

TALKING ABOUT TALK: THE EXPERIENCES OF BOYS WHO SURVIVED INTRAPARENTAL HOMICIDE¹

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This article describes the experiences of men who experienced intraparental homicide (one parent killing the other parent) when they were boys. Twenty-one men were interviewed twice and data were analyzed using a hermeneutic approach. In this article we examine a topic that emerged as a core problem for these men, specifically, how they talked (or did not talk) about the homicide. Understanding intraparental homicide may provide information to guardians and professionals about what some male children need after such an event.

Each year, somewhere between 2,000 and 3,000 children experience one parent killing another, or intraparental homicide. The estimated range is based on the number of women of child rearing age killed by their partners (Fox & Zawitz, 2004), and a conservative estimate of the number of children these women were raising. This incidence is approximately the same as that of childhood leukemia (Reis et al., 2006). Little is known about what happens to these children after the homicide. No agency has any oversight over them. They are not direct victims of

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crimes, but they may receive some initial attention from victim/witness advocates in the criminal justice system. Some of these children have contact with the child welfare system, while others simply live with relatives, adult siblings, or friends and may be invisible to any system. In any case, no agency and few researchers have collected information about what happens to these children after the homicide. In a study sponsored by the National Institute of Nursing Research (R01 NR008532), we are interviewing adults who experienced intraparental homicide.

REVIEW OF LITERATURE

Research on intraparental homicide or uxoricide is not extensive, but there has been some interest. Harris-Hendricks, Black, and Kaplan (2000) and Kaplan, Black, Hyman, and Knox (2001) reported on interviews with 95 children who had experienced the death of one parent at the hand of the other. They presented the first look at who these children are and what happened to them. Twenty-four of the children (25%) actually saw their parent being killed; another 9 (9%) heard but did not see the killing. After the death, more than half of the children immediately went to live with a relative. Almost 75% of the children moved from one placement to another in the first year after the death. Thirteen of the children moved three or more times. The children exhibited significant psychological sequelae, including both symptoms that generally appear early such as posttraumatic stress disorder (PTSD), and those that usually develop later, such as identity problems. Only 15% of the children were described as doing as well in school after the killing as compared to before the event. Twenty-five percent of the children were described as having severe problems with attachment to the adults who were caring for them. Overall, children living with the victim's family (all the victims were mothers) were described as doing better behaviorally and in peer relationships than children in foster care, and both groups were doing better than children with the perpetrator's family.

Eth and Pynoos (1994) interviewed 55 children ages 3–17 who had witnessed the killing of a parent. Twenty of the homicides were by strangers, and the remainder were by the intimate partner of the parent, though not necessarily the parent of the child. The interviews were conducted usually within days or weeks of the killing but some were anywhere from 1 to 12 years later. Much as in the studies by Harris-Hendricks et al. (2000) and Kaplan et al. (2001), the authors reported the presence of PTSD, but they found that all of the children experienced it to some degree. They also reported numerous behavioral problems

but did not define the nature of these problems. They report that the intraparental homicide was exquisitely painful and made the child feel helpless, anxious, and overwhelmed. Previous violence in the house did not seem to lessen the effect of the murder, but it may have provided the child with some defenses to lessen the impact. The authors added the interpretation that ambivalence is a problem when the killer is a parent—it is difficult to blame and be angry with a loved one. Also, some children felt guilt or self-blame at failing to intervene or prevent the murder.

Clements and associates (Clements & Burgess, 2002; Clements, Faulkner, & Manno, 2003) interviewed children aged 9 to 11 who had experienced a family member homicide. They reported that sources of pain and suffering included: (a) the way families were notified of the death (most often by the police), (b) extensive police investigation and interrogation, (c) lack of confidentiality, (d) exposure to chaotic events, (e) feelings of grief confounded by guilt and blame, (f) stigma, and (g) difficulties in returning to school. Research on the children affected by intraparental homicide is not extensive but is growing. Clearly, the trauma of intraparental homicide has serious mental health effects on children, some of whom may come under the care of mental health nurses.

