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WHEN ISAAK WAS GONE: AN AUTO-ETHNOGRAPHIC MEDITATION ON MOURNING A TODDLER

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ABSTRACT

Taking its starting point from the death and complicated mourning of the author's own child, this article provides a meditation on the loss of a toddler. It was inspired by the lack of materials specific to the loss of a toddler, and on the complicated work of making meaning around the death of a child. The article is itself a work of mourning, drawing indirectly from theoretical work on trauma and mourning in order to begin to carve out a space for thinking about the specificities of the loss of a toddler. It asks questions about what it means to grieve for a child and what social and cultural demands serve to further complicate this process. As a meditation, it asks what helps and hinders the process of producing a narrative around the loss of a toddler as a means of consolation. It also suggests that the isolations of the work of mourning requires a narrative—a performative “telling”—to turn the thought that thought cannot tolerate, the death of a child, into something that may be communicated to both the self and others.

WHEN ISAAK WAS GONE

When my son, Isaak, died early in September 1998, I was confronted with the biggest challenge I had ever faced: that of trying to make sense of his loss, to learn from it, and most significantly, to learn to live afterward and without him. This learning was difficult as I found myself without a frame of reference through which I might be able to proceed. Nothing, it seemed, had prepared me for my depth of grief, for the confusion I faced, or for the ominous task of trying to reimagine myself and those around me in order to carry on with the work of living. In his absence, Isaak has taught me much, and attempting to come to grips with his

loss has meant also coming to terms with the limitations of my knowing, the difficult knowledge that—despite all my best efforts—there would always be more to this story of loss than my thought could tolerate. At the time of Isaak's death, I was a Ph.D. student, and one who had been engaged in thinking about mourning and trauma in relation to North American culture and HIV and AIDS for several years, albeit in the context of cultural theory and production. Owing to this, my first inclination was to look to the literature written on the experience of mourning children as though I might somehow be able to give my experience of mourning a way of being contained, of being manageable, through giving it a frame or frames through which its contours, its accomplishments and its pitfalls, its difficulties and contradictions, might become intelligible. My aim was, of course, to foreclose the very real effects Isaak's loss had on me, to tame its unruliness through understanding and the narratives of consolation such understanding promotes. However, this project of making the thought my thought could not tolerate—the death of my two-year-old son—tolerable was confounded from the very start. While I found much written that spoke to and of people who had lost children through miscarriage or stillbirth, as infants to illness or SIDS, or at the age of five or more to accident, misadventure, or otherwise, I found nothing that spoke to me, to my loss of Isaak, who was a toddler. I felt excluded from the literature I pored over in the quest to find answers to questions still in the process of being formed. And I admit to being more than confused and frustrated. For, in this dearth of literature on mourning a toddler, I faced questions that seem to multiply on being posed. Had no one else experienced—and hence lived through—a loss like mine? Was I alone in my grief? Was there no way I could make sense of my loss and communicate it to others? Contact with a Web site on which parents discuss the loss of a toddler reassured me that—to a certain degree—I was not alone in my grief, that I might one day learn to communicate it to myself and to others. And yet I was perplexed that there was so little published on mourning a toddler. I felt a need to read and to mourn with and through the experiences of others and what I found was altogether inadequate. I was left with only an amalgam of ideas derived from experiences of others with the loss of children at altogether different developmental stages and to causes with which the loss of Isaak bore no resemblance. While I sought out identifications, nothing spoke to me directly, leaving me feeling further mired in the already-isolating experience of mourning a child. While it is commonly held that the loss of a child is traumatic, that it shatters one's presumptive world and constitutes a situation of complicated mourning (Rando, 1993), my research showed me that there is little that addresses the specificity of mourning a toddler and the particular complications this type of bereavement presents.

With time I began to accept my inability to make Isaak's loss intelligible through research and reading, even though I still desire these materials. I have realized the importance of being able to think with others about such difficulties, not so much to seek and find answers to complicated questions but rather in order

to facilitate and guide my own thinking about the particularities of my loss and the consequences of it to me, my husband, my family, and my communities of encounter. What follows, then, is a patchwork of sorts that contains my many reflections on the loss of my son, on my complicated work of mourning, and on the meanings I have been able to cull from what I can only call “the terrible gift of knowing” the loss of a child. This knowing, however, is not a tidy one. It bears the pain of rupture in a life that assumed to know itself, the challenges this rupture presents to assumptions assumed to be tried and true. It is a knowing that must tolerate contradiction and conflict, the refusal of my thought still to tolerate this thought my thought cannot tolerate. The bulk of this article was written some time ago while I was in psychotherapy. It shows my many faltering attempts to come to terms with my grief, its effects on me and on my relationships with others, and my need to produce a narrative that might both acknowledge the rupture in my life-story and work to repair it. With significant input from the anonymous reviewers of this article, I have begun to map out some of the connections between this work that was undertaken largely without knowledge of current research and theory in grief studies and the insights more recent models of grief that curiously map onto the intuitions I tried to capture and communicate so long ago. What has struck me most in my return to this work through these theories and models of grief was the resonance between them and the various responses and strategies I have had and used to make sense of the loss of my toddler son. In particular, what follows in retrospect may also serve as a reflection on models of parental grief, and in particular those models that emphasize the importance of narrative to mourning processes (Neimeyer & Raskin, 2000; Aciero & Guidano, 2000; Attig, 1996; Klass, 2001).

This, then, is a case history of sorts, an auto-ethnography that speaks as much to the cultures in which I have learned to make sense of my grief as it does to the very narrative form I have employed to communicate it (Bochner and Ellis, 2002). In addressing the cultures and relationships that formed the contexts in which I underwent grief, and in showing the problems norms of grief and larger assumptions regarding the “proper” orders of living and dying in which parents predecease children, my work here looks to the larger societal context of parental grieving that Rosenblatt (2000) suggests tends not to be present in the narratives parents construct around the loss of a child. In this case, the focus is on the inadequacy of North American cultural assumptions about death and dying, and of resources for addressing what remains scientifically unexplained (Mellor, 1993). That is to say, it looks to the loss of a toddler as a blind-spot not only in the literature on death and dying, but also in a culture in which the deaths of children have become (fortunately) far less common, and therefore more difficult to address.

