NARRATIVES OF BEREAVED COUPLES' COMMUNICATION EXPERIENCES AFTER THE DEATH OF SOMEONE CLOSE

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BY

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DEDICATION

To Cathy's children – Jon, Lauren, and Jeff.

To Tim's children – Matthew, Melanie, and Andrew.

To clients, volunteers, and helping professionals in grief support centers all over the world who have helped me to understand and communicate about grief and mourning.

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I thank God, the Father, Son, and Holy Spirit, Who has given me life, purpose, and passion on earth and the promise of eternal life hereafter.

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ABSTRACT

KAREN LINDWALL-BOURG

NARRATIVES OF BEREAVED COUPLES' COMMUNICATION EXPERIENCES AFTER THE DEATH OF SOMEONE CLOSE

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This qualitative research study examined the communication experiences of bereaved couples after the death of someone close in order to learn more about what family therapists need to know when working with these families. The theoretical foundation for this study was Narrative Therapy Theory.

The research was designed using the phenomenological research approach in order to capture the couples' rich meanings within their unique stories. Participants were recruited on a local, statewide, and national level. Purposive and snowball sampling yielded a sample of 18 couples, 11 of whom had experienced the death of a child, and 7 of whom had experienced the death of others close to them. Verbatim transcripts were read multiple times; several were hand-coded using a color-coded system, and all were categorized by content using the QSR NVivo 11® system software to discover common themes. After the analysis of the transcripts, the researcher believed she had captured the essence of each participant's story.

Eight communication experience themes emerged from the final analysis of the interviewed data. Under hindrances to communication about the death for the couple—were the concepts of grieving apart, avoiding emotional pain, and lack of experience. Under help to communicating about the death for the couple—were the concepts of grieving

together, having strong faith, verbal communication, non-verbal communication, and helping others. Direct quotations from the participants' narratives give voice to their lived experiences and illustrate each theme.

In qualitative research, the researcher is part of the instrument. This study was conducted by a woman widowed at age 35 with three small children to raise who is also a family therapist. The researcher's voice was included in Chapter Five to provide transparency for the research process and to describe some of the effects this study had on her spiritually and professionally.

The results of the study were compared with a review of the literature. Conclusions were drawn, and implications for bereaved couples and for family therapists working with similar families were provided. Recommendations for future research and for the field of family therapy were discussed.

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CHAPTER I

INTRODUCTION

Over the course of a lifespan, couples may experience the death of someone close. The fatigue and strain that accompanies bereavement make it challenging for couples to communicate with each other and with other members of their family. And yet, talking with each other about the death and/or using other forms of effective communication may be necessary to promote healing and growth on this difficult journey (Pennebaker, 1990). This journey can be facilitated through re-constructing experiences or storying. The narrative of the experience, told again and again, includes the story of the death and the background of the loved one's life. These stories may encompass the unique stories of the bereaved as well (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2009).

Statement of the Problem

When couples are challenged by the death of someone close, it is normally assumed that communicating emotional responses to the loss is a significant element of growth through mourning (Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). Researchers contend that vulnerable and candid communication about bereavement experiences with each other and with family will enhance relationships (Shapiro, 2008; Walsh & McGoldrick, 2004). Grief communication is a significant element of growth, influenced by the universal event of death, the uniqueness of the individual, the couple dyad, and the family group (Hooghe, Neimeyer, & Rober, 2011).

In contrast, sharing the death of someone close can pose contradictory and confusing elements because of the differences in the way grieving couples both experience and express loss (Hooghe et al., 2011). Bereaved couples may find it challenging to share with their partner because both are experiencing the loss, and because they lack the energy to manage usual relationship stressors at the same time (Rando, 1991). Hooghe et al. (2011) explain that each partner's desire to escape further pain and sorrow for themselves and their partner will impact their level of communication as well. Differences in how grieving couples perceive grief experiences will influence how partners share with each other during this very trying time.

Not sharing grief, or remaining silent, is seldom addressed by researchers in a positive way. Sharing and/or communicating about grief in non-verbal and other ways may be helpful but are seldom researched, according to Hooghe et al. (2011).

Empirical research studies that describe the various methods that couples find beneficial in collaboratively sharing about or not communicating about bereavement is limited. While a number of researchers have identified the communication challenges bereaved couples may face and highlighted the paradoxical and sometimes ambiguous nature of couple bereavement, scholars have yet to research how couples navigate their coexisting and sometimes contradictory need to both share and not share about the death of someone close (Hooghe et al., 2011). Scholars lack beneficial and empirical information on resources couples and families employ to communicate during bereavement. Future research must focus on effective elements of grief communication between couples (Hooghe et al., 2011; Toller & Braithwaite, 2009).

Purpose of the Study

The purpose of this study was to examine phenomenologically the communication experiences of bereaved couples after the death of someone close. It is important to continue to advance the family therapy field of knowledge about grief and loss and the special communication needs of bereaved couples.

This study will hopefully provide family and couple therapists with increased understanding and effective tools to define successful strategies and methods to help this special population.

Research Questions

Research questions guiding the study included:

Research Question One : "What are the experiences of bereaved couples after the death of someone close?"

Research Question Two: "What are the communication experiences of bereaved couples after the death of someone close?

Scope of the Study

Theoretical Framework

Postmodernism and social constructivism. The field of family therapy has grown into a diverse force with competing schools and conflicting theories that share a belief that problems run in families, and there are many approaches to solutions and various attitudes toward the nature of people and the shape of the family (Nichols, 2013).

Postmodernism was a reaction to a changing world that was losing faith in the validity of scientific, political, and religious fields. Accepted practices were deconstructed,

and in response, Social Constructivism and the Narrative Revolution brought new perspectives toward issues such as family violence, gay and lesbian rights, home-based services, the Internet, medical family therapy, multiculturalism, advances in neuroscience, poverty and social class, psychoeducation, race, relationship enrichment programs, and spirituality. Family therapists were encouraged to tailor treatment to definite populations with specific problems (Nichols, 2013).

Constructivism shifted the emphasis toward exploring the perspectives that people with problems have about their own problems. Constructivism focused on collaboration and the power of interaction, constructing meaning, and how individuals create their own realities. Social constructivism influenced the field of family therapy by emphasizing the power of social interaction and creating meaning. Beliefs are fluid and vary with modifications in social context, and all truths are viewed as social constructions. Therapy is a collaborative exercise of shared language in which therapists lead clients to new constructions about their problems and toward constructive solutions (Nichols, 2013).

The postmodern and constructivist theoretical frameworks ally well with the study of grief. The perspectives view grieving as a process of reconstructing meaning after the death of a loved one. Many people process grief and mourning positively, and many persevere and return to levels of functioning before loss; but a considerable number are unable to find meaning through the trauma of death and struggle with complicated grief (Neimeyer et al., 2009).

Narrative/Storying. Narrative and constructivist theorists have examined the innate human motivation surrounding stressful trials, such as the death of a loved one, to

create and preserve a meaningful self-narrative toward a new identity, to share with others, and to provide consistency and purpose in our lives (Neimeyer et al., 2009).

The narrative approach includes re-storying and constructing meaning, and is built around the personal, fashioned story and social construction which makes up the mutual reality of the couple or family through shared understanding and similar preferences (Nichols, 2013). The core themes of meaningful narratives include beliefs in personal value and a place in a kind and just universe, a sense of human trustworthiness, the hope of a fulfilling life, and the possibility of some control over life events. Reestablishing and conserving equilibrium requires mourners to make meaning within the context of death by assimilating the experience of this death into their pre-loss way of being in the world (Neimeyer et al., 2009).

The Narrative approach allies well with grief issues. The therapist fosters meaning-making and the development of storying to combine the loss with a move forward on the journey along new and preferred paths and narratives. Helping mourners reconstruct meaning in the process through bereavement involves retelling stories, journaling, and a focus on metaphors and visual cues (Neimeyer et al., 2009).

Grief communication. Committed couples may need to communicate about and share the loss of someone close to work through the grief, to adjust to a life without the one loved, and to continue to build resilience and promote connected relationships (Hooghe et al., 2011; Worden, 2008). According to Watzlawick, Beavin, and Jackson (1967), people are always communicating, and all behavior is considered communication.

People are never not communicating, and every behavior (verbal and non-verbal: sleepiness, headaches, drunkenness, facial expressions, digital communication, silence, and more) is a form of communicating and maintaining family homeostasis or equilibrium. The individuals in relating systems are not just individuals, but are beings communicating with other beings, and there is always some kind of relationship between persons. As they interconnect, people in intimate relationships are constantly responding to the dialectical tensions that enclose them, which influence their communication (Baxter & Montgomery, 1996). Communication between family members involves more than just the exchange of information, but also includes the reality constructed and the meaning discovered by each interacting member as they send and receive messages (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 2008).

Each couple and family can be understood as a whole that is greater than the sum of its parts (Boss et al., 2008). The family system is more than a dyadic couple or parents plus children, but includes smaller subsystems, such as sibling pairs; larger supra-systems, such as the extended family and the community; and the combined attributes of all of these family segments over time. Theorists attempt to understand family processes, how families share information and how that information contributes to the behavior of the family, how family systems are related to other systems, and how families change (Boss et al., 2008).

Grief-work. The conception of the essential need of grief work, or working through grief, has long directed bereavement services and training. Freud (1957), Linde-

mann (1944) and Worden (2008) postulated that those who mourn need to face and communicate about their emotions of grief to be able to process the death and to adapt to a life without the one who has died. Couples often serve as their partner's main foundation of care and consolation, especially when expected support from members of their social network is not available (Carroll & Shaefer, 1994; Kamm & Vandenberg, 2001). Hooghe et al. (2011) proposed that sharing grief experiences can be a crucial component of adapting to loss, and may contribute to stronger attachments and intimacy within the family. Grief can significantly upset the connection, predictability, and intimacy of interpersonal relationships. Boss (1999) encourages self-care and strength and believes that healing can make a way to a more optimistic and successful life. She encourages families to communicate and to reach a harmonious compromise about how to grieve together and how to celebrate life.

Methodological Approach

Phenomenology is a form of qualitative research that assesses the lives of a specific group to ascertain the values and meanings of their unique experience. This particular form of inquiry endeavors to capture the heart of the experience of the participants. A phenomenological inquiry emphasizes discovery, description, subjectivity, and the meaning of human experience, accessed in personal communication through in-depth interviews (Creswell, 2003).

The qualitative research interview attempts to produce knowledge by asking questions toward understanding a phenomenon from the participants' perspectives and to clarify the meaning of their unique experiences. Qualitative interviewing is an active process

where interviewer and interviewee produce new knowledge through their interactions (Kvale & Brinkman, 2008).

To feature the voices and communication experiences of bereaved couples, this study was grounded within the interpretive paradigm which allows a focus on the meaning making processes of participants (Creswell, 2007). This study was centered on bereaved couples after the death of someone close to interpret and reveal their perceived grief communication experiences.

Purposive sampling was employed (Palys, 2008). Purposive sampling is a form of non-probability sampling in which rulings regarding the participants to be included in the sample are made by the researcher and grounded on a selection of criteria, which may include the researcher's special understanding of and previous experiences with the research subject or the participants' ability and readiness to take part in the research. Some research designs force researchers to make a choice about those who would be most likely to offer applicable information, both in terms of importance and complexity. Snowball sampling—using a number of initial interview participants to recommend (through their community systems) others who are fit for and could potentially contribute to this study—was utilized to increase sample size (Morgan, 2008).

Upon approval from the University's Institutional Review Board, participants were recruited from bereavement support groups, university level family therapy and communication classes, postings on community bulletin boards and social media sites, and from campus and community contacts who were asked to help locate persons who met the criteria.

Each participant signed a consent form and completed a thorough demographic questionnaire, and each couple met the assumed and delimited criteria listed. Once couples initiated contact with the researcher, interviews were scheduled with them at their convenience.

Definition of Terms

Couple was defined as two adults, 21 or over, living together in the same location/home for 12 months or more, who were in a current relationship that both individuals would define as being a committed relationship, whether engaged, married, partnered, or cohabiting.

Shared was defined by the couple who felt they mutually experienced the death of someone close.

Close was defined by the couple who both felt the person who died was important to each of them.

Communication experiences were defined by the couple and may include all forms of communicating—verbal and nonverbal.

Bereavement and Grief and Mourning were defined as deep sorrow—in this case, after the death of someone close.

Grief communication, following the example of Hooghe et al. (2011), was defined as the process of verbal and non-verbal connections between relevant partners in the context of bereavement (acknowledging the death, remembering the loved one, searching for meaning, and more).

Grief work, or working through grief, for the purposes of this study, was defined as facing and communicating about the emotions of grief to be able to process the death and to adapt to a life without the one who died, and included grief communication (Freud 1957; Lindemann, 1944; Worden, 2008), as well as self-care (Boss, 1999).

Delimitations

It is important for researchers to realize the delimitations inherent to their study. By identifying the delimitations of a study, the generalizability of the study's results will have more credibility (Patton, 1990).

The following delimitations were applied to this study.

1. Participants were adult couples 21 or over who agreed to conjoint face-to-face, audio/video-recorded interviews about their communication experiences after the death of someone close to each of them.
2. Participants met the definition of couples for this study.
3. Couples agreed that they shared the experience of the death of someone close more than six months ago.

Assumptions

According to the theoretical frameworks guiding this study, the following assumptions were included in this study.

1. Couples volunteered to be a part of the study.
2. Couples agreed to be interviewed together.
3. Couples answered questions about their shared bereavement experiences openly and honestly.

4. As researcher, I attempted to be aware that as a participant-observer, I both impacted the study and was impacted by it.
5. I endeavored to be aware of my own biases in interpretations.
6. I did my best to employ techniques to avoid biases by following the bracketing strategies of Chan, Fung, and Chien (2013): to be consciously aware of and assess and set aside my biases as I decided the research model, chose the scope of the literature review, and planned for the interview process and data collection and analysis in ways that prevented influencing participants' understanding of the phenomenon of communicating about bereavement.

Researcher as Person

Qualitative research pursues illumination and further understanding of selected individuals or groups on phenomena from the perspective of the participants. We cannot approach research without a consideration of the researcher as a person. Within qualitative phenomenological research—a postmodern style of scientific inquiry—the participant-observer or interviewer is an important part of the study and involved with the participants. The interviewer's understanding of a participant's experience is interpreted through the eyes of his or her uniqueness and biases (age, gender, personality, behavior, experiences, cultural beliefs and values, and socio-historic time). The researcher's many biases may influence and narrow the research findings. The researcher has an obligation and a responsibility to acknowledge this interpretation (Denzin & Lincoln, 2003). The dominant theme or goal in qualitative research is to reduce biases and influences throughout each study through concreteness, diversity, and flexibility to extend the knowledge

potential of research settings (Flick, 2007). The interviewer has an ethical responsibility to be aware of his or her participation and influence and must consider and evaluate his or her procedure at each stage of research to limit partialities and declare personal and procedural biases throughout the study (Bager-Charlson, 2014).

As researcher, I am a Christian, Caucasian, female graduate student at Texas Woman's University (TWU) in Denton, Texas, and a Licensed Professional Counselor-Supervisor in private practice. I was married for 11 years to my first husband. We had three children together. This husband was diagnosed with Hodgkin's disease in January 1989 and died after a four-year battle with multiple cancers in September 1993. My children and I participated in grief support groups for a year. In 1995, I remarried a widower with three children, some of whom participated in grief support groups for over a year. Being able to share openly about our grief was very important. Our strong faith also played a pivotal role in our growth throughout our bereavement journey. I began working with grieving families in nonprofit institutions in 1995 and continue working with this population to this present day. I received a Master's degree in counseling from Amberton University in 2005, and opened a private practice, and began working toward a doctorate in family therapy from TWU in 2007. A curiosity on my part to understand the beneficial ways in which others communicate while bereaved—especially couples and families—and the privilege of working with individuals, families, and couples after the death of someone close, led to an interest in this topic. Moreover, it is hoped that sharing the beneficial and challenged communication experiences and resources of others who are be-

reaved gleaned from this study will broaden the understanding of this crucial phenomenon for clients and helping professionals alike. The researcher made every effort to suspend any biases as she interviewed bereaved couples about their general experiences and specific communication experiences after the death of someone close.

Summary

When couples share the loss of someone close, the fatigue and tension they experience may make it more difficult for them to communicate and share with each other and with others. Most scholars propose that communicating with each other about the death may be necessary to promote healing and growth. The experience of loss is universal and yet very unique to each person, to each couple dyad, and to each family. In contrast, sharing the loss of someone close may pose contradictory and confusing elements, whether verbally or nonverbally expressed (Pennebaker, 1990).

The purpose of this study was to examine the phenomenon of the communication experiences of bereaved couples after the death of someone close. This phenomenological study depended largely on theories of narrative and re-storying to shed light on the communication experiences of bereaved couples after the death of someone close. It was an effort to add understanding and knowledge on this phenomenon and the meaning and impact of grief communication for couples who are experiencing shared bereavement, and to provide insight for marriage and family therapists and other helping professionals who may work with couples desiring to communicate effectively after the death of someone close.

CHAPTER II

LITERATURE REVIEW

The death of a loved one is a pervasive human experience and is sometimes regarded as a serious threat to health and well-being. Coming to terms with personal loss is considered to be an important part of successful adult development (Wortman & Boerner, 2011). Despite the traumatic nature of death, most people are resilient and able to adjust to psychological distresses and to their changed lives and to retain or restore a sense of meaning and life purpose (Burke, Neimeyer, & Elacqua, 2014). After a death in the family, one member may become both physically and emotionally distant from the family while other members may develop a stronger alliance than they had experienced before the death (Boss et al., 2008). Couples may need to share about the loss of someone close to work through the loss, adapt to a life without the one who died, and continue to build strength within intimate relationships (Hooghe et al., 2011; Worden, 2008).

Storying or sharing narratives of grief experiences assumes the necessity of grief work and giving words to and expressing emotion about grief with another in a relationship. Storying, from a narrative and meaning making perspective, promotes meaning reconstruction and healing (Bosticco & Thompson, 2005; Hooghe et al., 2011). Narrative therapists believe that telling stories of loss and connecting elements of the experience over time may build unity and help make meaning (Bruner, 1990; White & Epston,

1990). The bereaved need to tell and construct stories to make order of disorder and find meaning in the meaningless (Gilbert, 2002).

This chapter includes a brief review of the paradigm of working through grief, the construct of grief communication, and the theoretical framework of Narrative and storying theories as they inform grief and bereavement. Research is rich on the bereavement experiences of couples who have lost a child, but offers limited information on the subject of other death losses experienced and shared by couples, and even less on their communication experiences. This chapter offers a brief overview of research findings concerning couples who have experienced the death of a child in hopes that these studies will inform our research of other losses and communication experiences as well.

Working through Grief

The conception of the essential need for grief work is prevalent in early bereavement writings and practice. Based on Freud's classic psychoanalytic model and grief work perspective, following the loss of a loved one, the bereaved must acknowledge and work through their feelings about the loss (Wortman & Boerner, 2011). Freud (1957), Lindemann (1944), and Worden (2008) postulated that the bereaved need to communicate their feelings of grief to be able to work through their loss and adjust to a changed life without the one who has died. According to Freud (1957), the primary task of mourning includes an internal struggle and a gradual surrender of psychological attachment to the deceased. Lindemann (1944) explains that grief work is different for each person and requires working through three tasks: release from bondage to the deceased, reorientation to a life without the one who died, and the development of new relationships. Grieving

the death of someone close is an inherently contradictory experience as couples encounter simultaneous and conflicting grief emotions concerning the death (Becvar, 2001; Hooghe et al., 2011).

Grief work for couples may include engaging in meaning making practices to cope with and adapt to a profound loss (Wheeler, 2001), as well as talking and telling stories (Bosticco & Thompson, 2005; Sedney, Baker, & Gross, 1994). Bosticco & Thompson (2005) discussed the value of reliance on narratives and storytelling from their own and various viewpoints of other authors and bereaved clients, and presented the foundations of the actual process of storytelling. They proposed that people primarily tell stories to create sense of their lives after loss, for cleansing, and to remember the one who died.

Sedney et al. (1994) suggested listening to and assisting with the stories of bereaved families, especially families with children, to discover how the story constructions and contexts are affected by and affect the stories they tell. They used a variety of case examples to show how stories of loss can be used as an assessment tool, an opening intervention, and to measure therapeutic progress throughout sessions.

Wheeler (2001) asked one hundred and seventy-six bereaved parents to describe their experience and the meaning of their lives since the death of their child. They reported that their child's death triggered a severe meaning and sense-making turning point and opened a quest for value found through networks with others, creative and cathartic activities, enhanced beliefs and standards, individual healing, the remembrance of and attachment with the child who died, and other helpful benefits from the crisis.

Importance of Grief Work

Assumptions about the importance of working through grief through a period of distress are widely held by helping professionals, and an examination of a few of the most influential resources on grief therapy suggests that therapists consider working through grief a foundational practice when working with the bereaved (Rando, 1993; Worden, 2008). Lindemann (1944) proposed that grievers work or progress through either normal or distressed pathways of mourning and may need help from a professional. Sharing about grief can be a crucial means of adjusting to loss and can produce resilient relationships and interpersonal closeness for couples and families (Hooghe et al., 2011). Embedded in the understanding of grief work is the belief that it is not possible to resolve a loss without working through the death (Rando, 1984). Worden (2008) indicates that not acknowledging loss and allowing negative emotions to be expressed frequently leads to complicated bereavement. The traditional grief work hypothesis states that the bereaved need to confront and express their feelings of grief to be able to work through their loss and adjust to a changed life without the deceased (Hooghe et al., 2011). It is commonly believed by professionals that sharing emotional reactions to loss is a vital component of grieving and enhances couple relationships (Stroebe et al., 2002).

Evidence for grief work. Narrative therapists believe that telling stories of loss may build unity and make meaning out of lives through connecting the elements of experience in time (Bruner, 1990; White & Epston, 1990). An inability to find meaning surrounding the death is a significant predictor of the intensity of bereavement related symptoms in those who mourn (Keesee, Currier, & Neimeyer, 2008), as one's sense of self and

worldview is threatened (Janoff-Bulman, 2004), and the basic story and plan of one's life is upset or crushed (Neimeyer, 2001). Pennebaker (1990) provided persuasive data regarding the therapeutic nature of openness and self-disclosure. He proposed talking with each other about the death and/or using other forms of effective communication (writing stories or recording accounts) may be necessary to promote healing and growth on this difficult journey even though sharing the loss of someone close may pose contradictory and confusing elements, whether verbally or nonverbally expressed. Hooghe et al. (2011) stress the importance of communication and interaction to create meaning around the death. They propose sharing grief experiences with others is important for the bereaved through increasing grief resolution; reducing emotional distress and facilitating coping; constructing and maintaining self-identity; creating stronger bonds; receiving validation and social support for one's loss; impacting social contexts and particularly couple and family relationships; enhancing family sense of closeness; increasing togetherness and relational intimacy; providing an increased sense of security, togetherness, and understanding of each other; offering shared reality and mutual support; and exploring the world in relation to others.

Evidence against grief work. Over the past decade, several studies related to working through grief have assessed such constructs as confronting thoughts and reminders of the loss, avoiding reminders and using distraction, thinking about one's relationship with the loved one, verbally expressing or disclosing feelings of grief or distress, exhibiting negative facial expressions, or expressing one's feelings through writing about the loss. These studies have provided limited support for the notion that working through

grief is important for adjustment to the death of a loved one. Some have not found any support for the grief work hypothesis, some have found support on only a few dependent measures, and some have reported findings that directly contradict this hypothesis (Wortman & Boerner, 2011). Not sharing grief, or remaining silent, is seldom addressed in a healthful way. For example, concepts like remaining silent and keeping experiences to oneself and withholding emotions from others are said to have a negative connotation; are described as a communication difficulty; are associated with an interruption in important communication, intimacy, and emotional engagement; are believed to increase blame, guilt and conflict; and contribute to instability in family dynamics in the form of confusion, severed emotional connections, and the formation of factions within the family (Hooghe et al., 2011). In fact, some researchers believe the expression of emotions can often increase suffering and hinder effective coping (Kennedy-Moore & Watson, 1999). Researchers studying the link between grief and avoidance of bereavement found that not expressing grief could even enhance resilience by distracting families from the loss (Boelen, van den Hout, & van den Bout, 2006).

In summary, despite studies that either support or negate the importance of grief work, a common therapeutic goal usually includes assisting grievers with the expression of emotions and thoughts surrounding the death (Bonanno & Kaltman, 2001). Therapists working with bereaved families try to create an opportunity to explore the option of sharing their grief experiences with others, while also acknowledging the difficulties of sharing and the realistic reasons family members might have to not share their experiences

(Rober, 2002; Rober, van Eesbeek, & Elliott, 2006). Rober et al. (2006) described the storytelling of violence from a single session pilot study. The retelling of extremely emotional and sensitive events such as violence naturally discourages the sharing of those stories, and an alternating process between reluctance (voices of hesitation) and support (voices of reassurance) emerges as the bereaved assess the security of telling their stories. According to Hooghe et al. (2011), "it could be important to recognize that it might be valuable for them not to share some (or all) feelings or thoughts, some (or all) of the time, with some (or all) listeners" (p. 918).

Grief Communication

Communicating about grief experiences can be a crucial step toward adjusting to loss, and may enhance attachments and relational affection within the family (Hooghe et al., 2011). Hooghe et al. (2011) see communication between grieving family members as a process between people over time focusing on the meanings of sharing and silences which are intertwined across multiple dimensions. Grief communication is the process of verbal and non-verbal connections between relevant partners in the context of bereavement—thinking about the deceased, searching for meaning and positive memories, and more (Hooghe et al., 2011).

The grieved communicate both verbally and nonverbally. It is possible to agree to share and not to share during bereavement. When stories and conversations about the loss occur, the storyteller and the listener are viewed as active and interactive co-narrators and co-constructors in the moment (Bakhtin, 1986; Bavelas, Coates, & Johnson, 2000). According to Wortman and Boerner (2011), those who may have difficulty expressing their

emotions seem to benefit the most from nonverbal interventions such as writing about their experience; and it is possible that working through grief may be more beneficial for traumatic losses. Self-nurturance and strength that comes from grief communication in families may pave the way to a more positive and successful life (Boss, 1999). Learning about the communication experiences of couples after the death of someone close may ideally provide family therapists and other helping professionals with tools necessary to aid couples throughout this process. The assumption for this study was that couples who have experienced the death of someone close to both of them have a shared experience and generate meanings specific to them based on these experiences.

Communication Difficulties for Couples

Couples often function as the main foundation of support and consolation for each other, especially when needed backing from members of their social network is not available (Carroll & Shaefer, 1994; Kamm & Vandenberg, 2001). Carroll and Shaefer (1994) interviewed 35 couples bereaved by Sudden Infant Death Syndrome (SIDS) and administered the SIDS Parent Coping Inventory (SPCI) to explore differences and similarities in coping behaviors. They found that these parents accepted the SIDS diagnosis, communicated openly with their spouses, and sought support regularly from within their families and rarely from others. Kamm and Vandenberg (2001) studied 36 couples who experienced the death of a child to discover if stances about grief communication were linked to responses to bereavement and spousal satisfaction. They found no correlation with marital satisfaction. The connection between attitudes about communication and grief

changed over time dependent upon their level of sharing; and positive attitudes about intimate communication were related to intense grief in the preliminary stages and to less intense grief in later stages. Women appreciated intimate communication considerably more than men.

Hooghe et al. (2011) proposed that talking about bereavement experiences can be a key component of adjusting to death and may contribute to more resilient ties and interpersonal closeness within the family. Yet, Becvar (2001) and Schwab (1990, 1996) who studied bereaved parents, proposed they rarely experience grief and mourning in the same manner, which makes comforting and caring for one another difficult. Couples' individually distinct and shared similar mourning patterns can create struggles and tension as they try to understand one another (Martin & Doka, 1996; Schwab, 1992). Partner communication between bereaved couples may be withheld as couples try to protect themselves and their partners from further distress (Schwab, 1990; 1992).

Grief communication is further complicated because, while sharing is important between partners, they may find it hard to talk as they concurrently experience the loss and lack the ability and energy needed to provide support and handle typical relationship issues at the same time (Rando, 1991). According to Hooghe et al. (2011), sharing about grief and mourning includes a back-and-forth tension between being open and closed (a dialectical framework), both within the individual who is mourning and between each sharing family member as they attempt to connect and separate (a dialogical process), and within a specific time-based and multi-dimensional and sometimes sequential frame to be

considered in each exchange (a dynamic route). Baxter (2006) proposed that these conflicting dialectic tendencies are experienced in a *both/and* rather than in an *either/or* mode. Toller and Braithwaite (2009) believe that dissimilarities in grieving are not always harmful to the relationship and in many conditions are beneficial, as they provide a means for navigating individual and couple needs and enhance communication and relationship strengths. These ongoing communication conflicts may give relationships life and vitality even while they pose certain challenges. Boss (2006) proposed that all losses are shaded by some ambiguity, and these unresolved griefs offer opportunities for discovering hope, finding meaning, and building strength and resilience.

In summary, scholars who study grief communication must consider a balanced view of the active interaction and pull toward openness and closedness in couples and families (Baxter & Montgomery, 1996). Hooghe et al. (2011) argued for considering the intricacies and complexities of the process of couple verbal and nonverbal grief communication and encouraged considering the intertwined conflicts of communicating about the grief of the individuals and of all relationships involved. Therapists working with bereaved families must acknowledge the dialectic, dialogic, and dynamic dimensions of grief communication and encourage taking time to search for opportunities to share grief experiences with others while at the same time address the challenges of sharing and the therapeutic reasons they might have to not share their experiences (Rober, 2002). Baxter (2007) proposed that helping professionals must embrace the importance of dissimilarities in grieving styles among couples to the health and vitality of the relationship and treat differences as integral to the relationship rather than as an obstacle to be overcome.

Baxter (2007) advised that problems can be viewed interdependently as a source of suffering or irritation and as an inquiry and quest toward accepting differences and achieving unity.

Professionals can help couples learn to honor both their own and their partners' grieving needs; help bereaved couples find creative and resourceful ways to connect as a couple while also recognizing and accepting their own individual needs; encourage couples to find individuals in whom they can confide about the death; encourage grieving couples to find sources of support in addition to their spouse; and create materials to help them understand and better cope with the differences in grieving they or their partner might experience following the death (Toller & Braithwaite, 2009).

Rober (2002) suggested the primary tasks of therapists can be described as hearing what the client says and creating a safe place for what the client has not yet said. He proposes a collaborative healing conversation in which there is a back and forth position between knowing and not knowing and a focus on creative and dialogic awareness, rather than knowledge.

Narrative Approach

The field of family therapy has grown into a diverse force with competing schools and conflicting theories that share a belief that problems run in families. Family therapists believe that there are many approaches to solutions and various approaches to the nature of people and the shape of the family; they question the possibility of knowing anything with certainty. Therapists study theories of change and are encouraged to become famil-

iar with several models and to apply them selectively to the needs of couples with empathy, encouragement, and questioning assumptions (Nichols, 2013). The Narrative approach and its focus on frameworks in meaning construction sprang from modernism (positivism, or logical empiricism, and simple, or first order cybernetics) and postmodernism (second order cybernetics) and constructivism and social constructionism (Becvar & Becvar, 2000; Freedman & Combs, 1996).

Postmodernism

Postmodernism was a reaction to a changing world that was losing faith in the validity of scientific, political, and religious trades, even doubting whether absolute truth can ever be known. Accepted practices were deconstructed and shown to be social conventions developed by those with their own agendas. A few of the influential expressions raised in Family Therapy included Social Constructivism and the Narrative Revolution which brought new perspectives toward issues such as family violence, gay and lesbian rights, home-based services, the Internet, medical family therapy, multiculturalism, advances in neuroscience, poverty and social class, psychoeducation, race, relationship enrichment programs, and spirituality. Therapists are encouraged to tailor treatment to populations with specific problems (Nichols, 2013).

Social Constructivism

Constructivism pried the field of Family Therapy away from its claim to objectivity and the assumption that what one sees in families is what is in families, and taught us that human experience is fundamentally ambiguous. Constructivism shifted the emphasis

toward exploring the perspectives that people with problems have about their problems. Constructing meaning became the primary target.

Collaborative relationships of postmodernism focused more on caring and partnership and sought to move the therapist out of the position of the expert into a more egalitarian alliance with clients. Reflecting teams created an open environment in which the family felt part of a team and the team felt more empathy for the family. Therapists adopted a position of *not knowing* and curiosity and wonderment and engaged the clients' expertise to work through problems and toward interpreting solutions. Constructivism focused on how individuals create their own realities and the power of interaction (Nichols, 2013).

Social Constructionism has found expression in a variety of psychotherapeutic approaches. The rising influence of social constructionism has enabled therapists to develop approaches based on contextual interpretations of problems and solutions. Social constructivism influences Family Therapy by emphasizing the power of social interaction and creating meaning. Beliefs are fluid and vary with modifications in social context. All truths are social constructions. Therapy is an exercise of language in which therapists lead clients to new constructions about their problems. Therapy is collaborative (Nichols, 2013). The constructivist theoretical perspective views grieving as a process of reconstructing meaning after the death of a loved one. Many people process grief and mourning positively, and many preserve or return to levels of functioning before loss, but a significant number of bereaved are unable to find meaning through the trauma of death and struggle with complicated grief (Neimeyer et al., 2009).

Narrative/Storying

Therapists who employ a narrative metaphor in their work strive to help families co-create or construct a new narrative (White & Epston, 1990). According to Anderson (1997), the term narrative refers to the conversational way humans organize and give meanings to the events in their lives. Narrative is a dynamic process that constitutes the way we organize the events and experiences of our lives to make sense of them. Storying or sharing narratives of grief experiences assumes the necessity of grief work and giving words to and expressing emotion about grief with another in a relationship. Storying, from a narrative and meaning making perspective, promotes meaning reconstruction and healing (Bosticco & Thompson, 2005; Hooghe et al., 2011). The bereaved need to tell and construct stories to find meaning in the meaningless and to make order of disorder (Gilbert, 2002). From a social constructionist angle, storytelling is a collaborative and co-constructive process (Gilbert, 2002; Nadeau, 1998, 2008; Rosenblatt, 1994). Narrative and Constructivist theorists have examined the inherent human drive surrounding traumatic events, such as the death of a loved one, to create and preserve a meaningful self-narrative toward a new identity and to provide consistency and purpose in our lives (Burke et al., 2014).