PURPOSE

Our purpose in this article is to examine a topic that we identified as a core problem for a subset of the male participants, specifically, how they talked about the homicide. Data continue to be collected in the study and analysis has been ongoing as data has been collected. Early in our analysis, we noticed that male participants were particularly concerned with how the homicide was talked about. We decided to analyze the data on this problem as we continue the analysis of all the narratives. Of their own accord, these participants told us about not being allowed talk about the homicide, not wanting to talk about it, having no willing listeners if they did want to talk, and the negative responses of others when they tried to talk about it. They told us about who they talked to and who they could not trust with information and what talking about the event meant to them.

Understanding this phenomenon provides insight into how some men experienced the loss of their parent or parents, and may provide information to guardians and professionals about what some male children need after such an event.

METHOD

This is a qualitative descriptive study (Sandelowski, 2000) aimed at understanding the lives of adults from families in which one parent killed the other. This study was retrospective, as participants were asked to narrate their lives from the time of the homicide until entering into the study, a span that ranged from 60 years to less than five years. This research study was approved by the Institutional Review Board of the University of Virginia. All the names and some details in the report have been changed to protect the confidentiality of the participants

Sample

Participants for this study were recruited through advertisements, newspaper articles in several major cities, word of mouth, and participants searching Internet sites for children of homicide. Additionally, many participants referred their siblings. Inclusion criteria were that the participant was 19 or younger at the time of the homicide, 18 years or older at the time of the interview, and spoke and understood English. For this study, parent was defined as any adult acting in a parental capacity, including biological parents, step-parents, and intimate, unmarried partners of a biological parent.

Although data analysis is ongoing, we are able to report on this issue. The homicide appears to be important to the 21 men recruited to the study, but less so and in different ways for the women. We chose to report on the men and this topic because they constituted a discrete group for whom talking about the homicide was of particular concern. All of the men were from different families, none were siblings. For 19 of the men, the victim was their biological mother. One man lost a step-father and one his biological father. Three of the perpetrators were the participants' step-fathers, three were their mother's boyfriends, and the remaining perpetrators were their biological fathers. In four cases, the perpetrator committed suicide after killing the other parent. The mean age of the boys at the time of their parents' death was about 10 years, with a range from 8 months to 17 years old. At the time of the interview, the men were, on average, more than 42 years old, with the youngest 26 and the oldest 60. On average, slightly more than 32 years had elapsed since the killing, with a range of 14–53 years. Eight of the men were African American, 12 European American, and one was Mexican American.

Procedure

The participants were interviewed, in-person if possible, in a place that was mutually convenient for both the researcher and participant. This was sometimes the participant's home and sometimes a meeting room in a library or an office in the School of Nursing. Four men were interviewed by telephone. All the men were interviewed twice, about two weeks apart, and the interviews generally lasted about an hour each. All of the interviews were digitally recorded and then professionally transcribed. The interview began with a small number of demographic questions. Participants were then asked to tell the interviewer about their experience of the incident and their life since that time. Participants were not specifically asked about talking to others about the homicide.

Analysis

Data are being analyzed in the hermeneutic phenomenological tradition (Cohen, Kahn, & Steeves, 2000). This approach is meant to capture the meaning of experiences in the context of lives of the participants. In this stepwise analytical process, the interviews are read carefully as complete texts. Then specific pieces of the text (lines, paragraphs, small complete narratives, metaphors, and the like) are identified as meaningful in terms of describing the experiences of the participant. These small pieces of meaning-carrying text are then grouped according to observed similarities. These groupings are referred to as categories. The categories are tested to see if they hold up across a number of different participants or if they are unique experiences. Those categories that hold up across participants are then grouped into larger units or themes that describe the experiences of a number of participants. The Investigators analyzed data individually using N-VIVO coding and met weekly to discuss individual findings. The analysis is ongoing, and this paper reports on a theme revealing or talking about their experiences that is descriptive of an important part of the experiences of the first 21 men in the study.

