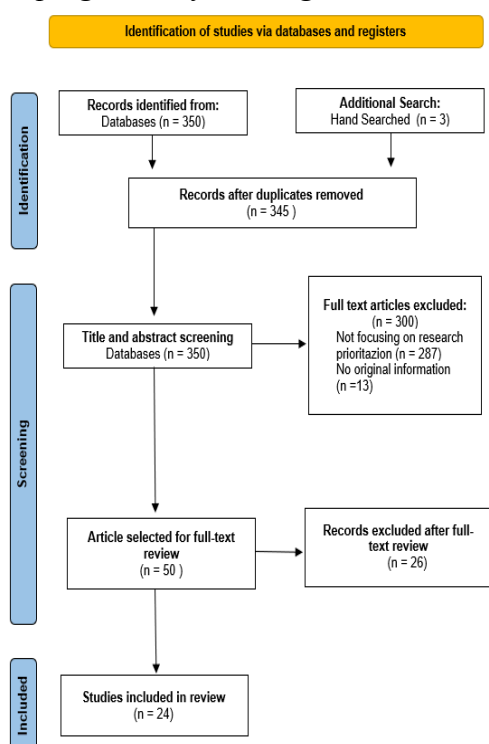
search terms, creating items for data extraction forms, reviewing the literature, using key terms to search for related studies, selecting research, organizing the data, assembling, summarizing, and reporting the findings, and, if needed, discussing with stakeholders about the study's conclusions. The Scoping review involves several steps, including;

Step 1: Defining the research question

The question that led the review was "What kind of antecedents and consequences does father grief have in the context of masculinity stereotypes?". A literature review is defined for the sake of this study as a synthesis of research that seeks to map the literature on the issue.

Figure 1

Scoping review flow diagram



Step 2: Identifying and selecting relevant studies

We used the keywords “father's grief”, “father's mourning”, “child death”, and “child suicide”. Then, using a database search that has been listed, choose the titles and abstracts of the selected publications and then receive papers that can fit into the inclusion criteria for this systematic review.

Step 3: Selecting studies

In order to search and identify studies that correlated with paternal bereavement, we used Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) method as the guidelines (Moher et al., 2009). Databases such as PubMed, ASU Library, BMC Pregnancy, Elsevier, Karger, Springer, Korean Neuropsychiatric Association, PLoS One, Sagepub, Taylor & Francis, The Lancet, and Willey were used to search gray literature.

Step 4: Data extraction

Selected literature articles that have been obtained are extracted in the form of matrix literature in Microsoft Excel. The domains used in data extraction include reference, article identity, antecedent, impact, intervention, methods, research gap, underlying theory, main findings, weaknesses of the study, and researcher's suggestions for future research.

Table 1

Matrix Literature

Reference
Article Identity
Antecedent
Impact
Intervention
Methods
Research Gap
Underlying Theory
Main Findings
Weaknesses of the Study
Researcher's Suggestion for Future Research

3. RESULTS AND DISCUSSIONS

Twenty-four pieces of literature were collected including six quantitative studies, seven qualitative studies, four mixed methods studies, a scoping review, and a systematic review indexed on Scimago in Q1 to Q2 quartiles. All data were collected from participants living in Asia and the Americas. The participants were parents from various backgrounds who had endured the loss of a child.

Morris et al. (2018) found that fathers have a lower risk of grief than mothers. Also, a study by Lee et al., (2014) in Taiwan showed that between fathers that were not grieving and those who were, there was a lack of distinction in the severity of depressive symptoms. This is contrary to the study conducted by Obst et al. (2021) quantitatively and measured by PGS or Prolonged Grief Syndrome, grief in fathers who have previous experience of loss and have plenty of time to bond with the baby during pregnancy, but on the one hand, receive low social support and lack of marital satisfaction, have a high sense of grief. The stereotype that fathers must be strong makes fathers put aside their grief, feel pressured to be strong, and have to take care of tasks that fathers are not prepared for, such as giving news of death to family and friends and arranging funerals. This results in fathers experiencing grief late and feeling that their feelings of grief are ignored (Jones et al., 2019 & Obst & Due, 2019 & Cacciatore, 2013). The lack of acknowledgment of the grief and mourning experienced by fathers further complicated the bereavement process because they felt compelled to repress their emotions. For example, when a child died, a lot of the father's peers would inquire, "How's [mom]?" without remembering that the father was also feeling as much grief as the mother. On the one hand, fathers often feel the need to be emotionally strong

(Meaney et al., 2017) and are less concerned about their own grief, preferring to provide support to their partners who have gone through childbirth and have to deal with the grief (Obst & Due, 2019). Feelings of hopelessness about not being able to protect their family and feeling like no one understands what they are going through, also add to the grief and "burden" that fathers have to bear (O'Connor & Barrera, 2014).