Narrative therapy became a perspective toward a focus on how experience creates beliefs, and beliefs mold experience using the construction of shaping stories. The question for the narrative therapist surrounds which stories are useful and lead to preferred outcomes. Problems are entrenched in the point of view of people and their situations.

Narrative Therapy is concerned with the ways people create meaning; such interpretations must fit people's stories. The narrative approach includes considering alternative ways of looking at problems and solutions, the uniquely created story and social construction which makes up the shared experience of the couple through shared understanding and common preconceptions, and restorying their lives accordingly. Narrative therapists seek to externalize problems and discover unique outcomes and make room for hope and a beginning for more optimistic stories. Narrative therapists offer advocacy (Nichols, 2013). The core themes of meaningful narratives include beliefs in personal value and a place in a kind and just universe, a sense of human trustworthiness, the hope of a fulfilling life, and the possibility of some control over life events (Burke et al., 2014).

Narrative therapists believe that telling stories of loss may build unity and make meaning out of bereavement experiences (Bruner, 1990; White & Epston, 1990). Grief can significantly upset the connection, predictability, and intimacy of interpersonal relationships. Sharing grief experiences can be a key component of adapting to loss, and may contribute to stronger bonds and relational intimacy within the family (Hooghe, et al., 2011).

Couples may need to accept loss and share emotions in the process of bereavement through thoughtful reflection about meanings made as they adjust to a life without the one who has died (Freud, 1957; Lindemann, 1944; Worden, 2008). Watzlawick et al. (1967) postulated that we are never not communicating, and every behavior (verbal and

non-verbal—sleepiness, headaches, drunkenness, facial expressions, digital communication, silence, and more) is a form of communicating for the purpose of maintaining family homeostasis or equilibrium.

The narrative of the experience, told again and again, includes the story of the death and the background of the loved one's life. These narratives may encompass the unique stories of the bereaved as well (Neimeyer et al., 2009). The narrative approach includes re-storying and re-constructing meaning, and is built around the personal, fashioned story and social construction which makes up the mutual reality of the couple or family through shared understanding and similar preferences (Nichols, 2013). The core themes of meaningful narratives include beliefs in personal value and a place in a kind and just universe, a sense of human trustworthiness, the hope of a fulfilling life, and the possibility of some control over life events and solutions to life's problems. Reestablishing and conserving equilibrium requires mourners to make meaning within the context of death by assimilating the experience of this death into their pre-loss way of being in the world. The therapist fosters meaning-making and the development of storying to combine the loss with a move forward on the journey along new and preferred paths and narratives. Helping mourners reconstruct meaning in the process through bereavement involves retelling stories, journaling, and a focus on metaphors and visual cues (Neimeyer et al., 2009).

The Narrative approach allies well with grief issues. The therapist fosters meaning-making and the development of storying to combine the loss with a move forward along new and preferred narratives. Helping mourners reconstruct meaning in the process

through bereavement involves retelling stories, journaling, and a focus on metaphors and visual cues. Reestablishing and conserving equilibrium requires mourners to make meaning within the context of death by assimilating the experience of this death into their way of being in the world before the death (Neimeyer et al., 2009).

When Couples Communicate Within Grief Experiences

Learning from Parental Bereavement/Death of a Child

Studies on the experiences of couples who have shared the death of someone close are limited, unless the death involved that of a beloved child. We may learn much from these studies that can inform future research on the bereavement and communication experiences of couples who have shared the death of someone close, whether child or other relation.

The depth of grief felt by parents after the death of a child is reported to be particularly intense, complicated, and long-lasting and may be the most extreme heartbreak that a couple will ever have to face. According to Miller (2003), who provided a comprehensive examination of the literature on parental grief and bereavement and corresponding social work interventions and explored issues surrounding the death of a child such as the developmental stage of the family or age of the child, the cause of death, gender issues relating to grief, effects on the marital relationship, and the process of grief, this loss may be called the "impossible grief" (p. 1). Rando (1991) explained that bereaved parents may find it difficult to share with each other because both are experiencing the death at the same time, and they lack the energy to deal with typical relationship issues, as well as the strength needed to provide support for one another. Working together may be hindered as

parents try to protect themselves or their partner from additional pain and hurt (Schwab, 1990, 1992).

Bereavement researchers have found that mourning a child's death is a fundamentally paradoxical journey (Becvar, 2001). For example, Golish and Powell (2003) used a dialectical framework and found that parents celebrated the birth of their premature child and grieved the loss of a full-term pregnancy at the same time, experiencing a joy-grief ambiguity**,** as well as conflicting strains such as acknowledgment-denial, certainty-uncertainty, control-helplessness, and openness-closedness. These combinations of dialectical tensions increased the uncertainty and pain that come with the ambiguous loss of a premature birth.

Bereaved parents seldom experience and express grief in the same manner, which makes it difficult for them to comfort and care for one another (Becvar, 2001; Schwab, 1990, 1996). For example, Schwab (1996) studied 35 bereaved couples using the Grief Experience Inventory (GEI) and found that mothers scores were significantly higher than fathers scores on 10 of 15 GEI scales. They concluded that these differences were indeed gender related, although other variables add influence as well. As parents encounter similar and opposing grief emotions, they may be strained and strengthened at the same time (Rosenblatt, 2000). The death of a child may deeply connect couples and also leave them feeling isolated from each other (Klass, 1986).

Toller and Braithwaite (2009) interviewed 37 parents after the death of a child to discover the dialectical contradictions experienced by bereaved parents when communicating with their marital partner and how they negotiated communication contradictions.

They described bereaved couples as grieving together and apart, and discovered that bereaved parents experienced a conflict between attempting to mourn their child's death apart as unique individuals and together as a couple. Toller and Braithwaite (2009) also found that bereaved parents wanted to talk with each other about their child's death. They interviewed bereaved parents who voiced a desire to grieve with their spouse to provide each other with comfort and support, and found they experienced a dialectical conflict between mourning apart as individuals and striving to grieve together as a couple (grieving apart-grieving together) and between openness-closedness. Becvar (2001) explained that parents experience an inconsistency between being both closed and open when sharing with one another about their child's death. Hooghe et al. (2011) referred to an extensive case study of a couple after the death of a child toward the complexity of sharing about a mutual loss focused on dialectic, dialogic, and dynamic dimensions to suggest that sharing these stories of grief can be a key resource in adapting to loss and contribute to stronger bonds and relational intimacy in newly formed families.

Concerning grieving apart-grieving together. Parents interviewed by Toller and Braithwaite (2009) expected to grieve like their partner and when they did not, they decided their partner grieved wrongly, reported feeling frustrated and separate or distant, and felt alone. They negotiated this conflict by accepting their uniqueness, compromising and embracing their different grieving styles, and seeking help from family or professional sources. Bereaved parents accepted their differences by viewing dissimilarities as fundamental to the foundational process of grief and mourning and honoring their own

needs, validating one another, staying connected as a couple, and striving to grieve together (Toller & Braithwaite, 2009). Grieving parents compromised and honored their own needs and the needs of their partner by alternating between joining in tasks of grieving that were important to their partner and privately attending to their own grieving needs. Bereaved parents sought outside help to acknowledge and find meaning through their uniqueness and sameness and to rejoin in their journey as a couple (Toller & Braithwaite, 2009).

Concerning openness—closedness. Bereaved parents in the Toller and Braithwaite (2009) study needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. They negotiated this conflict by accepting that both openness and closedness could be considered helpful, sharing with others, offering nonverbal support, and allowing space for the other to be open or closed about their child's death. When one partner was open and one was closed they often felt pulled in different directions and felt one grieved more than the other. Sharing with supportive family and friends and helping professionals was especially commonplace for parents who believed that their spouse was reluctant to be open about their child's death. When parents felt they could not be open and share with their spouse, they accepted being open and receptive to their spouses' nonverbal means of communication (letter writing, touching). They reframed their differences over time as unique and acceptable grieving styles (Toller & Braithwaite, 2009).

Bereaved parents rarely experience and express grief in the same manner. Grief communication is complicated when family and friends are uncertain whether to talk

about a child's death, when parents feel judged and cut off by their community system, and when they limit communication with others to protect themselves from further hurt or judgment (Toller and Braithwaite (2009). The death of a child may leave bereaved parents feeling cut off from one another and at the same time profoundly united with them (Klass, 1986); and a child's death may weaken and strengthen the marital relationship concurrently (Rosenblatt, 2000).

Toller and Braithwaite (2009) found that even though most bereaved parents mourned differently from each other, they could accept and embrace these differences, which also allowed them to connect and share together. Parents could mourn the child's death together and respect each other's separate needs. Parents were selective concerning the content and timing of sharing with their spouse about the death of the child and were thus able to embrace sameness and differences and meet individual and couple needs while grieving. Parents' advice that other bereaved parents remain open with each other shows that they still viewed openness as crucial to grieve a child's death together. These studies encourage parents to learn to honor both their own and their partner's grieving needs, find innovative ways to connect as a couple, and identify and embrace their own individual needs. The authors encourage therapists to help parents find individuals with whom they can share about their child's death and to find sources of support such as face-to-face and online support groups.

Summary

According to Hooghe et al. (2011) and Worden (2008), couples may need to share about the loss of someone close to work through the loss, adapt to a life without the one

who died, and continue to build strength within intimate relationships. The bereaved need to communicate their feelings of grief to be able to work through their loss and adjust to a changed life without the one who has died (Freud, 1957; Lindemann, 1944; Worden, 2008). It is commonly believed by professionals that sharing emotional reactions to loss is a vital component of grieving and enhances couple relationships (Stroebe et al., 2002), and yet, there is evidence both for and against grief work. Narrative therapists believe that telling stories of loss may build unity and make meaning out of lives through connecting the elements of experience in time (Bruner, 1990; White & Epston, 1990). In contrast, some researchers believe the expression of emotions can often increase suffering and hinder effective coping (Kennedy-Moore & Watson, 1999) and that not expressing grief could even enhance resilience by distracting families from the loss (Boelen et al., 2006).

Grief communication is further complicated because, while sharing is important between partners, they may find it hard to talk as they concurrently experience the loss and lack the ability and energy needed to provide support and handle typical relationship issues at the same time (Rando, 1991). Scholars who study grief communication must consider a balanced view of the active interaction and pull toward openness and closedness in couples and families (Baxter & Montgomery, 1996). Rober (2002) suggested the primary tasks of therapists can be described as hearing what the client says and creating a safe place for what the client has not yet said. He proposes a collaborative healing conversation in which there is a back and forth position between knowing and not knowing and a focus on creative and dialogic awareness, rather than knowledge.

The Narrative approach, which sprang from Postmodern and Social Constructivist paradigms, allies well with grief issues. The therapist fosters meaning-making and the development of storying to combine the loss with a move forward along new and preferred narratives.

This chapter included brief reviews of the model of working through grief, the concept of grief communication, and the theoretical framework of Narrative and storying paradigms as they enlighten grief and loss. Research is abundant on the grief experiences of parents who have experienced the death of a child, but limited information about other death loses experienced and shared by couples was found. This chapter offered a brief overview of research findings for parents who have experienced the death of a child in hopes that these studies will inform our research of other experiences of death as well.

Rando (1991) explained that bereaved parents may find it difficult to share with each other because both are experiencing the death at the same time, and they lack the energy to deal with typical relationship issues, as well as the strength needed to provide support for one another. Working together may be hindered as parents try to protect themselves or their partner from additional pain and hurt (Schwab, 1990, 1992).

Toller and Braithwaite (2009) also found that bereaved parents wanted to talk with each other about their child's death. They interviewed bereaved parents who voiced a desire to grieve with their spouse to provide each other with comfort and support, and found they experienced a dialectical conflict between mourning apart as individuals and striving to grieve together as a couple (grieving apart-grieving together) and between openness-closedness. Parents interviewed by Toller and Braithwaite (2009) expected to

grieve like their partner and when they did not, they decided their partner grieved wrongly, reported feeling frustrated and separate or distant, and felt alone. They negotiated this conflict by accepting their uniqueness, compromising and embracing their different grieving styles, viewing dissimilarities as fundamental to the foundational process of grief and mourning and honoring their own needs, validating one another, staying connected as a couple, alternating between joining in tasks of grieving that were important to their partner and privately attending to their own grieving needs, and striving to grieve together, and seeking help from family or professional sources. Bereaved parents in the Toller and Braithwaite (2009) study needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. They negotiated this conflict by accepting that both openness and closedness could be considered helpful, sharing with others, offering nonverbal support, and allowing space for the other to be open or closed about their child's death.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine phenomenologically the communication experiences of bereaved couples after the death of someone close. This study included the communication experiences of couples in committed relationships, 21 or over, living together in the same location/home for 12 months or more whether engaged, married, partnering, or cohabiting. The death they shared occurred more than six months from the date of the interview. Each couple defined the person who died as close to each of them. Couples agreed on a definition of their mutual relationship to the deceased; both partners experienced the loss.

A Phenomenological Theoretical Framework

Phenomenological research recognizes the lived experience of individuals and how they make meaning of their experiences (Creswell, 2007). Using Narrative Therapy Theory perspectives with a phenomenological approach provided a framework for understanding and explaining how bereaved couples describe their communication experiences after the death of someone close (Denzin & Lincoln, 2003). Marriage and family therapists will likely see more couples who struggle with grief communication after the death of someone close (Hooghe et al., 2011).

Phenomenology

Anderson and Goolishian (1988) defined human systems, such as a family and couple dyads, as "language-generating, meaning-generating systems" (p. 377). Meaning is socially constructed and experiences have multiple meanings - there is no one truth

(Sprenkle & Moon, 1996). In a phenomenological study, the goal is to get to the essence of the experience of the participants (Creswell, 2007), and the focus is on how people describe their experience and how they make sense of their experience (Patton, 2002).

According to Christensen, Johnson, and Turner (2010), the phenomenologists worldview is in line with the belief that all perceptions and constructions are grounded in an individual or group's perspective in time and space. The primary objective of the phenomenological study is to illuminate the meaning, construction, and core or heart of the lived experiences of a person, or a group pf people, around a specific phenomenon. The researcher attempts to understand a lived experience through the eyes of the participants of the study. Moustakas (1994) proposed phenomenological research should focus on the wholeness and essences of the experiences.

Using a phenomenological form of survey provided an opportunity for a unique discovering of information that focuses on the essence of the spirit of the participants of the study through their own distinctive accounts of their experiences. The researcher as observer and the study participants collaboratively undertook to emphasize and unearth new information and meaning about the research topic through intimate conversation (Creswell, 2003).

The Qualitative Paradigm

The goal in qualitative inquiry is to understand phenomenon from the perspective of the research subject to capture their unique context and experience. In qualitative research, the researcher relies on observation and feedback, allowing the design to remain flexible, evolving, emergent, and expansive. One of the distinguishing characteristics of

qualitative research is the method used to collect and analyze data. Information is obtained from audio/video recordings and field notes, leading to a thorough, extensive consideration of the participants' unique experience. The interviewer as participant/observer is the chief means for gathering and analyzing data (Creswell, 2003). Lincoln and Guba (1985) proposed that human subjects are responsive to various cues and able to interact within the setting, they can gather information at multiple levels concurrently, they are able to perceive situations from multiple dimensions, they are able to process information immediately, they can offer prompt feedback and request confirmation of data, and they can explore unusual or unanticipated responses. The interviewer's face-to-face contact with the participants is critical to understanding, clarifying and summarizing data. Researcher and subject also pose possible limitations and potential biases. Biases must be recognized and scrutinized so they will not shape the gathering and analyses of the information. The qualitative researcher must be mindful of any methods that may influence participants or their responses, maintaining a balance between insider and outsider roles (Creswell, 2003; Denizen & Lincoln, 2003).

Qualitative Methods

Phenomenology is a form of qualitative research that assesses the lives of a specific group to ascertain the values and meanings of their unique experience. A phenomenological inquiry emphasizes discovery, description, subjectivity, and meaning-making in human experience, accessed in personal communication through in-depth interviews (Creswell, 2003). To highlight the voices and communication experiences of bereaved couples, this study was grounded within the interpretive paradigm which allows a focus

on participants' meaning making processes (Creswell, 2007). This study was centered on bereaved couples after the death of someone close with a goal to interpret and reveal their perceived grief communication experiences. This form of inquiry endeavored to capture the heart of the world of the participants.

Each participant completed a consent form (Appendix C) and a thorough demographic questionnaire (Appendix D), and each couple met the assumed and delimited criteria listed. Purposive sampling was employed. Purposive sampling is a form of non-probability sampling in which rulings regarding the participants to be included in the sample are made by the researcher, grounded on a selection of criteria which may include the researcher's special understanding of and previous experiences with the research subject, or the participants' ability and readiness to take part in the research. Some types of research design force researchers to make a choice about those who would be most likely to offer applicable information, both in terms of importance and complexity (Palys, 2008). Snowball sampling (Appendix H), by using several initial interview participants to recommend (through their community networks) others who are fit for and could potentially contribute to this study, was employed to increase sample size (Morgan, 2008).

Upon approval from the University's Institutional Review Board (IRB), participants were recruited from bereavement support groups, churches, university level family therapy and communication classes, postings on community bulletin boards and social media sites, and from campus and community contacts who were asked to help locate persons who met the criteria. Once couples initiated contact with the researcher, interviews were scheduled with them at their convenience. The study included a demographic

interview. An interview guide (Appendix E) was followed throughout the interview process to keep the research and interview questions at hand, to encourage use of the questions verbatim, and to remind the interviewer to continue bracketing her biases (Chan et al., 2013). No incentives were offered, but qualified references (Appendix F) were provided in case a participant needed or requested professional help.

The Researcher's Role

The researcher's role was as participant-observer and interviewer interpreting the experience of the bereaved couples through the uniquely shared perspectives of their communication experiences after the death of someone close. This observer-interviewer attempted to be aware of personal biases that could influence and narrow the research findings (Denzin & Lincoln, 2003). Another role of this researcher included ensuring the protection of the participants in this research by conducting the interview and data analysis in accordance with the policies and procedures of the IRB of Texas Woman's University.

Researcher as a Person

Qualitative research pursues illumination and further understanding of selected individuals or groups on phenomena from the point of view of the participants. The goal is to rely on observation and feedback to understand the distinctions of the participants' experience. Within qualitative phenomenological research, a postmodern style of scientific inquiry, the participant-observer or interviewer is part of the study and involved with the participants. The interviewer's understanding of a participant's experience is interpreted through the eyes of the interviewer's uniqueness. The researcher's many biases

may influence and narrow the research findings (Denzin & Lincoln, 2003). The interviewer has an ethical responsibility to be aware of his or her participation and influence.

According to Chan et al. (2013), the fundamental goal in carrying out phenomenological research is to gain an in-depth understanding of the experiences of the participants. Researchers aim to ensure that the findings are as close to what the participants mean as possible. The researcher as a participant-observer inevitably influences the research process. Phenomenological researchers need to adopt an attitude of curiosity and not-knowing so that participants' stories and meanings materialize without interviewer biases. It is up to the researcher to commit to the issue of reducing biases and to decide how much influence there can be by the researcher throughout the research process.

I am a Christian, Caucasian, female graduate student at Texas Woman's University (TWU) in Denton, Texas, and a Licensed Professional Counselor-Supervisor (LPC-S) using Narrative Therapy tenets in private practice. I was widowed young and remarried a widower. Being able to share openly about our grief was very important. Our strong faith also played a pivotal role in our growth through our bereavement journey. I began in the mental health field working with grieving families in nonprofit institutions in 1995, received a Master's degree in counseling from Amberton University in 2005, and opened a private practice and began working toward a doctorate in family therapy from TWU in 2007. My interest and curiosity has grown as I desire to understand the beneficial ways in which others, especially couples and families, communicate while bereaved.

There is limited research on the communication experiences of bereaved couples after the death of someone close. It is my hope, as researcher, to broaden the understanding of this crucial phenomenon for this population. I attempted to embrace an attitude of wonderment and adopted a not-knowing stance to maintain curiosity for myself and the participants during the interviews. To gain an in-depth understanding of the experiences of the participants, I endeavored to set my own biases and experiences aside while fully hearing the stories and unique experiences of each couple/participant. I aimed to ensure that the findings were as close to what the participants meant as possible.

Bracketing

Through bracketing the researcher's own experiences, her influence of the participants' experience of the phenomenon ought to be minimal. Bracketing is a practical strategy of phenomenological inquiry that requires actively putting aside the researcher's own knowledge, experiences, values, and beliefs surrounding the phenomenon under investigation as they decide the research model, choose the scope of the literature review, and plan for the interview process and data collection and analysis (Chan et al.,2013). I endeavored to attend to the proposed strategies for achieving bracketing such as being aware of the researchers' personality and identifying areas of potential influences toward biases and preconceptions, such as my age, race, religion, education, personal experience with death, and many years of working with grieving individuals and families as a professional. I used care in deciding the scope of the literature review and planning data collection. I engaged participants during the study, used open-ended questions in the semi-

structured interview process, and returned to participants involved in the initial three interviews for collaborative feedback (Chan et al., 2013).

Protection of Participants

The researcher was aware of the unique participant protection issues that arise in data collection, and require special attention by the Institutional Review Board (IRB), which evaluates the human benefits and potential risks of research studies to protect the integrity of the study and to ensure the safety of the participants. This qualitative inquiry was conducted in accordance with the policies and procedures of the IRB of Texas Woman's University. Approval of the study was requested and obtained prior to initiation of data collection and professional and ethical research procedures were followed throughout the study.

Participants were asked to sign an informed consent form (Appendix C), including an acknowledgment of their rights to voluntarily participate and withdraw at any time without penalty, and an assurance that questions could be asked and answered throughout the process of the interview. Participants were given the opportunity to ask questions during the recruitment process as well as during the interview process. The researcher inquired if the participants had any questions at the end of the interview. Participants were given a referral list of professional therapists and resources to find local helping professionals (Appendix F). No participant asked for additional referrals. In addition, the participants could contact the researcher and her advisor directly at any point during and after the research process. Participants had the opportunity to e-mail or call the researcher if they needed additional help.

Confidentiality of study participants was protected at all times using a coding system in place of names. Numerical and alphabetical codes were assigned to each participant couple. Only the researcher had access to identifying information. Participant names appeared only on the consent and demographic forms which were stored securely in the researcher's private practice office. No identifying information appeared on the transcripts. Code numbers, audio/video recordings, interview transcripts, and field notes were placed in a locked file cabinet, accessible only to the researcher. Confidentiality was protected at all times and no identifying information was included in the presentation of data. Finally, consent forms were submitted to the IRB at the close of the study. All participant identifying data, recordings, transcription copies, and text files will be destroyed within five years of completion of the study.

Description of Participants

Participants for the study included couples, defined as two adults, 21 or over, living together in the same location/home for 12 months or more, who were in a current relationship that both individuals would define as being a committed relationship, whether engaged, married, partnered, or cohabiting. Couples in the study mutually experienced the death of someone close or important or familiar to each of them more than six months before the interview. Couples voluntarily agreed to conjoint face-to-face, audio/video-recorded interviews about their communication experiences after the death of someone close to each of them. All participants met the definition of couples for this study.

A representation of 15 to 20 couples was the target. The size of the sample for qualitative studies must be adequate to reinforce the study's purpose while maintaining the integrity of the study. Kvale (1996) suggests a sample size of 5-25 participants for a qualitative study. Participants for the study were recruited on a local, statewide, and national level to obtain a representation of at least 15 bereaved couples. Purposive and snowball sampling were used for this study.

Data Collection

The primary method of data collection in phenomenological research—the interview—provides a situation where the participants' lived experiences can be explored (Kvale, 1996). The interview progression is a collaborative process that provides aesthetically rich narratives and includes more than just questions and responses between people (Morrissette, 1999). This researcher, using a semi-structured interview protocol, interviewed bereaved couples. The interviews were audio/video recorded for accuracy. The participants decided the locations for the interviews. In phenomenological research, the recommendation is to interview participants in their natural setting (Sprenkle & Moon, 1996). Processes and schedules for data collection were meticulously planned prior to data collection. Prior preparation and goal setting helped guide the process of data collection, transcription, and analysis. Data collection included participant selection, scheduling, and conducting interviews; transcribing the interview data; ensuring the validity or rigor of the data; and uploading the validated transcribed data into QSR NVivo 11® software.

Sampling Method

Participants of the study were bereaved couples experiencing the death of someone close. An attempt was made to include those from educationally, socioeconomically, and culturally diverse backgrounds by distributing flyers in universities, churches, and other places of business where socioeconomic levels have traditionally been variable and ethnic diversity has been high.

A recruitment flyer (Appendix A) was posted throughout local universities, churches, and places of business with permission. Participants who volunteered for the study initially contacted the researcher so that the purpose of the research could be fully explained and any questions answered (see Appendix B – Initial Telephone Script). When the participants agreed to be part of the study, a face-to-face meeting was scheduled for a time and place agreed to by the couple. Since this study relied on snowball sampling, acquaintances of the researcher and participants were asked to use their social networks to recruit participants. Snowball sampling is a form of non-probability sampling based on the assumption that a link exists between the initial sample and others in the same target population, allowing a series of referrals to be made within a circle of acquaintance. Snowball sampling allows for an increased opportunity to access difficult to reach populations. Trust must be developed before participants can share candidly about their experiences. Snowball sampling has been found to be economical, efficient, and effective in various studies (Faugier & Sergeant, 1997). Several participants referred other bereaved couples to this study.

After 15 couples agreed to participate in the study, the target of 15 participants was met. An additional (six) couples were interviewed, and the researcher suspended her data collection. Of the final interviews utilized in the study, fifteen couples responded to flyers; six couples were recruited through snowball sampling.

Interview Procedures

The interview process is pivotal to the study. Two significant concepts in the interview process are respect and neutrality. It is the responsibility of the researcher as the instrument to convey an attitude of respect to the participants while at the same time maintaining a neutral stance (Patton, 2002).

The qualitative research interview attempts to produce knowledge by asking questions toward understanding a phenomenon from the subjects' points of view and to clarify the meaning of their experiences. Qualitative interviewing is an active process where interviewer and interviewee produce new knowledge through their interactions (Kvale & Brinkman, 2008). A qualitative approach was used to discover the communication experiences of bereaved couples after the death of someone close. Qualitative researchers analyze data throughout their study until they reach a point of data saturation which occurs when the researcher is no longer discovering new information (Wray, Markovic, & Manderson, 2007). The semi-structured interview was the central focus of the study using a phenomenological approach to uncover personal meaning regarding the communication of bereaved couples. Denzin and Lincoln (2003) described the qualitative researcher as a participant and eyewitness who takes on diverse roles to develop an interrelated clarification of the world that is evolving in a new way through the interview process.

Pre-Interview Processes

When the participants agreed to be part of the study, a face-to-face meeting was scheduled for a time and place agreed to by the couple. At the meeting between the researcher and the participants, the researcher attempted to dress in business attire and present herself professionally at all times. The researcher arrived at the agreed upon place for the interview in a timely manner. After greeting the participants and thanking them for agreeing to be a part of the study, the researcher believed that it was important to spend a few minutes in social conversation to establish rapport with the participants due to the sensitive nature and personal topic of the interview. This follows Moustakas' (1994) philosophy that "the interviewer is responsible for creating a climate in which the research participants will feel comfortable and will respond honestly and comprehensively" (p. 114).

In addition to the consent form (see Appendix C), audio/video recording equipment, pen, paper, and copies of other necessary forms were brought to the interview. The informed consent form (see Appendix C) was signed and a copy was given to the participant couple. Demographic data (Appendix D) was taken to gain information about participants' education, ethnicity, spirituality, income and more. The researcher obtained demographic information (Appendix D) from the participants at the beginning of the interview which gave her a foundation on which to continue.

Multiple secure digital recorder and/or audio/video recorder processes were used to ensure a clear accounting of each interview was available in case of technical difficulties. As a precaution, the researcher had with her an extra recorder and batteries, paper

and pens with which to take notes during the interview, and additional copies of all forms needed.

After the researcher set up the equipment, she began with the interview protocol. The interview protocol (Appendix E) provided the researcher the opportunity to set the stage for the interview by giving the participants a sense of who the researcher was as a person before proceeding with the standardized open-ended interview questions. The researcher explained the consent form (Appendix C) with the couples. She clarified any questions they may have had and then asked them to sign two copies of the consent form. One copy of the consent form was left with the participants as well as a referral list of professionals (Appendix F) and the researcher's business card.

The proposed time for the interview process was a maximum of 75 minutes due to the nature of the topic and the researcher's experience hearing the lived stories of bereaved individuals and couples and families in the past. The shortest interview was 27 minutes. The longest interview was 68 minutes. No interviews went over the 75-minute period.

Collaboration of Initial Three Interviews

An initial question and answer session was conducted with the first three couples interviewed. Within the first week of their interview, an effort was made to collaborate and evaluate whether the interview questions captured the necessary information to address the research questions. The researcher asked the first participants interviewed to give their opinions and suggestions about the interview questions and interview process. The researcher inquired if there was something the participants thought she should have

added or done differently. Feedback from these couples led the researcher to repeat the interview questions verbatim at multiple times within the course of the interviews and stories and to follow the Interview Guide more closely (see Appendix E). No other changes were made, and these couples were included in the study.

Possible Influences & Assumptions

The researcher has worked directly or indirectly with local and state-wide and national/international grief support centers since 1995. She has owned and managed a private-practice Christian Counseling office in McKinney, Texas since 2007 and in Mesquite, Texas since 2016. She primarily follows Narrative therapy tenets in her practice. She has published several books, all but two of which are related to grieving families. The researcher's role and association with these organizations may have influenced some participants.

The participant couples included eleven couples known to varying degrees and seven couples unknown to the researcher. The degree of openness on the part of the participants may have been dependent on their relationships with the researcher and upon their understanding of her role in grief communication communities over the years. Potential participants may have been reluctant to participate in the study because of the challenges inherent in sharing an intimate story of bereavement. Participants may have refrained from responses due to their perceived relationship with the researcher. Alternatively, some participants may have shared more about their journey believing the researcher already knew much of their story.

Bias is intrinsic in all research (Sprenkle & Moon, 1996). The researcher made every effort to suspend her biases when she interviewed bereaved couples. Bracketing was used to suspend the researcher's preconceptions or biases so that the participants' true experience of the phenomenon was revealed to the researcher (Wimpenny, 2000).

During Interview Procedures

In qualitative research, the interview process is central to gathering data. The researcher is the instrument. When developing a qualitative interview protocol, Creswell (2007) suggested drafting a central question under which the researcher places sub questions. After drafting a central question and sub questions, two research questions crystallized.

Research Question One: "What are the experiences of bereaved couples after the death of someone close?"

Research Question Two: "What are the communication experiences of bereaved couples after the death of someone close?

Interview Questions

Patton (2002) encouraged using standardized open-ended questions in qualitative inquiry to ensure the exact questions used will be available for review, variation is minimized among interviews, the interview is focused, and the conformity of the interview aids in data analysis.

Couples were asked the following three open-ended interview questions:

1. Tell me about your shared experience of the death of someone close.

2. What were hindrances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?
3. What were helps/assistances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

Couples were encouraged to speak freely and to ask questions for clarification. A semi-structured interview guide (see Appendix E) was used to obtain information about the bereaved couples' communication experiences. The researcher used prompts (see Appendix E) when needed during the interview.

The interviews were audio/video recorded, transcribed, and analyzed for themes via hand-coding methods with appointed peer reviewers and using the International QSR NVivo 11® qualitative research software, and the results were reported using a conversational or narrative format and standardized (QSR NVivo 11®) processes.

End of Interview Procedures

At the completion of the interview, couples were asked if they might be contacted by the researcher in the next week to allow them to add information, if necessary (Appendix G). The first three couples were contacted by phone. An initial question and answer session was conducted with the first three couples interviewed to collaborate and evaluate whether the interview questions captured the necessary information to address the research questions. The researcher asked the first participants interviewed to give their opinions and suggestions about the interview questions and interview process. The researcher inquired if there was something the participants thought she should have added

or done differently. Feedback from these couples led the researcher to repeat the interview questions verbatim at multiple times within the course of the interviews and stories and to follow the Interview Guide more closely (see Appendix E). No other changes were made. These couples were included in the study. No additional information was presented. After the interview was complete, the researcher thanked each couple. Those couples who agreed to contact others they believed might be interested in participating in this study were offered an extra copy of the research flyer (Appendix A).

Copies of the summary of the results were sent to the participants who requested a copy of the results. They were encouraged to contact the researcher or the research advisor with any concerns or questions regarding the results of the study. The only direct benefit to couples was a summary of the results sent upon their request.

Treatment of Data

Field notes were written during and after the completion of each interview and added into the QSR NVivo 11® system software for analysis. Field notes from these interviews served to enhance the researcher's understanding of the lived experiences of the couples. Field notes also helped the researcher process emotions elicited as interview transcripts were read and revisited. After the interview, the researcher listened to the recordings from beginning to end. Interviews were transcribed verbatim and further notations were made as needed for clarification. Each transcription included the couple's code number only, and all other names and places mentioned were altered for purposes of confidentiality. Coded copies were made to share with the researcher's advisor/dissertation chair and two qualified peer reviewers. Original copies and recording devices, along with

the master list of participant couples' names and codes, were locked in the file cabinet in the private practice office of the researcher or were securely stored on a password protected computer.

Data Analysis

A qualitative phenomenological study allows the researcher to gather rich narratives and the process of analysis, interpretation, and presentation of the data is crucial. Qualitative researchers analyze their data throughout the study until they reach a point of data saturation which occurs when the researcher is no longer hearing or seeing new information (Wray et al., 2007). Creswell (2007) outlined essential steps in analyzing phenomenological interview data including developing a list of meaning statements from individuals, grouping of meaning units, textural descriptions of what happened, structural descriptions of how the phenomenon was experienced, and descriptions of the experience. These grouping and description steps were accomplished as participant interviews were uploaded into QSR NVivo 11® software through highlighting participants' lived experiences and specific descriptions.

All interviews were conducted by the researcher. Following interviews, the researcher listened to the audio/video recordings completely before transcribing them verbatim. The transcripts were read several times to recognize themes and organize and sort the data. Significant statements were underlined to highlight the participants' experience of the phenomenon being studied.

Once the researcher completed the interviews, she sorted through and organized the data by reading the verbatim transcripts several times. The researcher used Moustakas' (1994) method of analyzing phenomenological data as modified from the Van Kaam method of data analysis. Like Creswell (2007), Moustakas suggested the following steps for analysis: preliminary grouping, reduction and elimination, clustering, identifying themes, and constructing individual textual and individual descriptions from each participant including verbatim examples.