Composed of personal accounts of Isaak’s death and his life, self-analyses geared to making sense of my loss, and more general meditations on what the work of mourning a toddler entails, this reflection encourages rather than suppresses the many conflicting desires simultaneously pressing on me as I attempted to

acknowledge my loss and the demands it made and continues to make of me. That said, I do not intend this work to be cohesive; while the thoughts and ideas in each section speak to those found in others, they are also sometimes conflicting. Explanatory models in force in one section are sometimes abruptly abandoned to make room for others that appear more amenable to my concerns of the moment. I have not attempted to cover over the fits and starts in this writing, for I see them reflecting the contradictions and dramatic shifts in understanding that have been so central to my continued attempts to come to terms with sudden and unexpected loss and with the “untimely death” that the loss of a child presents. But it also attempts to address the specificity of losing a toddler and the particular problems, conceptual and otherwise, this loss entails. In this, I wish to emphasize that while the loss of a child disrupts the presumptive world in wildly significant ways, it is also important to look to the particularities of the loss in order to flesh out its significances. This includes, I would argue, looking to the ways that general claims regarding the loss of a child must be supplemented by an exploration of the ways that we assume to understand children, both individually and culturally, at different ages, and also what it means to be a “parent” to children at different stages along the course of life. These assumptions are intricately tied to the meanings that the loss of a child may take on for grieving parents, and also to the larger cultural assumptions that weigh in to further complicate what is already a deeply complicated grief.

ISAAK'S DEATH

Isaak was two years and 11 days old when he died. Apart from a terrifying experience with a febrile convulsion brought on by Roseola, Isaak had been a very healthy child. He was quite big for his age, often leading other parents to question why a three or four-year-old was doing so little of what was deemed to be age-appropriate. He was rarely ill, unlike the children he played with at his play group or in the park. And, because we were so very concerned about his having another febrile convulsion (we had been told that the duration of his convulsion—more than 15 minutes—put him at greater risk of having more), any small fever was checked immediately with medication.

The night before Isaak died, he came down with a small fever. After giving him his Tempra, all seemed well. Isaak was his bright, active self, fully involved with the goings-on of dinner preparation, his favorite television show, and then of reading a few of his books before getting ready for bed. When my husband and I put him to bed, he played peek-a-boo with his covers, laughing all the while. Checking on him four hours after his last dose of medication, I noted that his fever was coming back, and I roused him slightly to give him more. Before we went to bed, I checked him again and noted that he was sleeping soundly and that his fever had abated. I recall that I smiled to myself over his major accomplishment of the day; he had eaten his dinner with a fork and all by himself,

he had even participated in his own way in the conversation over dinner. He was, it seemed, growing up very quickly.

For us, Isaak had always been an alarm clock of sorts. He usually woke us between 7:30 and 8:00 in the morning after a full night of sleep (many friends envied us this ability of Isaak's to sleep soundly through the night). But on the morning of September 2nd, I awoke at 8:45 and, thinking that Isaak must still be sick if he did not wake us, ran to his room. The image of what I found there continues to haunt me. Isaak had been lying on his side, his favorite sleeping position. But instead of his normal pink color, he was white. His feet were a purplish brown. Although I had never seen a corpse before, I knew immediately that Isaak was dead. I moved in closer to grab his wrist to check for a pulse in case I was wrong. His arm, outstretched as it always was when he slept, was cold and stiff. Indeed, his whole body was stiff; he must have died hours earlier and was in a stage of full *rigor mortis*. I screamed what was apparently a haunting scream, for my husband immediately jumped out of bed knowing that something was dreadfully wrong. He came. He saw. I was trying to find a pulse in Isaak's neck. There was none. My husband ran to the phone and dialed 911. I seem to recall that, in a shaking voice, he told the emergency operator that Isaak was white, and stiff, and not breathing. I paced back and forth from Isaak's room to the living room repeating "Oh God" over and over again until it became clear through the haze that the person on the other end of the phone was asking my husband to attempt CPR. Then I repeated in the same disembodied way, "No. No. No." I knew it was far too late. But he did, flipping Isaak's body over and attempting to breathe into his stiff mouth that was contorted with death. While I know I looked at all this happening, I have managed to repress the image of Isaak's face, purpled where his blood had settled after he died, and frozen in the shape that the weight of his unanimated body had impressed on it.

Soon after, the emergency crews arrived. First the fire fighters came (they had been there first when Isaak had his convulsion) and then the police. I was still in my haze, numb to what had happened and was happening around me. Then the questions came. What had happened? I didn't know, but did my best to recount the little I knew. (My best at this time was quite dicey, needless to say.) It was good fortune in a moment of deep darkness, I now know, that one of the police officers who answered the call was a friend. He took over the questioning, made sure that phone calls the police had to make and any conversation were outside earshot, and made sure the door to Isaak's room was discretely closed. He apologized for the intrusiveness of certain questions. He also made it clear that, after having looked closely at the situation, at Isaak's body and how it lay, it was clear to him that there had been no foul play. Until he said this, the idea that anyone might suspect this had not occurred to me. We volunteered whatever information we could, agreeing all the while that the death of any child ought to be fully investigated.

Then the others came. The overweight detective who made it clear that, until he had been told to think otherwise, he would treat us as "suspects." (Of what? I recall

asking myself, hoping that someone would explain what was happening, had happened.) I recall being angered, not by this suggestion, but by his seeming confusion about my role in the household. (My husband is 18 years older than I am, and I look quite young for my age.) He seemed to treat me as though I was just a person who had been pulled in from the street, or at best an older child, and when he left he shook my husband's hand and said he was sorry for his loss, but he did not acknowledge me. This caused me no end of pain for many months as I projected my anger with myself for having difficulty coming to terms with my son's death onto others who appeared unable or unwilling to allow me the right and responsibility for my grief.