Grieving fathers report that they show their sadness more frequently through irritation, inactivity, or retreat. Others wanted to get over their sadness and move on with their lives as soon as possible (Avelin et al., 2013). In fathers with significant grief, the lack of acknowledgment of their feelings makes the psychological selection process even more difficult (Obst & Due, 2019). Other studies have shown that some fathers are willing to sacrifice their lives for their children (Worth 1997; Cacciatore et al., 2013).

For fathers, having children is a way to be 'normal' so stillbirth affects fathers and fathers to give up on future dreams, fantasies, and expectations about their children (Jones et al., 2019). Fathers expressed a profound sense of loss about the hopes and dreams they had imagined for their babies, as well as the hopes they had instilled in becoming parents, particularly after bonding with the baby's image via ultrasound, receiving a physical picture of their baby, and becoming "mentally involved" with the idea of becoming a father (Due et al., 2017).

In the incidence of stillbirth and neonatal, the severity of the father's anxiety and depression is lower than that of the mother. Fathers admit to a lack of recognition as "fathers" who grieve and feel distressed when their babies are referred to as "something that can be replaced" (Jones et al., 2019). This experience leads to fathers feeling that pregnancy after a stillbirth experience can bring physical and emotional harm to fathers and partners (Meaney et al., 2017), as well as giving rise to feelings of failure that fathers feel in the context of the father's role as protector and provider for his family (Burden et al., 2016).

Fathers do feel grief when their baby dies, although sometimes the way they express their feelings is different from the way mothers do. There are numerous types of fathers' grief expressions: their visual memories of the infant's demise, guilt on oneself, confusion over their particular identity and/or position, need for societal recognition and acceptance as fathers, giving support for their partners, and fathers' perceptions of hospital services. Not only that, but the frustration felt by fathers also comes from the ambiguity of their role as fathers when their babies die: can they call themselves fathers (McCreight, 2004; Cacciatore et al., 2013)

Fathers who lose a kid to cancer in a hospital had considerably higher levels of despair, anxiety, and stress than fathers who lose a child at home (Morris et al., 2018), and fathers of children who have or have died because life-limiting illness (LLI) reveals that the illness their child suffers eats up the mind and emotions of the father. Some fathers admit that they feel very anxious when they take their children out of the room for fear that their child's health condition will suddenly become critical. Not only that, but a father also becomes very anxious when his cell phone rings due to fear of unwanted things. There are also fathers who describe that he spends a long day just waiting for "what will happen next?". The function of the dad as a safeguard, provider, as well as advocate for the child and his family, cannot be enforced because of the child's incurable disease. All the struggles about the illness and death of their children are borne by the fathers themselves. Some feel that sharing the burden with other people will not help the person and themselves so it is better to deal with it alone, some admit that they do not want to make their partners more anxious (Nicholas et al., 2016).

Fathers with children who have LLI show affection for their children by diligently caring for their children diligently such as staying at the hospital, "guiding" their children to stay positive, offering treatment assistance such as help bathing, fighting for the child, doing family chores, play with the child and keep him updated on his status. The child's LLI feeds on the emotions and thoughts of fathers: fearing the child's sudden critical moment when taking him out of the room, feeling anxious when his cell phone rings, and constantly thinking "What will happen next?", and worrying about drug side effects and uncertainty, feeling that his duties as protector and provider for the family cannot be used because the child's LLI feels confused and "useless" when the child prefers to be with the mother.