FINDINGS

A quote from one participant, George,* provides a useful place to start.

I don't know. I was really a private person. Really, I don't think I would let anybody . . . I really didn't want to talk about it to anyone. I just had my little ball inside of me that nobody would get to.

To put this quote in context, we need to know a little about George's story. George is African American and, at the time of the interview, age 26. When George was 9, he was living with his mother, who was a nurse, his three siblings and his mother's new boyfriend, James. George's biological father was shot and killed when George was three years old in what he termed "a drug deal gone bad." James was a heavy drinker and abusive to George's mother and all of the children. One evening James drove George's mother to work, and she never returned. For weeks she was considered a missing person, and George and his siblings continued to live with James. Because she was a "missing person" for so long, George never had a funeral for his mother to help with closure for her death. Eventually, James was arrested for homicide, and George's aunt and uncle came and took the children to live with them. James was convicted and is currently serving 27 years to life. A year later, George's mother's body was found in a nearby lake. She had been stabbed 27 times.

This quote from George about talking—or more precisely about not talking—is an interesting piece of language. In the first part of his statement, George says he is a private person and explains that he would not give anybody access to something he initially does not even name. He hesitates then explains that this unnamed thing is "it." In this context, "it" refers to the homicide and the associated emotions. The central horrific event in his childhood, perhaps the most important event in his life, remained unnamed. Many of the men shared this verbal approach. "After it happened" and "it was always on my mind" were common phrases used. The words "killing," "murder," "homicide," or "death" were rarely used. Besides the usual function of pronouns, that is, to shorten speech by reducing to a simple monosyllable a referent that is usually more complex, the use of "it" had the double benefit of allowing the talkers to avoid words that are associated with strong emotions and to broaden but leave unspecified the full extent of the event and all it meant to them.

Another interesting aspect of the quote from George is his reference to a little ball inside him. Much like the unnamed "it" earlier in the quote, George does not tell us exactly what this ball is made of. But it is not difficult to infer that the ball is all the feelings associated with the trauma of the homicide. Other men used different metaphors, but it was clear they, like George, were secreting emotions. For example one participant said:

[My aunt] . . . was always on me about . . . you need to open up, you need to stop bottling all your feelings . . . You never talk . . . I know you've got to have some things on your mind.

Reasons not to Talk

George says that he is a very private person and offers that as a reason not to talk about the trauma and the emotions. George was not the only one to talk about privacy. Some participants found their privacy violated from the beginning.

Everybody else got to leave town [after the homicide] except for me and my sister. So we had to grow up in a small town where everybody knew what happened, but nobody was allowed to say anything about it.

Another participant said,

It just feels like when something like that happens . . . all eyes are on you, was what it felt like to me; I just felt like an outcast; like, it was just kind of embarrassing.

Other men had different reasons for not wanting to talk. Talking about it was harmful both to the men and to whomever they might talk. One participant said he had told his story only to a few, and then only in bits and pieces because “the reaction I would get was one of shock and horror, and I didn’t want to do that to people. I’ve never been one to carry my problems to other people.”

Others seemed to have been taught by their families that speaking of the homicide would be harmful. They were implicitly discouraged from talking about the homicide. Commonly, they said that although everyone knew what had happened, no one talked about it. As one man said, “You would try to bring it up and somebody would shut it down like you had to move on.” An explanation for the family’s reluctance to talk is contained in this quote: “My family certainly didn’t want to talk about what happened because they were still exhibiting trauma over what happened, even though they wouldn’t admit it.”

Others report explicitly being told not to talk: “I remember my uncle saying stuff like, that’s over with; you’ve got to put that behind you. You’ve got to stop acting like a little crybaby and a little sissy, and you’ve got to move on.”