Then came the coroner, the tiny man that to this day I can only describe as a bumbler. He seemed not to know what he was doing. He asked questions of me, forgetting to ask them of my husband until much later (our ages seemed to be his greatest interest, once again). He spoke on his cellular phone to someone at Sick Children's Hospital in Toronto, not attempting to soften his tones as he asked this person to perform an autopsy on our son, and said, loudly it seems, that there did not appear to be any foul play involved. I can't describe how, even in my numbed state, this felt like the cruellest cut. And knowing that this would be the man who may or may not be able to explain to us what had happened to Isaak, this man who twice could not find his way back to the door of our apartment (twice he opened the door to our bathroom), filled me with a certain amount of sadness. I recall telling my husband that very day that we would never know what had happened, that I had no faith that the faltering coroner would ever be able to explain anything to us. He even "forgot" to tell us when Isaak's body had been released, delaying his funeral, one of the few rites we have with which we can begin to say "goodbye," for what seemed like forever even if it was only a few days.

All the while, the police attempted to comfort us. My friend explained that what had happened was not my, our fault. (Do they understand how important it is to hear things like this, especially from someone who has the unspoken authority of the police uniform?) We were not to blame ourselves for there was nothing we did or could have done. And he told us we would be numb for at least a few weeks. I took this as permission, and it probably gave me the strength to get through the next weeks, the funeral arrangements and the funeral itself, and the sad task of deciding what of Isaak's things we could not, would not part with. It also probably gave me the ability to comfort my own mother who, as Isaak's "third parent" (she had been his "Nanny" as I could not place his care in the hands of a stranger while I taught and worked to finish my degree), vacillated between a state of being nearly catatonic to a state of near hysteria in the week that followed his death.

We arranged Isaak's funeral while in a fog. Since neither my husband nor I have any religious beliefs, we chose an alternative approach, having a short service (as my husband said, "to reflect a short life") during which my husband

would read the eulogy we had written together. It was only after we had booked the chapel that we stopped to think: the chapel can hold up to 160 people, and we were saddened to think that it would seem so very empty with only the few people we could imagine coming to the service. To our amazement, the chapel was nearly full. Many people had taken time off work to attend (leaving my program at the university without staff or students and parts of the Canadian Broadcasting Corporation newsroom understaffed for the afternoon). Concern over whether or not my husband would be able to read the eulogy through to its end had led a few of his colleagues to offer to step in should he falter. He did not, to his credit, and to the relief of said colleagues who, on hearing what we had written, were certain they would not have been able to read it without breaking down. I left the chapel first holding the picture of Isaak we had blown up and placed on his small casket. It had been raining, and while the rain had not stopped when we left the chapel, the sun had come out with a brilliance I find it hard to describe. The sun-shower lasted a full half hour, and, while I don't attribute to it some sort of divine source, it warmed me.

In the weeks that followed Isaak's death, sleep was hard to come by. And, while I struggled with sleeplessness until drifting off at four or five in the morning, I noticed that I woke progressively earlier each morning. This happened until I was not sleeping at all. In retrospect, I understand this to be an effect of the shock I experienced with Isaak's death, and an articulation of my unconscious wish to undo what had been done. It seems that my unconscious had surmised that, had I woken earlier, I might have been able to change what had happened, to undo it by repeating it over and over until the result was the one for which I had wished. Of course, my wish never did come true. While lying in bed I would experience attacks of extreme anxiety, my chest tightening to the point it was difficult to breathe, my heart racing. During each morning, I would feel extremely anxious, agitated. I was unable to spend much time in our apartment. I felt an urgent need to be elsewhere, anywhere but my home. I watched as I further eliminated and delineated the places in which I could or would feel comfortable until I could count these places on one hand. I could not bring myself to speak on the telephone no matter who was calling. In the beginning, I avoided all talk about Isaak's death with anyone but my husband, as though in speaking of it I would have to admit it had actually happened. And, closing my eyes, I would be plagued by, of all things, the image of Isaak's feet as they were the morning I found him dead. Thinking, even thinking hard, I could not conjure any other picture of him. Looking at the many photos we have of Isaak did little to force this image into the background. Until recently, I was unable to force this awful image from my mind. And now, although the image is still the first I have when I think of him, I have been able to slowly work myself away from it, supplanting it with other, less difficult pictures.

One evening, while walking home, a fire truck drove by. Without advance notice and very suddenly, I broke down, feeling a tightening in my chest, shaking with anxiety, and crying uncontrollably. Reflecting on this afterward, I realize that

the sight of the red truck triggered something of my grief, my confusion, or even my trauma at the sudden and shocking loss of Isaak. It was uncontrollable but also perplexing: Why would the sight of a fire truck trigger this in me? My husband offered one possible explanation: they were the first to arrive, first as saviors in my helplessness while Isaak had been ill, and then to a situation in which they were as helpless as I was.

THE LOSS OF A TODDLER: A THOUGHT THAT THOUGHT CANNOT TOLERATE

Reflecting on Isaak's life, I have thought often about how much needs to be forgotten, ignored, in order to do the work of parenting. Terrors, fears, need to be allayed, often through ignoring the multitude of dangers we all face every day. Remarkable is the fact that we had both outgrown our anxieties about the various dangers the world posed to Isaak as a small and completely helpless infant. We had ceased thinking of the possibility of SIDS, taking comfort in the knowledge books on parenting had provided, and the words of our family physician who assured us that Isaak was a strapping and healthy young boy. Although our anxiety about febrile convulsions remained, it had become less intense with time. And our concern about such convulsions was not with the idea he might die—indeed, this was a thought our thought could not tolerate—but that oxygen deprivation might cause brain damage. In short, the thought of our child's dying, particularly as he had lived beyond the critical one year mark, had not occurred to us.