Description and Use of QSR NVivo 11 ® Software

Transcriptions were stored digitally using QSR NVivo 11® software. A back-up copy of digital files was stored on a password protected computer. The computer software QSR NVivo 11® was also used to facilitate thematic coding. NVivo allows the user to progressively code by themes, make changes in data organization, and create clusters of content categories (Richards, 1999). Inductive content analysis guided the researcher as themes gradually emerged from the data. The researcher read through each transcription numerous times and initially coded each construct. In NVivo, a node/theme was named and created in the software as an initial way to begin to organize data references that related to the node. As thematic statements emerged, a grouping node was created for each idea. A node serves as a digital container that stores the references to the emerging themes (Richards, 1999). To allow the narratives of each participant to provide voice to each identified theme, the sections of the transcriptions that pertained to each emerging theme were copied to the node. Quotes from the interview transcript that fit the node title

were highlighted and assigned to the node or nodes. When a node was opened, all the references assigned to it were grouped and appeared on the screen under common headings or themes. As the transcripts were read through numerous times, numerous nodes were created and coding to the nodes occurred until the primary themes were identified. Nodes were then merged, renamed, and organized into the primary themes/parent nodes and subsequent sub themes/child nodes that were identified. After these steps were completed, the researcher developed a composite narrative of the meanings and essence of the experience of the group (Morrisette, 1999).

Coding Steps and Use of QSR NVivo 11® Software

A qualitative phenomenological research method and design were used to attempt to understand phenomena of the research questions of the study and in the interpretation of the collected data. Data analyses were guided by the phenomenological method outlined by Moustakas (1994). The steps of Moustakas' modified Van Kaam method were followed using the complete transcription of participants. The analysis followed the Moustakas' steps in conjunction with using QSR NVivo 11® software for additional analysis. The transcribed data were analyzed and synthesized into themes. The themes were based on the variable constructs that emerged from the collected transcribed data. Following is a description of the analysis process using the steps outlined by Moustakas (1994) and the QSR NVivo 11® software.

QSR NVivo 11® software is designed to organize, manage, and analyze non-numeric data. The software is a tool designed to assist with identifying and grouping themes in data collected from interviews for qualitative and mixed method studies. The process

of using QSR NVivo 11® included preparing the data for upload, reviewing the data, identifying themes within the data, and grouping like themes.

Six interviews were reviewed by Peer reviewers and themes or codes were compared to ensure validity (See Table 1). The interviews for each participant couple were uploaded and reviewed within the software program. Identification of themes discovered manually were highlighted and included in the process of coding within the QSR NVivo 11® statistical program. Each construct within each interview was coded into free nodes/constructs within the program. The free nodes provided a location to gather the related data. Free node labels were created manually during initial data review. Several reviews of the data were made to ensure collection of all possible themes. The labels of the free nodes provided awareness of and insight into the emerging patterns and ensured a decrease in researcher bias. A word search was conducted to further ensure the capture of all related data for each theme. The highlighted data supporting the nodes were saved and printed. The highlighted printed copy was compared with the manual analysis of data supporting Moustakas (1994) process of identification of individual structural descriptions. A synthesis of the manual analysis and the analysis using QSR NVivo 11®® became the core analysis for the research findings.

Table 1

Triangulation and Coding of Initial Interviews by Peer reviewers

Interview	Researcher/ Interviewer Read each Interview	Dissertation Chair, Read, Discussed, and Coded Interviews	Research Assistant GE Read, and Coded Interviews	Research Assistant GS Read, and Coded Interviews
Three Interviews for Collaboration and Evaluation	Y Y Y	Read (1) & Discussed (3)		
Couple 4K	Y			Y
Couple 8C	Y	(Read only)		
Couple 10L	Y			Y
Couple 12B	Y		Y	
Couple 14D	Y	Y	Y	Y
Couple 20W	Y		Y	

Listing and Preliminary Grouping of Codes/Nodes

Included in step one was the listing and preliminary grouping of the data. The data were transcribed verbatim. Step one involved the horizontalization of the data. As the data were transcribed, significant statements made by the participant relevant to the research question were highlighted. Horizontalization was accomplished by listing every expression relevant to the experience of the participant (Moustakas, 1994). (See Table 4A)

Reducing and Eliminating Codes/Nodes

Step two, outlined by Moustakas (1994), was to reduce and/or eliminate codes. The statement data items gleaned from step one were reviewed to determine if the data were seminal and necessary for understanding the experience. The data that could not be abstracted or labeled were eliminated or placed in a future research folder in QSR NVivo 11® software. Repetitive, vague, or irrelevant data to the questions were eliminated. The resulting data after reduction and elimination became the invariant constituents or free codes/nodes. (See Table 4A)

Clustering and Thematizing Codes/Nodes

Step three involved clustering and thematizing the invariant constituents. The invariant constituent statements found in the data through the process of step two were grouped by meaning. The grouped statements were analyzed to determine and label the themes and sub-themes of the phenomena. The resulting sub-themes or child nodes and eventual primary themes or parent nodes were identified through grouping and re-grouping the invariant constituents or free codes/nodes relevant to the research phenomenon. (See Table 4A)

Validating Codes/Nodes

The fourth step in the analysis was validating the invariant constituents and themes against the complete record of the participant's transcriptions. The transcribed data were formatted, uploaded, and analyzed using QSR NVivo 11® software. The invariant constituents and themes for the interview questions were entered into the software

program and uploaded as nodes. A review of each couple's transcript was conducted referring to the invariant constituents and themes and highlighting the associated significant statements in the transcript. Validation involved verifying that the invariant constituents and themes were conveyed or compatible in the transcription. Invariant constituents and themes found during verification not relevant to the transcriptions were saved as free nodes or deleted (Moustakas, 1994). (See Table 4A)

Formulating the Descriptions

Step five involved formulating the individual textural descriptions. The resulting verified invariant constituents and themes found following step four were constructed from the individual descriptions of the participants. Moustakas (1994, p. 78) explained that the textural descriptions are known as the "what" of the participants' experiences found in the transcribed dialogue of the interviews. Individual textural descriptions supporting the themes are presented in the research findings. (See Table 4A)

Individual Structural Descriptions

Step six included the individual structural descriptions, which, according to Moustakas (1994), are the participant's voiced thoughts and feelings about the phenomenon. Review of the interview transcripts and the coded summaries compiled for each research question using the QSR NVivo 11® software were studied and analyzed for structural descriptions associated with the thematic labels. (See Table 4A)

Composite Descriptions of Themes

The last step in completing the analysis of the phenomenological qualitative study using a modified Van Kaam method outlined by Moustakas (1994) required the development of a composite description of the individual textural-structural descriptions that represents the final group of 18 participant couples—36 individuals in the study. The report compiled outlining the structural-textural descriptions in step seven were analyzed to complete a description of the phenomena that represents a "universal description of the experience representing the group as a whole" (Moustakas, 1994, p. 122). (See Table 4A)

Table 2

Using Moustakas' Coding Steps – Example from This Study

Step	Moustakas' Description	Helps to Communicating About Bereavement for Couples - Faith Example from This Study
1. Listing and Preliminary Grouping of Codes/Nodes	Highlighting specific statements, descriptions and expressions of events relevant to the experiences of the participants. All statements are free codes/nodes.	Initially 85 statements, descriptions and expressions of events were highlighted from 13 of the 18 participant couples interviewed. Examples of many free nodes include God's will, premonitions, comfort & peace, strengthened faith, lack of fear, and more.
2. Reducing and Eliminating Codes/Nodes	Highlights reviewed to determine if statements were necessary for understanding the experience of the participants are saved or eliminated. A Word Search may be performed.	Review led to a discovery that even negative experience of faith were ultimately interpreted by participants as positive experiences. A Word Search revealed negative faith experiences (7) from 4 couples' interviews. Examples include wanting to join the loved one who died, challenges from family, ostracism, intrusions, and more.
3. Clustering and Thematizing Codes/Nodes	Free codes/nodes are merged, named, organized, and grouped into sub-themes or child nodes relevant to the research phenomenon. Sub-themes or child codes/nodes are merged again, renamed, reorganized, and regrouped into primary themes or parent nodes relevant to the research phenomenon.	Free nodes became the following Sub-themes or Child nodes: 1. Positive experiences of faith from the dying, from the spouse/partner, from others 2. Negative experiences of faith from others Sub-themes or Child nodes became the following Primary theme or Parent node: 1. Faith helped bereaved couples communicate
4. Validating Codes/Nodes	Transcribes interviews are re-read to determine if codes/nodes describes to this point are supported by the complete	Additional reading of interviews confirmed Parent Node

		record of the participants' interviews.	
5.	Formulating the Descriptions	Codes/Nodes are evaluated to see if they describe what the participants' experiences are and if they support themes so far.	Parent Node supports participants' experiences.
6.	Individual Structural Descriptions	Codes/Nodes are re-evaluated to see if they fit participants' voiced thoughts and feelings about the phenomenon.	Faith Nodes are determined to fit individual couples' lived experiences.
7.	Composite Descriptions of Themes	Codes/Nodes are re-analyzed to determine if they fit the individual and group structural descriptions to represent the group as a whole.	Faith Nodes are determined to fit group lived experiences.

Ensuring Validity and Rigor

Various authors have constructed diverse types or positions of validity, but the consensus holds that qualitative inquirers need to demonstrate that their studies are credible. Qualitative validity or rigor is defined as how accurately the accounts represent participants' experience of the shared experiences and phenomena and is plausible to them, and refers not to the data but to the conclusions drawn from the participants (Creswell & Miller, 2000). Qualitative researchers routinely employ and report results

- from the lens of the researcher based on the researcher's paradigm assumptions (using triangulation, disconfirming evidence, and researcher reflexivity);

- from the lens of the participants (through member checking, prolonged engagement in the field, and participant collaboration); and
- from the lens of other researchers and professionals (by keeping a thorough audit trail, using thick and rich description, and peer review methods).

The researcher as inquirer uses a unique viewpoint for establishing validity in a study as she determines how long to remain in the field, when data saturation occurs toward establishing good themes, and how the analysis of the data evolves into a persuasive narrative. The qualitative paradigm assumes that reality as presented by the participants is socially constructed and is the participants' authentic perception. The researcher seeks to actively involve participants in assessing whether the interpretations accurately represent them throughout the process and in the final account. The credibility of the account by individuals external to the study may help establish validity as well (Creswell & Miller, 2000).

Researchers' paradigm assumptions or worldviews (Guba & Lincoln, 1994) also shape their selection of procedures toward ensuring validity. The postpostivist or modernist researcher assumes that qualitative research consists of rigorous protocols and procedures with systematic forms of inquiry to recognize and support validity. Constructivists pursue varied, revealing, and open-ended perspectives toward reality sensitive to place and situation. Researchers seek trustworthiness and authenticity during inquiries. The critical perspective holds that researchers ought to uncover the hidden assumptions about how narrative accounts are constructed, read, and interpreted across time and within social, political, cultural, economic, ethnic, and gender backgrounds of the participants and

situations. Researchers need to be reflexive and disclose what they bring to a narrative as they challenge assumptions and engage in validity procedures of self-disclosure and collaboration with participants in a study (Creswell & Miller, 2000).

Rigor from the Lens of the Researcher

A single method of verification cannot adequately shed light on interconnected phenomena. The researcher seeks to provide corroborating evidence collected through multiple methods, such as observations, interviews, and documents to locate major and minor themes. A narrative account allows the researcher to go through this process and rely on multiple forms of evidence rather than a single incident or data point in the study (Creswell & Miller, 2000). Ultimately, the researcher must translate the conceptual model into a story that will be read by others so that the report will be a rich, tightly woven account that will then reveal a unique construction or the soul of the most common experiences and themes experienced as reality and shared by the participants.

Triangulation. To ensure thoroughness and consistency of method and presentation of interpretations, triangulation methods—techniques using multiple data sources in the investigation to improve credibility and reliability of the data to produce comprehensive, well-developed themes—were employed (Lincoln & Guba, 1985). As a procedure to ensure rigor, triangulation is a step taken by researchers to sort through the data to find common themes or categories by eliminating overlapping areas employing the researcher's lens.

For this study, the researcher's advisor and two peer reviewers were recruited to independently analyze interview data throughout the research process to ensure corroboration, transferability, and dependability of the researcher's findings, to help identify emerging themes, and to check for biases in data analysis (Johnson & Waterfield, 2004; Patton, 2002). The peer reviewers were graduate students in the field of Family Therapy and had adequate knowledge in conducting qualitative research, and each completed training in protecting research participants.

Peer reviewers were given the typed transcripts of two to three randomly selected interviews to evaluate consistency in identifying themes. Only the researcher had access to the audio/video recordings. Each transcript was coded with the participant's code, no identifying information was included in the transcripts, and the assistants did not see any demographic information. Each assistant read the transcripts several times to highlight significant statements and to identify patterns or themes.

The researcher compared her data analysis with the analysis from the assistants searching for similar themes, as well as for any new emerging themes, to choose and confirm themes and then compare them to original themes identified by the researcher. These combined coded statements led to the development of meaning clusters or themes which were used to describe the experience and context of the phenomenon. The software QSR NVivo 11® was used by the researcher to assist in the process of coding the data and in recognizing consistent themes. The researcher narrowed down and merged the various themes which the external coders identified with the nodes created in the statistical program, resulting in parent nodes or primary themes and several child nodes or sub-themes.

The researcher discussed the themes with the colleagues and received peer review feedback (See Appendix J) and found them in agreement, after which final themes and sub themes were felt to be an accurate assessment of the data. The final data analysis was presented in standardized and narrative formats using some first-person accounts for participants and researcher alike.

Disconfirming evidence. A procedure closely related to triangulation is the search by researchers for disconfirming or negative evidence. This researcher established the preliminary themes or codes in the study, clustered various codes into parent nodes or child nodes/sub-themes, and then searched through the interviews for evidence that was consistent with or disconfirmed these themes. This constructivist approach relies on examining multiple perspectives on a theme or category through the researcher's own lens (Creswell & Miller, 2000).

Researcher reflexivity. A third validity procedure is for researchers to self-disclose their assumptions, personal beliefs, and biases that may shape the inquiry. This researcher described entering beliefs and biases early in the research process in the sections labeled "the researcher as person" and "the researcher's role," and then attempted to bracket or suspend those biases as the study proceeded in interpretive commentary and reflections throughout the discussion of the findings**.** This validity procedure uses the lens of the researcher but is clearly positioned within the critical paradigm within which individuals reflect on the social, cultural, and historical forces that shape their interpretation (Creswell & Miller, 2000).

Rigor from the Lens of the Participants

Qualitative inquirers may establish the validity of their account through the lens of the participants in the study by actively involving participants in assessing whether the interpretations accurately represent them. The qualitative paradigm assumes that reality is socially constructed and is what participants perceive it to be (Creswell & Miller, 2000). The importance of checking how accurately participants' realities were represented in the final discussion was assessed.

Member checking. With member checking, the discovery of rigor shifts from the researchers to participants in the study. Lincoln and Guba (1985) described member checks as "the most crucial technique for establishing credibility" (p. 314) in a study. It consists of taking data and interpretations back to the participants in the study so they can confirm the credibility of the information and narrative account. With the lens focused on participants, the researchers systematically check the data and the narrative account. Throughout this process, the researchers ask participants if the themes or categories make sense, whether they are developed with sufficient evidence, and whether the overall account is realistic and accurate. In turn, researchers incorporate participants' comments into the final narrative (Creswell & Miller, 2000). This researcher asked all participants to view the final concisely summarized themes, including a few quotes from sources, and asked them to comment on their accuracy and applicability to their own experience and to their perceived experiences of others (See Appendix I). Three couples responded. No

suggestions were made. No changes were made. In this way, the participants added credibility to the qualitative study by having a chance to react to both the themes and a portion of the final narrative.

Prolonged engagement in the field. Another validity procedure is for inquirers, especially ethnographic researchers, to stay at the research site for a prolonged period. Even in a brief time, the researcher strives to build trust with participants, find gatekeepers to allow access to people and sites, establish rapport so that participants are comfortable disclosing information, and reciprocate by giving back to people being studied. This lens is focused on gaining a credible account by building a tight and holistic case (Creswell & Miller, 2000). This researcher attempted to build trust and rapport especially with those participants unknown to her through introductions and succinct explanations of the purpose and intent of the study as well as using an interview guide for explanations and consistency. The interviewer used gatekeepers through snowball sampling and other introductions. The researcher allowed all participants to guide the extent of detail shared and help decide when the interview ended.

Collaboration. Credible analyses also come from close collaboration with participants throughout the process of research as the participants are involved in the study as co-researchers or in less formal arrangements. This validity lens belongs to a critical paradigm perspective and includes building the participants views into the study with the intent to respect and support participants' experiences and perspectives. Participants may help clarify the research questions, contribute to data collection and analysis procedures,

and might assist in writing the narrative account. By actively involving participants, qualitative inquirers add further credibility and rigor to their narrative accounts (Creswell & Miller, 2000). This researcher asked the first three couples interviewed for their feedback and attempted to ask clarifying questions throughout each interview, including asking if the researcher's understanding of elements of each interview was correct. No suggestions were given by participants, although the researcher was led to repeat interview questions verbatim and to adhere more closely to the Interview Guide in subsequent interviews. (see Appendix E)

Rigor from the Lens of Peers

A third lens in a search for validity of the study may be the credibility of an account by individuals external to the study. Reviewers not affiliated with the project may help establish validity as well as various readers for whom the account is written (Creswell & Miller, 2000). This interviewer conducted an audit trail, used thick and rich descriptions, and peer debriefing to ensure rigor and validity of results (See Table 3).

The audit trail. Researchers must provide clear documentation of all research decisions and activities and keep records of the steps of the process. An audit trail is established by researchers documenting the inquiry process through journaling and memos, keeping a research log of all activities, developing a data collection chronology, and recording data analysis procedures clearly. The credibility of a study is also established by turning to individuals external to the project, such as editors formally brought into the study or editors/readers who examine the narrative account and attest to its credibility and the trustworthiness of the findings (Creswell & Miller, 2000). This researcher recruited

the reviews of two professional editors and a fellow researcher/writer outside the field who expressed interest in the study. She spent many hours in the Texas Woman's University Center for Research Design & Analysis (CRDA) engaging the help of staff and peer reviewers.

Thick, rich description. Researchers have to describe the setting, the participants, and the themes of a qualitative study in rich detail to create reliability, using accounts and expressive quotes that produce for the readers the feeling that they have experienced or could experience the events being described in a study. Accounts may involve describing a short segment of a participant's experience or actions; reciting specific details of circumstances or situations; depicting details of relationships or interactions between two or more persons; and providing a detailed account of how participants felt and perceived the experiences. In this way, the researcher helps readers understand that the account is credible and enables them to make decisions about the applicability of the findings to other settings or similar contexts (Creswell & Miller, 2000). This researcher included detailed accounts and verbatim quotes from several participant couples related to each theme discovered.

Peer review and debriefing. The lens for establishing credibility may include adding feedback from someone external to the study. This procedure is best used over time during the process of the entire study as others provide feedback to researchers or simply serve as a sounding board for ideas. By seeking the assistance of peers, researchers add credibility to a study (Creswell & Miller, 2000). A peer review or debriefing may also include the review of the data and research process by someone who is familiar with

the research or the phenomenon being explored. A peer reviewer offers support, challenges the researcher's assumptions, encourages the researcher to the next step methodologically, and asks questions about methods and findings and analyses (Lincoln & Guba, 1985). This researcher shared personal responses with her Dissertation Chair and a Research Assistant, and sent all three Assistants a final peer review inquiry and recorded responses (See Appendix J). The researcher recruited two professional editors external to the study, one of whom was well-versed in reviewing Dissertations for editing; and a professional external to the field (a Mechanical Engineer) for editing (See Appendix K and Table 3).

Table 3

Procedures Ensuring Validity/Rigor in this Research

Paradigm Assumptions Lens	Postpositivist/ Systematic Paradigm	Constructivist Paradigm	Critical Paradigm
Lens of the Researcher	Triangulation -Interviews were semi-structured -5 of the 18 interviews were read and coded by multiple Peer reviewers -The researcher sent all 3 Assistants a final inquiry and recorded responses	Disconfirming Evidence The researcher established preliminary themes, clustered to discover primary themes and searched interviews for incongruent constructs	Researcher Reflexivity -The researcher disclosed biases in researcher as person and researcher's role sections. -The researcher recorded reflexive memos including personal responses to participant interviews
Lens of Study Participants	Member Checking -The researcher sent Member Checking Letters (Appendix I) to a sample of participants and recorded their responses.	Prolonged Engagement in the Field -The researcher allowed participants to determine the length and detail of the interview.	Collaboration -The researcher conducted a collaborative and evaluative interview with the first three couples interviewed. -The researcher asked if participants wanted to add more to the account throughout and at the end of the interview. -The researcher asked for clarification and collaboration of understandings.
Lens of Peers	The Audit Trail -The researcher kept logs of all chronological activities related to the study -The researcher recruited a profes-	Thick, Rich Description -The researcher included detailed accounts and verbatim quotes from several participant couples related to each theme discovered.	Peer Debriefing -The researcher shared personal responses with her Dissertation Chair and a Research Assistant. -The researcher sent all 3 Assistants a final inquiry and recorded responses.

	sional editor external to the study for auditing. -The researcher recruited and one other professional external to the field for editing	-The researcher recruited a professional editor external to the study, but well-versed in reviewing Dissertations for auditing.

Ethical Considerations

According to Orb, Eisenhauer, and Wynaden (2000), ethical issues exist in all research. Research includes the goal to generalize for the benefit of others while protecting the participants. Harm can be averted or reduced using proper ethical principles and practices. Ramos (1989) described three types of challenges that may affect qualitative studies: the design methodology, the researcher-participant association, and the researcher's biased analyses of data. When planning research procedures, researchers must consider all possible ethical problems, such as informed consent, confidentiality, data generation and analysis, researcher-participant relationships, and reporting of results.

The challenges in qualitative research can be narrowed by reflexive use of good ethical principles—specifically autonomy, beneficence, and justice. Autonomy includes respect for people and the recognition of participants' rights to be informed, to freely decide whether to participate, and to withdraw at any time from the study. This principle is honored by thorough informed consent (Kvale, 1996). Beneficence encompasses doing good for others and preventing harm. Justice refers to recognizing the vulnerability of the participants and their contributions to the study, attending to fairness and equality, and avoiding abuse of participants (Orb et al., 2000). The interviewer attempted at all times to

honor ethical principles related to informed consent, confidentiality, data generation and analysis, researcher-participant relationships, and reporting of results and to respect participants, do good and prevent harm while attending to fairness and equality, and avoiding abuse of participants.

According to Patton (2002), intimate interviews have the potential of being life-changing for the participant and the interviewer. The purpose of the interview is to gather data, and it is the responsibility of the interviewer to maintain a balance of empathy and neutrality during the interview process. This interviewer was alert to emotional discomfort on the part of the participants and gave them opportunities to take a break when needed. The interviewer gave the participants a referral list with the names and phone numbers of therapists and resources to help find local helping professionals if needed.

All recordings and printed materials will be destroyed five years after the completion of the study. It is anticipated that the results of this study will be published in the researcher's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

Counselors dealing with grief issues are confronted with crucial ethical dilemmas that may drastically change the course of a counselor's practice and career and a client's therapeutic course as they navigate confidentiality, the intimacies and details of sharing this journey with others, multidimensional spiritual and cultural considerations and more, as well as end-of-life issues and challenges posed by unnatural or complicated deaths (Gamino & Ritter, 2009). An additional consideration is the care of the researcher. Be-

cause of the intensity of the topic, and because of who the researcher is, there was a potential for emotional harm to the interviewer. As a safeguard for this interviewer, she had in place support systems that she utilized for de-briefing without breaching confidentiality, which included her advisor and a co-counselor in her private practice. The de-briefing process became a part of the data (Patton, 2002). Every effort was taken by this researcher to protect grieving participants and to honor the unique and personal stories they shared.

Summary

The purpose of this qualitative investigation was to examine phenomenologically the communication experiences of bereaved couples after the death of someone close. Participants for the study were recruited with the use of recruitment flyers, university communications, and bulletin board announcements. To achieve an adequate sample, the researcher desired a target group of 15 to 30 participants. Participants were recruited on a local, statewide, and national level to the extent needed to obtain a representation of over 15 couples.

Data was collected from 21 couples, but used for analysis from 18 couples who met the criteria for this study. Two interviews could not be transcribed due to audio/visual technological difficulties. One interview couple was disqualified because one partner revealed she did not know or feel close to the one who died. The interviews included three structured open-ended questions with additional prompts (see Appendix E). Interviews were digitally audio/video recorded and transcribed into print copies. The first

three participants interviewed served as collaborative and evaluative interviews to evaluate whether the interview questions captured the necessary information to address the research questions. The participants were able to provide deep descriptions of their stories; therefore, the interview questions were not modified. Interview prompts were slightly modified and future interviews were conducted using verbatim interview question guidelines. To ensure thoroughness and consistency of method and presentation of interpretations, triangulation methods—techniques using multiple data sources in the investigation to improve credibility and reliability of the data to produce comprehensive, well-developed themes—were employed (Lincoln & Guba, 1985). For this study, the researcher's advisor and two peer reviewers were recruited to independently analyze interview data throughout the research process to ensure corroboration, transferability, and dependability of the researcher's findings, to help identify emerging themes, and to check for biases in data analysis (Johnson & Waterfield, 2004; Patton, 2002). The peer reviewers were graduate students in the field of Family Therapy and had adequate knowledge in conducting qualitative research, and each completed training in protecting research participants.

The researcher maintained a professional stance while interviewing participants. She was sensitive to the potential personal risks to the participants by being a part of the study. The participants' confidentiality was protected to the extent the law allows.

The audio/video recorded interviews were securely transcribed and then analyzed for emerging themes. Themes were reported using a narrative format which included excerpts from the couples' responses while protecting participants' rights and honoring their unique narratives. Dependability was achieved through detailed data documentation,

recording the interviews, transcribing the interviews for participant review, and uploading the interviews into QSR NVivo 11®software. Consistency was further applied by using QSR NVivo 11® software to store the transcribed interviews, identify consistent and re-occurring themed responses, verify for accuracy, and analyze final thematic representations.

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore the questions, "What are the experiences of bereaved couples after the death of someone close?" and "What are the communication experiences of bereaved couples after the death of someone close?" The results of this phenomenological study on the narratives of bereaved couples' communication experiences after the death of someone close are presented in this chapter from an analysis of collected data using semi-structured interviews coded in the QSR NVivo 11® statistical program. The researcher interviewed 21 bereaved couples who shared the death of someone close and who volunteered to be a part of the study. Two interviews were not adequately transcribed due to technical difficulties and were not included in the results. One same-sex couple revealed during the interview that one of the participants did not know and did not feel close to the person who died, therefore their interview was not included in the results. The final sample for this study included 18 bereaved couples out of 21 interviews. Confidentiality was protected by assigning a combination number/letter code to each participant. The researcher conducted a collaborative evaluation of the first three interviews to determine if the questions and her style of interviewing allowed the participants the freedom to give adequate descriptions of their experiences. No suggestions were made by participants. The participants provided deep descriptions of their stories; therefore, the questions were not modified. Interview prompts were slightly modi-

fied and additional interviews were conducted using verbatim interview question guidelines. The researcher's advisor and two peer reviewers were used for triangulation of data analysis to help with the trustworthiness of the research. The researcher sent all three peer reviewers a final Peer Review inquiry (See Appendix K) and recorded responses. This researcher sent Member Checking Letters (See Appendix J) to all participants. Three participants responded. No suggestions were made. No changes were made.

All data were thoroughly analyzed for developing themes. In this chapter, the researcher presents the demographics of the sample, the essence of the interviews, and a narrative of the emerging themes.

Description of the Sample

The research sample consisted of 18 bereaved couples, 18 males, and 18 females, who ranged in age from 20-79. Couples not living in the Dallas-Fort Worth area were interviewed face to face using online technology. All 18 couples were currently living together and defined their relationship as committed. Information is summarized in Demographic Tables 3A, 3B, and 3C.

Living Together Duration (Years)

Two couples had been together 1-9 years at the time of the interview, five couples had been together 10-19 years, four couples had been together 20-29 years, six couples had been together 30-39 years, and two couples had been together 40-49 years at the time of the interview.

Relationship Status

Sixteen couples were married at the time of the interview, one couple reported as remarried, and one couple reported cohabiting.

Number of Children

Three couples had one child, four couples had two children, six couples had three children, one couple had four children, two couples had five children, and one couple had seven children at the time of the interview. One couple who had experienced the death of their only adult son, called themselves "childless" and reported having one child on the demographic form. One couple who had experienced the death of a child in-utero, called themselves "childless." They also revealed that she had placed a baby for adoption in her younger years and she called herself "childless" again.

Age

Three individuals were between the ages of 20-29, five individuals were between the ages of 30-39, 10 individuals were between the ages of 40-49, 10 individuals were between the ages of 50-59, eight individuals were between the ages of 60-69, and two individuals were between the ages of 70-79.

Race/Ethnicity

Thirty individuals listed themselves as Caucasian, one individual listed herself as African-American, two individuals listed themselves as African American-Nigerian, two individuals listed themselves as Belizean-American, two individuals listed themselves as Hispanic, one individual listed herself as Lebanese, and one individual listed herself as "Texan!"

Sexual Orientation

Sixteen individuals listed themselves as Heterosexual, one as Queer, and one as Gay or Lesbian.

Highest Level of Education

Six individuals listed their highest level of education completed as High School, seven listed their highest level of education completed as Some College or Trade Certificate, ten listed their highest level of education completed as Bachelor's Degree or Professional Education, 14 listed their highest level of education completed as Master's Degree, and one listed his highest level of education completed as Ph.D., M.D., or Doctorate.

Occupations

Occupations ranged from stay-at-home Mom to Judge, and included (in alphabetical order) Accounts Receivable Clerk, Aerospace Engineer, College President, Corporate Trainer, Cosmetologist, Counselor, Cyber-Security Incident Response, Developer, Disabled, Editor/Publisher, Electrician, Executive Assistant, Financial Analyst, Financial Relationship Manager, Health Care Executive, Home Inspector, Judge, Locksmith, three Moms/Homemakers, Mother/Skin Care Consultant, Pastor, Professor, Project Manager, Project Manager/Pastor, Salesman, three Students, four Teachers, Teacher Assistant, one participant answered None, and two left the question unanswered.

Hours Worked Weekly

Six individuals listed themselves as retired, five listed themselves as working <20 hours weekly, two listed themselves as working 20-30 hours weekly, six listed themselves as working 30-40 hours weekly, and 17 listed themselves as working >40 hours weekly; one individual left the question unanswered.

Annual Income per Household

One couple disagreed on their annual income per household; of this couple, one individual listed their annual income as <$20,000 and the other listed their annual income as $20,000-39,000. One additional couple listed their annual income per household as $20,000-39,999, six couples listed their annual income per household as $60,000-89,999, three couples listed their annual income per household as $90,000-119,000, one couple listed their annual income per household as $120,000-149,999, and six couples listed their annual income per household as >$150,000.

Spiritual/Religious Affiliation

Two individuals listed themselves as Protestant, 30 individuals listed themselves as Christian, one individual listed herself as Mormon, one individual listed himself as Christian/Mormon, two individuals listed themselves as Catholic, and one individual listed herself as None.

