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Child left behind: An examination of comforting strategies goals and outcomes following the death of a child

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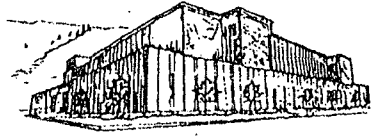
A Child Left Behind: An Examination of Comforting Strategies, Goals, and

Outcomes Following the Death of a Child

by

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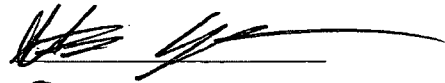
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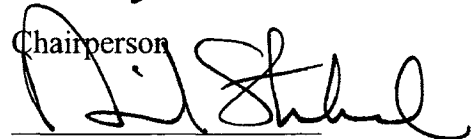
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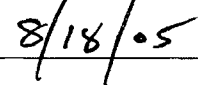
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A Child Left Behind: An Examination of Comforting Strategies, Goals, and Outcomes
Following the Death of a Child

Chairperson: Dr. Stephen Yoshimura

 Supportive communication and comforting are valuable ingredients within relationships.
This research evaluates the supportive communication that occurs between parents and
children following the death of a child in the family. In parent-child relationships,
children often expect support and comfort from their parents when they are distressed.
This research offers a look into how parents are able to rise to the challenge of
comforting their children in a mutually distressing situation. Eleven parents are
interviewed regarding their comforting strategies, comforting goals, and comforting
responses. Through my analysis of this data, the multi-dimensionality of the comforting
process is examined. The results show that parents' comforting strategies, goals, and
responses are contextually bound by both the relationship and situation in which they
occur.

ACKNOWLEDGMENTS

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CHAPTER ONE: RATIONALE

Life sometimes throws punches that seem impossible to endure alone. In difficult situations, people often seek emotional support, such as advice and comfort, from people they interact with, trust, and love in order to bounce back from unexpected blows. Emotional support involves communication acts "directed at overcoming sadness, anxiety, fear, anger, and other negative emotions" (Burleson & Kunkel, 1996, p. 111). One type of emotionally supportive communication is comforting, which includes "messages having the goal of alleviating or lessening the emotional distress experienced by others" (Burleson & MacGeorge, 2002, p. 395). Comfort providers attempt to alleviate the distress of targets through communication.

Comforting is defined by the effects that comfort providers hope to have on targets. The primary purpose of comforting, after all, is to help targets feel better. Goals, then, are an extremely important aspect of comforting. The full cycle of comforting episodes begins with comfort providers' goals, which lead to comforting messages and strategies, and are then followed by comforting outcomes. According to Burleson and MacGeorge (2002), very little research has examined the full cycle of supportive interactions. While the content of comforting messages is well-researched, there remains a dearth of information regarding comforting goals and outcomes.

In order to understand the full cycle of comforting episodes, it is important to understand comforting goals and comforting responses. Comforting efforts are goal directed and intentional (Dillard, 1997). As aforementioned, the primary goal of comforting is to alleviate targets' distress. There are, however, many other goals (termed secondary goals) driving comforting episodes. Specific goals may differ in certain

relationships and contexts, and they may affect comforting message content and outcomes. The current study will be guided by a combination of Dillard's (1990) goal-driven model of interpersonal influence and multiple-objectives framework (Burleson & MacGeorge, 2002) in order to further understand the comforting process in regards to comfort providers' goals. Additionally, the concept of goal attainment and/or failure, or comfort providers' feelings of succeeding or failing in their comforting attempts, will be considered as a vehicle for understanding parents' perceptions of comforting effectiveness and also parents' comforting reactions. Parents send comforting messages with the intent of being successful, so goal attainment and failure likely affect comfort providers' responses to the comforting episode.

Current comforting research also needs to expand toward investigating the outcomes of comforting, including emotional, cognitive, behavioral, and social outcomes (Burleson & MacGeorge, 2002). Although comforting has been defined by the effects that it has on targets, the responses of both comfort provider and target are important. Research has shown that "social support appears to be an important resource that can have a profound effect on the general well-being of individuals" (Gathchel & Oordt, 2003, p. 213). For the purpose of the current study, comfort providers' cognitive and emotional responses to comforting will be examined because these positive effects of comforting are likely valuable for both targets and comfort providers.

The existing research regarding comfort providers' responses to comforting is contradictory. Some researchers argue that comforting has positive effects on comfort providers, such as peer acceptance and increased self-esteem (Burleson, 1994b). Other researchers have found, however, that comforting increases levels of anxiety and

depression in comfort providers who are currently depressed or in negative moods

(Notarius and Herrick, 1988; Dunkel-Schetter & Bennett, 1990; Coyne, Ellard, & Smith, 1990; Segrin, 1998). The question remains as to whether comforting has positive or negative effects on those who provide it. Also, what factors influence whether comfort providers experience positive or negative responses to the comforting process?

In many contexts, such as times of war, family illness, and/ or death, mutual distress occurs. In other words, all individuals involved in such situations experience emotional discomfort or distress. Mutual distress likely affects subsequent comforting episodes. To illustrate, a father may need to comfort his daughter following the death of her grandmother. It is likely that the father feels some level of distress and may also need comforting, yet he continues to provide comfort to his young child. What effects does providing comfort in mutually distressing situations have on the comfort provider who already feels some level of distress? How and why do these individuals continue to comfort?

Currently, there is a dearth of information on mutually distressing events in comforting literature. Comforting during times of mutual distress may allow comfort providers to simultaneously express their own feelings regarding the situation, but it may also trigger negative emotions such as guilt, sadness, and/or helplessness. Mutual distress could, therefore, affect comfort providers' comforting goals, strategies, and reactions.