When the reality of our loss settled in, we had difficulty acknowledging it, in part because it remained a thought we could not tolerate, but also because there seemed to be no reference point from which we could begin to address what had happened. Granted, the small rituals of mourning and grief provided us by, for example, the funeral service gave us a starting point. However, we were faced with the difficulty of trying to address the absurdity of what had happened and to make meaning from it. The ritual of the funeral did little to address this absurdity, except to give us a somewhat formal and social way of announcing our loss to others. But the meaning one attempts or perhaps even expects to discover in such public displays of grief was not to be found. In part, this was because we felt it did not give us a sense of communicating our experiences to others. No one, we thought, no matter how hard they tried, could understand what we were going through, and even we could not find a language to begin to express what we were feeling to each other. Indeed, we continued to have difficulty expressing to ourselves what our loss meant, and, in the privacy of our mourning, our attempts to come to terms with our loss, to acknowledge our attachments to Isaak, and to attempt to live without him, my partner and I found ourselves unable to communicate even to each other. For, as we knew quite early on in this experience, we had different attachments to Isaak, imagined our identities in different ways in relation to him, and had different

baggage we carried with us, different histories through which we would attempt to make sense of what had happened.

In the case of my husband, these histories included the death of his mother when he was a child, the loss of his family unit when he was but an infant following his parents' divorce, the loss of the uncle who had raised him and with whom he had an ambivalent relationship, and finally the death of his father, with whom he had a very distant and conflicted relationship, only one year earlier. My history of loss was much different. My parents had separated when I was nine, leaving me with a profound sense of having not only been abandoned by my father but also by my mother who, while trying to support three children, was deeply damaged by the end of her marriage. Before this, however, the history of grief was already well embedded in my family. My mother's father died in World War II when she was only five, and her mother, unable to address her grief, suppressed it through a life-time of alcoholism. She died at the age of 70 from the effects of this drinking. In this, it is perhaps possible to see the outline of a familial history of complicated mourning, and how our perhaps troubling family relationships had been predicated on complicated responses to loss (Rando, 1993). The effects of these complicated responses, among others, continue to shape our relationships with ourselves and each other.

Within and among these complex histories, my husband and I acknowledged there would definitely be differences in our styles of mourning and of speaking to and of our loss. But these difficulties affected us in very different ways. My need to express my feelings of insecurity, guilt, and confusion did not fit into my husband's need not to talk, to return to work relatively quickly and through doing so reassert his relationship with living. I responded to this by drawing into myself, finding myself unable to begin to master the troubling images of Isaak's corpse and the ways in which his death had caused disjunction, not only in my understanding of my relationship to my son, but also with relation to my understanding of my life as a whole. As I questioned myself, I found myself unable to reconcile the time before Isaak's death—his life—with the time after, when he was gone. The two stories did not seem to come together, could not be integrated. This is, I assume, very often the case when any child dies, but is especially the case when the child dies suddenly, unexpectedly. The time before and the time after death seemed to affront each other rather than speak to each other. I could not construct any narrative that could begin to bridge the before and the after. I found that the after was exactly that which was impossible. I was caught in the in-between space of life and death, unable to acknowledge either Isaak's life or his death, while constantly being faced with the liminal space between the two that his corpse represented. It was in this stuck place that I was confronted continually by the memory of his dead body while being unable to conjure or call on memories of his life, both as a means of remembering him and of separating myself from the difficult thought of his death. In my stuck place, that is to say, I was unable to begin the work of memory that is so integral to both the attachments and detachments

that are necessary to mourning. My memory had, indeed, been overwhelmed by the trauma of finding Isaak's body, overwhelmed by the reality of a thought my thought could not tolerate.

Still, I attempted to function, to participate in the work of living as much as I could while trying to be attentive to my need to grieve. I had been given a lengthy leave of absence from my teaching position at the university but nonetheless persisted in participating in the workings of the university as much as I could. What confronted me there, however, was not the enlightened care one might expect from learned people, but a series of refusals that worked heavily on me. Friends and colleagues refused to speak to me of my loss, either by changing topics when Isaak's death arose in conversation, or less directly but more obviously by physically avoiding me. It often seemed that people ran on seeing me. I experienced the compounded isolation of feeling ignored or shunned, as though I were a pestilence that needed to be avoided, a contaminant tainting the world of the living. Indeed, the difficulty others appeared to have addressing Isaak's death and my continued living filled me with an insecurity, with a sense that I needed to blame myself for his loss, with a realization that the superficial membrane of the social had been punctured irreparably by this particular death.

On the home front, this feeling was amplified as we live in a neighborhood geared to families with small children. The parents with whom I had chatted while our children played together responded to me as though the death I had witnessed might be contagious. Strollers were rapidly moved across the street when I walked along, a clear and unmistakable avoidance. This experience, when compared with what I had endured at the university, was, however, easier to tolerate: I understood that thought of Isaak's death, triggered by seeing me, was a thought they could not tolerate. After all, had we not shared identifications as parents? Was my presence among these parents not a reminder of the fragility of life, of the fact that the children they could not bear losing might, like Isaak, die as well? Indeed, I was a living and walking reminder of the thought their thought could not tolerate, of the fears and anxieties that must be repressed in order to carry on with the work of parenting. Often, I found myself lying to those who did speak to me, assuring them that this death was particular to Isaak, perhaps related to his febrile convulsions, even though I actually then had, and still have, no idea what had caused his death. I did so to assure them, empathizing with their need to ignore the possibility of losing their beloved offspring, while drawing myself further into depression. For, in my care for others, my mother, my husband, these parents, I had neglected to care for myself, to try to make sense of my loss, to construct a narrative of coherence that linked the before and the after of Isaak in a way I could bear. This forgetting would, I believe, contribute to my falling into deep and lingering clinical depression.