Table 4A

Demographics Part A - Couple ID, Age, Race/Ethnicity, Sexual Orientation, Highest Level of Education Completed, Occupation, Hours Worked Weekly, Annual Income per Household, Spiritual/Religious Affiliation

Couple *Numbers and letters randomly assigned*	**Age**	**Race/ Ethnicity**	**Sexual Orientation**	**Highest Level of Education Completed**	**Occupation**	**Hours worked weekly**	**Annual Income per Household**	**Spiritual/ Religious Affiliation**
1FMale	40-49	Caucasian	Heterosexual	Master's Degree	Healthcare Executive	>40	<$150,000	Protestant
1FFemale	40-49	Caucasian	Heterosexual	Master's Degree	Mom	<20	<$150,000	Christian
2BMale	Missing data							
2BFemale	Missing data							
3MMale	60-69	Caucasian	Heterosexual	Some College or Trade Certificate	Home Inspector	>40	$60,000-89,999	Christian
3MFemale	50-59	Lebanese	Heterosexual	Some College or Trade Certificate	Editor/Publisher	>40	$60,000-89,999	Christian
4KMale	50-59	Caucasian	Heterosexual	Master's Degree	Teacher	>40	$60,000-89,999	Christian
4KFemale	50-59	Caucasian	Heterosexual	High School	Teacher Assistant	>40	$60,000-89,999	Christian
5OMale	40-49	Caucasian	Heterosexual	PhD, MD or Doctorate	Judge	>40	<$150,000	Catholic
5OFemale	40-49	Caucasian	Heterosexual	Master's Degree	Stay at Home Mom	Unanswered	<$150,000	Catholic
6CFemale1	20-29	Caucasian	Queer	Bachelor's Degree or professional education	Student-Counseling	<20	$60,000-89,999	Christian
6CFemale2	20-29	Caucasian	Gay or Lesbian	Bachelor's Degree or professional education	Unanswered	30-40	$60,000-89,999	None
7SMale	50-59	Caucasian	Heterosexual	High School	Locksmith	>40	$90,000-119,999	Christian
7SFemale	50-59	Hispanic	Heterosexual	High School	Accounts Receivable Clerk	>40	$90,000-119,999	Christian
8CMale	40-49	Hispanic	Heterosexual	Master's Degree	Sales	30-40	<$150,000	Christian/Mormon

Table 4A
Continued

8CFemale	40-49	Caucasian	Heterosexual	Master's Degree	Homemaker	>40	<$150,000	Mormon
9MMale	40-49	Belizean-American	Heterosexual	Some College or Trade Certificate	Corporate Trainer	>40	$60,000-89,999	Christian
9MFemale	30-39	Belizean-American	Heterosexual	Some College or Trade Certificate	Student-Counseling/ Caregiver	20-30	$60,000-89,999	Christian
10LMale	30-39	Caucasian	Heterosexual	Bachelor's Degree or professional education	Cyber Security Incident Response	30-40	$90,000-119,000	Christian
10LFemale	20-29	Caucasian	Heterosexual	Some College or Trade Certificate	Cosmetologist/ Homemaker	>40	$90,000-119,000	Christian
11EMale	50-59	African-American (Nigerian)	Heterosexual	Master's Degree	Project Manager	20-30	$20,000-39,999	Christian
11EFemale	50-59	African-American (Nigerian)	Heterosexual	Master's Degree	Counselor	<20	<$20,000	Christian
12BMale	60-69	Caucasian	Heterosexual	Master's Degree	Developer	>40	$60,000-89,999	Christian
12BFemale	60-69	African-American	Heterosexual	Some College or Trade Certificate	Disabled	Retired	$60,000-89,999	Christian
13SMale	60-69	Caucasian	Heterosexual	Master's Degree	College President	>40	<$150,000	Christian
13SFemale	60-69	Caucasian	Heterosexual	Bachelor's Degree or professional education	Unanswered	Retired	<$150,000	Christian
14DMale	40-49	Caucasian	Heterosexual	Bachelor's Degree or professional education	Financial Relationship Manager	>40	$120,000-149,999	Christian
14DFemale	40-49	Caucasian	Heterosexual	Bachelor's Degree or professional education	Teacher	>40	$120,000-149,999	Christian
15BMale	50-59	Caucasian	Heterosexual	Bachelor's Degree or professional education	Aerospace Engineer	30-40	<$150,000	Protestant
15BFemale	60-69	Caucasian	Heterosexual	Some College or Trade Certificate	Executive Assistant	30-40	<$150,000	Christian

Table 4A
Continued

16WMale	50-59	Caucasian	Heterosexual	Master's Degree	Pastor	>40	$20,000-39,999	Christian
16WFemale	50-59	Caucasian	Heterosexual	Master's Degree	Professor	<20	$20,000-39,999	Christian
17RMale	40-49	Caucasian	Heterosexual	Master's Degree	Financial Analyst	30-40	$90,000-119,000	Christian
17RFemale	30-39	Caucasian	Heterosexual	Bachelor's Degree or professional education	Student-Occupational Therapy	<20	$90,000-119,000	Christian
18WMale	70-79	Caucasian	Heterosexual	High School	Electrician	Retired	<$150,000	Christian
18WFemale	60-69	Caucasian	Heterosexual	Bachelor's Degree or professional education	Teacher/Homemaker	Retired	<$150,000	Christian
19HMale	70-79	Caucasian	Heterosexual	Master's Degree	None	Retired	$60,000-89,999	Christian
19HFemale	60-69	Caucasian	Heterosexual	Bachelor's Degree or professional education	Teacher	Retired	$60,000-89,999	Christian
20WMale	30-39	Caucasian	Heterosexual	High School	Project Manager/ Pastor	>40	$60,000-89,999	Christian
20WFemale	30-39	Caucasian/ "Texan"	Heterosexual	High School	Mother/Skin Care Consultant	>40	$60,000-89,999	Christian
21DMale	Missing							
21DFemale	Missing							

Table 4B

Demographics - Couple ID, Living together Currently, Living Together Duration (years), Define Relationship as Committed, Relationship Status, Years with Current Partner, Number of Children

Couple	Living Together Currently	Living Together Duration (years)	Relationship Status	Years with Current Partner	Number of Children
1FMale	Yes	20-29	Married	20-29	2
1FFemale	Yes	20-29	Married	20-29	2
3MMale	Yes	30-39	Married	30-39	3
3MFemale	Yes	30-39	Married	30-39	3
4KMale	Yes	20-29	Married	20-29	3
4KFemale	Yes	20-29	Married	20-29	3
5OMale	Yes	20-29	Married	20-29	3
5OFemale	Yes	20-29	Married	20-29	3
6CFemale1	Yes	1-9	Cohabiting	1-9	0
6CFemale2	Yes	1-9	Cohabiting	1-9	0
7SMale	Yes	30-39	Married	30-39	5
7SFemale	Yes	30-39	Married	30-39	5
8CMale	Yes	10-19	Remarried	10-19	5
8CFemale	Yes	10-19	Remarried	10-19	5
9MMale	Yes	10-19	Married	10-19	2
9MFemale	Yes	10-10	Married	10-10	2
10LMale	Yes	1-9	Married	1-9	1
10LFemale	Yes	1-9	Married	1-9	1
11EMale	Yes	20-29	Married	20-29	2

11EFemale	Yes	20-29	Married	20-29	2
12BMale	Yes	30-39	Married	30-39	0
12BFemale	Yes	30-39	Married	30-39	0
13SMale	Yes	30-39	Married	30-39	1
13SFemale	Yes	30-39	Married	30-39	1
14DMale	Yes	10-19	Married	20-29	3
14DFemale	Yes	10-19	Married	20-29	3
15BMale	Yes	30-39	Married	30-39	3
15BFemale	Yes	30-39	Married	30-39	3
16WMale	Yes	30-39	Married	30-39	4
16WFe-male	Yes	30-39	Married	30-39	4
17RMale	Yes	10-19	Married	10-19	3
17RFemale	Yes	10-19	Married	10-19	3
18WMale	Yes	40-49	Married	40-49	1
18WFe-male	Yes	40-49	Married	40-49	1
19HMale	Yes	40-49	Married	40-49	2
19HFemale	Yes	40-49	Married	40-49	2
20WMale	Yes	10-19	Married	10-19	7
20WFe-male	Yes	10-19	Married	10-19	7

Participant Couples' Relationship to Researcher

Of the 18 participant couples, 11 couples were known to the researcher and 7 were not known to the researcher. Four couples responded to the dissertation recruitment flyer disseminated at local universities. Three couples were acquired through snowball

sampling. (See Table 4A) I did my best to employ techniques to avoid biases by following the bracketing strategies of Chan, Fung, and Chien (2013): to be consciously aware of and assess and set aside my biases as I decided the research model, to choose the scope of the literature review, and to plan for the interview process and data collection and analysis in ways that prevented influencing participants' understanding of the phenomenon of communicating about bereavement.

The Couples

Each participant received a participant code that consisted of a number and letter. The numbers 1 through 20 and the letters represent the couple followed by the notation male/female to distinguish the individual voices heard throughout the narratives. A brief description is presented to introduce the bereaved couples.

Couple 1F. 1FMale is a healthcare executive. The person who died is his mother. On demographic forms, he described his mother's death as an "accidental overdose or medication reaction leading to alteration of consciousness ultimately leading to asphyxiation." He described his relationship to her as, "I was her only son—she adored us and her grandkids." He described his wife's relationship to his mother as "she treated her as a daughter—in some sense my wife bonded more with my mother than she does with her biological mother." Additional Comments:

> The past five years have been very difficult. I wish she could've been here to help us with our younger son who was diagnosed with _____

very shortly after her death. Between her love for our family plus her professional training as an educator of children with learning and neurological disabilities, she would've been invaluable.

1FFemale is a mom. The person who died is her Mother-in-law and she described her mother-in-law's death as due to "natural causes." She described her relationship to her mother-in-law as "very close, spoke often." She described her husband's relationship to his mother as "close." Additional Comments: "My husband was her only child. She visited our family up to three times a year, despite being 1500 miles away."

Couple 2B. This interview was not included in the current study due to technological difficulties.

Couple 3M. 3MMale is a home inspector. The person who died was his Mother-in-law. He described his relationship to his mother-in-law as "dislike, hostile." He described his wife's relationship to her mother as "dominating, overbearing, harsh." Additional Comments: "We did not have a good relationship." 3MFemale is an editor/publisher. The person who died was her adoptive Mother. She described her relationship to her mother as "contentious, angry." She described her husband's relationship to her mother/his mother-in-law as "contentious, dislike." Additional Comments: "My mother's death opened a lot of feelings of animosity and harsh feelings I had to work through. My husband helped me work through all that." They both described her relationship to her mother by calling 3MFemale "Cinderella" and the mother a "cruel Step-Mother."

Couple 4K. 4KMale is a teacher. The person who died is his 19-year-old step-son who died suddenly of a seizure. On demographic forms, he described his relationship to

the person who died as his stepson and "like my son." He described his wife's relationship to his son as "very close." 4KFemale is a teacher assistant. The person who died was her 19-year-old son who "died suddenly of a seizure" and "Don't know real cause." She described her husband's relationship to her son as "____ loved him like his father." Additional Comments: "We were so close ____ called me every day. He was the most loving and sweet person."

Couple 5O. 5OMale is a Judge. His "son died of an extremely premature birth." 5OFemale is a Stay at Home Mom. Her son was "born prematurely." No additional comments.

Couple 6C (Same-Sex). This same-sex couple is not included in the results because 6CFeamle2 revealed during the latter parts of the interview that she was not close to the deceased.

Couple 7S. 7SMale is a locksmith. His 14-year-old daughter completed suicide. On demographic forms, he described his relationship to his daughter as "very close." He described his wife's relationship with their daughter as "very close." 7SFemale is an Accounts Receivable Clerk. Her 14-year-old daughter completed suicide. She described her relationship and her husband's relationship to their daughter as "close." Additional Comments: "Ten days after her death, the medication she was on [for depression] was pulled from the shelves—no longer available for children."

Couple 8C. 8CMale described himself as divorced and remarried. His occupation is sales. He described himself as Christian and Mormon. The person who died was his

19-year-old step-son who completed suicide. On demographic forms, he described his relationship to his son in the following way, “I was proud to be his father; he seemed distracted.” He described his wife’s relationship to their son as “very good until the end.” 8CFemale described herself as divorced and remarried. Her occupation is homemaker. Her 19-year-old son completed suicide. She described her relationship to him as “very close, I was protective of him—may have coddled him a bit.” She described her husband’s relationship with their son as, “I think he respected my husband, his stepfather, but didn’t feel especially close to him.”

Couple 9M. 9MMale is Belizean American and a corporate trainer by trade. His maternal grandmother died of natural causes. On demographic forms, he described his relationship to his grandmother as “extremely close. We had great talks.” He described his wife’s relationship to his grandmother as “she loved her like a daughter.” 9McFemale is Belizean American. She described herself as a student/caregiver. The person who died was her husband’s grandmother. She described her relationship to her as “close to grandmother-in-law.” She described her husband’s relationship to his grandmother as “extremely close to grandmother.”

Couple 10L. 10LMale is a Cyber Security Incident Response Tech. The person who died was a close friend who was killed in an automobile accident while they were serving in the military together overseas less than one year ago. Additional Comments:

> He left a young wife who was due to deliver their first child within the next few months. Due to travel restrictions for pregnant women she remained in [their country of service] through the rest of her pregnancy and

through the first healing weeks after the baby's birth after which she returned to the states to her family.

10LFemale is a Cosmetologist/Homemaker. The person who died was a close friend who was killed in an automobile accident while they were serving in the military together overseas less than one year ago.

Couple 11E. 11EMale is a Project Manager by trade. On demographic forms, he said the person who died was a stillborn daughter 19 years ago. 11EFemale is a Counselor. On demographic forms, she said the person who died was a daughter, "before birth." No Additional Comments.

Couple 12B. 12BMale is an SQL developer by trade. On demographic forms, he said the person who died was their "unborn child due to a tubal pregnancy 36 years ago." When asked to describe his relationship he entered "unborn child." When asked to describe his wife's relationship to the child, he put "unborn child." 12BFemale is a student and is disabled and considers herself retired. On demographic forms, she said the person who died was her "unborn child due to a tubal pregnancy 36 years ago." She answered yes to the question "did you feel close to him at the time of the death?" She described her relationship to the baby as "he was my baby; I felt close to him." Additional Comments: "When I was 21 years old I had a son and I put him up for adoption. When we got married I wanted my husband's baby."

Couple 13S. 13SMale identifies himself as a college president. He says the person who died was their adult son who died of leukemia. "He was just shy of 20 years of

age." He described his relationship to his son as close on demographic forms. On demographic forms, he described his wife's relationship to their son as close. Additional comments: "He and I were both hardheaded." 13SFemale did not answer her occupation question. She says the person who died was their adult son who died of leukemia. On demographic forms, she described her relationship to him as close, "but [he was] also his own person." This couple describes themselves as "childless."

Couple 14D. 14DMale described himself as a financial relationship manager. The person who died was his friend's mother of a heart attack 23 years ago. She would have been his mother-in-law. He felt close to her and described his relationship to her as she was his "friend's mother. She was like a mother to our whole block." He described his wife's relationship to her mother as mother. 14DFemale described herself as a teacher. The person who died was her mother of a heart attack 23 years ago. On demographic forms, she described her relationship as "my mother." On demographic forms she described her husband's relationship to her mother as "family friend/friend's mom." This was my shortest interview at just over 25 minutes.

Couple 15B. 15BMale described himself as an aerospace engineer. On demographic forms, he described the person who died as his stepson from cancer five years ago. He says he felt close to him at the time of death. He described his relationship to his stepson as "he was my stepson legally, son practically." He described his wife's relationship to their son as "son." Additional comments:

> We would not have grown as close as we did in his last months if he did not have cancer. It forced us to go beyond the uncomfortable, difficult, fact of having to play the roles of son and dad. It allowed us to forget that and just be two men who loved each other.

15BFemale described her occupation as executive assistant. She described the person who died as her son who died of metastatic melanoma five years ago. She said she felt close to him at the time of his death. On demographic forms, she described her relationship to her son as "oldest son." She described her husband's relationship to their son as "stepson." Additional comments:

> My husband raised him from six years and really was his dad. My son's dad died when he was 19 and was never around. They communicated some, but his dad committed suicide and he used drugs all his adult life. My husband was his dad and the one there for him. Although I do think his illness brought him to that realization.

Couple 16W. 16WMale described himself as a pastor. The person who died was "[3] unborn kids" due to miscarriage. 16WFemale described herself as a professor. The person who died was "three unborn babies" due to miscarriage: one 26 years ago, one 14 years ago, and one eight years ago. She felt close to the babies at the time of their death. She described her relationship and her husband's relationship to these babies as "unborn children." She explained that when they were newly married they had their first child who died naturally or miscarried naturally. Then they had three children—two sons and

one daughter. Then 14 years ago they had another miscarriage that ended in an emergency surgery and was very severe. They estimated that the baby had stopped growing at 10 weeks gestation, but they waited until 14 weeks to see if she would miscarry naturally. She thought she miscarried naturally but then she had to have a D&C. She stated that her husband's name means "he shall add" so they always thought they would have many children. Then serval years ago, after having their third son/fourth living child, they miscarried again at about one month naturally. She said it "helped that the threat of childlessness wasn't there."

Couple 17R. 17RMale described his occupation as a financial analyst. They have three adopted children he listed as Daughter, Daughter, Son. The person who died was his brother-in-law who had lived with them and who completed suicide less than a year ago. He described his relationship with his brother-in-law as one of "mutual love and respect." He described his wife's relationship to her brother as "very close." 17RFemale described her occupation as full-time student and graduate research assistant in occupational therapy. They have three children and she lists them as "daughter adoptive, daughter adoptive, and son adoptive." The person who died was her brother and he completed suicide less than a year ago. She felt close to him at the time of his death. She described her relationship to him as,

> He and I were the most alike out of my siblings—there were four of us. He was my youngest brother and I helped raise him in many ways. We loved the opportunity to get together. Our relationship was filled with

gentleness, kindness and playfulness. I was always so proud of him, his big heart, his intelligence, and quick wit.

She described her husband's relationship to her brother saying,

> My husband got along great with my brother. My husband did not have siblings, but understood the importance of my siblings to me and even allowed/encouraged him [her brother] to live with us a short while. The three of us took a couple of wonderful backpacking trips together in the mountains of New Mexico.

She said her "thoughts are working through a blanket." Interviewer comments: Her brother committed suicide less than a year ago at the time of the interview. They have three adopted children ages 14, 14, and 11, all of whom have special needs.

Couple 18W. 18WMale described his occupation as electrician – retired. The person who died was his son of lymphoma 33 years ago at the age of seven. 18WFemale described her occupation as teacher/homemaker. The person who died was her son 33 years ago at the age of seven. Interviewer notes: They handed me a poem for parents who had lost a child and sent me a copy of it. They didn't actually tell me that they themselves were supported by a local Ronald McDonald House, but they did say that they did some work for the Ronald McDonald House in their area and the facilities named the playground "W____s backyard" after their son. They sent me a picture of it that says, "Let's Play with W____!" This was the longest and most emotional couple interview I conducted.

Couple 19H. 19HMale described himself as retired, giving no previous occupation. The person who died was his youngest son of cystic fibrosis at age 38, less than a year ago. 19HFemale described herself as a retired teacher. The person who died was her youngest of three sons of cystic fibrosis at age 38, less than a year ago. Interviewer's Note: This was the interview that evoked the strongest emotional response from me.

Couple 20W. 20WMale described himself as a project manager/pastor. The person who died was his brother-in-law in an auto accident nine years ago. 20WFemale described herself as a "Texan" under race/ethnicity. She described herself as a mother and skincare consultant by occupation. The person who died was her brother in an auto accident nine years ago. 20WMale also experienced the death of his only brother when they were seven and six years old. Interviewer's Note: The interviewer couldn't really focus on this death in the interview because 17WFemale never met her husband's young brother, but it was a pervasive thread that ran throughout the whole interview for both husband and wife.

Couple 21D. This interview was not included in the current study due to technological difficulties.

Table 4C

Demographics Part C- *Couple ID, Person who Died, Type of Death, How Long Ago did Death Occur (years), Did You Feel Close to Him/Her*

Couple	**Person who Died**	**Type of Death**	**How Long Ago did Death Occur (years)**	**Did You Feel Close to Him/Her at the Time of Death**
1FMale	Mother	Accident	1-9	Yes
1FFemale	Mother-in-law	Illness	1-9	Yes
2BMale				
2BFemale				
3MMale	Mother-in-law	Illness	10-19	Yes, but Cut-Off
3MFemale	Mother	Illness	10-19	Yes, but Cut-Off
4KMale	Adult Step-son (19)	Suicide	10-19	Yes
4KFemale	Adult Son (19)	Suicide	10-19	Yes
5OMale	Child Son Stillborn	Stillbirth >20 weeks gestation	10-19	Yes
5OFemale	Child Son Stillborn	Stillbirth >20 weeks gestation	10-19	Yes
6CFemale1	Friend/Lover	Illness	1-9	Yes
6CFemale2	Unknown	Illness	1-9	Yes
7SMale	Child Daughter (14)	Suicide	10-19	Yes
7SFemale	Child Daughter (14)	Suicide	10-19	Yes

8CMale	Adult Step-Son (19)	Suicide	1-9	Yes
8CFemale	Adult Son (19)	Suicide	1-9	Yes
9MMale	Grandmother	Unknown	1-9	Yes
9MFemale	Grandmother-in-law	Unknown	1-9	Yes
10LMale	Military Friend	Automobile accident	6mo-1year	Yes
10LFemale	Military Friend	Automobile Accident	6mo-1year	Yes
11EMale	Child Daughter Stillborn	Stillbirth >20 weeks gestation	10-19	No
11EFemale	Child Daughter Stillborn	Stillbirth >20 weeks gestation	10-19	Yes
12BMale	Child InUtero	Miscarriage <20 weeks	30-39	No
12BFemale	Child InUtero	Miscarriage <20 weeks	30-39	Yes
13SMale	Adult Son	Illness	10-19	Yes
13SFemale	Adult Son	Illness	10-19	Yes
14DMale	Friend's Mother	Illness	20-29	Yes
14DFemale	Mother	Illness	20-29	Yes
15BMale	Step-Son Adult	Illness	1-9	Yes
15BFemale	Son Adult	Illness	1-9	Yes
16WMale	Child InUtero	Miscarriage <20 weeks	10-19	Yes
16WFemale	Child InUtero	Miscarriage <20 weeks	10-19	Yes

17RMale	Brother-in-law	Suicide	6months-1year	Yes
17RFemale	Brother	Suicide	6months-1year	Yes
18WMale	Child Son (7)	Illness	30-39	Yes
18WFemale	Child Son (7)	Illness	30-39	Yes
19HMale	Son Adult	Illness	6months-1year	Yes
19HFemale	Son Adult	Illness	6month-1year	Yes
20WMale	Brother-in-law	Accident	1-9	Yes
20WFemale	Brother	Accident	1-9	Yes
21DMale				
21DFemale				

Findings

The purpose of this study was to examine the phenomenological experiences and communication experiences of bereaved couples after the death of someone close through the narratives told in semi-structured interviews. To guide this study, the researcher focused on the following research questions:

Research Question One: "What are the experiences of bereaved couples after the death of someone close?"

Research Question Two: "What are the communication experiences of bereaved couples after the death of someone close?

Couples were asked the following three open-ended interview questions:

1. Tell me about your shared experience of the death of someone close.
2. What were hindrances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?
3. What were helps/assistances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

Participants were not restricted to the interview questions and were encouraged to speak openly and to elaborate as much as they were comfortable. On occasion, prompts were offered, and follow-up questions were asked to gain clarity on comments made.

The researcher analyzed the participants' narratives by reviewing the audio/video recordings and re-reading transcripts from each interview. Peer reviewers analyzed seven transcripts separately and identified significant statements and themes that were consistent with those identified by the researcher when compared. Interviews were coded and clustered using the QSR NVivo 11® program.

The couples in this study offered thick, rich narratives including the details about the who, what, when, where, how and why elements about the death, as well as giving full descriptions about their individual-personal connections to the deceased, the personality of the deceased, the relationship of the couple to the deceased, and the couple/dyad relationship (See Figure 1). Bereaved couples in this sample discussed hindrances to communication about the death as they navigated

- grieving apart – because they felt isolated, internalized their grief, wanted to protect themselves and their partner from distress, or struggled with differences in the way partners grieve and mourn;

- avoiding emotional pain, avoiding the after-effects of negative reactions of others, and avoiding the added pain associated with disconnected and cut-off relationships, and
- lack of experience with death, including past deaths and new deaths they face (See Figure 2).

Participant couples in this study were encouraged and helped to communicate as they

- worked toward grieving together,
- sought positive faith influences when desired and turned negative faith experiences into positive experiences,
- attempted to encourage one other with verbal communication encounters as they talked together and asked/inquired after one another,
- pursued non-verbal encouragements for comfort and communication, and
- found ways to help others or pay it forward as individuals and/or as a couple.

Rigor from the Lens of the Researcher

Triangulation. A single method of verification cannot adequately shed light on interconnected phenomena. To ensure thoroughness and consistency of method and presentation of interpretations, triangulation methods—techniques using multiple data sources in the investigation to improve credibility and reliability of the data to produce comprehensive, well-developed themes—was employed according to Lincoln and Guba (1985). For this study, the researcher's advisor and two peer reviewers were utilized to

independently analyze interview data throughout the research process to ensure corroboration, transferability and dependability of the researcher's findings, to help identify emerging themes, and to check for biases in data analysis (Johnson & Waterfield, 2004; Patton, 2002). The peer reviewers had adequate knowledge of conducting qualitative research, and each completed training in protecting research participants.

Peer reviewers were given the typed transcripts of at least three randomly selected interviews to evaluate consistency in identifying themes. Only the researcher had access to the audio/video recordings. Each transcript was coded with the participant's code, no identifying information was included in the transcripts, and the assistants did not see any demographic information. Each assistant read the transcripts several times to highlight significant statements and to identify patterns or themes.

The researcher compared her data analysis with the analysis from the assistants searching for similar themes as well as for any new emerging themes to choose and confirm themes and then compared them to original themes identified by the researcher. These combined, coded statements led to the development of meaning clusters or themes which were used to describe the experience and context of the phenomenon. The software QSR NVivo 11® was used by the researcher to assist in the process of coding the data and in recognizing consistent themes. The researcher narrowed down and merged the various themes the external coders identified with the nodes created in NVivo, resulting in three themes under hindrances to communicating and five themes under help to communicating. After discussing the themes with these colleagues and finding them in agreement, the final themes were felt to be an accurate assessment of the data.

The final data analysis is presented in standardized and narrative formats using some first-person accounts for participants and researcher alike. Ultimately, the researcher attempted to translate the conceptual model into a story that will be read by others so that the report will be a rich, tightly woven account that will then reveal a unique construction of the soul of the most common experiences and themes experienced as reality and shared by the participants.

Thematization of results. As couples talked about their experiences of bereavement, an unasked construct seemed to emerge describing elements of grief work or coping in the stories of bereaved couples' shared experience of the death of someone close. For the scope of this research, details surrounding grief work or coping are not expanded upon. Constructs under the three interview questions emerged and verbatim quotes are used to support the identified themes.

Thematization of communication results. Ensuing elements and themes involving hindrances to communication experiences for participant couples include grieving apart, avoiding emotional pain, and lack of experience. Ensuing elements and themes involving help/assistance to communication experiences for participant couples include grieving together, positive influences of faith, verbal communication, non-verbal communication, and a desire to help others.

The Experiences of Bereaved Couples After the Death of Someone Close

"We… didn't neglect anything, we thought everything through, *we felt it out with our hearts."*

– Couple 15B (death of an Adult Child/Son)

Grief work for couples may include talking and telling stories (Bosticco & Thompson, 2005; Sedney et al., 1994). Bosticco and Thompson (2005) discussed the value of reliance on narratives and storytelling for bereaved clients, and proposed that people primarily tell stories to create sense of their lives after loss, for cleansing, and to remember the one who died. Sedney et al. (1994) suggested listening to and assisting with the stories of bereaved families to discover how the story constructions and contexts are affected by and affect the stories they tell.

Stories About Couples' Shared Experience of the Death of Someone Close

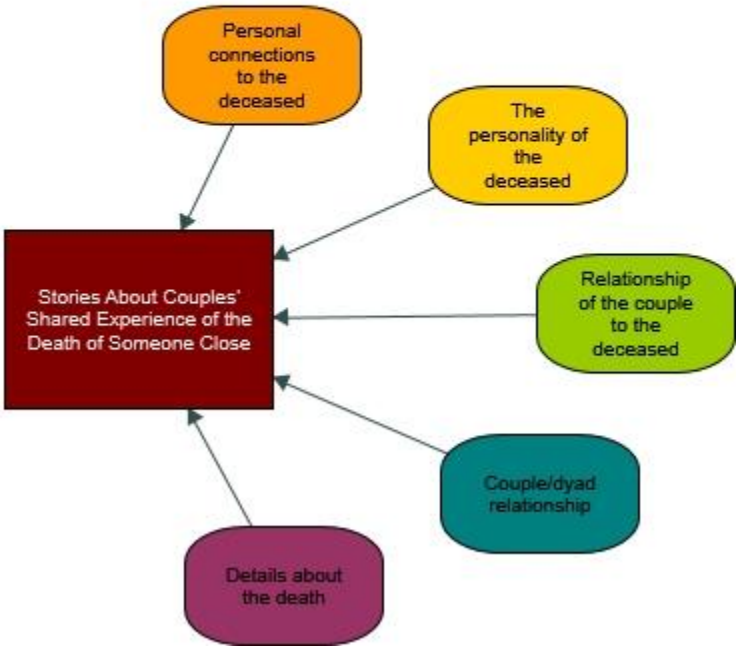

Figure 1. Couples' Stories About the death of Someone Close

The researcher began with, “Tell me about your shared experience of the death of someone close.” Couples were invited with the first interview question to tell the story of the one who died. The researcher stopped recording when all three interview questions had been asked and couples drifted on their own from the subject of the death and their communication experiences to other topics. The researcher asked if the couples had more to say before she stopped the interview. Participants spent half or more of their interview time, which ranged from 27 minutes to 68 minutes for all interviews, telling the stories of the deceased in depth. They focused on their personal connections to the one who died and discussed the who, what, when, where, and how related details about the deceased and the events before, during, and after the death (see Figure 1).

Personal connections to the deceased. Personal connections were a major focus of each story and included information about the personality of the deceased, each couple’s relationship to the deceased (for 15 of the 18 couples), and the established relationship of the couple themselves (for 13 of the 18 couples interviewed). Couples spent more than half of their interview time talking about the person who died and how they were related to them, and defining closeness and elements of relationship.

The personality of the deceased. It seemed very important for couples to help the interviewer understand the personality of the one who died. Even when relationships with the deceased were strained or cut-off, couples talked openly about relationship dynamics. Three couples described the personalities of mothers (one mother was described as “crazy about our kids,” another as “cruel”) and a grandmother (as a peacemaker). Five couples described the personalities of adult children who died. One couple portrayed their

son as a sensitive and caring young man who really wanted to know that he made a difference in the world; another as "just a really good kid;" others as nurturing fathers and husbands; and as a talented musician. Two couples described their young children. One couple noticed changes in their daughter's personality and temperament before she completed suicide. Two couples described brothers who had died; one said he was a kind soul with a compassionate heart.

Relationship of the couple to the deceased. In addition to telling the interviewer who died and describing their relationship as close, couples also went into significant detail to describe that "closeness." Four couples described their relationship to mothers, mothers-in-law, and a grandmother as supportive, friend, and a pivotal part of their lives. On the other hand, couple 3M described her relationship to her mother as "contentious, angry," and described her as "Cinderella" and her mother as the cruel step-mother. Four couples described their relationship to adult sons who died as close and loving. Two couples discussed attachment to stillborn or miscarried children. The depth of grief felt by parents after the death of a child is reported to be particularly intense, complicated, and long lasting, and may be the most extreme heartbreak a couple will ever have to face (Miller, 2003). Two couples talked about their relationship to brothers who had died as filled with gentleness, kindness and playfulness and filled with pride, or full of concern for enduring conflicts.

Couple/dyad relationship. Sharing about grief can be a crucial means of adjusting to loss and can produce resilient relationships and interpersonal closeness for couples (Hooghe et al., 2011). It is commonly believed that sharing emotional reactions to loss is

a key component of grieving and enhances couple relationships (Stroebe et al., 2002). The interviewer did not ask questions concerning the established relationship of the couple, but 12 of the 18 couples discussed their bond in relation to the death of a loved one and related to how they communicated about the death. For several of these couples, communication during the interview was the first time they had ever shared about the death of someone close. Other couples appreciated being there for one another and they described changes in their relationship as a result of coping together with the death. They gave numerous examples of support from one another.

Details about the death. Bereaved couples talked extensively giving numerous and minute details about the who, what, when, where, and how of the death of their loved one. The timeframe around which the death of someone close to the couple occurred was of utmost importance as 11 of the 18 participants spent quite a bit of time talking about the stage of marriage they were in when the death occurred. They talked comprehensively about the exact years and sometimes months and even days when the person close to them died, about how many months or weeks or years there were from diagnosis to death, and they made sure they were correct on the exact age of the person when he/she died. They focused a lot on holidays and other special days surrounding the person's diagnosis and prognosis and illness and death. They could tell this interviewer exactly how many months later one of them might have had a similar scare with some diagnosed illness. They told the researcher how old they themselves were and what grade they were in when the death occurred. They gave details about the time frame within which other

deaths happened to them before and after the death of the one they focused on in their interviews. The number of years between adoptions and miscarriages and the birth of subsequent children and stillbirths were discussed and agreed upon before couples would move on to other parts of their story. When the death of children was discussed, they talked very clearly about events in depth; they especially discussed how old their children were and when they would have reached their next birthday, what grade they were in, and how old other siblings were. They discussed the fact that the month of the death is always hard for them. Almost every couple gave intimate and thorough information about different events that happened at the time of the death, surrounding the location of the death, and sometimes meticulous details about how the death occurred at the time. In addition, they gave intimate accounts about days surrounding the death including making plans for services and people who were involved, some of whom were supportive and some of whom were not.

Storying or sharing narratives of grief experiences assumes the necessity of grief work and giving words to and expressing emotion about grief with another in relationship. The bereaved need to tell and construct stories to find meaning in the meaningless and to make order of disorder (Gilbert, 2002). Couples were invited to tell the story of the one who died. Participants spent half or more of their interview time telling the stories of the deceased in depth (See Figure 1). In addition, couples talked about why the death happened in a search for meaning. The interviewer did not ask questions about the work of grieving or coping undergone by the couples, but participants focused on this construct extensively.

Hindrances to Communicating (Verbally and/or Non-Verbally) About the Death for the Couple

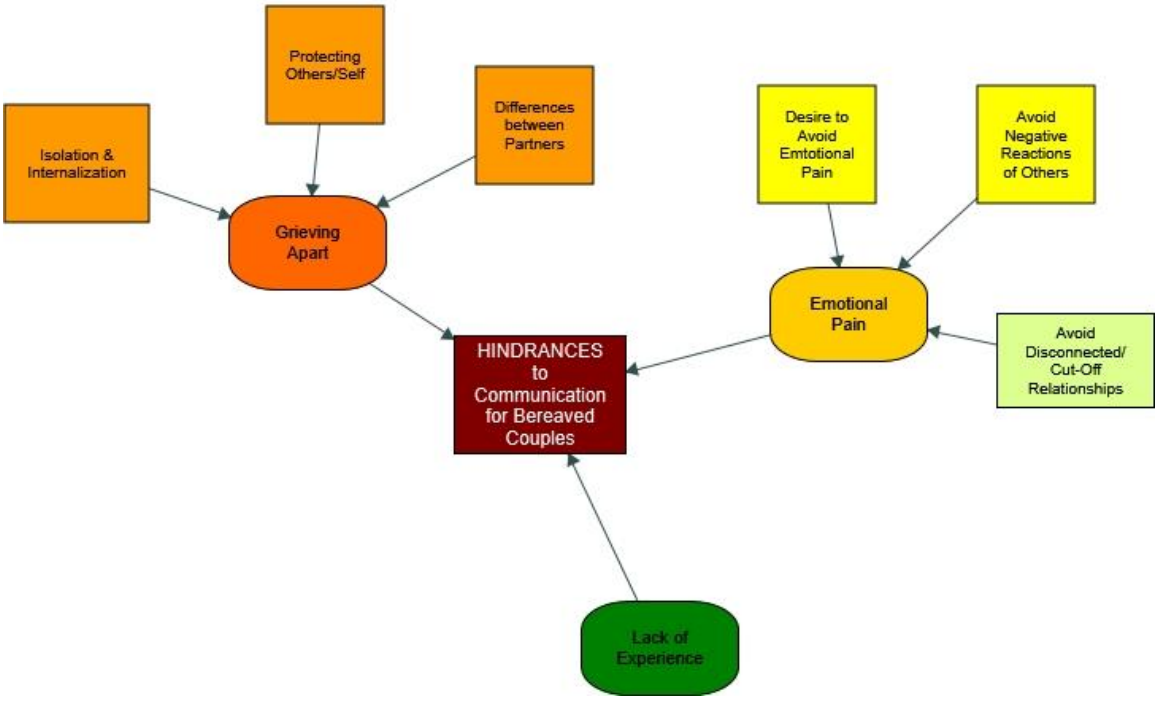

Figure 2. Hindrances to Communication for the Couples

Theme One: Hindrances to Communication - Grieving Apart

All but two of the participant couples talked openly about grieving apart. Toller and Braithwaite (2009) found that bereaved parents voiced a desire to grieve with their spouse to provide each other with comfort and support, and found they experienced a dialectical conflict between mourning apart as individuals and striving to grieve together as a couple (grieving apart-grieving together) and between openness-closedness. Couples in this study discussed the dilemma of wanting to communicate and not wanting to communicate. They discussed the quandary of feeling isolated and internalizing their journey

of grief and mourning [openness-closedness], of being reluctant to share to protect the other, and of approaching death and grief, and life, differently as individuals.