Sometimes family members gave double messages. For instance, Charles was asked to talk about his father, but hated what happened when he did. Charles was ten years old when his mother and a male friend (her Alcoholics Anonymous sponsor) were killed by Charles’s biological father. Following the homicide, Charles and his three sisters were adopted by a “kind and loving” aunt and uncle. The aunt and uncle lived in the same rural area as Charles, so his life was somewhat less disrupted than other participants. Charles reported that on several occasions

his aunt would take him aside and encourage him to talk about his father and what he had observed on the evening of the homicide. However, when he would start to talk, the aunt's fury at his father for killing her sister became apparent. He related.

See, it was kind of bad between my aunt, she never really did like my dad, you know, they never had a good relationship at all. So whenever I would talk about it, she would always take up for my mom, no matter what, and always just downed my dad, even though he was my dad, I didn't want anybody to put him down like that, so a lot of times I didn't want to talk about it because I knew that when I started talking about it she was just going to badmouth my dad, and a lot of times she would even badmouth mamma, on the alcohol or this or that, and I just didn't want to hear it, I don't know, it's weird. . . . She would just put daddy down, she never did like him, my cousins never liked him, I don't think my uncle ever liked him, and like I said, they probably had good reasons for not liking him. He was pretty stubborn and didn't do a lot for us, didn't help out with mamma on groceries so maybe they were right, but I didn't really want to hear that. As soon as I would ask her a question she would just go straight into it, [my father] was just a no good this and that. I'd be like, oh, my Lord, here we go.. You know, you get that on your mind, you don't want to talk about it anymore. . . .No matter how hard your feelings are towards that person try not to express it to them. No matter how bad your parents are, you don't really want to hear it when you're little. You don't want to hear how terrible your parents are, you want to hear that their parents had some good ways about them, not everything about them was bad, she seemed that he never could do anything right, he was just a terrible man. And here I am sitting here thinking about it like, but I've got a lot of his genes, so am I that terrible too?

Men also reported very practical reasons for not wanting to talk about their experience. One participant, Howard, said,

I just remember going to school and getting picked on about it for awhile you know, and some of my friends would step up and say look, leave him alone, which was kind of nice for me. I was just, just really shocked by it. I didn't know what to do. I mean, I just pretty much clammed up, became real, real shy, pretty much didn't talk about anything that I should have talked about, kept all my feelings to myself, 'cause I didn't really know who I could trust and I who I couldn't.

Later, when he started dating, the problem had not gone away,

I told [my girlfriend] what had happened, my dad murdered my mom and another guy. He died in jail last year, and it shocked her, but it didn't

seem like it scared her or anything like that, and she was the first girl I'd been around that was like that, 'cause I had told some other girls about it and they were like, whoa, I'm getting away from you. . . . I told her, and everything seemed cool, and then she went home that night and talked to her mom about it. Her mom said something about, well, you don't think he'll do that to you one day, do you? The next day she come back and told me that. I was like, Jesus Christ, if this is the way all women feel, this is going to be one bad life.

Others, perhaps because they thought that their experiences were so out of the ordinary, refused to even try to talk about them. For them, talking about their experience in the form of therapy felt liked forced self-revelation.

But when somebody [his therapist] kind of forces you, you know, to get stuff out of you, you don't, at the time I was like, you're not getting nothing out of me if you're going to try to force it out of me.

The participants expressed varying levels of understanding and acceptance about why their families chose to avoid talk, but none thought that avoiding the topic had been helpful. One man summed it up this way,

I have no idea what they [the family] were thinking. You know, if we don't say it, it will go away? If we don't talk about it, it will go away? It doesn't ever go away.

One man, Walter, did not want to talk because talking might be harmful to others. His experience is exemplary of men who had reasons not to talk but also had strong reasons for talking. Walter's father killed his mother in front of the five children. Walter was raised by his grandparents and an aunt who doted on the children. He was somewhat of a trouble maker in high school but decided to "straighten out" his life by getting married and joining the army. Walter was stationed in Kansas, far from his siblings, the relationship with his wife was "stormy" and they were both drinking heavily.