Very soon, I took to staying home during the day, napping an excessive amount, emerging only at night, when I knew children would be tucked away for the evening, and spending time only with people I knew to be childless but also

unwilling to listen let alone think about death. I self-medicated with alcohol. I isolated myself further yet from the demands of my mourning, unable or unwilling to address my loss. And yet, as I mentioned earlier, I turned to books of all sorts to try to make sense of what had happened. While unable to think clearly let alone concentrate enough to read for any length of time, I turned to these books, finding myself trying to form identifications with others who had experienced the loss of a child. And though I discovered many books that spoke to the death of a child, the much needed story that matched my own was nowhere to be found. I struggled to bring the experiences I read about into conversation with my own, culling information from the loss of children at different ages and in different circumstances in an attempt to create at least a composite that I might find useful. And yet, I was unable to do so. Nothing, it seemed, bore any resemblance to my experience, and this resemblance was, I realized even then, necessary to my working through my mourning. Nothing I read was adequate, nothing spoke to the difficulty of addressing the loss of a toddler. One of the central difficulties here was my still fervent belief that our way of understanding toddlers is itself inadequate. Much of the literature on the loss of a child works with the primary assumption that what we mourn when we mourn a child is our projections, our own hopes and dreams for the child. It is my belief, however, that, particularly in the case of a toddler, what we are mourning is a child who is not only the result of the projection of our hopes and dreams but is also beginning to express a self separate from and in many ways in conflict with these projections. (Is it this transition that makes the so-called “terrible twos” so terrible?)

In between being simply a composite of our projections and the reality of a will, an identity, and a self that struggles to be separate from his or her parents, the toddler presents a number of difficulties for our understanding. In the process of becoming, the toddler—with his or her varying skills, engagements with the world, and linguistic abilities—seems to defy the explanatory and identificatory models his or her parents might attempt to superimpose. No longer the blank slate on which hopes and dreams are written, the toddler begins to write on his or her own slate, one that very often bears only a passing resemblance to the imaginings of the parents. Dwelling in the joy and fear of discovery, temper at being rebuffed and frustration at being unable to bridge imaginings of action with possibilities for action, learning to walk and run and climb and engage with others, learning to say “please” and “thank you,” and then to use more complex word combinations, simple sentences, to express desires and needs, the toddler is perhaps best understood as a volume and person in flux, as *not only . . . but also*. Losing a toddler, then, means having to address *not only* the hopes and dreams that had been the stuff of projection, *but also* the very real inadequacy of these projections. It means *not only* having to address the loss of a future well imagined *but also* mourning the future that could not be imagined from the small pieces of the puzzle that had begun to emerge. It means grieving for the eventualities for which one must, in the contemporary world, begin to plan very early in the

life of a child, and those possibilities, good and bad, that one could not even begin to imagine. It means addressing the loss of perhaps the most intimate relationship we have ever developed and addressing the ambivalence in relationships, regardless of their stage of development, between any two people who we know very often have different motivations, wills, desires, and needs. It means addressing the guilt of frustrations incurred during the “terrible twos” that arrived early, and, in my case, of time lost because, in planning for my son’s future and working toward it, I returned to work as a university teacher quite early after his birth and spent progressively more time away in an effort to complete my doctoral work. It also means trying to reconcile the need for “me time” taken with a view to a lifetime together and the sad reality that my estimation of a lifetime was grossly inaccurate. And so on.

There may for some be reservations about this characterization of the toddler as a person separate from me, from my hopes and dreams. Some might suggest that this desire I have to identify my son as separate from myself, to place him firmly at a distance from me by emphasizing the ways he had begun to distance himself from my projections onto him, is a part of an attempt to minimize the ways his death works on me. Melanie Klein (1981) argued that our children are a central part of a work of reparation. They function to repair us and our difficult histories. They are invested with the sometimes conflictive meanings and experiences of our own childhoods. They are the means through which we repeat our childhood, often duplicating its pathology even if wishing to correct it. Children are seen as the corrective for a difficult childhood, the compensatory manner through which we attempt to master our difficulties, to make them better by making the childhood of our children better. My ideational separation from Isaak, which might be a fantasy or might have been observable—it is difficult to tell which—works to separate the loss of him from a loss in myself. That is to say, in this framework of understanding, one I am still inclined to resist, I have made Isaak separate from me so as to disavow the possibility that I had been attempting to correct the difficulties of my childhood through him, a project necessarily incomplete because his premature death leaves the attempt at reparation unfinished. On another level, this emphasis on separation might be a defense mechanism put in place in my refusal to acknowledge that, when Isaak died, a piece of me went with him. Although I may have “continuing bonds” (Klass, Silverman, & Nickman, 1996) with my son, there is also a very real loss or gap I have to account for in my life story. For, as Neimeyer, Prigerson, and Davies (2002, pp. 235-236) have written, “human beings seek meaning and mourning and do so by struggling to construct a coherent account of their bereavement that preserves a sense of continuity with who they have been while also integrating the reality of a changed world into their conception of who they must now be.” My refusal, in this case, could be viewed as one of the impediments I experienced, for my work of mourning Isaak is always and also a work of recognizing what has been lost in my self. In this, then, my refusal is

a refusal to mourn what I have also lost in losing him. This, too, is a thought my thought does not seem able to tolerate.