Isolation and internalization. Bereaved parents in the Toller and Braithwaite (2009) study needed to share and not share with each other about their child's death, and experienced strains when one wanted to be open and the other wanted to be closed. When one partner was open and one was closed they often felt pulled in different directions and felt one grieved more than the other.

Couples in this study discussed feeling isolated and/or internalizing and holding their emotions inward concerning their grief which hindered communicating and grieving together during periods of bereavement. Several men talked about the importance of their work and being occupied with trying to support their family, and later realizing that work should not take priority over working through grief together. One husband said, "It's my job to provide, it's my job … It's hard to understand that's not what you're supposed to do." [Husband 5O (stillbirth of Son)]

A wife said,

> I don't talk about anything to anybody and so that includes him a lot of times.… I internalize it more until it just gets to be too much and then all kind of comes out all at once.… Why else do I not share? I don't know. I don't know why I don't share. I guess I just figure I can work it out on my own. [Couple 14D (death of her Mother/illness)]

A husband explained he felt like he lost his son and he also lost his wife because "she was gone for all that time." They both described her as "changed forever" after the death of their son. [Couple 4K (death of Adult Son/unknown)]

Another husband discussed his reluctance to communicate about death. He said,

> I'm just not, you know. I'm a talkative person. I know you can tell that. But, I'm a very talkative person over all, but those types of feelings are not things that I generally share a lot. I don't mind to share some… you know, things that are going on in my life or whatever. You know. I'm a trainer by profession so we tell stories to engage people to, you know, learn things, or tell stories about yourself or make yourself more relatable. So, I don't have a problem with that. Just. I don't know. I guess I just… I don't want to say I block it out. I guess, I guess I just kind of internalize it more than anything. I just kind of internalize and bury I guess, things like that. [Couple 9M (death of his Grandmother/illness)]

A husband said "Yes. Again, I… I didn't like talking about it, I still don't like talking about it… She made a comment to me one time, 'You know, you don't have to bring me flowers. I dealt with it; I don't think you have.'" [Couple 5O (stillbirth of Son)]

Feeling isolated and internalizing their journey of grief and mourning may be a hindrance to sharing through the death of someone close for couples. In addition, partner communication between bereaved couples may be withheld as couples are uncertain

whether to talk, feel judged, or try to protect the other from further emotional distress (See Figure 2).

Protecting the other, the self. Bereaved parents rarely experience and express grief in the same manner. Grief communication is complicated when individuals limit communication with others to protect themselves and their partner from further distress or from hurt or judgment (Schwab, 1990, 1992; Toller & Braithwaite, 2009).

Couples in this study talked about feeling helpless and trying to be strong for the other person. Six couples revealed that they grieved apart sometimes because they had a desire to protect the other person from emotional pain.

A couple experienced the death of a child in utero. She said, "the only thing, he doesn't say a lot about his sadness, because he was trying to be strong for me. He was trying to be strong for me. He knew how much it meant…" [Couple 12B (miscarriage of Child/they believe to be a son)]

Couple 7S experienced the death of their 14-year-old daughter who completed suicide. They talked extensively about immediately leaving their home with paramedics and police and settling for the next three months at her sister's house, feeling that staying away from home was a way to protect each other from emotional pain. She said,

> We went to my sister's house from the hospital, she said, Follow me home. And we did. We never left, we stayed there for three months and it was… If we had gone home, I think several things would've happened. The house wouldn't have become the scary

> place it was because when it came time to… OK, it's time to something, the house became a scary place, it absolutely became a scary place, because all the stuff happened here. We had also had 10 years of love and laughter and everything else in the house, but the only thing I could focus on was that she died there. I think if we had gone home that night, or the next day, I don't think we would have left it.

She continued,

> …we ended up selling it and leaving it and it was… The house is so amazing, it was our dream house and we had taken it down to the studs and we had done the whole house when the kids were little. It was our home, but it became a scary place that I didn't want to go to. [Couple 7S (suicide of 14-year-old Daughter)]

Couple 8C experienced the death of an adult child/step-child to suicide. She explained that people often asked how she was doing, but they didn't ask how her husband as step-father was doing very often. The few times people did ask him how he was doing, he would always say "I'm only…, I'm as well as she is. You know, as long as she's OK." She was his primary focus. He had expressed anger toward their son for completing suicide, and therefore, he hesitates to talk to her about it because he doesn't want to make her sad, or lead her to feel defensive; and they both feel she was very protective of their son and maybe a little too easy on him. She said, "so even now I think he hesitates to express anything negative about _____." [Couple 8M (suicide of 19-year-old Son)]

Couple 9M experienced the death of his grandmother. She felt like even though he had experienced the death of other people in his life, he was closer to his grandmother than to any other relatives. She wasn't sure, therefore, how to handle discussing this death with him. She said,

> You know, because sometimes he can be a little, you know, closed that way whenever he's down. So, he kind of withdrawals a little bit. So, I just wasn't sure what was going through his mind… So, I didn't want him to have to go through what I went through, you know, because it's hard. You know, dealing with death is hard; and I didn't want him to have to go through that. [Couple 9M (death of his Grandmother/illness)]

A husband said "I was… Hyper focused… It's so weird to say it this way. But, I was hyper focused on what I could do to make her feel better and how to get past it; and she was willing to deal with it." [Couple 5O (stillbirth of Son)]

Couples who experienced a completed suicide of a loved one talked a little bit about guilt and blame and avoided communicating because they didn't want the other partner to feel like they were blaming them. They wanted to protect the other from blame.

Couple 7S, whose 14-year-old daughter completed suicide, felt guilt after a medication their daughter was on was pulled from shelves and deemed dangerous for children 10 days after their daughter's death. He said, "We probably went...I know I went through times of blaming you. Did you blame me?" She responded, "I don't think so, I think I just spent so much time blaming me. I don't think I blamed you."

To protect the other partner, couples may be reluctant to share about the death of someone close. Couples in this study admitted to wanting to protect themselves from the emotional distress that talking about the death would evoke (See Figure 2). In addition, when couples recognized that they approached death and grief—and life—differently as individuals, they neglected to share their experiences and emotions with one another.

Difference between partners. Becvar (2001) and Schwab (1990, 1996) who studied bereaved parents proposed that they rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult. Couples' individually distinct and shared or similar mourning patterns can create struggles and tension as they try to understand one another (Martin & Doka, 1996; Schwab, 1992). In a study by Toller and Braithwaite (2009), parents expected to grieve alike and when they did not, they decided their partner grieved wrongly, reported feeling frustrated and separate or distant, and felt alone. When one partner was open and one was closed they often felt pulled in different directions and felt one grieved more than the other. Bereaved parents needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. Parents' advice that other bereaved parents remain open with each other shows that they still viewed openness as crucial to grieve a child's death together.

Fourteen of the eighteen couples interviewed talked about differences between partners as hindrances to communicating about their grief. They discussed general differences in personality and temperament. One partner talks naturally and one partner does not. One partner feels that talking about certain things is important and one partner feels

it is not. They talked about being in very different places along the journey of grief and mourning and at such contrasting times. They sometimes had such separate ways of re-membering events they became frustrated trying to communicate about them. They had differences of opinion about how the person died and what would have made the death easier to cope with.

When one partner had experienced death and the other had not, they didn't seem to know how to approach one another. A husband said, "I was, kind of, focused on, "Let's get past it, let's get over it, let's get through it. And let's put it behind us." And, as a result, I never really processed it like she did." [Couple 5O (stillbirth of Son)]

A wife said,

> The man thinks he's communicating and the woman is not getting the communication she needs. As far as us, we didn't have any struggles. We were honest with one another. I probably need to talk about it more and I realized he didn't need to talk about it. He probably, it's just not his nature to talk about things, period. He's a thinker and not a talker and I also realize that men don't have that need either as much. They're a different breed and then, realizing that, I didn't push him to talk about stuff. [Female 15B (death of an Adult Child/illness)]

One partner felt that receiving help from counselors or through a support group would be beneficial and one did not. A wife encouraged her husband to go to grief support groups and he resisted for quite a while. Once he went, he felt it was a helpful experience. They discussed the fact that sometimes what one of them felt was important to

discuss, the other one didn't. He works in the funeral industry and so feels that he has the freedom to talk about death, his own experience, and the shared experiences of others quite often; whereas, she didn't work in a place where she could freely talk about it. [Couple 13S (death of Adult/Only Son/illness)]

The way couples reached out to help other people was also very different than the way they reached out to help one another. Bereaved couples rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult. Couples expected to grieve alike, and when they did not, they reported feeling frustrated and separate or distant, and felt alone.

Theme Two: Hindrance to Communication - A Desire to Avoid Emotional Pain

"I think I see a lot of people that don't grieve, that don't hit the grief in the face. It just lingers and lingers like burnt popcorn. It just lingers forever, doesn't go away."

[Male17R (suicide of her Brother/his Brother -in-law)]

Bereaved couples rarely experience and express grief in the same manner. Bereaved couples may find it difficult to share with each other because both are experiencing the death at the same time, and they lack the energy to deal with typical relationship issues as well as the strength needed to provide support for one another (Rando, 1991). After a death, one member may become both physically and emotionally distant from the family when other members may develop a stronger alliance than they had before the death (Boss et al., 2008). Grieving the death of someone close is an inherently contradictory experience as couples encounter simultaneous and conflicting grief emotions concerning the death (Becvar, 2001; Hooghe et al., 2011).

Avoiding emotional pain (general). Sixteen of the eighteen couples discussed the desire to avoid emotional pain as a hindrance to communicating together about the death of someone close (See Figure 2). A father commented,

> I didn't like talking about it, I still don't like talking about it. But, um, it, uh, it, it helps me understand that you have to feel it. You have to process it. You can't just put it in a box and seal it in lead and hope that it never comes out…, it's going to get out. It did come out in a healthy way, just sideways. But…, [it took] five or six years. [Husband5O (stillbirth of Son)]

A mother experienced the completed suicide of her adult son. They talked about feeling anger toward the son and feeling defensive towards one another. She said,

> I mean, …you know, we talked about, uh, I never felt anger. I don't think I felt anger towards ____ or _____ or anybody. Um, but I think because 8CMale expressed that he, he feels anger towards ____ for doing this, and so I think sometimes 8CMale hesitates to talk to me about it because he doesn't want to make me sad, because I am defensive... [Wife8C (suicide of 19-year-old Son)]

Couple 9M experienced the death of his grandmother and she said,

> So, it was kind of difficult for me because I wasn't sure how to handle it with him. You know, because sometimes he can be a little you know, closed away whenever he's down. So, he kind of withdraws a little bit. So,

> I just wasn't sure what was going through his mind… [Couple 9M (death of his Grandmother/illness)]

Couple 11E experienced the death of a stillborn daughter a few weeks before she was due. He said,

> I think one of the hindrances was I didn't want to keep reminding myself or reminding her of what transpired, so, um, I didn't really want to talk about it because the more we talked about it, the more, um... we were feeling bad and would lash out. [Male 11E (stillbirth of Daughter)]

One adult son was fearful that his parents would experience emotional pain and encouraged them to go to counseling with him before he died. [Couple 13S (death of Adult/Only Son/illness)] After the death of an adult child, a husband said, "It's sort of like an elephant in the room talking about death because you don't want to go there…" "We didn't talk about it very much." [Couple 19H (death of Adult Son/illness)]

In addition to a desire to avoid emotional pain in general, couples discussed wanting to protect the other partner. They sometimes talked about wanting to protect themselves.

Negative reactions of others. Ten couples discussed the devastating effects of the emotional pain caused by negative reactions of others after the death of someone close which seemed to be a hindrance to sharing together (See Figure 2). Couple 4K experienced the sudden death of her adult son to an unknown seizure. They felt like some friends came around just to be "noticed for themselves" instead of to offer condolences. They tried several different support groups that they thought were extremely unhelpful

until they found one that worked for them. Initially, at the hospital, they felt as if the chaplain in the hospital staff reacted "almost like they've never had anybody die." Later, her sisters were worried about how long they felt it took her to work through her son's unexplained death. They were concerned about her perceived level of depression. She said she couldn't even be around them for a while because they just kept telling her what they thought she needed. She said,

> …and it's like, I finally told them, I said, oh my God, if one of yours [your children] died, I can't imagine what you would do. You would not… You would never live again. Never! We've always said, nobody understands. Ever! Until you walk through this… [Couple 4K (death of Adult Son/un-known)]

Couple 5O experienced the death of a child in utero and expressed resentment and anger toward people that expected them to be "normal." After the death of his daughter, one father revealed, "…what we got from our counselor was advice that was premature as far as not making a shrine out of her room. I think most people need to go through... travel the journey, and not just get the end advice, and I think that's what we got; it was end advice. I think it would have been therapeutic to go through that… Saving her things and making a special something memorial for her, but we were so careful not to do that because of that advice, worried about it." [Husband7S (suicide of 14-year-old Daughter)]

Couple 8C raised their children in the Mormon church and had both previously been divorced and remarried. When her adult son completed suicide, a family member chided, "How do you like your church… now?" [Couple 8C (suicide of 19-year-old Son)]

Couple 12B experienced the death of a child in the initial stages of pregnancy. Medical professionals told her husband after her ectopic pregnancy/miscarriage that she would never be able to have children. They avoided telling her. And they felt she was in such a fragile state, he should not tell her. She could tell when he was visiting her in the hospital that something was wrong. When he finally told her the truth, she said,

> I fell apart. The next day, I tore into the doctor verbally. I was mad. You [her husband] should have never had to tell me I couldn't have any more kids. That wasn't his job. A couple weeks later, we went to the doctor's office for the follow up. The doctor was cold as ice. He sat behind that desk and looked at us and said, well, you might as well adopt, didn't he? My parents came to visit us, but they never directly talked about the baby. …My family does not acknowledge _____ [either baby/son], they never have… (She had previously placed a baby boy for adoption that was also not recognized as her child by her family.) [Wife12B (miscarriage of Child/"son")]

After the death of her closest sibling, a wife didn't want people telling her "stupid idiotic crap." She said,

> I didn't need that. Actually, I protected myself from people that I knew would say that. What I needed was somebody to acknowledge that I was feeling a tremendous amount of pain. Things have gotten exponentially better, but when you're in that, I think acknowledging it is a really important part of the grieving process.

> Having permission to do that was really important. [Couple 17R (suicide of her Brother)]

Couples were deeply hurt by the wayward reactions and hurtful words of others. They were intensely wounded when relationships were cut-off or disconnected before and after the death they shared.

Disconnected/cut-off relationships. Grief communication is complicated when family and friends are uncertain whether to talk about a death and especially when couples feel judged and cut off by their community system (Toller & Braithwaite, 2009). Nine couples talked about the emotional pain caused by the difficulties and complications of disconnected or cut-off relationships which seemed to be a hindrance to sharing about the death of someone close (See Figure 2).

Couple 3M experienced the death of both her parents, but most devastating to her was the death of her mother whom they both described as the "wicked stepmother," calling Wife 3M, "Cinderella." They both described several situations over many years when this mother treated her daughter and her daughter's family badly. She said, "My mother's death opened a lot of feelings of animosity and harsh feelings I had to work through. My husband helped me work through all that." She explained that whenever her mother needed help through illnesses, surgeries, cancer treatments, and other life events, she was always the one to help her. After this mother died, it was discovered that she had changed her husband's original will to leave everything to her younger son and nothing to this adopted daughter. "Um, she left my brother everything. She never, pretty much didn't,

she just wrote me out of her will. She never said anything to me. Um, she, just, it was like I had been just cut off."

From that day forth, even her brother cut off ties with her.

> And, so, it took me probably I would say a year and a half to work through all of that anger and I came to a point to where I didn't want to have anything, I didn't want to do anything as far as think about her. I didn't want to see anything about her… Now that's all that's left is the hurt. …And, I think what, I think what it was I tried so hard to, to do what she, you know, to, for her to accept me and, as, because I mean, she flat out told me one time that I was not blood and I was therefore not part of the family. And, so, you know, like I said when she died and I realized she had written me out of everything, um, it was like, that was it. That just, that was the straw that broke the camel's back. [Couple 3M (death of her Mother/illness)]

One couple began to feel like some friends came around "just to be noticed" for themselves and then disappeared in a few weeks. For another couple, at the time of the death of their baby, as they were making funeral service plans, the husband's father began to have some minor heart related issues and needed medical care. His siblings and parents expected him to come to their aid immediately. His brother even called him "useless!" Conflict escalated from that point forward for their extended families. [Couple 5O (stillbirth of Son)]

A wife talked openly about being in a strained relationship with her nuclear family before and especially after her brother's death. This relationship gap was widened further over the years by the reactions and refusals of her mother to talk after her brother's death. [Couple 20W (death of her Brother/auto accident]

Couples felt grieving apart hindered their ability to communicate about the death. They felt the desire to avoid emotional pain in general, and emotional pain that increased due to the negative reactions and comments of others, and the emotional pain that increased due to disconnected and cut-off relationships with others hindered their ability to communicate about the death. Couples also felt that their own lack of experience with death in general hindered their ability to communicate about the death.

Theme Three: Hindrances - Lack of Experience with Death & Grief

"You know? You don't know how you're going to respond to something like that until it happens." [Male 13S Funeral Director (death of Adult/Only Son/illness]

Reestablishing and conserving equilibrium requires mourners to make meaning within the context of death by assimilating the experience of this death into their way of being in the world before the death (Neimeyer et al., 2009). According to seven of the couples interviewed for this study, assimilating the experience, and therefore, communicating about the death of someone close, seemed hindered by a general lack of experience with death and grief (See Figure 2).

Couple 10L experienced the death of their close friend during their military service overseas. She spent a lot of time with her friend's widow, especially before family arrived from the United States and after family left. She said,

> "I've never been through, went through grief, so I ... It was kind of ... It was hard for me, hard for me to watch _____ [car crash victim's wife] because I had put in myself in that position of, "How would I react?" And, I really don't know how I'd react because of ... I never went through that. But, um, 10LMale's dealt with grief with him losing his father. So, he was able to help me, you know, just comforting me. So, we really didn't talk about it. We just cried together and told each other that no matter where we're at, we'd still be there for her and she's a lifetime friend and we'll just ..."

She felt that because her husband had experienced the death of his father at an early age, he would be able to guide her through the experience of the death of this friend. In contrast, he said, "[She] asked questions like what should she do and I was like, "I don't really know." [Couple 10L (death of Friend/auto accident)]

One participant had worked as a funeral director and had experienced the deaths of his father and mother, and still perceived himself as lacking experience and ill-prepared for the death of his son, saying

> "You know? You don't know how you're going to respond to something like that until it happens. I mean, my dad had already died. I mean, he died when _____ [only son-deceased] was a year old, less than a year old. …Yeah. You don't really know what all's happening. You know? I mean, and what's taking place differently. [Couple 13S (death of Adult/Only Son/illness)]

A wife had experienced the death of her adult brother long before the stillbirth of their son, but her husband stated,

> I never really had anybody close to me die. …I had, literally, never had anybody really close to me die. …I do not know how it's supposed to happen. …I don't know. And, so, I think I had [lacked], um, the tools to deal with it. …I didn't appreciate it, I didn't understand it, I didn't get it. [Couple 5O (stillbirth of Son)]

They seemed to feel their two young daughters would benefit from having experienced the death of their brother, saying. "I think our kids are better off. …being human because of what happened to ____. I mean, they will understand this better …because they've been through it, they've seen it, they've lived it, they felt it." [Couple 5O (stillbirth of Son)]

Not only were some individuals and couples inexperienced when it came to experiencing the death of someone close, they felt they lacked experience coping with the after-effects of losing someone close which hindered communication. An older couple talked extensively about the dilemma of dealing with the fact that their widowed daughter-in-law was seriously dating another man less than a year after their son's death. He said,

> "Yeah, so that's been ... Yeah, that's another elephant in the room right there. I told 19H Female today, I said, "What do you think about me cooking turkey and dressing and having she and the kids and _____ [daughter-in-law's new boyfriend] over Sunday for our Thanksgiving? We've got to

get this out in the open because it's driving me crazy." She remarked, "Well, we don't want to lose our grandkids." [Couple 19H (death of Adult Son/illness)]

Several couples had lived through such different experiences, that they still felt a perceived lack of experience when helping each other, which hindered their ability to share. Wife 20W had never really experienced the death of anyone close to her until her brother, who had lived with them, died in a car accident. Her husband had experienced the death of his young brother to cancer at the age of seven and the deaths of grandparents and great-grandparents as well. After the death of his brother to cancer when they were both six and five, his family hushed his crying and created a rich and busy life for him as an only child. He said,

> "This was the first person you ever lost. Your grandparents, you hadn't lost either your grandparents or any aunts or uncles… No one that was close to you. That's an enormous difference that I realized. Remember, I lost my brother when I was little. I saw my grandmother until she died, my great-grandmother. I had a lot of people who were either very close or relatively close to me that passed away while I was growing up, so I couldn't get that sense; not the whole aspect of realizing how fragile life is and how quickly people can go from being in your life to being gone was not something that was new to me at all, but I think wasn't something she was intellectually aware of having never experienced it and it hit her like a ton of bricks. I can definitely see that that's been the case. There's been a fear,

> sometimes perfectly reasonable, sometimes irrational, of losing someone, and what I had… But I never, at least at the time, I could maybe say the right things from a real life perspective, from a theological perspective, I could preach a funeral sermon and deal with the reality and the comfort that's there and the peace and the joy and all of those things, but I don't think I knew how to grieve in necessarily a healthy way, because the way that I grieved for my brother was to deal with it and go on, so I wasn't sympathetic or compassionate enough in what 19WFemale was going through and has continued to go through. Consequently, dates that should matter to me and that hit her in such a heavy way come and go and I don't remember them. They don't impact me that way. I think that hindered us a lot in a lot of ways, because I didn't make the effort to understand and to be sufficiently compassionate or understanding of what she was going through and of how it impacted her… So, all of that I think ill-equipped me to without a lot conscious effort to help her and understand her." [Couple 20W (death of her Brother/auto accident)]

Bereaved couples felt that assimilating the experience, and therefore, communicating about the death of someone close, was hindered by a lack of experience with death and grief. They rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult. Couples expected to grieve alike and when they did not, they reported feeling frustrated and separate or distant, and felt alone. Couples

felt grieving apart hindered their ability to communicate about the death. They felt the desire to avoid emotional pain in general, and the emotional pain that increased due to the negative reactions and comments of others, and the emotional pain that increased due to disconnected and cut-off relationships with others hindered their ability to communicate about the death.

All 18 couples were asked following interview question, "What we're help/assistance to communicating, verbally and or nonverbally, about his or her death for you as a couple?" The following five themes related to help/assistance to communicating emerged.

Help/Assistance to Communicating (Verbally and/or Non-Verbally) About the Death for the Couple

> *You just have to talk. I mean, I don't know that there's a magical pill that you can take. I mean, …you've got to express it somewhere, … I think you just don't ignore it. You know?* [Couple 13S (death of Adult/Only Son/illness)]

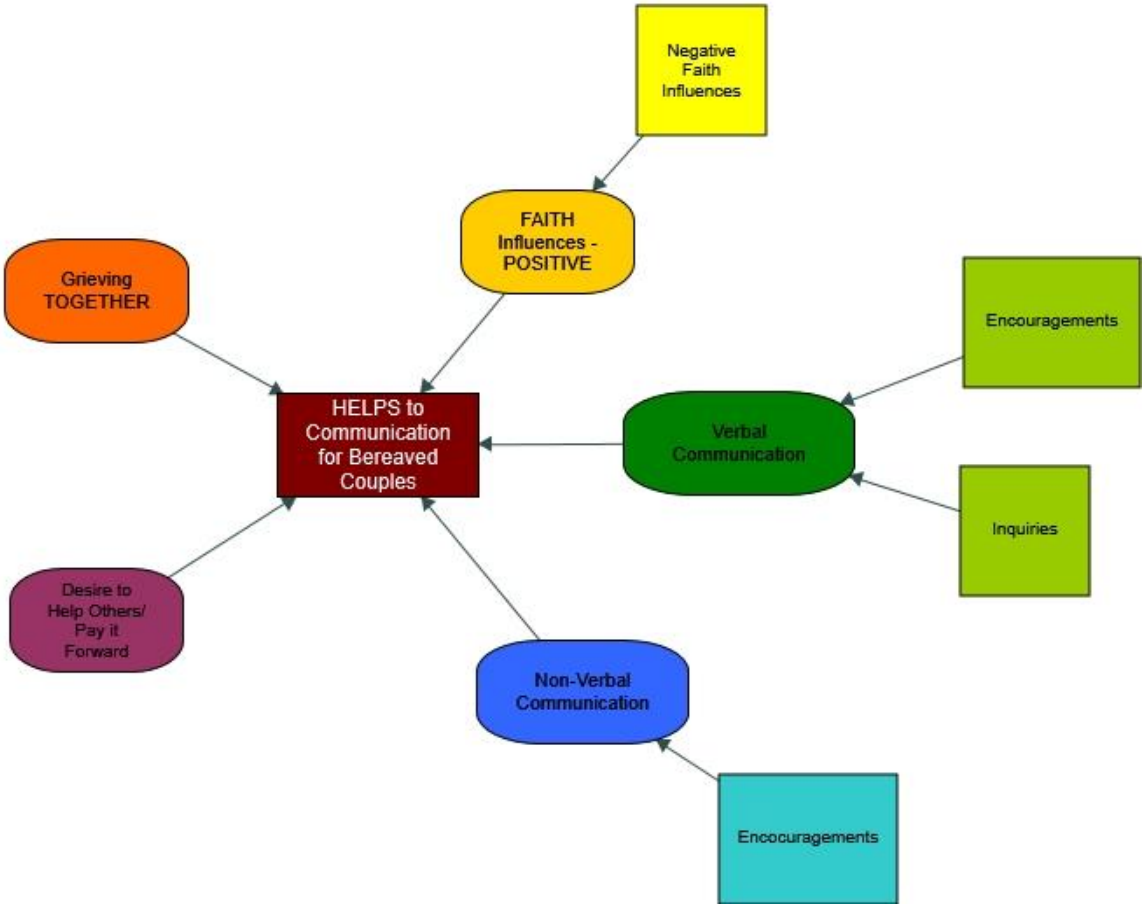

Figure 3. Helps to Communication for the Couples

Hooghe et al. (2011) suggested that sharing these stories of grief can be a key resource in adapting to loss and contribute to stronger bonds and relational intimacy in newly formed families. All 18 couples were asked the following interview question, "What were helps/assistances to communicating, verbally and/or nonverbally, about his or her death for you as a couple?" The key themes related to help/assistance to communicating which emerged included grieving together, gaining strength from faith, specific

verbal communication, non-verbal communication help, and a desire to help others (See Figure 3).

Theme Four: Help for Communication – Grieving Together

> *"I don't think anything really hindered us. We were pretty open about it and supportive to each other. I don't think there were any barriers or whatsoever."* [Couple 16W (miscarriage of Child)]

Toller and Braithwaite (2009) found that bereaved parents wanted to talk with each other about their child's death. Parents who felt frustrated and separate or distant, and felt alone, negotiated this conflict by accepting their uniqueness, compromising and embracing their different grieving styles, and seeking help from family or professional sources. Bereaved parents accepted their differences by viewing dissimilarities as fundamental to the foundational process of grief and mourning and honoring their own needs, validating one another, staying connected as a couple, alternating between joining in tasks of grieving that were important to their partner and privately attending to their own grieving needs, and striving to grieve together (Toller & Braithwaite, 2009).

Couples in this study talked openly about grieving together through a variety of means. Most understood that there had to be a way to process grief together (See Figure 3).

5O Male said "…it helps me understand that you have to feel it. You have to process it. You can't just put it in a box and seal the lid and hope that it never comes out.… It's going to get out. It did come out in a healthy way, just sideways. But, it took five or six years." [Couple 5O (stillbirth of Son)]

In the Toller and Braithwaite study (2009) bereaved parents sought outside help to acknowledge and find meaning through their uniqueness and sameness and to rejoin in their journey as a couple. Several couples in this study sought help from professional counselors, pastoral counselors, and grief support group experiences to grieve together. One couple went to a professional counselor with their adult son at his request because he was concerned that during his lingering illness and after his death, his parents would argue and fuss. His father stated, "I mean, we even went to counseling because _____ [only son-deceased] wanted us to. … To be in ... To be able to talk to each other and not be fussing, which sometimes we did." They felt like they talked well about things. They eventually went to a grief support group recommended by their church. He explained, "She said, I'm going to go to that, and I did and it was fine. I mean, it helped some. I got to tell my story to people who hadn't heard it, didn't already know." They believed the grief support group experience helped to process grief and possibly helped them communicate better as well. [Couple 13S (death of Adult/Only Son/illness)]

Three of the couples interviewed were in the same support group for couples who had experienced the death of a child. Two of these couples stayed in the group for three years and keep in contact regularly with members of the group ten years later. One of the husbands currently leads groups at the same institution. Other couples felt their church family was a source of support.

Others reached out to one another in differing ways for support. One couple brought orange flowers to the overseas site of the car accident where their friend was killed for two years as a tribute to him, his widow, their baby son, and to commemorate

for themselves the life of this beloved friend. On special occasions, they sent pictures of the flowers to their widowed friend and her family. [Couple 10L (death of Friend/auto accident)] Husband 11E has kept "a little bag that's full of information about the baby, that we got from the hospital, and everything… from the burial ground..." He remarked, "Now, I don't want to open the bag…". But he explained he knows it's there. [Couple 11E (stillbirth of Daughter)]

Several couples talked about leaving a special place belonging to their deceased child untouched as a memorial to him or her, making sure they still had pictures in the hallways and rooms of their home, and keeping special mementos belonging to their child, no matter their age at the time of death. Couple 12B experienced a miscarriage and she had placed a son for adoption before they met. She knew he was always there for a cuddle and a hug; she explained that he was always there for her from the beginning, saying,

> One of the reasons why 12BMale and I ended up going together was that 12BMale was the first person in my life that ever acknowledged my son. Mother's Day is really hard for me. We were not engaged yet. We weren't even boyfriend and girlfriend yet, were we? … We were just friends. 12BMale went out and he got a Mother's Day card and some flowers. …we communicate really good. Even when I'm feeling really hurt ... Mother's Day, I know I'm going to cry. 12BMale's going to give me my card and my flowers from _____, _____ and him, that's who they're from. [Couple 12B (miscarriage of Child/ "son")]

Most couples interviewed talked things out to grieve together. Eight of the 18 couples interviewed felt that talked well together. They felt heard and listened to and held openness and honesty as highly esteemed relationship values or qualities. Couple 10L were young, serving overseas in the military, and just starting their family when their friend died in a car accident leaving behind a wife and unborn child. He said,

> We used the opportunity, I guess, to talk about things… But, we used the opportunity to discuss some things that we've never really talked about before like, you know, do you want to be buried or do you want to be cremated? We made sure we'd get our wills done.

She said,

> But, then, it was just me and 10LMale and the cats. So ... But, now we have to figure out what we want to do with him or who we want him to go to if anything happens. We briefly talked about that, you know. …I would just start to cry and be like, "I don't understand this." And, 10LMale always somehow knew what to say at that moment. [Couple 10L (death of Friend/auto accident)] Couples encouraged their partner to let go of regrets.

Couple 14D were young neighborhood friends when her mother died of a heart attack when she was 17 years old. He was there to support their family and they began to date soon after and were married during college years. She said,

> He's a talker. I don't know. I think we've done better with the death since then because we've experienced several since that time. … I don't know.

> Every now and then I'll just get talkative, I guess, and we'll share more things. Just kind of as things come up I've gotten to where I'm better about sharing stuff with him, but I'm not a communicator. I don't know what I do. … I usually have some type of emotional breakdown. Then he'll be like, "What's up?" … A little bit before, but he can, it's usually him, he's noticed some differences in my attitude and mood, and so he'll start asking questions and me just opening up and telling him stuff.
>
> He added,
>
> Hers is very situational driven. A situation comes up that would remind her of _____ or an issue or something like that then that's either when she'll start crying or she'll become a little bit more talkative. It's one of those, if the kids are around she's going to be even less talkative. If it's just the two of us, then she's more talkative. She's very guarded. [Couple 14D (death of her Mother/illness)]
>
> One wife commented,
>
> I shared with 15B Male. I mean if I, I didn't hold stuff back, I told him when I was frustrated or I couldn't handle things, or don't worry about me when I'm crying, you know, that sort of stuff. I just had to get through it. [Wife15B (death of an Adult Child/illness)]

Couples affirmed each other for making wise decisions and made a pact not to second-guess decisions they had made along the way. Couple 15B cared extensively for their son and their son's children while he was undergoing treatments. She explained that

through 18 months of walking the journey together there were occasions and opportunities for second-guessing and blame and guilt, but they "just didn't let it happen."

He stated,

> We did not. Yeah, because we both agreed what we would do and...
> I said this to 15B Female and she agreed and so did J____ the whole time, his death, you know. When we make decisions about, you know, in what we are going to do in medication, whatever it was, that we had to understand it. We didn't know what the right thing, the perfect thing to do would ever be so that wouldn't be our standard, our standard would be that we would always try to do our very best and then we would move on from that. … We would not, well we might go back and say well we should have done that differently, but we would not second guess ourselves to the extent that we did something and we did… We did everything we could to make all the right decisions, the best, not the right, the best decisions we could at every step of the way and so every time if something disastrous happened we'd just go back and we'd say okay could we have done anything different and the answer was always no and most of the time it wouldn't have mattered anyway because of the severity of the disease. When we got, when he passed away, for me it was most emotional when he actually passed away and then, but there were never any arguments about well what if we would have done that different. It's your fault if we

would've done something different. [Couple 15B (death of an Adult Child/illness)]

Sharing these stories and experiences of grief can be a key resource in adapting to loss and may contribute to stronger bonds and relational intimacy for couples.

Theme Five: Help for Communication – Gaining Strength from Faith

I guess we didn't anticipate it would ... We didn't even think about it because we had so much faith that he was going to be okay. That didn't really go into play. We knew it was a disease there's no cure for, but we know God's more powerful than those practicing doctors. It was just not God's will that he stay here. We know right now that he's healed, that he's fine. We'll see him again. [Couple 19H (death of Adult Son/illness)]

Thirteen couples discussed their faith and the faith of the one who died during their interviews. Thirteen couples represented faith as a positive influence that helped communication about the death; four couples experienced faith as a negative experience from others, but still felt they could communicate and grow through the negative experience (See Figure 3).