Unnatural cause of death could be the result of an accident, suicide, or homicide. Death of children that were caused by an accident usually was harder for the parents and could lead to PTSD (Djelantik et al., 2021). A study about parents' mental condition after the Sewol tragedy stated no differences in response between mothers and fathers. However, there's a need to observe the father's mental condition in the long term because there's a possibility of severe mental health problems, especially if they invested more in their child (Huh et al., 2017). These findings align with previous studies that have claimed loss of children have a greater risk for complicated grief in men (Johannesson et al., 2011). Death of their children that were caused by an act of violence could also have a significant effect on the father's mental state. Based on research, 63% in the case of dads who lost their children in an act of terrorism display significant levels of intense sorrow, heightens feelings of homesickness and fatigue, psychological distress, and difficulties stemming from profound unhappiness and depression. Additionally, 40% of fathers experience disruption in their daily functioning, were challenged in engaging in social activities, and are committed to things outside of their work (Dyregrov et al., 2014). For the loss of children caused by suicide, parents tend to feel sorry for not being able to prevent the loss of their kids while they are also furious and humiliated for attempting to live their own lives. Since the topic of suicide is still a big taboo in society, people avoid conversations related to this because they are afraid of not knowing what to say or are afraid of saying the wrong thing. One father said that in the first few months after his son's death, his neighbors would cross the street to avoid him. (Bailey et al., 2014)

A study by Pohlkamp et al (2019) showed that it takes at least five years for parents to adapt to their loss. In the first year after the loss, fathers showed lower signs of prolonged grief, depression, and PTSD. Meanwhile, there was no difference in insomnia symptoms between fathers and mothers. However, after five year period of loss, fathers exhibited similar or even higher levels of signs compared to mothers. The stillbirth experience has a long-lasting impact on fathers' psychology. It lingers in the minds of some fathers, causing fear and anxiety. Fathers also showed a strong aversion to considering any additional pregnancies in the months following loss, owing to the belief that their genetics were incompatible with their partner's (Meaney et al., 2017). Beyond the psychological impact, stillbirth also results in employment difficulties and debt due to hospital bills and funeral costs, often further increasing the strain on family relationships typically felt by fathers (Burden et al., 2016). However, fathers from financially struggling families reported having more money now because they no longer had to pay for their child's treatment (O'Connor & Barrera, 2014).

Some fathers reported experiencing other changes in their lives as a long-term effect of the child's death, like experiencing somatic symptoms in months or years after the baby's death (Cacciatore, 2013), loss of relationships with others (friends, colleagues, and extended family), hopelessness and lack of hope (Stroebe et al., 2013), despair and lack of foresight, inability to

feel satisfaction in life, feeling that the work he is doing now is a temporary distraction from grief, having destructive actions such as reckless driving and increased use of alcohol and marijuana, and experiencing drastic changes in perspective towards the role of parent (father) after 18 months of loss. Meanwhile, some fathers who were still grieving after 12 months of loss engaged in positive activities as distractions (O'Connor & Barrera, 2014 & O'Leary & Warland, 2013). Positive changes were also experienced by some other fathers through personal growth experienced such as feeling organized, valuing relationships, and/or gaining spirituality, as well as changes in priorities such as prioritizing wife and children (Nicholas et al., 2016).

Despite the death of their child, some fathers still try to "maintain" their relationship with their child. Some fathers accept that they are still and will continue to parent by speaking to their departed child or participating in memorial traditions such as burning candles on their baby's death anniversary each year. (Jones et al., 2019). Some fathers also still feel a bond with their offspring, considering the child to be a part of them and even composing songs about them so that their child's friends do not forget them (O'Connor & Barrera, 2014). While some other fathers still maintain a sense of grief because they believe that through this, they maintain their relationship with their deceased child and feel it is unfair to the child if they have to forget the grief (Campbell-Jackson et al., 2014). While fathers who have lost their children to suicide say that in order to keep their children "alive", he often involves humor and lightheartedness such as asking a deceased child via Facebook "Where is my card?" on the father's birthday (Bailey et al., 2014).

Fathers receive support from their surrounding positively and feel touched by it (O'Connor & Barrera, 2014), especially when they're in the beginning phase of their grievance. Even with the support given, the social environment of fathers whose mourning could influence their condition. Study shows that the father's grief was highly associated with their family acknowledgment. Man with a higher percentage of grief needs more recognition as well as the assistance of their family members. However, the support given can be in a form that was not needed by the fathers.