One night when I knew things were really getting bad, I called my brother in New York to tell him, say, "Look man, I need to talk," or something like that, but as circumstances would have it, he was getting ready to get married and when they got on the phone everybody was happy and joking and I said I can't bring him down with this and stuff. . . . I guess that night I just snapped. I'm not trying to justify it, I'm not trying to . . . but I don't know, I just couldn't take another day of that. So, I shot her and then tried to kill myself. She didn't die though. I just thank God for every day man,

when I get up . . . I thank him for waking me up and thank God she didn't die. She is healthy and living in Oregon.

Walter had called his brother to discuss his concerns but also wanted to prevent his brother from experiencing the pain that he was feeling.

For some men the reasons for not talking were that it was not possible. For example, some men just did not have an audience. One participant said:

You didn't have anybody to run to talk to about it either, 'cause you weren't that close with anybody except for your immediate family and they just, they weren't adults. They were my sisters . . . so you didn't really know who to talk to.

Men seemed to long to meet and talk with someone like themselves but could not find them. As one man said,

I never really could talk to someone who had the same experiences I did where they witnessed the mother being carted out the day she died or her being hurt or stabbed or beaten or whatever. I never really could talk to someone and bond with them, saying, well, how do you get over it, how do you feel . . . how they felt inside.

Another man found that he wanted to talk but could only talk to himself:

They [his adoptive family] didn't want to talk about any of it, so I had to talk about it to myself, in my mind, and write it out on paper, and so like I said, there wasn't anybody else other than myself.

Reasons for Talking

Had Walter felt able to talk to his brothers, would he not have shot his wife? Impossible to tell, but he believed a talk with his brothers would have helped. A number of other men told us that talking about the homicide and letting people hear about the "little ball inside" was a good thing to do. For some informants, it was not only a good thing to talk; it was dangerous not to talk:

I got all of these feelings and all of these things inside of me that I haven't released, I haven't talked about. Just like a massive time bomb waiting to explode, because you're keeping all this stuff in you and you don't let it out and it just, subsequently makes you act differently.

In some men, there was also the sense that the talk could be sequestered inside themselves and not do harm for awhile if well hidden,

but it would eventually erupt.

You tend to compartmentalize and just do what needs to get done, and you stuff the personal feelings inside . . . It helps you to do things . . . but when you're not dealing with your personal stuff, and you don't have counseling or assistance in working through that, you stuff it and that's what I did. . . . It [the emotion or the talk associated with his mother's homicide] really didn't present . . . [for] 34 years, so I don't think it really created any real problems, but when it did surface, it just erupted and to the point that I was just, you know, a mess and I just said, I've got to go see a psychiatrist.

Some men described having difficulties in relationships with women (none of these men described an intimate relationship with another man) because of this burden they were carrying. One said he picked fights with his wife because "he had something else going on inside." He decided he "can't be this person" and found a counselor. He described feeling "legitimate relief" in telling his counselor his story. He, like several other men in this sample, found someone to talk to and ascribed a marked improvement in intimate relationships to that talk. Others simply acknowledged that talk might have helped them maintain longer relationships.

Sometimes not being able to talk about it made the discovery of what happened traumatic. One participant, who was young at the time of the slaying, was under the impression that his parents had died in a car accident. When he was 12, news coverage of President Kennedy's assassination prompted his aunt and guardian to say that it reminded her of seeing the participant's mother lying in a casket with a bullet hole in her skull. As one participant said, "I think what I really would have liked to have had was somebody to just set me down and tell me what happened, why it happened." Some men did not know they had siblings until they were adults.

We, as interviewers, sometimes believed that participants were meeting their need to talk about their experiences by volunteering to be in the study. One volunteered:

Right now I just kind of feel like I needed to talk about it to somebody and, I mean, who better than a stranger. I'll probably never see you again.