"...you know, there's a scripture that talks about how death has lost its sting, and I think, uh, when you do have that faith, it has lost it's sting to a certain extent." [Husband8C (suicide of 19-year-old Son]

Faith issues – positive. Couples mentioned they felt great support from their faith communities and leaders [Couple 11E (stillbirth of Daughter), Couple 5O (stillbirth of Son), Couple 8C (suicide of 19-year-old Son)]. Several couples felt they and their loved

one who died had direction from God as they made decisions during their treatments and last days [Couple 13S (death of Adult/Only Son/illness), Couple 7S (suicide of 14-year-old Daughter)].

Some expressed gratitude that they could be with the one who died for a time. "... I was thankful that the Lord had given us a chance to be with our son." [Couple 13S (death of Adult/Only Son/illness)]

> Really, I am of the opinion, I don't know if 18W Male is, that when we come here, God knows how long we're here for. … I don't think that there's anything we could have done to save his life. I really think that he was sent to us to teach us the things he taught us and that's how long it took him to do it. [Couple 18W (death of 7-year-old Son/illness)]

One mother agonized over her adult son's decision to stop treatments for cancer, and felt she received a message from God telling her that these decisions were not hers to make, and she was able to find comfort and accept her son's decisions from that time forward. [Couple 13S (death of Adult/Only Son/illness)]

Couple 10L were encouraged and comforted by the strong faith of their friend who died in a car accident and by his grieving widow. Their widowed friend told them that three days before her husband died, "He said, "The Lord told me I was going to die. I don't know when. I, I mean, it could be months from now, years from now, but, he goes, "I'm going to die." She said she knew it was true and was grieved. Her young husband comforted her saying, ..." I'm at peace. I know the Lord's calling me home and, uh, you know, basically, I just want you to know I love you." After his death, she explained that

there were times she wished she had died with him, but she was about to deliver their son and wanted a good life for him. Female 10L, exclaimed,

> God wanted you alive and your baby has a plan… There is a reason why you're still alive and the Lord has good plans for you even though it doesn't really make sense right now. I don't, can't make any sense of it.

This story strengthened this couple and their faith and led to many conversations between them about their own mortality and how to prepare for such a tragedy. She stated,

> ... In all honesty, it was God's will for him to be that, in heaven ... Or, go to heaven. … They were a neat couple. ____ [car crash victim] was a really neat guy and he impacted his work, workplace from when his death ended up leading a few people to the Lord. So, God doesn't waste anything. She felt God gave her the stability and strength needed to be there for her friend, and then gave her and her husband the ability to be there for each other. [Couple 10L (death of Friend/auto accident)]

Husband 16W explained,

> I don't think anything really hindered us. We were pretty open about it and supportive to each other. I don't think there were any barriers or whatsoever. Obviously, number one, our faith brought us the comfort and trusting in God and His will. … It's good to have a support group of the church… stuff. Not everybody has that. Everybody's in a different circumstance.

Wife 16W stated,

It was interesting. She [medical professional] really tried to comfort us. I think she was taken aback by our faith that we were ... We said that to her. We said God has blessed us with three [children]. If He blesses us with another, great. I remember when she told us there's no heartbeat, she was waiting for us to just fall apart. We didn't because we knew God has this. …Talking to the kids… I remember driving. I picked them up from school, and we go through the drive-thru at McDonald's to get a little snack, and I just remember them being so devastated. I was trying to explain to them, "You know, guys." I said, "For a baby to come together," I said, "It's a total miracle." I said, "Everything has to just come together perfectly and form perfectly." I said, "God did that for us three times. We're blessed that way." They wanted to know if the baby would feel anything, if there'd be any pain, the baby would suffer. I said, "No, because the baby just went to sleep." I think that's how I put it then. Do you remember how upset they were? [Couple 16W (miscarriage of Child)]

Couple 18W experienced the prolonged illness and death of their young seven-year-old son to cancer. She shared a story from the hospital:

No one was there. I guess it was angels. Then later he said, "Okay, okay. I'm just waiting for you." I said, "Who are you talking to?" He said, "Oh it's Jesus." I said, "I don't see him." He said, "Well He's sitting right up there" next to the window, he said, "He's sitting right up there." I said, "Well, when He's ready for you to go with Him, you can go with Him."

Husband 18W was immensely comforted by a poem for parents that a friend gave to them and, at the same time, greatly offended when a doctor told him in the hallway of the hospital that 80% of marriages ended in divorce after experiencing similar traumas. He said,

> When I come across, families that have lost a child, I give them a copy of that (poem). There was a guy that worked for me, his daughter lost a baby. I gave them a copy of that and he came back to me and told me that meant a lot to them. That and the fact that that doctor telling me 80% of families ended up in divorce, that really burnt me up, I was trying to make sure that didn't happen to us. I believe if it wasn't for the Lord, we'd have been part of that 80%, I believe God helped us, I know he helped me. [Couple 18W (death of 7-year-old Son/illness)]

Wife 8C stated,

> And I think, you know, our, our faith plays an integral role. I mean, it really, it really does. I mean tha-, you know, we believe that we'll see him again and we'll be together… [Wife 8C (suicide of 19-year-old Son)]

Husband 8C said,

> So, it's just for, just for a little while. Tha-, that, to me, seems, you know, there's a scripture that talks about how death has lost its sting, and I think, uh, when you do have that faith, it has lost its sting to a certain extent. I mean, it's still a painful, but it's, it's not, you know, y-, y-, you're, that person still exists and is still, it, it, it's a separation rather than a, uh, a termination. [Husband 8C (suicide of 19-year-old Son)]

Couple 19H experienced the death of their middle adult son to cystic fibrosis. Husband 19H said,

> We have a tremendous support group in our church. …I guess we didn't anticipate it would ... We didn't even think about it because we had so much faith that he was going to be okay. That didn't really go into play. We knew it was a disease there's no cure for, but we know God's more powerful than those practicing doctors. It was just not God's will that he stay here. We know right now that he's healed, that he's fine. We'll see him again. [Husband 19H (death of Adult Son/illness)]

She said,

> When he was diagnosed when he was 10, I fell before the Lord and He told me he'd be all right, very, very strongly, and I knew that he would be all right. ____ lived on my faith for a while, knowing that. We kept telling him you've got to live on your own faith. Well, I knew he did, but I think the one thing that was hard for us was we didn't know how much until those last few days. We teach in our counseling to write letters to God and biblically open the Word. He was doing that. We knew he was doing that. I had been brought up on [God's] Word, the healing scriptures, and I felt like that that was really important. They (their son's family) had them posted all over the house. They felt like that, too. We all believed in our hearts that ____ would be healed, and we stood on that- … We talked about Heaven. He talked about his grandparents being there. We had some

beautiful memories about the hospital, being with him in there, that we'll never let go of. It was tough. I mean, tough, tough, tough. He'd just gone through three weeks of prayer and fasting right before that. I just was praying so hard for his healing because I knew we needed a miracle since ____ [Hospital] said no. We could just tell the way he was coughing, nothing was working. No antibiotic could touch this bacteria. They didn't have an answer for him. They had tried everything. …When he told me on Saturday, "Mother, when somebody's in this shape just let go and just love on them. Don't worry now. Keep on praying for me," …Well, I did try and keep trying. I feel like at that time, I did because God was so ... I guess it's the prayer of the people that we had all around us. I think I did, but it keeps ... Some days we do real well. …He's living with the Lord in Heaven where he wouldn't come back for anything now. …For a while you're in such shock, it's a hit to your faith. You know that you know that you know that God's sovereign and His will is above all else and that it's not about us. He's always been God's child, too, given to us. ____ taught us a lot, the way he was the most unselfish person I've ever known. …He was so strong. It had to be the Lord. It had to be through all of this. I don't know how people live or go through this without the Lord. [Wife 19H (death of Adult Son/illness)]

Faith issues – negative. Although four couples told of negative incidents related to faith, they also felt those incidents encouraged better communication and made them

stronger as a couple or family. Couple 15B described an incident when "weird people" visited their son at the hospital, anointed him with oils, and told him they were sure he would "be well" because they had decided it was the "will of God." They told him "if he just believed enough" he would be well. Their son said, "I'm not afraid of death, I'm just afraid of dying." He told them, "You know, you can say that, it's not that I don't believe in God and it's not that I don't believe God can heal me, but I don't believe that you know the answer. I don't think that you do either." Later, he asked his parents if they thought his response was rude; he didn't want to be rude. They were impressed with his concern for others and an incident that caused them initial frustration led to many great and comforting conversations about faith and death and dying. [Couple 15B (death of an Adult Child/illness)]

Couple 8C raised their children in the Mormon church. After their son completed suicide, one of their family members commented, "How do you like your church… now?" This led even further to an estranged and cut-off relationship between them and their accuser, but also led to a closer knit and unified bond between them as a couple. [Couple 8C (suicide of 19-year-old Son)]

Couple 17R explained that in their church, they were not allowed to express emotion, saying, "The previous religion that we were a part of, it was very common not to accept emotions that were considered negative." They were visiting a new church and the sermon was given by a "certified grief counselor" who shared that,

> …you have to attack grief as it came to you. Straight and it stays head-on. You can't just passively treat your grief, you have to actually deal with

> it… Like I said, we just left the previous church and we had the grief message shared. That, I think, that was a great kick-off to our grieving process really. It set a great kind of pace for us realizing that, yes, we will grieve on our own time, on our own pace. It kind of got it rolling and gave us tools to say, it's okay to grieve, it's best to grieve. Get it done with, get it over with, get it out of the way so you can move on with your life. [Male 17R (suicide of her Brother)]
>
> Wife 17R commented, "She really gave us permission ..."

The literature review for this study did not yield information about faith issues for couples after the death of someone close. However, 13 of the 18 couples interviewed discussed their faith and the faith of the one who died during their interviews and felt they were able to communicate and grow through the negative experience.

Verbal and Non-Verbal Forms of Communication

According to Watzlawick, Beavin, and Jackson (1967), people are always communicating and all behavior is considered communication. People are never not communicating, and every behavior (verbal and non-verbal: sleepiness, headaches, drunkenness, facial expressions, digital communication, silence, and more) is a form of communicating and maintaining family homeostasis or equilibrium. The individuals in relating systems are not just individuals, but are beings communicating with other beings, and there is always some kind of relationship between persons. Grief communication is the process of verbal and non-verbal connections between relevant partners in the context of

bereavement—thinking about the deceased, searching for meaning and positive memories, and more (Hooghe et al., 2011).

The grieved communicate both verbally and nonverbally. The experience of loss is universal and yet unique to everyone, to each couple dyad, and to each family. In contrast, sharing the loss of someone close may pose contradictory and confusing elements, whether verbally or nonverbally expressed (Pennebaker, 1990). It is possible to agree to share and not to share during bereavement. When stories and conversations about the loss occur, the storyteller and the listener are viewed as active and interactive co-narrators and co-constructors in the moment (Bakhtin, 1986; Bavelas et al., 2000).

Theme Six: Help for Communication – Specific Verbal Communication Help

Narrative and constructivist theorists have examined the innate human motivation surrounding stressful trials, such as the death of a loved one, to create and preserve a meaningful self-narrative toward a new identity, to share with others, and to provide consistency and purpose in our lives (Neimeyer et al., 2009). The narrative approach includes re-storying and constructing meaning, and is built around the personal, fashioned story and social construction which makes up the mutual reality of the couple or family through shared understanding and similar preferences (Nichols, 2013).

Committed couples may need to communicate about and share the loss of someone close to work through the grief, to adjust to a life without the one loved, and to continue to build resilience and promote connected relationships (Hooghe et al., 2011; Worden, 2008). When couples share the loss of someone close, the fatigue and tension they experience may make it more difficult for them to communicate and share with each

other and with others. Most scholars propose that communicating with each other about the death may be necessary to promote healing and growth (Pennebaker, 1990).

"We used the opportunity, I guess, to talk about things." {Female 10L (death of Friend/auto accident)}

Twelve of the 18 couples interviewed discussed specific verbal communication that helped them share the death of a loved one. Eight of these couples discussed verbal encouragements and six of these couples discussed the benefits of asking after or inquiring after the other to encourage more communication (See Figure 3).

Couple 13S believed attending grief support groups helped them talk openly about their son's death. They feel they talked about their grief well.

She said,

> I grew up in a home that I always say talked about death and dying the way we talked about life and living. Okay? It wasn't a closed subject. … Oh, yes. 13S Male works in the funeral industry. Now, ever since he's been at the school as a teacher ... Basically as long as we've been married almost. …I personally think that we have communicated better with each other since _____'s death than we did before his death, although it wasn't terrible then.

He said,

> Yeah. I think that that's part of the communicating, is get the grief part dealt with. See, where she worked she couldn't just talk about _____ all day long. … but I could talk about it all day long. I mean, literally. My

> phone would ring and if I wasn't in class or tied up in a meeting or something like that I could talk, and I talked. … You just should talk. I mean, I don't know that there's a magical pill that you can take. I mean, I think that I would encourage people to go to a grief class because you've got to express it somewhere, but you also have to talk about it at home to some degree, too. I think you just don't ignore it. You know? [Couple 13S (death of Adult/Only Son/illness)]

Husband 14D described himself as "a talker" who was sensitive to situations that might trigger his wife's grief. Although she didn't talk often, sometimes until she felt close to an "emotional breakdown," he could coax and encourage her to talk about the death of her mother before she lost control. [Couple 14D (death of her Mother/illness)]

Couple 15B appreciated the open talks they and their son had before he died. They felt they communicated well as a couple during their son's illness and after his death. She said,

> As far as us, we didn't have any struggles. We were honest with one another. I probably needed to talk about it more… I shared with 15B Male. I mean if I, I didn't hold stuff back, I told him when I was frustrated or I couldn't handle things, or don't worry about me when I'm crying, you know, that sort of stuff. I just had to get through it. We had eighteen months of walking the journey together that probably brought us closer... I felt like there were things we were, like he said, we were open and honest and shared and I was depressed. He could see I was depressed and you know he was helpful and kind and wasn't judgmental or

ugly.

She also reached out to a friend whose son had died and they started an online group to facilitate conversations about their experiences. [Couple 15B (death of an Adult Child/illness)]

Couple 16W suffered three miscarriages, and focused on the loss of one of these children in their interview. He said, "It's good to have a support group of the church... Not everybody has that. Everybody's in a different circumstance." [Couple 16W (miscarriage of Child)]

Couple 20W experienced the death of her brother from a car accident, who had lived with them for a time. They both admitted that this interview was the instrument that spurred their ability to begin communicating about this death and others. He said,

> …I didn't grow to maturity with a sibling, and I never experienced the loss of a sibling as an adult. That's even come up as recently as a week or two ago, when we were talking about our little kids today, and 19WFemale was saying that she thought that they reminded her of what she imagined me and _____ [his brother] were like, and asked me if I thought _____ [their 3rd son] was like _____ [his brother]. I had to say, "I really don't know," because my memories of _____ [his brother] are not of his personality and not of who he really was. Instead they're fleeting memories of things we did together, and things that he said to me at various times. [Couple 20W (death of her Brother/auto accident)]

Verbal encouragements. Eight of these couples discussed verbal encouragements (See Figure 3). Couple 10L experienced the death of a friend in a car accident. He said,

> I did, uh, talk to her a lot about going back to school and getting more education that, that matters. Like, not just going to school for the sake of going to school, but getting a degree or a certification that would pay her well enough to support a family if I couldn't be there. You know, we went through that experience. That, that was one of the things that _____ [his brother] and I both grew up saying is that any daughters we have, we'd want them to understand that they can't rely on an advantageous marriage and a hard-working husband that just, just be a stay-at-home mom. That's just unwise and not realistic. Even in today's age where medical science can save people from all kinds of terrible things.
>
> I kind of watched other people and be like, "Okay, note to self. I'm not going to treat her like that." If she wants to talk to me, she will come to me. And, she did. I never really pressed to talk about it or ask about it. I was just there. And, on her terms, she talked to me and she even amended saying that she opened up to me the most because I didn't pressure her to talk about things.
>
> She said,

> …I would just randomly ... It was, all of our conversations were in the car going somewhere. Or, I would just start to cry and be like, "I don't understand this." And, 10LMale always somehow knew what to say at that moment. [Couple 10L (death of Friend/auto accident)]

Wife 12B placed a baby by for adoption before she met her husband. She explained that her family sent her away to live with distant friends to have the baby. A family friend visited her there every weekend. Her roommate in the hospital kept her own baby and her roommate's family included her in everything—photographs, visiting the babies in the nursery. When she left the hospital, these new friends helped her say her final goodbyes to this son. On the other hand, her parents and siblings never came to see her or the baby she placed for adoption. They never acknowledged this first son. Couple 12B married and experienced a miscarriage and remained childless. Her family never acknowledged the existence of this miscarried son either. Wife 12B could talk to her husband's mother to a degree. She said,

> One of the reasons why 12BMale and I ended up going together was that 12BMale was the first person in my life that ever acknowledged my son. Mother's Day is really hard for me. We were not engaged yet. We weren't even boyfriend and girlfriend yet, were we? … We were just friends. 12BMale went out and he got a Mother's Day card and some flowers. … No, we communicate really good. Even when I'm feeling really hurt ... Mother's Day, I know I'm going to cry. 12BMale's going to give me my card and my flowers from _____, _____ and him, that's who they're from.

[Couple 12B (miscarriage of Child/ “son”)]

Couple 15B experienced the death of an adult son. They both talked extensively about conversations they had with their son before he died and felt those open talks facilitated their own times of intimate sharing.

He said,

> We did everything we could to make all the right decisions, the best, not the right, the best decisions we could at every step of the way and so every time if something disastrous happened we’d just go back and we’d say okay could we have done anything different and the answer was always no and most of the time it wouldn’t have mattered anyway because of the severity of the disease. When we got, when he passed away, for me it was most emotional when he actually passed away and then, but there were never any arguments about well what if we would have done that different. It’s your fault if we would’ve done something different. [Husband 15B (death of an Adult Child/illness)]

Wife 15B said,

> We had opportunities for that [blame, fault] to happen; we just didn’t let it happen. I shared with 15B Male. I mean if I, I didn’t hold stuff back, I told him when I was frustrated or I couldn’t handle things, or don’t worry about me when I’m crying, you know, that sort of stuff. I just had to get through it. [Wife 15B (death of an Adult Child/illness)]

Couple 5O experienced the miscarriage of a son. They recounted several instances

where his family and her family were far from understanding. Her 28-year-old brother died, and there were family conflicts until he decided he would stand up to the family on her behalf. He said,

> And, she got very upset about it. It really hit her hard and she went up-stairs crying at her parent's house… We had just gotten married. So, I'm like, I remember saying to her sister and her mom, and her dad was there, saying, "That wasn't fair, that was below the belt. You shouldn't have said that." And, I went upstairs to talk to her. And, your dad… was like, "Thank you for saying that." [Couple 5O (stillbirth of Son)]

Inquiring/asking of another. Six of these couples discussed the benefits of asking after or inquiring after the other to encourage more communication (See Figure 3). Couple 10L experienced the death of a dear friend in a car accident. He said,

> …we used the opportunity to discuss some things that we've never really talked about before like, you know, do you want to be buried or do you want to be cremated? We made sure we'd get our wills done. At that time, we didn't have ____ [new baby] and we weren't pregnant. We would ... We didn't find out we were pregnant until three months later, I think. Three or four months later… 10LFemale asked questions like what should she do and I was like, "I don't really know." [Husband 10L (death of Friend/auto accident)]

She said,

> But, then, it was just me and 10LMale and the cats. So ... But, now we have to figure out what we want to do with him [new baby] or who we want him to go to if anything happens. We briefly talked about that, you know. I mean, not like, in depth, but… I've never been through, went through grief, so I ... It was kind of ... It was hard for me, hard for me to watch _____ [car crash victim's wife] because I had put in myself in that position of, "How would I react?" And, I really don't know how I'd react because of ... I never went through that. But, um, 10LMale's dealt with grief with him losing his father. So, he was able to help me, you know, just comforting me… We just cried together and told each other that no matter where we're at, we'd still be there for her... [Wife 10L (death of Friend/auto accident)]

Couple 14D experienced the death of her mother. She said,

> We've experienced a lot of changes in our relationship as a result of it, I guess. Mostly because I don't talk about anything to anybody and so that includes him a lot of times. I tend to internalize it more until it just gets to be too much and then it all kind of comes out all at once. How do you, I don't know how you've dealt with the grief. … I usually have some type of emotional breakdown. Then he'll be like, "What's up?" … A little bit before, but he can, it's usually him, he's noticed some differences in my attitude and mood and so he'll start asking questions and me just opening up and telling him stuff. [Wife 14D (death of her Mother/illness)]

He said,

> 14DWife likes to not do that. I try to ask as many questions as I can, and I get a lot of no's and I don't want to talk about it. She doesn't usually say yeah, I don't want to talk about it. It's more, I'm fine. I'm fine. I found that's very, it's one of those, if I know I kind of need to get something out of her I won't stop. I will continue, and I will hound the issue until I think until she breaks. She's tired of telling me no. It's literally like I need you to talk about this, I need you to talk about this. I need you to talk about this. It literally can be like ten times asking. but ... [Husband 14D (death of her Mother/illness)]

Couple 5O experienced the miscarriage of their son. He (a judge) said,

> I mean, I had a lawyer that I knew ... Not well, but I knew ... That had a son that drowned, like, a year before [their baby boy died]. And, I remember pulling him aside and apologizing to him... I remember saying, you know... I said, "I'm sorry." I understand better now. I was a coward, I was afraid to say it. Couple 5O (stillbirth of Son)

Theme Seven: Help for Communication – Specific Non-Verbal Communication Help

> *A lot of people will say they would be mad at God because God decides when you're going to take that last breath, when you get your first one and*

when you're going to take your last one. And I said, No I look at that totally glass half full. [Wife 15B (death of an Adult Child/illness)]

Not sharing grief, or remaining silent, is seldom addressed by researchers in a positive way. Sharing and/or communicating about grief in non-verbal and other ways may be helpful but are seldom researched, according to Hooghe et al. (2011).

According to Wortman and Boerner (2011), those who may have difficulty expressing their emotions seem to benefit the most from nonverbal interventions such as writing about their experience, and it is possible that working through may be more beneficial for traumatic losses. Pennebaker (1990) provided persuasive data regarding the therapeutic nature of openness and self-disclosure. He proposed talking with each other about the death and/or using other forms of effective communication (writing stories or recording accounts) may be necessary to promote healing and growth on this difficult journey even though sharing the loss of someone close may pose contradictory and confusing elements whether verbally or nonverbally expressed.

Bereaved parents in the Toller and Braithwaite (2009) study needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. They negotiated this conflict by accepting that both openness and closedness could be considered helpful, sharing with others, offering nonverbal support, and allowing space for the other to be open or closed about their child's death. When parents felt they could not be open and share with their spouse, they accepted being open and receptive to their spouses' nonverbal means of

communication (note writing, touching). They reframed their differences over time as unique and acceptable grieving styles (Toller & Braithwaite, 2009).

Non-verbal encouragements. Couples appreciated non-verbal assistance offered during times of grief and mourning (See Figure 3). Husband 3M was "Mr. Mom" and assisted his bereaved wife with the house and kids extensively while she struggled. [Couple 3M (death of her Mother/illness)] Wife 4K described how her husband and others helped make all the memorial plans. [Couple 4K (death of Adult Son/unknown)]

Couples acknowledged their sorrow with cards and flowers. Couple 10L placed orange daisies at the site of their friend's fatal car accident on the anniversary of his death, on his birthday, at Christmas, and for the anniversary of the couple. [Couple 10L (death of Friend/auto accident)] Couple 12B experienced the death of their only child in utero. He was the only person in her life that acknowledged and still recognizes the son she placed for adoption before they met, acknowledges their son, and recognizes her as a mother on Mother's Day with cards and flowers. [Couple 12B (miscarriage of Child/ "son")]

Wife 15B lamented the fact that they left their adult son's hospital room for just a brief period to take showers and were not present when he died. Their attitudes toward this event carries them through their grief. She said,

> Right, right, and (we) left _____ [____'s friend] with him and as soon as he came in the door and got in the shower, was fixing to step in the shower, _____ called and said "No, the doctor's wrong. It's going to happen anytime. You need to get back here." So, he dressed as quick as he

> could and I'm dressing and we're flying out of here and we still didn't make it. A lot of people will say they would be mad at God because God decides when you're going to take that last breath, when you get your first one and when you're going to take your last one. And I said, No I look at that totally glass half full. [Couple 15B (death of an Adult Child/illness)]

Couples created a memorial with flowers or by keeping their loved one's possessions and hanging pictures. Couple 13S experienced the death of their only child, an adult son, and remained childless. They tried to keep his room intact to remember him. She said, "…when you talk about where you are in the house, well, we're in _____'s room." And '''… we have pictures going down the steps of our son and us and our families." [Couple 13S (death of Adult/Only Son/illness)]

Several couples said they cried together. Couples explained how important it was to go out and enjoy food, entertainment, and friends. Wife 12B explained part of her healing process included going back to school, saying,

> It was time to leave. My mother's friend and the nurse waited down at the end of the hall by the elevator. I went down to the nursery, _____ was in the very front. They probably did that on purpose. The nurses were really nice; they were really flexible. They helped me as best they could through it, even though they were really busy. I told him goodbye and I made him a promise, that one day, even though you'd never know me, he's gonna be proud of me. That's what this Bachelor's Degree is all about. [Couple 12B (miscarriage of Child/ "son")]

Husband 14D prepares for situations that he knows might make her emotional and plans things to comfort her. For example, he plays comforting music knowing that it comforts him and hoping that it comforts her. [Couple 14D (death of her Mother/illness)]

Several couples offered and asked for physical comfort when bereaved. Wife 14D described the day her mother went to hospital. She said, “They told us and so then they took her to the hospital. They said they thought she would be fine. She went through the bypass fine and then she went into cardiac arrest that night after we’d gone home.” At this point 14DWife had been teary for a while, but she broke down in tears and leaned into 14DHusband’s arms for about a minute. Then she sat right up and continued, “I just stayed home from school the whole time and the first day I went back...” [Interviewer’s Field Notes] [Couple 14D (death of her Mother/illness)]

Husband 17R said,

> I tried to let 17R Female know I was always there for her, she’d wake-up in the middle of the night and say, “I need a hug, I need something.” I just put my hand on her. I slap my hand on her and I appreciate her waking me up and asking me to be there for her. [Couple 17R (suicide of her Brother)]

Being physically present was a great encouragement to couples. Husband 15B said, “We didn’t really talk that much to be honest. We just, were there together. That was all he wanted from me, was for us just to be there.” [Couple 15B (death of an Adult Child/illness)] Husband 1F said, “No, I know um, other than this, your presence through

that time. Whether you had said anything…, being together." [Couple 1F (death of his Mother/illness)]

Several couples remembered their loved ones together by doing things together that their loved one enjoyed. Couple 15B experienced the death of their adult son and talked about watching his favorite sports shows, the Grammy Awards, etc. [Couple 15B (death of an Adult Child/illness)]

For Couple 13S, who experienced the death of their only adult son, sexual intimacy was important. He said,

> ...Finally, I went to one [grief support group]. I said, "This is good." What was so interesting about all that is all these were women in this group except for myself. We were talking about stuff. These women start talking about their husbands not wanting ... I mean, wanting to have intimate relations with them. My ears perked up, I said, "Okay, this is not right." … I said, "No." I said, "Think about it. He's grieving just as bad as you and that's the way he feels close to you, and you've turned it off. Period." Some of them had been for months, six months or more. I said, "No." I spoke up. …I mean, especially in that relationship. I mean, we're not big sexual anythings, but that was a time when we were together. …And that you feel like you want to be with a person.

She said, they were "connected," and added, "Like it was something that they shouldn't even think about things like that at that point. …Because they were grieving." [Couple 13S (death of Adult/Only Son/illness)]

It was important to give each other space to grieve. Wife 15B, said

> I'd just tell them look if you find me crying just move on. Give me fifteen minutes. If I get too out of control, I'll go the bathroom; otherwise it'll go away. And they said "Yes" I didn't have to worry about it you know, I didn't have to feel pressured.

Wife 20W wrote a long letter about her brother and family conflict to sort her thoughts. [Couple 20W (death of her Brother/auto accident)]

Theme Eight: Help for Communication – A Desire to Help Others / Paying it Forward

> *…we don't have a big [life coaching] clientele. It's just enough to keep us in the water, doing it, and taking care of grandkids, and all that. Like I say, when something like this happens, you have more empathy and understanding, you know?* [Male 19H (death of Adult Son/illness)]

Eleven couples talked about having a desire to help others, to "pay it forward" (See Figure 3). Couple 10L became very close to the young widow of their friend. Wife 10L said, "…she said it helped her a lot that I treated her like everything was OK, and that I made her laugh." She spent time with her, was a calming influence for her, made her feel comfortable and "semi-normal." She added appropriate humor. A few times she cried with her, but most of the time she was just present for her. They took flowers to the site of the car accident on his birthday, at Christmas, for their anniversary and on the anniversary of his death. They make sure to call her on Mother's Day. [Couple 10L (death of Friend/auto accident)]

Wife 12B decided to continue her education and is working on her Bachelor's Degree to honor her son. She wants him to be proud of her. Her family doesn't acknowledge the birth or adoption of her first son or the birth or death of their son; and they don't acknowledge her at Mother's Day, so she said, "I'm the one that calls everybody else and says happy Mother's Day." [Couple 12B (miscarriage of Child/ "son") Childless]

Husband 13S said,

> Like I said, for at least a year and a half, or maybe longer, I had people call me, tell me their stories. Some of them had tragic deaths of their child and had gone through divorces and lost their business. Everything. That was real ...

He taught students in the funeral industry. He continued,

> I mean, that's why I tell students that ... I used to tell students a lot more when I was teaching, I quit teaching a year or so ago, that they needed to make sure that they did everything by the book because you have to understand they're not thinking straight. Everything's …interpretation later if you don't do things right because people are in a state that they're not aware of everything... I always tell them, I said, "You don't know how it's like until you're on the other side of the table," when you're talking to family. You need to remember that unless you've been through this you really don't have any idea what they're sitting through that moment. …The good places will teach, will have somebody, a professional, that does that. Most funeral directors don't have the time or the connection to

be grief counselors. …They need to be professionals and know what they're doing in that regard. There are some that do, and those people make those kind of programs and have those kinds of… but I could talk about it all day long. I mean, literally. My phone would ring and if I wasn't in class or tied up in a meeting or something like that I could talk, and I talked. In fact, well, it's a whole 'nother story. My big boss… up at the corporate offices, his son died of cancer just about 6 months ... Yeah, about less than a year ago. He called me one day. I just asked him, "How are you doing?" You know? We talked for 45 minutes. He's never had a conversation on the phone more than 10 minutes ever. …Because he talked about his son and not about ... That's good. I said, "You can always talk about your son." I actually said his name. I said, "And you need to say your son's name every time you talk about him. Don't forget that because that's ... Because everybody else is going… Clothes and stuff we gave away to one of the Goodwill's or somebody like that. [Husband 13S (death of Adult/Only Son/illness) Childless]

Wife 15B said,

It wasn't like I had feelings I needed to share with him because he knew what my feeling were. He was there. You know as a woman I felt like there were things I wanted to talk about that he didn't want to hear, and so I would, that's why _____ and I talked so much and would, we realized several months into it, you know we should be doing this for somebody

else and that's when we started the Facebook group. [Wife 15B (death of an Adult Child/illness)]

Wife 16W said,

> I had more women come up to me and just started sobbing and sharing their miscarriage experience. I found I was doing a lot of ministry to women during that month. I've gone on a women's retreat. I had tons of women come up to me just sobbing about their experiences, which was interesting.

He said,

> Again, for me, it just brought about a whole new awareness. I'm glad that I had that opportunity because when other guys are going through it, then I could really [relate to and minister to them]. Again, God puts you in circumstances, experiences, whatever, and not knowing how that's going to benefit you or others. Again, I just can't say enough about ... Guys go through a lot too. …Sometimes, they just remain silent because no one's reaching out to them. …They're always reaching out- …The guys are more ... They internalize everything. They keep it to themselves.

This couple conducted Bible Studies, Parenting programs, and Marriage Ministries. [Husband 16W (miscarriage of Child)]

Male 18W said,

> When I come across families that have lost a child, I give them a copy of that [poem]. There was a guy that worked for me, his daughter lost a baby.

I gave them a copy of that and he came back to me and told me that meant a lot to them. [Husband18W (death of 7-year-old Son/illness)]

She said,

We never went to any support groups or anything. We did get involved at the Ronald McDonald house because of it. …we built it. 18W Male got his company involved and built it. We were on the board for the first …construction, assembly- …They named the playground after _____[son-deceased]. [Wife 18W (death of 7-year-old Son/illness)]

Wife 19H said,

We teach in our counseling/life coaching to write letters to God and biblically open the Word. He was doing that. We knew he was doing that. I had been brought up on the Word, the healing scriptures, and I felt like that that was really important. They had them posted all over the house. They felt like that, too. We all believed in our hearts that ____[deceased] would be healed, and we stood on that- [Wife 19H (death of Adult Son/illness)]

He said,

As a result of our losing ____[deceased], personally, I know it's helped me empathize more with folks that have losses, whether it be spouses, kids, particularly kids. Like we've always told this support group here, they've got a name for men who lose wives and women who lose husbands, but there's no term for parents that lose sons or daughters. …Well, when I retired, I retired from superintendent of schools in 2000. We

moved to _____ take care of her mother and dad. I had a triple bypass and one of our church members was a retired ... She quit her job as an administrator and felt the call to help families. She visited me in the hospital and said, “Would you be interested in volunteering to visit, talk with couples that are having difficulties?” That’s where family coaching started. She’s a licensed professional counselor. I’m not. I’ve seen in my career, as has 19H Female, many, many families that are ... kids, particularly, that are involved with a mother and dad that are fighting and divorced. We know that there’s problems in the world, so we started working with family coaching. …We work with families that are having difficulties that are trying to get back together, some that have been separated for a while, some that are divorced. If they have kids that are having problems, we work with them and the children. I’ve been doing it since 2000. 19H Female’s been doing it since 2004. When we left -____, we moved here to _____ to be close to ____[deceased] to help them out, we brought it 9life coaching) to _____. Our church found out that we do this, and so they said, “Would you help us out?” That’s what we’re doing. [Husband 19H (death of Adult Son/illness)]

Husband 5O is a judge. He said,

I mean, I had a lawyer that I knew ... Not well, but I knew ... That had a son that drowned, like, a year before. And, I remember pulling him aside and apologizing to him... I remember saying, you know, …I said, “I’m

> sorry." …I understand better now. I was a coward, I was afraid to say it. Yeah. I mean, yeah ... changed the way I work. I mean, I did prosecution on child abuse cases… when I was, you know, these child abuse cases before I got elected. And, it was always a tragedy and it was always hard. But, I was, it never really got to me. And, of course, that's part of... But, once I had kids, it was hard. I couldn't look at cases the same way. I couldn't help it. You just stick your kids into the situation. …And, so, yeah, it made it a lot harder. I, selfishly, would say, it helped me be better at what I was doing. But, you're, in some ways ... Being better made it worse. But, it, yeah, it definitely changed the way I look at things. And, on a rare occasion, I'll tell people, "I've been through this." [Husband 5O (stillbirth of Son)]
>
> Husband 7S said,
>
> That was it, and I tell that story most of the time. In a group session, I will tell that story just to try to project some hope that there is a time, and you may not believe it now, but there will be a time when you shift forward and you will have dreams and you will laugh.