Research by Obst & Due (2019) shows that the type of support provided by the family to a grieving man can affect the effectiveness of the support itself. This is supported by research showing that bereaved fathers need recognition and help, but support can be less effective if it does not match the father's needs (Obs et al., 2021). Lack of recognition of the father's grief can also make the support futile. Some studies also suggest that support from the workplace, participating in support groups, and discussions with other parents who are going through the same thing can help fathers feel better and become more vital. Fathers with children experiencing LLI claim that a strong relationship with their partner provides the strength and support for them to face everything and get back on their feet. In addition, spirituality and religion are also their sources of strength to survive. Additionally, dependence on God and knowing what is beyond their control is one way to overcome the grief that exists (Nicholas et al., 2016). This finding is in line with research by Hawthorne et al. (2016) which discovered that dads experienced more personal growth at 1 and 3 months while engaging in more spiritual activity, and at 3 months while engaging in religious activities.

The outcomes of a research conducted by Jones et al., (2019), imply that researchers and healthcare professionals are less aware of the pain of fathers. This situation causes fathers to feel that their partner's grief is more valid than their own. 16% of fathers participating in a study by Cacciatore et al. (2013), reported sadness, anger, and hurt when their role as fathers was lost and not recognized by health professionals. In addition, the cold, insensitive, and indifferent attitude

of health workers when informing them of their child's death also played a role in the emotions they felt. A father who had recently immigrated was also dissatisfied with the existing health services. They encountered obstacles to receiving health care for new immigrants, such as care teams' improper awareness of what is available and how to apply for essential benefits and services.

One father also mentioned that he felt "left out" as hospital health workers often prioritized communicating with mothers first over fathers about their child's condition (Nicholas et al., 2016). On the other hand, 86% of fathers are grateful to healthcare providers for the support they have received (Cacciatore et al. 2013). This token of care can be in the form of support to the father, confirming and giving consideration for the child, and providing memories of the child in the form of photographs, hands, and footprints. Professionals also perceive and treat the deceased infant as a living child who deserves dignity and respect, and recognize the role of the father as if the child was born healthy and safe. Lack of paternity recognition and the presumption that a deceased child is "replaceable" can cause distress or grief for fathers (Jones et al., 2019).

The role of the father, which is attached to the stereotype of "a man must be obedient" which refers to fathers having to be strong, fathers having to be tough, and fathers not expressing their feelings and sorrow, actually causes emotional stress, particularly for fathers who have faced the loss of a child. This study aimed to explore the profound and complex experience of grief among fathers with deceased children. The findings revealed a range of emotional, psychological, economic, and social impacts that fathers face in the aftermath of such a devastating event. Fathers' grief could heighten the possibility of severe mental problems, especially if they already have a bond with their deceased children. The findings of this study emphasize the need for adequate mental health support, social support, or intervention to help fathers through their grievance period. Recognizing them as a parent of a stillbirth or acknowledging their grief could also help their mental health condition and facilitate their healing process. This study also comes with a limitation. There's a limited amount of research on the topic of fathers' grief. Despite the significance of experience and its potential implication on paternal mental health, there's still a gap in what is known in current research. Additional research is required to advance our knowledge of fathers' grief and its associated factors. Moreover, the demographic of the participant in the primary studies may restrict the generalizability of these findings. It is also because some studies relied on self-report measures which could produce a subjective result or bias.

4. CONCLUSIONS AND SUGGESTIONS

Fathers who lose their children have different responses and experiences, but most fathers feel a deep sense of grief because of the bond they have with the baby/child, as well as social support that does not match the needs of the father and pressure from the social environment regarding stereotypes that fathers must be strong and tough, adding to the feeling of grief and hindering the father's psychological recovery process. The loss of a child also has various impacts on fathers, both short and long-term, from good to bad. In the first few years of their loss, fathers were reported to show prolonged grief symptoms, insomnia, depression, and post-traumatic syndrome disorders that heighten as the years go by. Even so, social support, healthcare professionals' support/care, acknowledgment, spirituality, and discussion with parents that have gone through the same event could help fathers' healing process. Fathers frequently strive to preserve their connection with their departed children. The way a father continues to build a relationship with his deceased child is unique, such as maintaining a sense of grief because feeling through grief

means he continues to remember the child, and lighting candles on the anniversary of his son's death. However, these findings could differ between fathers based on their backgrounds such as financial, social, and cultural.

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