DISCUSSION

An interesting approach or another way of looking at what these men were saying is one that favors talk over everything else people

do. According to a number of what might be best called “postmodern” theorists (Gadamer, 1989; Mead, 1964; Ricoeur, 1978; Rorty, 1980) language is what makes us humans. People did not create language; language creates people. Experiences are real and meaningful only when they have been converted into language. The most real thing in experience is talk. What we see and feel is only significant when we say it is.

The implications of seeing the experience of these men in this way are far reaching. For these men, the talk is the trauma and the emotion of what they went through. These men believed that talk about the homicide might hurt them if kept inside but might do serious damage to others if let loose and expressed. Talk is dangerous because it has become the experience. Their mother dying at the hands of their father was experienced not just once but every time it is spoken of. The trauma has become the talk. Naturally, if the talk is the trauma and the trauma makes one suffer, then a strategy is to stop the language and thereby stop the suffering. Some men tried to avoid re-traumatizing themselves and others by not speaking about the intraparental homicide.

But, for many of the men in the study, the trauma formed an internal “little ball” or was something that was “bottled up” and would “erupt.” We argue that it is useful to see this internal object or force as language, also. The trauma of the homicide is something inside an individual that is there to be said, something that can be spoken but is not spoken. For many of the men this little ball of bottled up language was better off spoken.

It is useful to see the problem of whether to talk about the homicide or not as a problem of language rather than a problem of feelings, emotions, or stored experience. Language is subject to editing, revision, and reinterpretation. If the trauma of the loss of a mother at the hands of father has become a retelling of the event stored in language and no longer the event itself, it can be controlled to some degree. We are not suggesting that the homicide can be made to go away by saying it never happened. Instead, the story can be told in different ways, with different words, and spoken of openly until the words are experienced as words only and not as a recurring homicide.

IMPLICATIONS

Mental health nurses need to be aware that many men who are the children of intraparental homicide need to have someone listen to them;

someone they believe will not be distressed by their talk. We do not suggest that they should be forced to talk if they do not desire it and we have no evidence that talking changed the welfare of the men or their friends and family either way, but these findings do suggest that the men experience a strong desire to talk, both when they were children and as adults. Nurses can suggest that adult family and friends not make statements to child survivors such as, "let's put the past behind us" or otherwise suggest that talking about the incident should be avoided, and that adults be ready to answer questions about the incident if they arise. Adults caring for child survivors of intraparental homicide can be strongly counseled not to criticize either of the child's parents, whether the victim or perpetrator of the homicide. Nurses and other clinicians also should expect that adults who experience intraparental homicide as children may never have discussed their parents' death and may have a strong need to talk to someone.

Both children and adult survivors need to understand that the story they carry around inside of them is not unique. Literally thousands of men carry this same "little ball" of trauma around with them. Feeling completely alone in their suffering is another trauma. Nurses and other clinicians can provide these men with information so they know that thousands of children each year survive uxoricide. Clinicians also may direct them to victim assistance organizations (such as the National Organization of Victim Assistance at <http://www.trynova.org>) that can help the survivors find resources and support in their community.

Early interventions for the children of intraparental homicide should be developed and tested. If mental health services were available early and consistently, choices about whether, when, and who to talk to about the trauma would be much easier. The guardians of these children, who did not expect to have new children in their families and who may be grieving themselves if they are siblings or parents of the person who was killed, need to have information about all the things these children will face. Interventions should be geared for the traumatized children, their new guardians, and other adults with whom they are interacting such as teachers, ministers, and counselors.

We also recommend child, guardian, and family counseling for all persons who experience or deal with life after intraparental homicide. Programs that help people working in law enforcement and justice to identify these children and offer repeated information to guardians on the importance of prompt short- and long-term counseling needs are important to start. A referral to the public health, school, pediatric, family nurse practitioner, and especially advanced practice mental health nurses to discuss counseling options with the guardians and provide nurse case

management could go a long ways toward prevention of psychological trauma.

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