WOUNDED IDENTITIES

The insistence of these intolerable thoughts contributed to the wounding of my identity or identities in the wake of Isaak's death. My inability to construct a coherent narrative that binds the time before and the time after his death, that reconciles these now seemingly discrete times that are nonetheless entirely dependent on each other, is in part related to these wounds. For, in the production and reproduction of narratives that make sense of events even as they obscure them, make them more tolerable, one also produces the various and sundry identities through which one articulates oneself, one's assumptions about that self, and the possibilities and impossibilities of the imagined futures of that self. While these narratives, ever changing, seem to smooth over the contradictions and disjunctions of the events that occur to and through these identities, there are times when the inability to reconcile events also leads to a wounding or rupture in the imagined self. Trauma precipitates one of the moments that refuses narrative reconciliation insofar as it is characterized by a feeling of profound helplessness, breaks through the illusions of mastery that are so necessary to everyday life. Adding to the challenges of producing a narrative that might reconcile the loss of a child, and hence make it manageable, are social and cultural expectations about how mourning ought to be carried out and the conflicts between these expectations and one's own process of grieving.

As with Talcott Parsons' (1978) discussion of the "sick role," where one is exempted from social obligation and performance expected of healthy individuals, the "mourning role" brings with it expectations about the possibility of performing in relation to one's social obligations, one's health or illness in the mourning process, and it does so with specific attention to what may be considered the appropriate length of time during which one's mourning is to take place. In "Health and Disease: A Sociological Action Perspective," Parsons (1978, pp. 66-81) argued that while illness is a form of social deviance, it is a deviance that is tolerated in the social community on the condition that the person who takes on the sick role meets certain criteria. The four main properties of the sick role, he contends, are: 1) social exemption from normal social responsibilities as illness is distinguished from wilful and deliberate avoidance of these responsibilities; 2) impairments resulting from illness are held to justify exemption from performance expectations that are applied to healthy persons; 3) a sharing of the positive value of health and a negative valuation of illness which entails a commitment to the attempt to recover a state of health; and 4) a commitment to cooperate with therapeutic agencies, to comply with treatment aimed at regaining health. One might also add a fifth property to the sick role, that of the public witnessing to one's illness by others, particularly a physician, but also a parent or

significant other who will vouch for the legitimacy of one's illness in the form of a note to one's teacher or a telephone call to one's employer.

The above properties may be rephrased to account for the mourning role. First, in mourning one also has social exemption from normal social responsibilities. Second, mourning is assumed to entail an impairment which justifies exemption from performance expectations applied to others. Third, the person in mourning must agree to try to work through their grief and to return to a state of psychic health following loss. Fourth, when mourning is inhibited, one is expected to seek out treatment with the aim of returning to psychic health. This treatment may come in the form of religious counsel, grief counseling, psychotherapy, psychopharmacology, self-help groups such as those provided by Bereaved Families groups, or simply through talking through one's difficulties with close friends and relatives. In this last case, the assumption is that those close to you, while sharing your grief, will be able to support you, provide solace, and in so doing help you get on with the work of mourning. Finally, one's loss must be acknowledged publicly; that is to say, it must be witnessed to by a physician who signs the death certificate, the coroner who performs the autopsy, and one's community in the form of the obituary and the funeral. In addition, the investigation of the death of a child by police authorities puts the onus on them to also witness to a child's death and to proclaim the guilt and innocence of parents and others who had contact with the child.

In my case, I see each of these properties of the mourning role functioning in particular ways. After Isaak's death, I was immediately relieved of my teaching responsibilities and my status as a full-time doctoral student. Not only did I lose my identity as a parent, I also suffered a temporary loss of my role as a teacher and student. The assumption was that I would not be able to fulfill the responsibilities of my job. This assumption tends to be written into contracts with employees and the regulations of schools. In the case of my partner, the grieving period allotted by his contract with the Canadian national public broadcaster is three days, with additional time allowed "at the discretion of the management." In the case of the university, the time frame is longer, indicating how relative and flexible ideas are about how long grief should take.

With regard to other social obligations, the mourning role also includes assumptions about how often and why one will interact socially. This can produce an intensified isolation as a result of people assuming that a phone call or dropping by would be an intrusion, and comments about how soon one ought to return to social settings that had been frequented before the death. For example, our friends voiced surprise when they saw us return to our local pub for dinner and a drink a few weeks after our son's funeral. Comments ranged from "you are brave to come out" to "It's too early to be out," indicating differing ideas about what we ought to be doing in our grief and how we ought to be conducting ourselves. And the isolation of the mourning role was further emphasized when it became clear that, while we might be "allowed" to join in social activities, this

was not to include any talk of our loss. It seems that there are assumptions about which declarations of loss are permitted and which are not. There are public declarations of loss, obligatory but contained in the funeral and the wake, that are acceptable and declarations of loss which are assumed to be quite private. Talk of missing the lost loved one and crying outside the funeral service or wake, for example, appear to be considered private matters, and therefore not to be shared in public places. While many friends were willing to endure discomfort when we broke these rules and spoke freely about Isaak, there was a clear time-limit on how long this would be permitted; after one month, a friend told us it was time to “get over it.” And those places where my presence was solely on account of my son, such as his play group and the park, became entirely off limits. If I sat looking at the park, recalling many days of play with Isaak, whispers abounded, creating discomfort and eventually leading me to avoid it altogether.

Impairment of ability was also assumed. Not only would I not be able to teach, to conduct my research (indeed, the nature of my research for my dissertation, entitled “Crisis, Trauma and Testimony: The Work of Mourning in the ‘Age of AIDS,’” made it very difficult for me to return, as the theoretical basis of my research was not only too close to what I was experiencing but was also challenged by what I was learning about mourning on a personal level), I would also not be expected to participate in other social responsibilities, such as joining celebrations of various kinds, including my own birthday and December holidays. I would no longer be considered a person to give advice on things I had been known to advise on earlier, nor would I be expected to fulfill obligations of friendship that would have been considered mandatory before. Parties took place without my knowledge, as did meetings directly pertinent to my professional life: an invitation was thought to be inappropriate. I was no longer asked to edit articles by friends who had previously called on my skills quite often, and my work with an academic journal was suspended. Articles that had been solicited before Isaak’s death and had not yet been submitted were no longer expected.