Interviewer's Field Notes: He leads groups now at the same grief support center where they were helped. [Couple 7S (suicide of 14-year-old Daughter)]

Wife 8C explained that, after their son completed suicide, they always tried to be mindful of his girlfriend and his friends. They tried to include them in the memorial service.

We, we included them all in the service. They, um, they made a slideshow that we presented. They sat up front with us. Um, but I remember, um, I ha-, I invited them over that day, I think, that he died, and let them, you know, sit in his room and, and I remember telling _____ (his girlfriend), um, “I know you don’t n-, necessarily believe that you’ll see him again, but I want you to know that I do. I know I will see him again, and I know, and he loved you, and I’m glad that you loved him,” … I-, I-, it’s just, um, I just offered to speak to people about suicide and suicide awareness, and stuff, and so it just, you know, we’re in the process of, of developing some curriculum. ... that seeing the big pictures you could say, “You know what? For this period of time it’s awful and horrible,” but, um, one thing I expressed to a lot of people as a parent is, you know, as a parent you’re, you worry about your children. Are they okay? Are they making good choices? Are they, you know, are they going to be protective, and, you know, all these things will, you know. If you, if you have the sense that once your child has died, that they are in a better place, they’re at peace, then I don’t have to worry about them. I mean, he’s fine. I, you know, we have to deal with our sorrow and, you know, keep track of these other kids, but he’s fine. And, so, I don’t, I don’t worry about him. Um, I really don’t. [Wife 8C (suicide of 19-year-old Son)]

He said,

> Well, and I ... I think that's, that's a huge thing. I mean, we, we, we talked about how we made choices, an-, and our perspective of the fact that 8CCFemale, and, you know ... If you look at what she's done in the past, you know, I don't know if you know, but 8CCFemale actually had to give up a child for adoption. …And she, she became an advocate for adoption and spent years providing service and helping families with those dec-, with that decision, and, and with birth mothers, and went to conventions, and, and was a tremendous advocate on that side. So, when this happened, it only, you know, it was natural that, that she would take that same approach. And, so, I think the way that she heals is by helping others with their healing. [Husband 8C (suicide of 19-year-old Son)]

Summary

This chapter presented the results of a phenomenological research study exploring the communication experiences of 18 bereaved couples after the death of someone close using semi-structured interviews. No changes were made in the interview process after a collaborative evaluation of the first three interviews was conducted. The participants for this study reside in several different states. The participants' confidentiality was protected by assigning a combination number/letter code to each participant. Triangulators were used to help with the credibility of the research. Demographic characteristics of the sample, the essence of the interviews, and a narrative of emerging themes with verbatim quotes of the participants to illustrate the themes were included in this chapter. Couples

shared their stories of the death of someone close and were asked about hindrances and help to communicating together about the shared experience of death.

Analysis of the interviews identified the following experience and communication experience themes. Themes related to hindrances to communication for couples after the shared death of someone close included grieving apart (due to a perception of isolation & internalization, a desire to protect the other, and differences between partners and how they mourn), a desire to avoid emotional pain (due to negative reactions from others and the distress of disconnected/cut-off relationships), and a lack of experience with death and grief (See Figure 2).

Themes related to help/assistance to communication for couples after the shared death of someone close included grieving together, gaining strength from faith (from positive experiences of faith and from negative experiences of faith), employing specific verbal communication strategies (including verbal encouragements and inquiring or asking after the other to encourage communication), engaging in specific nonverbal communication help (as encouragements), and a desire to help other bereaved individuals in the future (See Figure 3).

CHAPTER V

DISCUSSION, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

The purpose of this study was to examine phenomenologically the communication experiences of bereaved couples after the death of someone close through the narratives told in semi-structured interviews. This phenomenological study depended largely on theories of Narrative Therapy and restorying to shed light on the communication experiences of bereaved couples after the death of someone close. It was an effort to add understanding and knowledge on this phenomenon and the meaning and impact of grief communication for couples who are experiencing shared bereavement today, and to provide insight for marriage and family therapists and other helping professionals who may work with couples desiring to communicate effectively after the death of someone close.

To guide this study, couples were asked to respond to the following research questions:

Research Question One: "What are the experiences of bereaved couples after the death of someone close?"

Research Question Two: "What are the communication experiences of bereaved couples after the death of someone close?

Couples were asked the following three open-ended interview questions:

1. Tell me about your shared experience of the death of someone close.
2. What were hindrances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

3. What were helps/assistances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

This study included the communication experiences of 18 couples/36 committed adults, 21 or over, living together in the same location/home for 12 months or more whether engaged, married, partnering, or cohabiting. The death they shared occurred more than six months from the date of the interview. Each couple defined the person who died as close to each of them. Couples agreed on a definition of their mutual relationship to the deceased; both partners experienced the loss. Semi-structured interviews were conducted with the couples who agreed to participate in the study. Answers given were occasionally followed-up with questions and prompts to clarify meaning. All transcripts were re-read several times and analyzed for themes.

This chapter reviews the conclusions and provides a discussion of the findings and their implications. Also included are limitations of the research and recommendations for future research as well as the impact on the researcher.

Discussion

This qualitative research study provided an opportunity for participant couples to share openly about the death of someone close and to explore their communication experiences of this shared grief. The following is a discussion of the main communication themes that emerged from the stories told by the research participants, as well as a comparison of the findings on grief communication literature.

Hindrances to communicating about the death for the couple.

All 18 couples were asked following interview question, "What were hindrances to communicating, verbally and or nonverbally, about his or her death for you as a couple?" The concepts of grieving apart instead of together, a desire to avoid emotional pain, and a lack of experience with death and dying make up the foundation of themes under hindrances to communication (See Figure 2).

Grieving apart. All but two of the participant couples talked openly about grieving apart. Couples in this study discussed the dilemma of wanting to communicate and not wanting to communicate, and experienced strains when one wanted to be open and the other wanted to be closed. When one partner was open and one was closed they often felt pulled in different directions and felt one grieved more than the other. Some participants believed, according to their makeup or temperament, they were talkative by nature or not (See Figure 2). They seemed to agree with Toller and Braithwaite (2009) who found that bereaved parents voiced a desire to grieve with their spouse to provide each other with comfort and support, and found they experienced a dialectical conflict between mourning apart as individuals and striving to grieve together as a couple (grieving apart-grieving together) and between openness-closedness.

Couples in this study discussed the quandary of feeling isolated and internalizing their journey of grief and mourning [openness-closedness] and holding their emotions inward concerning their grief, which hindered communicating and grieving together during periods of bereavement. Several men talked about the importance of their work and being occupied with trying to support their family, and later realizing that work should not take

priority over working through grief together. Some participants talked about internalizing to the point of breaking down uncontrollably or of being "changed forever." Several participants openly admitted to being "talkative" about some issues, but being reticent about bereavement. They warned others who experienced death differently to understand that they would also experience bereavement differently. Feeling isolated and internalizing their journey of grief and mourning seemed to be a hindrance to sharing after the death of someone close for couples in this study (See Figure 2). The review of the literature for this study did not reveal information specifically related to couples who felt isolated or internalized their grief.

Couples discussed being reluctant to share to protect the other, and of approaching death, grief, and life differently as individuals. Partner communication between bereaved couples may be withheld as couples are uncertain whether to talk, feel judged, or try to protect the other from further emotional distress (See Figure 2). Six couples in this study talked about feeling helpless and trying to be "strong" for the other person. One husband withheld information from his wife to protect her and felt guilty about this action until he finally shared with her. One couple stayed away from and eventually sold their beloved home to protect their family from the pain of the death and shared that they regret this decision even ten years later. One husband exclaimed, "…I'm as well as she is. You know, as long as she's OK." He never wanted to make her sad. Couples who experienced a completed suicide of a loved one talked about guilt and blame and avoided communicating because they didn't want the other partner to feel like they were blaming them. They wanted to protect the other from blame. To protect the other partner, couples

may be reluctant to share about the death of someone close. Couples in this study also admitted to wanting to protect themselves from the emotional distress that talking about the death would evoke. The findings in this research support studies that propose bereaved couples rarely experience and express grief in the same manner. Grief communication is complicated when individuals limit communication with others to protect themselves and their partner from further distress or from hurt or judgment (Schwab, 1990, 1992; Toller and Braithwaite 2009).

When couples recognized that they approached death and grief and life differently as individuals, they neglected to share their experiences and emotions with one another. Fourteen of the eighteen couples interviewed talked about differences between partners as hindrances to communicating about their grief. They discussed general differences in personality and temperament. One partner talks naturally, and one partner does not. One partner feels that talking about certain things is important, and one partner feels it is not. Some couples felt differences were related to gender. They talked about being in very different places along the journey of grief and mourning and at such contrasting times. They sometimes had such separate ways of remembering events that they became frustrated trying to communicate about them. They had differences of opinion about how the person died and what would have made the death easier to cope with. Occasionally, one partner felt that receiving help from counselors or through a support group would be beneficial and one did not. When one partner had previous experience with death and the other had not, they did not seem to know how to approach one another. The way couples reached out to help other people was also very different than the way they reached out to

help one another (See Figure 2). Bereaved couples rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult. Participant stories in this study would support studies by Becvar (2001) and Schwab (1990, 1996) who studied bereaved parents, and proposed that they rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult. Couples' individually distinct and shared or similar mourning patterns can create struggles and tension as they try to understand one another (Martin & Doka, 1996; Schwab, 1992). In a study by Toller and Braithwaite (2009), parents expected to grieve alike, and when they did not, they decided their partner grieved wrongly, reported feeling frustrated and separate or distant, and felt alone. When one partner was open and one was closed, they often felt pulled in different directions and felt that one grieved more than the other. Bereaved parents needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. Parents' advice that other bereaved parents remain open with each other shows that they still viewed openness as crucial to grieve a child's death together.

A desire to avoid emotional pain. Sixteen of the eighteen couples discussed the desire to avoid emotional pain as a hindrance to communicating together about the death of someone close (See Figure 2). One husband described grief as lingering like burnt popcorn. Another said the pain of grief should be avoided. Another husband expressed fear of losing control when memories of his brother flood back. Couples expressed that they did not want to keep reminding each other of their sorrow. Participants' experiences in this study are supported by research. According to Rando (1991), bereaved couples

rarely experience and express grief in the same manner. Bereaved couples may find it difficult to share with each other because both are experiencing the death at the same time, and they lack the energy to deal with typical relationship issues as well as the strength needed to provide support for one another. After a death, one member may become both physically and emotionally distant from the family when other members may develop a stronger alliance than they had had before the death (Boss et al., 2008). Grieving the death of someone close is an inherently contradictory experience as couples encounter simultaneous and conflicting grief emotions concerning the death (Becvar, 2001; Hooghe et al., 2011).

Ten couples discussed the devastating effects of the emotional pain caused by negative reactions of others after the death of someone close, which seemed to be a hindrance to sharing together (See Figure 2). Several couples shared feelings that friends abandoned them and came around for the wrong reasons. Some couples were not received well by medical professionals who were dismissive and uncaring or lacking in compassion. A few couples felt they did not fit in at support groups. Family members challenged how long it took couples interviewed to improve or heal from their grief and return to normal; others challenged their faith. Some family members didn't acknowledge the life or death of babies; couples felt they received premature and inappropriate advice. They wanted someone to acknowledge their pain and give them permission to grieve.

Couples were deeply hurt by the wayward reactions and hurtful words of others, and were intensely wounded when relationships were cut-off or disconnected before and after the death they shared (See Figure 2). Nine couples talked about the emotional pain

caused by the difficulties and complications of disconnected or cut-off relationships, which seemed to be a hindrance to sharing about the death of someone close. Couples felt abandoned by family and friends when unrealistic expectations were placed upon them during their journey of grief and mourning. One wife was adopted and later treated as a servant in her mother's home. She was written out of her mother's will because she was not related by blood. Participants' experiences were supported by research. Grief communication is complicated when family and friends are uncertain whether to talk about a death, and especially when couples feel judged and cut off by their community system (Toller and Braithwaite, 2009).

Lack of experience with death and grief. According to seven of the couples interviewed for this study, assimilating the experience, and therefore communicating about the death of someone close seems hindered by a general lack of experience with death and grief (See Figure 2). This phenomenon is similar to what can be found in the literature. According to Neimeyer et al. (2009), reestablishing and conserving equilibrium requires mourners to make meaning within the context of death by assimilating the experience of this death into their way of being in the world before the death.

Several couples lamented they didn't know how they would respond to a death like this until it happened. They felt their lack of experience hindered their ability to discern wise from unwise advice from others, and felt they made some hasty decisions that they regretted for years to come. They believed they lacked experience coping with the after-effects of losing someone close which hindered communication, such as whether to

keep items belonging to the loved one, move to a new home, and coping with other family members moving on and grieving differently. Several participants had lived through several different experiences, but still felt a perceived lack of experience when helping each other which hindered their ability to share.

It helped to have comfort from a spouse who had experienced death, who knew what to do in demanding situations. And yet, the partner who had some experience with death often commented that they knew their spouse expected help and sometimes they felt ill equipped to offer help… "[She] asked questions like what should she do and I was like, "I don't really know." [Couple 10L (death of Friend/auto accident)] One participant had worked as a funeral director and had experienced the deaths of his father and mother, and still perceived himself as lacking experience and ill-prepared for the death of his son. According to Rando (1991), bereaved couples rarely experience and mourn in the same manner, which makes comforting and caring for one another difficult.

Help/Assistance to Communicating About the Death for the Couple

Hooghe et al. (2011) suggested that sharing stories of grief can be a key resource in adapting to loss and contribute to stronger bonds and relational intimacy in newly formed families. All 18 couples were asked the following interview question, "What were helps/assistances to communicating, verbally and or nonverbally, about his or her death for you as a couple?" The concepts of grieving together, gaining strength from faith, specific verbal communication, specific nonverbal communication help, and a desire to help others make up the foundation of themes under help/assistance to communicating about the death.

Grieving together. Couples in this study talked openly about grieving together through a variety of means. Most understood that there had to be a way, that it was necessary to process grief together. Several couples in this study sought help from professional counselors, pastoral counselors, and grief support group experiences to grieve together. One couple went to a professional counselor with their adult son at his request because he was concerned that during his lingering illness and after his death, his parents would argue and struggle. In addition, they eventually went to a grief support group recommended by their church. Three of the couples interviewed were in the same support group for couples who had experienced the death of a child. Two of these couples stayed in the group for three years and keep in contact regularly with members of the group ten years later. One of the husbands currently leads groups at the same institution. Other couples felt their church family was a source of support. Their experiences are supported by the Toller & Braithwaite study (2009), in which bereaved parents sought outside help to acknowledge and find meaning through their uniqueness and sameness and to rejoin in their journey as a couple.

Other couples in this study reached out to one another in differing ways for support. One couple brought orange flowers to the overseas site of the car accident where their friend was killed for two years as a tribute to him, his widow, their baby son, and to commemorate for themselves the life of this beloved friend. On special occasions, they sent pictures of the flowers to their widowed friend and her family. Another husband kept a bag that they received from the hospital, full of information about their baby and me-

mentos from the burial ground. Several couples talked about leaving a special place belonging to their deceased child untouched as a memorial to him or her, making sure they still had pictures in the hallways and rooms of their home, and keeping special mementos belonging to their child, no matter their age at the time of death. Eight of the 18 couples interviewed felt they talked well together. They felt heard and listened to and held openness and honesty as highly esteemed relationship values or qualities. Couples encouraged their partner to let go of regrets. Couples affirmed each other for making wise decisions and made a pact not to second-guess decisions they had made along the way.

The experiences of couples in this research were consistent with current literature. Toller and Braithwaite (2009) found that bereaved parents wanted to talk with each other about their child's death. Sharing stories and experiences of grief can be a key resource in adapting to loss and contribute to stronger bonds and relational intimacy for couples. Parents who felt frustrated and separate or distant, and felt alone, negotiated this conflict by accepting their uniqueness, compromising and embracing their different grieving styles, and seeking help from family or professional sources. Bereaved parents accepted their differences by viewing dissimilarities as fundamental to the foundational process of grief and mourning and honoring their own needs, validating one another, staying connected as a couple, alternating between joining in tasks of grieving that were important to their partner while privately attending to their own grieving needs, and striving to grieve together (Toller & Braithwaite, 2009).

Gaining strength from faith. Thirteen of the 18 couples interviewed discussed their faith and the faith of the one who died. Thirteen couples represented faith as a positive influence that helped communication about the death; four couples experienced faith as a negative experience from others, but still felt they could communicate and grow through the negative experience. Their belief in a higher being, in God's will, and in the hope of seeing their loved one again in a life after death in a better place gave them comfort and hope. Couples mentioned they felt great support from their faith communities and leaders. Several couples felt they and their loved one who died had direction from God as they made decisions during their treatments and last days. Some expressed gratitude that they could be with the one who died for a time. One mother even expressed gratitude for being able to have and learn from her son for a mere seven years. One mother agonized over her adult son's decision to stop treatments for cancer, and felt she received a message from God telling her that these decisions were not hers to make after which she was able to find comfort and accept her son's decisions. One couple was encouraged and comforted by the strong faith of their friend who died in a car accident and by his grieving widow. Her story strengthened them and their faith and led to many conversations between them about their own mortality and how to prepare for such a tragedy. Some felt that God's plan, even when it meant their loved one was dying, was a gift—a glass half-full. One husband was immensely comforted by a poem for parents that a friend gave to them, and he shares it with others often. Couples encouraged others to cling to faith, write letters to God, turn to the Bible, talk about Heaven, and embrace other faith issues. Although a few couples told of negative incidents related to faith, they

also felt those incidents encouraged better communication and made them stronger as a couple or family as they saw one respond to negativity in a positive way, as incidents led to healing conversations and led to a closer knit and unified bond between them as a couple, and as they were discouraged by one faith leader then given encouragement and permission to grieve by another. The literature review for this study did not yield information about faith issues for couples after the death of someone close.

Specific verbal communication help. Twelve of the 18 couples interviewed discussed specific verbal communication that helped them share the death of a loved one. Eight of these couples discussed verbal encouragements, and six of these couples discussed the benefits of asking after or inquiring after the other to encourage more communication. They used the experience of the death as an opening or opportunity to talk about life and death. Friends and support groups and counseling sessions provided safe and encouraging places to learn to talk about the death. They held honesty and openness as highly esteemed values; they encouraged one another and placed judgments aside. One couple admitted that this interview was the instrument that spurred their ability to begin communicating about this death and others. Eight of these couples discussed verbal encouragements; they were encouraged to make plans and to prepare in case another or similar death occurred. They appreciated being included in celebrations by others and appreciated those who acknowledged their grief and the one who died. Remembering past conversations that were shared before, during, and after the death were helpful and healing. One couple talked extensively about conversations they had with their son before he died

and felt those open talks facilitated their own times of intimate sharing. Six of these couples discussed the benefits of asking after or inquiring after the other to encourage more communication. The experiences of couples in this study are consistent with current literature that proposes that communicating with each other about the death may be necessary to promote healing and growth (Pennebaker, 1990). Grief communication is the process of verbal and non-verbal connections between relevant partners in the context of bereavement—thinking about the deceased, searching for meaning and positive memories, and more (Hooghe et al., 2011). When stories and conversations about the loss occur, the storyteller and the listener are viewed as active and interactive co-narrators and co-constructors in the moment (Bakhtin, 1986; Bavelas et al., 2000). Narrative and constructivist theorists have examined the innate human motivation surrounding stressful trials, such as the death of a loved one, to create and preserve a meaningful self-narrative toward a new identity, to share with others, and to provide consistency and purpose in our lives (Neimeyer et al., 2009). The narrative approach includes re-storying and constructing meaning, and is built around the personal, fashioned story and social construction which makes up the mutual reality of the couple or family through shared understanding and similar preferences (Nichols, 2013). Committed couples may need to communicate about and share the loss of someone close to work through the grief, to adjust to a life without the one loved, and to continue to build resilience and promote connected relationships (Hooghe et al., 2011; Worden, 2008).

Most of the couples interviewed felt they communicated well and were there for one another both verbally and nonverbally. Their experiences are supported by research

by Pennebaker (1990), who proposed that the experience of loss is universal and yet unique to everyone, to each couple dyad, and to each family. In contrast, sharing the loss of someone close may pose contradictory and confusing elements, whether verbally or nonverbally expressed.

Specific non-verbal communication help. Couples appreciated non-verbal assistance offered during times of grief and mourning. A thorough list of non-verbal encouragements provided by couples interviewed during this research study includes:

- Assistance with house, kids, memorial plans, etc.
- Acknowledging the bereaved with cards, flowers, etc.
- Attitudes of acceptance, faith, gratefulness.
- Creating a memorial with flowers, by keeping the loved one's room intact, by hanging pictures, etc.
- Crying together.
- Distractions were allowed. It was important to go out and enjoy food, entertainment, and time with friends.
- Expressing emotions were allowed, never discouraged; couples recognized that even negative emotions (anger) were sometimes an indication of concern for the other, not to be taken personally.
- Music was shared that soothed and comforted the other.
- Physical comfort included hugging, holding, etc.
- Planning toward dates, times and places that may trigger emotions added to care for the other.

- Presence—just being there—was crucial.
- Remembrances—watching the loved ones' favorite shows and more—were considered special comforts.
- Seeking further educational experiences were understood to be a tribute to the deceased and to the couple relationship.
- Sexual Intimacy was encouraged during times of suffering.
- Space to grieve was allowed without judgment.
- Written expression, such as letters, cards, and journals were considered avenues to promote healing.

The couples interviewed for this study seemed to echo these sentiments of current researchers. According to Wortman and Boerner (2011), those who may have difficulty expressing their emotions seem to benefit the most from nonverbal interventions such as writing about their experience; and it is possible that working through may be more beneficial for traumatic losses. Pennebaker (1990) provided persuasive data regarding the therapeutic nature of openness and self-disclosure. He proposed that talking with each other about the death and/or using other forms of effective communication (writing stories or recording accounts) may be necessary to promote healing and growth on this difficult journey, even though sharing the loss of someone close may pose contradictory and confusing elements, whether verbally or nonverbally expressed. Bereaved parents in the Toller and Braithwaite (2009) study needed to share and not share with each other about their child's death and experienced strains when one wanted to be open and the other wanted to be closed. They negotiated this conflict by accepting that both openness and

closedness could be considered helpful, by sharing with others, offering nonverbal support, and allowing space for the other to be open or closed about their child's death. When parents felt they could not be open and share with their spouse, they accepted being open and receptive to their spouses' nonverbal means of communication (letter writing, touching). They reframed their differences over time as unique and acceptable grieving styles (Toller & Braithwaite, 2009).

A desire to help others. Eleven couples talked about having a desire to help others, to "pay it forward." "…Like I say, when something like this happens, you have more empathy and understanding, you know?" [Male 19H (death of Adult Son/illness)] One couple continued for several years to care for their young widowed friend and her son. Several individuals returned to school working toward helping-professional degrees (as a funeral director, counselor, occupational therapist, etc.), and a few individuals spoke publicly on matters related to death and dying, child loss, suicide, and more. They listened to people's stories. They spoke the name of the one who died. They started life coaching practices, online support groups, became trained facilitators of local groups, or workers at Ronald McDonald Houses, and more. One couple conducted Bible studies, parenting programs, and marriage ministries. They desired to be compassionate and tuned in to a multi-faceted nature of grief so they could be supportive of others through their own [bereavement] process. They gave others copies of poems and other writings that helped them. They were more compassionate and empathetic with others because of what they had been through. A Judge who was interviewed felt he became a better advocate for

children after his son died, that he had more compassion for those who were bereaved and under the watchful eye of our judicial system.

They offered hope. They included others more. One study in the literature yielded information about a desire to help others for couples after the death of someone close. In a study by Toller and Braithwaite (2009), bereaved parents advised others to remain open with each other. No studies within this literature review contradicted the shared experiences of the couples interviewed.

Conclusions

From the eighteen couples interviewed during this study, the following may be concluded.

1. Bereaved couples in this sample needed to talk extensively, giving numerous and minute details about the who, what, when, where, how, and why of the death of their loved one.
2. The importance of sharing accounts surrounding the details of circumstances or situations before, during, and after the death, including a detailed account of how participants felt and perceived their experiences, and the details of relationships or interactions between the loved one who died and between partners, were crucial for bereaved couples in this study.
3. Bereaved couples in this sample needed to focus on their personal connections to the one who died, including the personality of the one who died, their special relationship of closeness with the one who died, and their own relationship dynamics as a couple.

4. Couples in this sample needed to explore why the death happened in an attempt to search for meaning.

The second interview question focused on bereaved couples' perceived experiences of hindrances to communication, either verbally or nonverbally, after the death of someone close. From the 18 couples interviewed during this study, the following may be concluded:

Grieving couples in this study considered the dilemma of wanting to communicate and not wanting to communicate and experienced strains when one wanted to be open and the other wanted to be closed. Grieving apart added distress to their grief and mourning as they felt isolated and sometimes further internalized their journey of grief and mourning and held their emotions inward during periods of bereavement. They were reluctant to share to protect the other and to protect themselves from further distress and sorrow. They approached death and grief and life differently as individuals, which led to withholding and being uncertain whether to share. Couples in this sample perceived differences in temperament and gender; differences in belief as to what is important or inconsequential; being at separate places along the journey of grief and mourning and at such contrasting times; remembering events differently; and differences in their desire to seek outside help or advice as hindrances to grieving together. Bereaved couples' in this study desire to avoid emotional pain hindered communicating together about the death of someone close. They did not want to lose control or to keep reminding each other of their sorrow. They felt the need to avoid outside influences that could bring negative reactions after the death of someone close and felt abandoned, uncared for, outcast, and judged by

others with negative reactions toward their sorrow. They resented premature and misguided or inappropriate advice. Bereaved couples in this study wanted someone to acknowledge their pain and give them permission to grieve. Couples in this sample suffered over cut-off or disconnected relationships during periods of bereavement, whether those relationships were marred before, during, or after the death they shared. They felt abandoned and believed unrealistic expectations were placed on them during these times and by these family members. Couples in this study felt it was hard to assimilate the experience and to communicate about the death of someone close because they lacked experience with death and grief. They felt their lack of experience hindered their ability to discern wise from unwise advice and caused them to make hasty decisions that they may regret for years to come. They felt they lacked experience coping with the after-effects of the death of someone close. Bereaved couples in this sample who had lived through death experiences still felt a perceived lack of experience when helping each other through the death discussed in these interviews, which hindered their ability to share. They felt a perceived lack of personal experience with a new death experience (See Figure 2).

The third interview question focused on bereaved couples' perceived experiences of help/assistance to communication, either verbally or nonverbally, after the death of someone close. From the eighteen couples interviewed during this study, the following may be concluded:

Bereaved couples in this study desired to grieve together and to talk openly about their grief with one another. Most couples this sample felt processing their grief together was necessary. They often felt the need to seek outside help from family, friends, support

groups, pastoral counselors, and/or professional counselors. They sometimes found comfort in paying tribute to the one who died together. Bereaved couples in this study kept mementoes and remembrances of the one who died, left their rooms untouched, and set up memorials in their homes for comfort. Some couples in this sample felt they talked and shared, listened well, and were heard by one another during periods of mourning. They held openness and honesty in high esteem. They encouraged each other to let go of regrets and second-guessing past decisions. Bereaved couples in this sample affirmed each other for making wise decisions

Bereaved couples in this study for whom faith was important gained strength from their faith and the faith of the one who died. Couples in this sample felt their faith helped them share openly about the death of a loved one. They were comforted by their belief in a higher being, God, His will, and His purposes for life and death. They often received great support from their faith communities. Bereaved couples in this study felt they and their loved one who died had direction from God as they made decisions during their treatments and last days. Couples in this sample were grateful for the time they had with their loved one and for what they learned from them. They discussed mortality and prepared for tragedy. They clung to items that enhanced and encouraged their faith during times of distress. Bereaved couples in this study encouraged others to cling to faith, wrote letters to God, turned to the Bible, talked about Heaven, and embraced other faith issues. Bereaved couples in this sample who experienced negative reactions regarding their faith from others still felt they could communicate and grow from the experience. Their faith

was not shaken, but strengthened. Couples in this study felt negative reactions and incidents encouraged better communication and made them stronger as a couple or family, especially as they saw one respond to negativity in a positive way; as incidents led to healing conversations and led to a closer knit and unified bond between them as a couple; and as they were discouraged by one faith leader, then given encouragement and permission to grieve by another.

Bereaved couples in this study offered verbal encouragements to one another during times of mourning. Couples in this sample used the experience of the death as an opening and opportunity to talk about life and death. They turned to friends and support groups and counseling sessions as safe and encouraging places to learn to talk about the death. They appreciated being included in celebrations by others and appreciated those who verbally acknowledged their grief and the one who died. Bereaved couples in this study found remembrances of past conversations helpful and healing. Couples in this ample learned to ask after each other to encourage more open communication. They seemed to cue in and recognize when the other needed encouraging inquiries or did not.

Bereaved couples in this study appreciated nonverbal assistance offered during times of grief and mourning, such as help with daily tasks; acknowledging the bereaved; attitudes of acceptance, faith, gratefulness; creation of memorials; crying together; allowing distractions; allowing the expression of emotions; comforting music; physical comforts; planning ahead toward dates, times and places that may trigger emotions; presence; remembrances; seeking further educational experiences; sexual intimacy; allowing space to grieve, written expressions; and more.

Bereaved couples in this sample had a desire to help others who are grieving, to "pay it forward" by listening and caring for others, speaking publicly, volunteering, returning to school to study a helping profession, and offering encouragements and hope. Couples in this study desired to be compassionate and tuned in to the multi-faceted nature of grief so they could be supportive of others through their own bereavement process.

Limitations

The results from this research cannot be generalized to all, and several factors limit this study's generalizability and conclusions. The sample size was adequate for a qualitative study of this type; however, a larger sample would add to the credibility of the study. Participants in this study included 18 couples/36 individuals and represented a wide variety of age, race, socioeconomic status, and education level. All couples were heterosexual and the only same-sex couple interview conducted had to be eliminated from the study because it was revealed at the end of the interview that one of the women did not feel close to or know well the person who had died.

Couples were primarily found through purposive, convenience, and snowball sampling. Some couples saw the research flyer posted throughout the university. Several couples were known by the researcher, and their favorable responses may reflect their efforts to illuminate a more positive image to impress the interviewer. Because of the sensitivity of the topic of bereavement, the researcher interviewed participants who were available to her. The study was limited to participants who were willing to talk about their experience of the death of someone close and their perceived hindrances and help to communicating with each other about that death with this interviewer. It is assumed that

couples who volunteered to tell their stories and share their experiences with the interviewer do not represent couples who were reluctant to be interviewed; therefore, it would have enriched the study had those unwilling couples come forward to tell their stories.

Qualitative research seeks to illuminate and better understand selected groups. In phenomenological research, the interviewer is an observer and a participant and is part of the study and involved with the participants. The researcher's understanding of the participants' lived experience is an interpreted understanding, seen through possible biases such as gender, age, culture, experience, and socio-historical time—all of which can guide or constrict the research findings. The researcher has an obligation and responsibility to acknowledge this interpretation which produces findings that are difficult to replicate (Denzin & Lincoln, 2003). Every effort was made to ensure rigor, including reflexivity, immersion into the data, triangulation, bracketing, and researcher review. Additionally, an attempt was made to gather the participants' reactions to the analyzed data. Three couples responded with agreeable comments, but more feedback of the analysis from participants would strengthen the credibility of the study.

The Researcher's Voice

In qualitative research, the researcher is part of the instrument. According to Chan et al. (2013), the fundamental goal in carrying out phenomenological research is to gain an in-depth understanding of the experiences of the participants. Researchers aim to ensure that the findings are as close to what the participants mean as possible. However, the researcher is an important part of the study and involved with the participants as a partici-

pant-observer, and thus inevitably influences the research process. The interviewer's understanding of a participant's experience is interpreted through the eyes of his or her uniqueness and biases (age, gender, personality, behavior, experiences, cultural beliefs and values, and socio-historic time). The researcher's many biases may influence and narrow the research findings. The researcher has an obligation and a responsibility to acknowledge this interpretation (Denzin & Lincoln, 2003). The interviewer has an ethical responsibility to be aware of his or her participation and influence and must consider and evaluate his or her procedure at each stage of research to limit partialities and declare personal and procedural biases throughout the study (Bager-Charlson, 2014).

I am a Christian, Licensed Professional Counselor, Narrative Therapist, Family Therapy Ph.D. Candidate, widow, remarried blending a family, and a helping professional who has worked with grieving families since 1995. I attempted to embrace an attitude of wonderment and adopted a not-knowing stance to maintain curiosity for myself and the participants during the interviews. To gain an in-depth understanding of the experiences of the participants, I endeavored to set my own biases and experiences aside. I endeavored to attend to the proposed strategies for achieving bracketing such as being aware of the researchers' personality and identifying areas of potential biases and preconceptions. I used care in deciding the scope of the literature review and planning data collection. I engaged participants during the study, used open-ended questions in the semi-structured interview process, and returned to participants involved in the study for feed-

back. I attempted to fully hear the stories and unique experiences of each couple/participant. I aimed to ensure that the findings were as close to what the participants meant as possible.

An important part of this study is the researcher's voice. In a study such as this, a representation of my voice ought to be heard as a crucial part of the process. I will attempt to describe some of the effects this study has had on me as a person.