While exempted from the demands and responsibilities of my everyday life in the before time, however, there were many assumptions made about my return. I was to take my grief seriously, as I did, and work to return to a state of normalcy. And this was to take place within a set period of time. In four months I was to return to my work, my studies, and my dissertation. I was to return to my work as an editor, take on the role of advisor once again, and be able to interact with others without speaking of my grief. It was as though I was indeed to “get over it” in this set period of time and, at the end of this arbitrary time-frame, return to business as usual. Further, it was expected that I would return to the person I had been before my loss, and do so without any dramatic change in priorities, ways of spending my time, ways of thinking, or conduct. I was to “be” what I had been before, in spite of the rupture that Isaak’s death presented to my ability to even imagine what that had been. In short, my allotted period of mourning was to be a non-time, a blip in my personal history for which I was not responsible but from which I had an obligation

to return at least mostly unscathed. Demands were once again heavily placed on my time, and I was expected not only to perform adequately but also to return to my pre-loss performance level quite quickly. Having become clinically depressed, such a return was not immediately possible, but I felt much pressure to get there as quickly as possible. As a result, what little clear-thinking, active time I could muster was spent attempting to perform at expected levels for others, depleting me of the resources I so desperately needed to get myself out of my rut of anxiety, fear, returns to the site of my trauma symbolically represented by the intrusive image of Isaak's corpse, feelings of helplessness, inadequacy, and despair. Unable to take the time to construct meaning around Isaak's death, I became further scattered, unable to find a way to contain myself in the face of the demands I made of myself and to which others contributed.

Insofar as my response to Isaak's death became more and more unhealthy, concerned me and others more, the expectation was that I would seek help in order to proceed with my mourning in a healthy way. Suggestions of psychotherapy and counseling were made early after Isaak's death, including the earliest suggestion made by one of the attending police officers on the morning we discovered his body. The number for Victim's Help Services was handed to us during a time when we were still too shocked to acknowledge what had happened. At that stage and in the state we were in, it was impossible to imagine ourselves as being victims, for we had not yet been able to acknowledge Isaak's death let alone imagine what it would do to us. At the funeral, a friend gave us the address and telephone number of Bereaved Families of Ontario. Our family physician strongly suggested we see a counselor. When we both started seeing separate psychiatrists, deciding that group therapy was not our style, there was a sigh of relief around us. In seeking out help with our mourning we had honored the unspoken contract of the community by demonstrating how we valued normalcy and would work to return to it.

In different ways, all of these expectations on our mourning, how it ought to be conducted, where and in whose company, what it entails, and in what time frame it is to take place, all had an influence on our grieving. To experience the insecurity and "what-if" questions and fears that accompany the death of a child, to attempt to work through the absurdity of that loss and to watch as many assumptions about life, the universe, and everything are shattered by the experience of this absurdity, is to experience the wounding of one's identity as both a parent and a person living in the world. Since Isaak was then our only child, this wounding included being stripped of the identity of parenthood altogether. No longer a parent, except in memory, I was no longer qualified to identify myself in this way, could no longer give advice to others on parenting (clearly I had failed somehow and so my advice would be tainted), and, indeed, was expected not to be able to tolerate the presence of children around me. Soon after Isaak's death, while talking of the arrival of a friend's baby, of labor and delivery, more than once it was dismissed that I had ever had a child. Each of these experiences had particular effects on me in my grief, many with very negative consequences.

In conjunction with the simultaneous loss of my identity as a student and teacher, the consequences of my loss of parental identity were compounded. Granted, I did not feel able, nor would I have been, to return to my work and its demands as I was already utilizing all of my energy, psychic and otherwise, to get through each day. I was impaired, and to a certain degree continue to be. What was perhaps most debilitating, however, were the assumptions about my mourning that presumed to contain it in particular spaces and times, assumptions geared to containing my preventing it from being articulated when and where others deem inappropriate. Judgments made about how I was to grieve and times when I was not “following the rules” continue to sting, as do comments that indicated how I could reconcile with my loss. Some said “you’re young, you can have other children,” as though the difficulty I was having was simply a matter of addition. Others said “you must have more children,” as though I had a social obligation to do so and ought to be able to deal with the fear, the terror of losing another child. The need for explanations of Isaak’s death also placed heavy demands on me, particularly those made by other parents. There had to be a reason, it seems, that Isaak’s death could be separated from the possibility of their children dying. How was Isaak’s death particular to him, to us? I spent many hours concocting reasons for his death even though none were found (after an excruciatingly long time, the coroner could say only it was death by natural causes, otherwise known in this case as sudden unexplained death—a non-conclusion that did nothing to allay my fears about future children or help me to understand what had happened). And, in the attempt to help others deal with me and my presence as a reminder of Isaak’s absence, I have had to console people who burst into tears, to provide a narrative of consolation for others such as the narrative that closed the eulogy written for Isaak’s funeral. “We were lucky for a while. . . .”

RETURNING TO THE SITE

Much of what appears above was written over four years ago. Since that time, the struggle to make sense out of the death of my son was given additional impetus. I soon discovered I was once again pregnant. Pushing my efforts to understand what had happened, to allay my fears about having another child, and to work toward ensuring that my child would not have to live with the ghost of Isaak and what his death had done to me, I grappled with the attempt to make meaning from his death. Further compounding the difficulties around this was the diagnosis, but a few weeks later, of my mother’s metastatic lung cancer, a diagnosis of terminal illness. Complicated though my process of mourning already was, it was about to get even more so.

These years later, I have only just begun to feel the vise around my chest loosening. In this time, I have struggled for some degree of comfort in the company of other people, to resume “business as usual,” and to begin to imagine the kind of future I want both personally and for my family. My daughter, Zoë

(her name, very carefully selected as our wish for her, means “life” in Greek), is now four and a half years old. We agonized over her throughout my pregnancy, after her birth, and until she reached and then surpassed the age our son was when he died. We also agonized about the ways our agonizing might be harmful to her. And then . . . things improved, albeit slowly. Earlier difficulties bonding with her that were predicated on this fear, suddenly seemed to disappear. Gone was the compensatory behavior that we had leaned on as a way of apologizing to her for our shortcomings. Similarly gone are the intrusive images of Isaak’s body and most of the feelings of guilt that crept into mind when thinking about him. And yet, Isaak’s death will always have marked us and our relationships with each other. Days of birth and death are observed, and small treks to the cemetery are part and parcel of holidays. These are small rituals that not only pay our debt to Isaak and acknowledge his death, but also integrate Zoë into the memoryscape of which Isaak is a part. When asked how many children we have, we say two, although it becomes more and more difficult to tolerate the “I’m sorrys” from people when we explain that Isaak died. It was a big day in our household when Zoë looked at a picture of Isaak and was able to say his name. It is important for us that she know about her brother and that she not be haunted by his memories but be easy with the knowledge of him and his death. Our ultimate goal is to help her build her own personal narrative, one that, while also being predicated on loss, is not so damaging, difficult, and conflicted as ours has been.

In working through some of the more recent theoretical and clinical perspectives on grief and observations and clinical studies of parental grief, I have been struck by how often I have seen myself and my grief reactions reflected in this literature. I have seen myself in the “dual process” model of Stroebe and Schut (2001) which suggests that grief is a process of cleaving, in both senses of the word. It is a process of disengagement, of loss orientation, but also includes a restoration orientation that enables the bereaved person to reorganize life and develop new identities in the wake of loss. I have been intrigued in particular by the idea of “continuing bonds” (Klass et al., 1996), of a transformed but ongoing relationship with the deceased that continues to affect mourners long after socially sanctioned mourning periods have passed. In particular, I have wondered how the persistence of the traumatic images I have carried with me might have influenced the “inner representation” (Silverman & Nickman 1996, p. 349) I have of Isaak. I have also been struck by how few cultural resources we have at our disposal to conceptualize the different stages of childhood, the different identities and roles of parents and children, and the ways these influence grief on both the level of the individual and the level of the community. I have thought often of the ways that narratives of parental grief elide what may be most difficult about the loss of a child, and also about the stories we tell ourselves and each other in order to make such loss more tolerable.

Recently, I was confronted by an acquaintance who, in his intoxication, explained something of what it was that made our loss of Isaak so difficult for

others to address. His words were blunt and to the point. In his view, as he made clear, children who die suddenly at the age of two do not die inexplicably; they die because of an accident, because of illness, or because someone kills them. They do not die of “natural causes.” Trembling from head to toe, in anger or in sadness, I was faced with the sudden recognition that my status as “suspect” has not, to this day, been suspended by some. I also revisited my own desire for some explanation of Isaak’s death to be found, for the newspapers to report a virus that kills toddlers in their sleep, or for the coroner to call with news from a lost test report that might explain what had happened to our son. And I realized that we were not the only ones who required such explanations in order to create a narrative around the death of my son. It was hard, it occurred to me, not to have answers to the “why?” Where there is no why but a name, a medical designation, such as SIDS, it seems that the explanation of non-explanation might be somewhat more tolerable, but probably not that much more. These gaps continue to trouble the narratives we weave around the loss of a loved one. Where there are no villains and no heroes, no causes simply effects, the discursive demands made on the narratives we produce become clear. There are many times when I have looked to that gap in explanation as key to the lingering difficulties I experience with the story of my son’s death and of my life since then. The story remains difficult to conceive let alone tell. And it leads me to wonder if the concept of “disenfranchized grief” (Doka, 2002), the idea that certain forms of grief are not socially acknowledged or sanctioned and certain grievers are not accorded the “right to grieve” (Doka, 2002, pp. 5, 6), such as in the death of a gay lover or the loss that is experienced after an abortion, might not be expanded to include certain aspects of grieving for a child, and in particular the social and cultural responses to the death of a child. If we lack a vocabulary for addressing what is thankfully a much more rare occurrence, what does this mean for our ability to tolerate the death of a child, and in particular a death that shatters our presumptions about the world? How is this compounded when, in a culture that desires causal explanations, none may be found? In what ways does the inability to tolerate the thought of the death of a child translate into words or actions that render the complicated work of mourning a child into something even more complicated? I would suggest that many of the difficulties I experienced with the ways that people around me responded to Isaak’s death might stem from refusals to allow and give meaning to my grief. These refusals speak not only to me, but also suggest that the difficulty of understanding the death of a child in the larger social spectrum may serve to add to the complications of mourning a child. The death of a child challenges the presumptive worlds not only of parents but also of others who will have to grapple with making meaning around the loss and may for that reason spark a kind of disavowal of grief that extends well beyond the family. This disavowal, it seems to me, can function to disenfranchise the parent as a griever.

Addressing the grief of parents following the death of a toddler is not without its challenges, in part because it is not only they who must learn to tolerate the

intolerable thought of the death of a child. The presumptive world that the death of a child shatters does not only belong to grieving parents. Discovering or creating a social and cultural vocabulary that may speak to this would be another important step toward providing the support necessary to parents in their complicated mourning. To encourage the production of the narrative of loss is one thing—to tolerate its effects on us all is another. To seek out the narrative that makes sense of one's loss is one thing—to tolerate that there will always be more to the story than one's thought can tolerate is another. To locate in the narrative both the stuff of identification and the acknowledgment of the particularities of what one has lost is key. But the rigidity with which we carve out the who, what, when, where, how, and why works to compound rather than mitigate against the difficulties parents face in their grief. The location of a therapeutic flexibility, which suggests to the bereaved both the many narrative forms that might be used to make meaning out of loss and the tools with which to tolerate the ways in which the specificity of each particular loss may exceed the narrative form, is necessary. It might also provide practitioners who deal with grieving parents—be it a police officer or a psychotherapist—with the tools to navigate through the complications that the sudden and unexplained death of a child poses both to the parent and to themselves.

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