The process for this study began in 1993, when as a grieving widow, I and my three young children attended grief support groups. I began to work with grieving families in 1995 and continue serving this population to this very day. I sought further education through a Master's Degree and licensure as a counselor, then a Ph.D., continually focusing on bereavement as a topic of interest. I wanted to conduct a research project that would benefit the field of family therapy and the fields of death and dying to provide help and support to all who are bereaved and to their helping professionals.

In describing my position within the study, it is difficult for me to separate myself from my personal experience and from the experiences of those who have shared their sorrows with me for over 20 years. To the best of my ability, I suspended my biases and assumptions about the communication experiences of couples after the death of someone close while conducting the interviews and analyzing the data. As much as is humanly possible, I listened to each story without preconceived ideas or assumptions.

I have never experienced the death of a loved one who has completed suicide. I have never experienced the death of a child or grandchild. I imagine these losses to be more difficult to bear than other death experiences. Therefore, I may have been more

nervous and/or more solicitous of the participants during these interviews. Two couples described themselves as "childless" after the death of their sons. I grieved for them because my children and grandchildren mean so much to me, and I cannot imagine what it must be like to want children and not be able to have and enjoy them.

It was especially fascinating to interview my own, close or distant family members who experienced the death of someone close. In all four interviews, I had not had the privilege of knowing the person who died. I had preconceived ideas of what I would learn from the experiences of family members interviewed and was surprised and intrigued with each one.

One couple described the wife as "Cinderella," and labeled her deceased mother as the "wicked stepmother." I found the stories they shared to be extremely cruel, even abusive; and my esteem for this wife and mother and her resilience through the years greatly increased. I struggled not to take up an offense that didn't belong to me.

It was an honor and a privilege to interview three couples who had experienced the death of a child who were in a grief support group together for an expanse of three years, almost 10 years ago. I had heard their stories before many years ago. It was fascinating to hear their stories again from my own new perspective and from their new perspectives. On the one hand, I was struck by their strength and growth over the years. On the other hand, I was concurrently fascinated and grieved over the continued intensity of their pain at the death/life-long loss of these children. Their stories came together in a new way for me and perhaps for them as well.

The interview that impacted me and elicited the most intense emotional response from me was with couple 19H who experienced the death of their middle adult son at the age of 38 who had suffered from cystic fibrosis from the age of 10. They brought pictures of this young man ranging from his youth, through his college years, of his young wife and their three children, of him in the hospital during his last days, and of him in his burial clothes in his casket. They talked openly of their love for him and their struggles with his illness. They ended their interview discussing their concern that their son's young widow had begun to show a serious interest in a young man she had met at their church less than a year after their son's death. They hoped she wasn't making a hasty decision. They feared their relationship with her and with their three grandchildren would be altered in an uncomfortable way. In front of me, they made plans to invite them all over for a holiday dinner in hopes that they would remain a part of their lives for years to come. I am widowed and remarried to a widower. Although I had every assurance from all four sets of our parents and parents-in-law that my union with my new husband was blessed, and although our relationships grew stronger over the years, I found myself crying heartily after this couple left. Only one of our eight parents/parents-in-law is still living; and I wondered if any of them had the same concerns, and I regretted not having had a conversation with them in which I could assure them of our continued love and support (See Table 4A).

A consideration while conducting the study was the care of the researcher. My advisor was a considerable support for me as I shared my firsthand experiences during the interviews. In addition, one of my peer reviewers was a counselor in my private practice

office. She allowed me to talk about the effects the study had on me and helped me continue moving forward in my research. She added insight as I processed emotions through this research and helped me continue moving forward. My hope is that studies such as this will provide the foundation needed to help those who are bereaved to communicate in ways that bring hope and healing.

Implications

The results of this research may provide additional insight into the communication experiences of bereaved couples after the death of someone close and may reveal several implications for bereaved individuals, couples, and families; faith-based helping professionals and institutions; and counselors and family therapists alike. The bereaved and helping-professionals alike have a duty to suspend their beliefs about the processes of death and dying, and grief and mourning, and to acknowledge the universality and the uniqueness of these experiences. Gaining knowledge about death and dying, and about grief and mourning, can add to the understanding of the effects of bereavement on everyone involved. Families and helping-professionals may teach others how to balance the need to communicate and not to communicate after the death of someone close. Family therapists and helping-professionals might help bereaved couples with the exploration, the possible ambiguity, and the shared meanings associated with communicating about the death of a loved one in a culture that is not always comfortable with death and dying. All involved might consider the need to address the varied dimensions and influences of faith when working with others on the journey of grief and mourning. They may use these findings and findings from studies such as this to create or add to programs that will

benefit the bereaved family system through therapy, education, and faith-based support, as well as other avenues. Some bereaved couples may be helped through the telling of sacred narratives and blessed with warm memories and growth. They might change their own lives and the lives of others with their stories.

Family therapists and helping-professionals must be aware of and comfortable with their own biases about communicating about bereavement. Sharing stories of grief can be a key resource in adapting to loss and contribute to stronger bonds and relational intimacy for couples. Therapists might strive to understand from bereaved couples in this research that hindrances to communicating, verbally and nonverbally, about the death of someone close for couples could include the concepts of grieving apart instead of together, a desire to avoid emotional pain, and a lack of experience with death and dying (See Figure 2). Beginning with this study on the communication experiences of bereaved couples, they might attempt to remember that help and assistance to communicating, verbally and nonverbally, about the death of someone close for couples could include grieving together, gaining strength from faith, specific verbal communication help, specific nonverbal communication help, and a desire to help others.

This research adds highlights to the importance of recognizing a systemic perspective and narrative constructs when working with this population. The individuals in relating systems are not just individuals, but are beings communicating with other beings, and there is always some kind of relationship between persons. The family system is more than a dyadic couple or parents plus children, but includes smaller subsystems, larger supra-systems, and the combined attributes of these family segments over time.

The death of a loved one and the subsequent journey of grief and mourning may affect the entire system. Bereaved individuals cannot be known and understood outside the systems in which they live. Counselors may help clients recognize that bereavement experiences and communication experiences after the death of someone close are shaped by the systems within which they have grown and in which they currently live. Therapists might attempt to understand family processes, how families share information and how that information contributes to the behavior of the family, how family systems are related to other systems, and how families change as language-generating, meaning-generating systems.

All 18 couples in this research were willing to tell their stories. They spent over half their interview time remembering and recounting the details of those stories. It may be essential for helping professionals to allow extended time for others to tell their stories without interruption and to find their own meaning within those unique stories. Helping-professionals may strive to recognize the innate human motivation surrounding the death of a loved one to create and preserve a meaningful self-narrative toward a new identity, to share with others, and to provide consistency and purpose in their lives. Helping-professionals may want to assume a not-knowing stance and an attitude of wonder and a willingness to learn from bereaved couples as they communicate about their loss. They may offer support and understanding as these couples share their stories and their unique experiences and communication experiences after the death of a loved one. Therapists might employ a narrative metaphor in their work and strive to help families co-create or re-construct a new narrative. Therapists may help reframe negative death experiences and

communication experiences of couples after the death of someone close as experiences of growth and strength and resilience. They may be aware of co-creating themes of meaningful narratives; including a belief in personal value and a place in a kind and just universe, a sense of honor and trustworthiness, the hope of a fulfilling life, and the possibility of some control over life events. The narrative approach allies well with grief issues as the therapist fosters meaning-making and the development of storying to combine the loss with a move forward on the journey along new and preferred paths and narratives. Therapists might encourage a narrative and meaning-making perspective to promote meaning reconstruction and healing to build unity and to help make meaning. They may consider alternative ways of looking at problems and solutions, the uniquely created story and social construction which makes up the shared experience of the couple through shared understanding in common preconceptions, and restoring clients' lives accordingly. Therapists may seek to externalize problems and discover unique outcomes and make room for hope and a beginning for more optimistic stories. They may be advocates for the bereaved.

Providing therapy for individuals, couples, and families who have experienced the death of someone close is crucial for those seeking help. Professional organizations such as the American Association for Marriage and Family Therapy (AAMFT) can provide programs and continuing education for therapists on this subject helping therapists to be better equipped to address some of the problems that are presented in families where a death has occurred. Family Therapy training programs might address death and dying in their programs. Hearing from couples who have experienced the death of someone close

may be beneficial. Supervisors might focus some of their continuing education on supervising therapists who work with grieving couples and families. Grief Support Centers might benefit from results of this study to create services and programs for bereaved families as well as to train staff and group facilitators to lead these groups. Collegial groups that meet to hone and keep their skills might address topics related to grief and mourning. Education about faith-based issues and other topics of spiritual growth may benefit some.

Recommendations for Future Research

This study has added to the body of literature on the communication experiences of bereaved couples after the death of someone close, and provided a foundation upon which further research can build to broaden the field and better inform mental health professionals who may work with grieving couples. The following are suggestions for future research:

1. The study was limited in size and geographical regions. Future studies might incorporate a larger sample from different geographical regions.
2. This study might be replicated to include participants of other demographics such as age, gender, sexual orientation, race, ethnicity, religion, geographic location, socioeconomic status, education, and more.
3. Future studies may focus on specific types of death losses to compare unique groups, such as those who have experienced the death of a child, death after completed suicide, death due to homicide, and more.

4. Future researchers might conduct a longitudinal study to hear the story surrounding the same death from bereaved couples to determine if their perceptions of their communication experiences change across time.
5. Future researchers might hear the story from other members of the same family system and from extended family members across generations to benefit the field of family therapy.
6. Couples in this study shared extensive information about coping. Future research might explore the coping mechanisms of bereaved couples by listening toothier unique stories.
7. Future studies might combine the qualitative discourse with quantitative measures.

Summary

Hooghe et al. (2011) argued for considering the intricacies and complexities of the process of couple verbal and nonverbal grief communication and encourage considering the intertwined conflicts of communicating about grief of the individuals and of all relationships involved. The purpose of this study was to examine phenomenologically the communication experiences of bereaved couples after the death of someone close through narratives told in semi-structured interviews. Narrative Therapy Theory and theories of restorying were used as a lens through which the participants' experiences could be examined to shed light on the communication experiences of bereaved couples. A phenomenological approach allowed the researcher to capture each couple's unique, individual meaning surrounding their experiences. This study was an effort to add understanding

and knowledge on this phenomenon and the meaning and impact of grief communication for couples who are experiencing shared bereavement today, and to provide insight for marriage and family therapists and other helping-professionals who desire to work with couples desiring to communicate effectively after the death of someone close. This study included the communication experiences of 18 committed adults, 21 or over, living together in the same location/home for 12 months or more whether engaged, married, partnering, or cohabiting. The death they shared occurred more than six months from the date of the interview. Each couple defined the person who died as close to each of them. Couples agreed on a definition of their mutual relationship to the deceased; both partners experienced the loss.

This chapter reviewed the resulting conclusions and provided a discussion of the findings and implications of themes related to hindrances and help or assistance of communication after the death of someone close along with the researcher's voice as observer-participant. Also included were limitations of the research and recommendations for marriage and family therapists and for future research. This research yielded data to expand and deepen our understanding of this population, but it also serves as an invitation to further explore the communication experiences of the bereaved.

The couples in this research have broadened my perspective and will inform my continued practice. From their thick, rich narratives, I and other helping professionals may choose to allow more time for bereaved couples to walk through the details about the who, what, when, where, how and why elements about the death, as well as allow

more time for their full descriptions about their individual-personal connections to the deceased, the personality of the deceased, the relationship of the couple to the deceased, and the couple/dyad relationship (See Figure 1). It may be crucial to allow bereaved couples to discuss and work through hindrances to communicating about the death as they navigate

- grieving apart – because they feel isolated, internalize their grief, want to protect themselves and their partner from distress, or struggle with differences in the way partners grieve and mourn;
- avoiding emotional pain, avoid the after-effects of negative reactions of others, and avoid the added pain associated with disconnected and cut-off relationships, and
- lack of experience with death, including past deaths and new deaths they may face (See Figure 2).

From bereaved couples in this study, we may conclude it might be helpful to work through possible elements that could help bereaved couples communicate about the death of someone close by encouraging them to

- work toward grieving together,
- seek positive faith influences when desired and turn negative faith experiences into positive experiences,
- strive to encourage one other with verbal communication encounters as they talk together and ask/inquire after one another,
- pursue non-verbal encouragements for comfort and communication, and

- find ways to help others or pay it forward as individuals and/or as a couple.

From participants in this sample, we may conclude that bereaved couples have much more to teach us about communicating through the journey of grief and mourning.

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APPENDIX A

Recruitment Flyer

APPENDIX A - RECRUITMENT FLYER

I Want to Hear Your Story of Loss – Told Your Way!

Are you a couple who has experienced and shared the death of someone close?

If you are a committed couple, over the age of 21, have been living together for more than 12 months, and have experienced and shared the death of someone close more than 6 months age, you are invited to participate in a Texas Woman's University research project g conducted by Karen Lindwall-Bourg. The purpose of the study is to explore the communication of couples who have experienced and shared the death of someone close.

All interviews will be conducted by Karen in a place that is convenient for you. Your maximum time commitment will be approximately 1 hour. Interview material will be used in the dissertation; however, your names and any identifying information will remain confidential.

If you know of other couples who might be interested in this study, please feel free to pass my contact information to them.

Participation is completely voluntary and you may withdraw from the study at any time. If you would like more information on the study, please contact Karen Lindwall-Bourg at (214) xxx-xxxx or email her at karen@rhemacounseling.com . You may also contact her advisor, Linda Brock, Ph.D., at (940) 898-2713 or email her at lbrock@twu.edu . As with any electronic submission, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

APPENDIX B

Initial Telephone Script

APPENDIX B - INITIAL TELEPHONE CALL SCRIPT

"Hello [If I returned the call - my name is Karen Lindwall-Bourg]. Thank you for responding to my flyer. I am a doctoral student studying Family Therapy at Texas Woman's University where I am completing this research project as a final part of my degree. Research on and understanding of the communication experiences of couples who have experienced and shared the death of someone close is limited. I was widowed young and have been working with grieving families since 1995. These personal experiences have led to my interest in this topic."

"The purpose of my research is to explore the communication experiences of couples who have experienced and shared the death of someone close. If the two of you agree to participate, I will interview you together at a place and a time that is convenient for you. The interview will last approximately 1 hour. When we meet, I will have consent forms for each of you to sign; I will collect some demographic and background information, and then audio-record our conversation so that I will be sure to be accurate when describing your experiences. All recordings are secure and will be kept confidential to the best of my ability.

The questions of the study are:

1. Tell me about your shared experience of the death of someone close.
2. What were hindrances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?
3. What were helps/assistances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

I will use a code number instead of your name to protect your confidentiality and I will be the only one to know your name. Your participation is completely voluntary, and you may withdraw at any time without penalty to you."

"What questions do you have, so far that I can answer for you that will help you make a decision about participating??" (All questions will be answered by the researcher.)

"Would you like your story to be part of the study?"

(If the potential participant says yes, a time and place for the interview will be scheduled.) "Thank you for your time. I look forward to meeting with you on the date and at the time we've agreed upon."

(If potential participant says no, he/she will be asked if they know of anyone who might be willing to be a part of the study and will be mailed or emailed copies of the recruitment flyer (Appendix A).

"Thank you for taking the time to talk with me. I look forward to talking with you [re-state time and place]!"

APPENDIX C

Consent Form

APPENDIX C - CONSENT FORM

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title of Study:

NARRATIVES OF BEREAVED COUPLES' COMMUNICATION AFTER THE DEATH OF SOMEONE CLOSE

Investigator: Karen Lindwall- Bourg, M.A., ……..... (214) xxx-xxxx

Advisor: Linda J. Brock, Ph.D..... (940) 898-2713

Explanation and Purpose of the Research

You are being asked to participate in a research study to be conducted by Karen Lindwall-Bourg, M.A., at Texas Woman's University in Denton, Texas. The purpose of this research will be to examine the communication experiences of couples who have experienced the death of someone close.

Research Procedures

You are being asked to participate in a conjoint, face-to-face interview at a location that is convenient for you. The researcher will conduct all interviews. The interviews will be audio/video-recorded to provide a transcription of the information discussed and to assure the accuracy of the reporting of that information. The maximum total time commitment for this study is estimated to be approximately 1 hour. Your interview will be transcribed and assigned a code number to assure anonymity.

_____

Participant initials

Participation and Potential Benefit

Your participation in this study is completely voluntary and confidential and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.

Your participation will contribute to a better understanding of communication during bereavement among couples and to the overall body of literature on communication during bereavement.

Potential Risks

Potential risks related to your participation in the study include fatigue and emotional discomfort during the interview.

To avoid fatigue, you may take a break (or breaks) during the interview as needed.

If you experience emotional discomfort regarding the interview questions, you may stop answering any of the questions at any time. The investigator will provide you with a referral list of names and phone numbers that you may use if you want to discuss this discomfort with a professional.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. The interview will take place in a private location agreed upon by you and the researcher. Your name will appear only on this consent form. A code number, rather than your real name, will be used on the audio-record and transcription. Only the investigator and her advisor will have access to the records. The consent form, recordings, hard copies of the transcriptions, and the computer containing the transcription text files will be stored in a locked filing cabinet in the investigator's office. Only the consent form will be turned over to the University's Institutional Review Board at the close of the study. All records and transcription devices will be erased and the hard copies of the transcriptions will be shredded within 5 years of the completion of the study. It is anticipated that the results of this study will be published in the investigator's Doctoral Dissertation as well as in other research publications. However, no names will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Questions Regarding the Study

If you have questions about this research study you may ask the researchers. Their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or in the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at (940) 898-3378 or via email at IRB@twu.edu.

You will be given a copy of this signed and dated consent form to keep.

_____

Participant initials

Signature of Participant

_____

Date ____-____-_____

CODE Number _____

*

If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent.

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____

APPENDIX D

Demographic Information

APPENDIX D - DEMOGRAPHIC INFORMATION

CODE Number _____

Please complete the following information.

The following questions pertain to you.

1. Current age _____
2. Gender _____
    a. Male
    b. Female
    c. Other
3. Are you currently living together?
    a. Yes
    b. No
4. How long have you lived together? _____years _____months
5. Do you define your relationship as committed?
    a. Yes
    b. No
6. Relationship Status (check all that apply)
    a. Single
    b. Cohabiting
    c. Engaged

d. Married

e. Separated

f. Divorced

g. Widowed

h. Remarried

i. Other _____

7. Number of years with current partner _____

8. Children

a. No children

b. Number of children

c. #1 Age _____ Male/Female _____ Relationship of child to you _____

d. #2 Age _____ Male/Female _____ Relationship of child to you _____

e. #3 Age _____ Male/Female _____ Relationship of child to you _____

f. #4 Age _____ Male/Female _____ Relationship of child to you _____

g. #5 Age _____ Male/Female _____ Relationship of child to you _____

h. #6 Age _____ Male/Female _____ Relationship of child to you _____

i. #7 Age _____ Male/Female _____ Relationship of child to you _____

j. Other _____

9. Race/Ethnicity (check all that apply)

    a. African American

    b. Asian American

    c. Caucasian

    d. Hispanic

    e. Native American

    f. Other _____

10. Sexual Orientation

    a. Heterosexual

    b. Gay or Lesbian

    c. Bisexual

    d. Asexual

    e. Other

    f. Prefer not to answer

11. Highest level of education completed _____

    a. Did not graduate from High School

    b. High School

    c. Some College or Trade Certificate

    d. Bachelor's Degree or professional education

e. Master's Degree

f. PhD, MD or Doctoral Degree

12. Occupation _____

13. Hours worked weekly

a. Retired

b. Less than 20 hours

c. 20 - 30 hours

d. 30 - 40 hours

e. Over 40 hours

14. Spiritual/Religious affiliation

a. Christian

b. Protestant

c. Catholic

d. Jewish

e. Mormon

f. Muslim

g. Other _____

h. None _____

15. Annual Income per Household

    a. Under $20,000

    b. $20,000 - $39,999

    c. $40,000 - $59,999

    d. $60,000 - $89,999

    e. $90,000 - $119,999

    f. $120,000 - $149,999

    g. $150,000 and above

16. May I call you within the next week to see if you have questions or if you have additional information to share?

    a. Yes Phone number _____

    b. No

17. Additional Comments

    _____

_____

_____

The following questions pertain to the one close to you who died. *Close* is defined by you, the couple, who both feel the person who died was important and familiar to each of you.

18. Who was the person who died? _____

19. How did this person die? _____

20. How long ago did his/her death occur? _____ years _____ months

21. Did you feel close to him/her at the time of the death?

    a. Yes

    b. No

22. Describe his/her relationship to you.

    _____

23. Describe his/her relationship to your partner.

    _____

24. Other information

    _____

25. Additional Comments

    _____

_____

_____

APPENDIX E

Interview Guide

APPENDIX E - INTERVIEW GUIDE

Participant's CODE Number: _____

Partner's CODE Number _____

Date of Interview: _____

"Thank you for agreeing to be a part of this study." (Pause) "The purpose of the study is to explore the communication experiences of couples, aged 21 and older, who have experienced the death of someone close. Your participation is completely voluntary and you may withdraw at any time without penalty. Do you have any questions about the study?" (Pause)

"You may take as many breaks as you need. I will audio/video-record our conversation to make sure it is accurate." (Pause)

"Before we begin, I'll give you the consent form to read and then sign."
(Each participant will be given the consent form to read and sign.)

"Do you have any questions about the consent form?" (Pause) "There is a space at the bottom of the consent form that asks for your mailing address if you'd like a summary of the study results. Please initial on pages 1 and 2, and sign and date on page 3. Here's a copy for each of you to keep."
(Researcher will give a copy of the signed consent form to each of the participants and keep one for herself).

"I'm turning on the recorder now." (Recorder now on)

"I'll begin by asking you some questions to gather background/demographic information. If anything I say or ask is unclear, please let me know. If you are uncomfortable answering any of my questions, please let me know that, too."

(Questions will be asked by researcher). (The researcher will obtain demographic information that the couple is willing to provide. Upon completion, the researcher will begin with the interview questions).

"We're finished with the background information. We'll now move on to the research question. I encourage you to speak freely and openly and to elaborate as much as you are comfortable."

1. Tell me the story of _____ (the person close to you who died).

Prompts, as needed:

Can you tell me more about that?

2. What were hindrances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?
3. What were helps/assistances to communicating (verbally and/or non-verbally) about his/her death for you as a couple?

Prompts, as needed:

Verbal Prompts:

Can you tell me more about that?

Mm-hmm.

I see.

What else comes to mind?

Anything else?

Non-verbal Prompts:

Smiling

Nodding

"We're finished with the interview now. With your permission, I'll be calling in a few days to see if you'd like to add more information. If you've asked for summary results from this study, a copy will be sent to the address you've given me. Thank you so much for your time and for the information you've given."

"Do you have any questions?"

"Here is your referral list for future reference."

APPENDIX F

Counseling Referral Sheet

APPENDIX F - COUNSELING REFERRAL SHEET

American Association of Marriage and Family Therapy

112 South Alfred Street
Alexandria, VA 22314-3016
703-838-9808
http://www.aamft.org

American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304
800-347-6647
http://www.counseling.org

Counseling and Family Therapy Clinic
Texas Woman's University
114 Human Development Building (HDB)
Denton, Texas 76204 940- 898-2620

Biblical Counseling Network
http://christiancounseling.com/network/find-a-counselor/
You can go to this link and enter your zip code.

Ritz Counseling and Associates
Elizabeth Ritz
Dallas, Texas 75231
ph: 214.728.5134
em: ritz@ritzcounseling.com
ws: ritzcounseling.com

North Texas Counseling
Jim Basham
2901 Corporate Circle, Suite 300-I
Flower Mound, Texas 75028
ph: 469-635-2872
em: jim@northtexascounseling.org
ws: northtexascounseling.org/home.php

North Dallas Christian Counseling
Steve Clay
2591 Dallas Pkwy Suite 300
Frisco, Texas
(972) 731-4379
info@NDCcounseling.com
http://www.ndccounseling.com/

Metroplex Counseling
Jeremy Lelek
209 N. Industrial Blvd. Suite, 237
Bedford, Texas 76021
ph: 817-571-4110
em: info@metroplexcounseling.com
ws: metroplexcounseling.com

Biblical Counseling and Ministries
Ellen Dean
1105 Hampshire Lane
Richardson, Texas 75080
ph: 972-231-0808
ws: bcandm.org

Grace 2 Change – Recovery Program
1216 N. Central Expressway, Suite 104
McKinney TX 75070
972.542.2900 Phone
gracetochange@aol.com
http://www.gracetochange.com/

APPENDIX G

Telephone Followup Script

APPENDIX G - TELEPHONE FOLLOWUP SCRIPT

"Hello, this is Karen Lindwall-Bourg. How are you? I am calling today to follow up with you about our interview and to ask if you have quest ions or if you would like to add more information to the interview." (Participant will be given time to respond.)

(If there are questions, researcher will respond to them. If there are no questions the researcher will say), "Thank you very much for participating in my research study. If you requested a summary of the study results, you will receive it in the mail at the address you provided during the interview. Again, thank you so much for your time and for your participation."

APPENDIX H

Snowball Sampling Recruitment Form

APPENDIX H - SNOWBALL SAMPLING RECRUITMENT FORM

(include copy of Appendix A – Research Flyer)

Thank you for your willingness to join me in this important research.

As a graduate student at Texas Woman's University (TWU) in Denton, Texas, and a licensed professional counselor in private practice who was widowed young, my interest and curiosity has grown as I desire to understand the beneficial ways in which others, especially couples and families, communicate while bereaved. There is little research on the communication experiences of bereaved couples after the death of someone close. It is my hope, as researcher, to broaden the understanding of this crucial phenomenon for this population.

Do you know of any other couples who might be interested in participating in this study?

May I leave you with a copy of the recruitment flyer for this study to give to them? Would you prefer an emailed copy of the flyer?

(Researcher will leave copies of flyer with the couple.)

Signature _____

Phone _____

APPENDIX I

Member Checking Letter to Interview Participants

APPENDIX I – MEMBER CHECKING LETTER TO INTERVIEW PARTICIPANTS

Thank you so much for participating in and helping me with my dissertation project. I'm so close to the end, thanks to you!

Would you allow me to impose upon you one last time?

To ensure research rigor, which includes thoroughness and consistency and accuracy and objectivity with attention to detail, I would like to share with you a simple outline of the themes I discovered from your and other participants' stories and ask you to answer the following questions by simply replying to this email:

1. As you remember your story told to me the day of the interview, does anything about the outline below surprise you?

2. As you remember your story told to me the day of the interview, do the findings in the outline below "ring true" to your experiences?

3. As you remember your story told me the day of the interview, do you feel anything you told me does not fit within any of the themes in the outline?

If yes, can you tell me a little bit about what you're thinking?

Dissertation Title: THE COMMUNICATION EXPERIENCES OF BEREAVED COUPLES AFTER THE DEATH OF SOMEONE CLOSE

THEMES:

"We would not, well we might go back and say well we should have done that differently, but we would not second guess ourselves to the extent that we did something, and we did, you know, we didn't neglect anything, we thought everything through, ***we felt it out with our hearts****."*

1. The STORY of the Death – all participants told their stories in some detail. They focused on
    a. Their personal connections to the one who died including information about the personality of the one who died, the couples' relationship to the one who died, and the relationship of the couple/dyad.
    b. The details (who, what, when, where, & how) of the death. Details about the timeframe of events before during, and after the death were especially important.

"We were in a fog and I know that through all my time sitting in groups and all my time leading groups, that generally what the...my experience of loss of a child that the first year is a fog and the second year everything is reality and you experience all those things over again."

"That wound, I don't think, will ever be healed completely, you know?"

1a. Coping with the Death included

- Feeling changed forever
- Experiencing a wide range of emotions and feelings from anger to fear to guilt – all overflowing.
- The help and hindrances of making meaning of the death.
    - Hindrances included the ambiguity of the event, things that felt "weird", the complicated nature of the death, differences between partners' coping styles, and disconnected relationships with others.

- Help included attention to processing grief; values and beliefs based on education, experiences and faith issues surrounding grief; protecting others; coincidences; seeking counseling; and holding memories.
- Both helpful and hindering issues included the temperament of the griever, the reactions of others, and self-identity.

"It's a little bag that's full of information about the baby, that we got from the hospital, and everything… from the burial ground, whatever it was, we put it in a small bag. Now, I don't want to open the bag. …I don't even want to look for it, because when I look for it, it reminds me of the event..."

"It's sort of like an elephant in the room talking about death because you don't want to go there…"

2. Hindrances to Communication included
    a. Grieving apart because one is isolated or internalizing grief, and a desire to protect the other person.
    b. The desire to avoid emotional pain
    c. Lack of experience

She: "*No, we communicate really good. Even when I'm feeling really hurt ... Mother's Day, I know I'm going to cry. He's going to give me my card and my flowers from _____, _____ and him, that's who they're from. Then I'm going to go on with my day. It's something that's there, and it never goes away. It doesn't hurt as bad as that day it happened but it still hurts. I can ... Because of physical pain right now, it's really hard for me sometimes. I can go up to him and say "Honey, I need to cuddle," or "Honey, I need a hug." If he's taking a nap, I can go in there and wake him up and say I need to cuddle. He's always right there. If I need to talk, he listens. I think sometimes he gets tired of me talking, but he just..."*

He: *"You listen anyway."*

"I don't think that there's anything we could have done to save his life. I really think that he was sent to us to teach us the things he taught us and that's how long it took him to do it."

3. Help to Communication included
    a. Grieving together
    b. Having a strong faith
    c. Encouraging each other and asking questions
    d. Non-verbal help like being there and touching
    e. Paying it forward/helping others in need.

APPENDIX J

Peer Review and Debriefing Letter to Chair and Peer Reviewers

APPENDIX J – PEER REVIEW AND DEBRIEFING LETTER TO CHAIR AND PEER REVIEWERS

Thank you so much for participating in and helping me with my dissertation project. I'm so close to the end, thanks to you!

Would you allow me to impose upon you one last time?

To ensure research rigor, which includes thoroughness and consistency and accuracy and objectivity with attention to detail, I would like to share with you a simple outline of the themes I discovered from your and other participants' stories and ask you to answer the following questions by simply replying to this email:

1. As you remember the interviews you read and coded, does anything about the outline below surprise you?

2. As you remember the interviews you read and coded, do the findings in the outline below "ring true" to participants' experiences?

3. As you remember the interviews you read and coded, do you feel anything participants told me would not fit within any of the themes in the outline?
If yes, can you tell me a little bit about what you're thinking?

Dissertation Title: THE COMMUNICATION EXPERIENCES OF BEREAVED COUPLES AFTER THE DEATH OF SOMEONE CLOSE

THEMES:

"We would not, well we might go back and say well we should have done that differently, but we would not second guess ourselves to the extent that we did something, and we did, you know, we didn't neglect anything, we thought everything through, ***we felt it out with our hearts****."*

4. The STORY of the Death – all participants told their stories in some detail. They focused on
    a. Their personal connections to the one who died including information about the personality of the one who died, the couples' relationship to the one who died, and the relationship of the couple/dyad.
    b. The details (who, what, when, where, & how) of the death. Details about the timeframe of events before during, and after the death were especially important.

"We were in a fog and I know that through all my time sitting in groups and all my time leading groups, that generally what the...my experience of loss of a child that the first year is a fog and the second year everything is reality and you experience all those things over again."

"That wound, I don't think, will ever be healed completely, you know?"

1a. Coping with the Death included

- Feeling changed forever
- Experiencing a wide range of emotions and feelings from anger to fear to guilt – all overflowing.
- The help and hindrances of making meaning of the death.
    - Hindrances included the ambiguity of the event, things that felt "weird", the complicated nature of the death, differences between partners' coping styles, and disconnected relationships with others.
    - Help included attention to processing grief; values and beliefs based on education, experiences and faith issues surrounding grief; protecting others; coincidences; seeking counseling; and holding memories.
    - Both helpful and hindering issues included the temperament of the griever, the reactions of others, and self-identity.

"It's a little bag that's full of information about the baby, that we got from the hospital, and everything… from the burial ground, whatever it was, we put it in a small bag. Now, I don't want to open the bag. …I don't even want to look for it, because when I look for it, it reminds me of the event..."

"It's sort of like an elephant in the room talking about death because you don't want to go there…"

5. Hindrances to Communication included
    a. Grieving apart because one is isolated or internalizing grief, and a desire to protect the other person.
    b. The desire to avoid emotional pain
    c. Lack of experience

She: "*No, we communicate really good. Even when I'm feeling really hurt ... Mother's Day, I know I'm going to cry. He's going to give me my card and my flowers from _____, _____ and him, that's who they're from. Then I'm going to go on with my day. It's something that's there, and it never goes away. It doesn't hurt as bad as that day it happened but it still hurts. I can ... Because of physical pain right now, it's really hard for me sometimes. I can go up to him and say "Honey, I need to cuddle," or "Honey, I need a hug." If he's taking a nap, I can go in there and wake him up and say I need to cuddle. He's always right there. If I need to talk, he listens. I think sometimes he gets tired of me talking, but he just..."*

He: *"You listen anyway."*

"I don't think that there's anything we could have done to save his life. I really think that he was sent to us to teach us the things he taught us and that's how long it took him to do it."

6. Help to Communication included
    a. Grieving together
    b. Having a strong faith
    c. Encouraging each other and asking questions
    d. Non-verbal help like being there and touching
    e. Paying it forward/helping others in need.

APPENDIX K

Letter to External Editors

APPENDIX K – LETTER TO EXTERNAL EDITORS

Request for Attestation of Credibility from External Editors

Dear _____,

Thank you so much for offering to help me with my dissertation project as an auditor and editor of content and context. I'm so close to the end, and thanks to you will add to the overall credibility of the study with your additional input! Reviewers not affiliated with the project may help establish validity as well as various readers for whom the account is written.

To ensure research rigor, which includes thoroughness and consistency and accuracy and objectivity with attention to detail, I am sending you the Dissertation in its entirety for review.

You are being asked to review and edit the document and to examine the process and analysis for validity/rigor with the following questions in mind:

- Can each chapter stand alone?
- Is the study structure appropriate?
- Can questions (research and interview) and methodologies be justified?
- Has the researcher adequately addressed her own biases?
- Are the findings grounded in the literature review?
- Are interpretations of participant experiences logical?
- Did the researcher use strategies for increasing credibility?

Feel free to call or write with questions.
Please write no more than one-page review and audit for me to include in the final account of my study.

Karen Lindwall-Bourg
klindwallbourg@twu.edu
214-585-2266