Well-known adages state that parents should never have to bury their own children and that the old should die before the young. To the dismay of parents, however, nature is sometimes reversed, and their children go first. In response to this phenomenon and the distress that it begets, this study will investigate the comforting strategies, goals,

and emotional responses of mothers and fathers with their children following the death of a child. Examining the specific context of parents' comforting episodes with children in times of mutual distress will refine and enhance the current knowledge about comforting, specifically regarding comfort providers' responses.

The particular stressful context of comforting between parents and children following a family tragedy was chosen for the study first because comforting interactions in times of family tragedy present a situation in which both comfort provider and target are distressed. Cunningham and Barbee (2000) argue that "new directions in support research can focus on the unique dynamics of seeking and giving support in specific stressful situations...each might require a subtly different blend of social support behaviors" (p. 284). Children's levels of sadness as well as parents' emotional attachment to the situation are likely to affect the comforting messages sent. Gorer (1985) has suggested the loss of a child is one of the most difficult issues for a parent to come to terms with. In an empirical study comparing the loss of spouses, parents and children, Sanders (1980) also concluded that individuals who had lost a child experienced the highest intensity of grief as well as the widest range of reactions. Comforting during traumatic life events may be less common than comforting during everyday life stressors, but it is equally important to the study of comforting communication, to interpersonal relationships, and to the well-being of comfort providers.

Second, the specific context was chosen because the relationship between parent and child is the prototypical supportive relationship (Cunningham & Barbee, 2000). Social support (or comforting) is expected from parents, and targets are highly likely to seek support in the relationship between parent and child (Ognibene & Collins, 1998).

Comforting occurs within a variety of relationships, and researchers need to examine the way in which different relationships affect or are affected by comforting interactions (Burleson & MacGeorge, 2002). In other words, comforting episodes between parent and child may be different than comforting episodes between friends or romantic partners, so it is important to examine comforting between parent and child as a unique communicative phenomenon.

The dynamics of comforting parent-child episodes, specific messages that parents send to their children, and the intentions or goals behind these messages will be investigated along with affective responses that parents have to goal attainment and/or failure in a time of mutual distress in order to provide an examination of the full cycle of comforting episodes. Therefore, a brief examination of existing literature in these areas is necessary. The following section will provide a review of literature on targets' affective responses to comforting messages, comforting message effectiveness, comfort providers' affective responses to comforting, and comfort providers' willingness to help. It will go on to explain the goal-driven model of interpersonal influence (Dillard, 1990), which, due to the impact goals have on comforting strategies and responses, guides the current study. Because the primary goal of comforting is to alleviate targets' distress, it can be assumed that comfort providers hope for their comforting messages to be effective. So, to begin, what constitutes an effective message?

CHAPTER TWO: REVIEW OF LITERATURE

Target Response and Comforting Message Effectiveness

According to the current definitions of comforting, comforting messages are meant to reduce a target's emotional distress. Therefore, in order to be considered effective, messages must do just that—reduce distress. The inability to produce effective comforting messages can actually make distressed individuals feel worse (Jones & Burleson, 1997), so it is imperative for comfort providers to comfort effectively. Furthermore, research has uncovered psychological benefits for individuals who feel comforted by others. Bippus (2001) found three outcomes of receiving comfort—increased positive mood, increased empowerment, and decreased rumination. Positive mood includes laughing, smiling, and positivity between target and comfort provider. Empowerment includes optimistic attitudes regarding their situations and more productive attitudes. Stopped rumination refers to the ability to discontinue thoughts about the current problem. Each of these comforting outcome factors increases the well-being of individuals experiencing distress, which illustrates the benefits for targets involved in comforting episodes. So, which comforting messages are deemed more effective or more capable of producing these benefits?

Researchers have found that attendance to face needs, supportive intent, the extent to which individuals perceive support availability, and the person-centeredness of supportive messages affect target responses and message effectiveness (Goldsmith, 1994; Wethington & Kessler, 1986; Cunningham & Barbee, 2000). Seeking support can cause face threats and deem support seekers incompetent and dependent. Expressions of sympathy that attend to positive face-wants are preferred to those that do not attend to

positive face-wants because they help to reduce feelings of incompetence and dependency (Goldsmith, 1994). Therefore, paying attention to the target's "desire to be treated as likable and competent" may be essential to effective comforting (Burleson & MacGeorge, 2002, p. 397).

Additionally, supportive intention plays a role in the effectiveness of comforting episodes. Supportive intentions involve expressing care, concern, interest, and involvement. Targets' recognitions of supportive intent can lead to multiple outcomes including noticing comfort providers' affection, assistance, and concern. Consequently, targets are likely to feel valued and liked by comfort providers (Burleson & MacGeorge, 2002). Targets recognition of supportive intentions may also lead to the notion of support availability.

The more targets perceive support to be available, the more they are capable of adjusting to stressful life events. In fact, research has found that stress-alleviating effects of comforting on targets are more strongly associated with the perception of availability than with the actual comforting behaviors (Wethington & Kessler, 1986). Research overwhelmingly supports the idea that perceived support availability positively influences physical and mental health (Cunningham & Barbee, 2000). The perception of available support likely stems from the recognition of supportive intentions and a history of available support. For example, those who have consistently received support in the past are likely to expect support in the future.

Person-centeredness is the most frequently researched characteristic in regards to comforting effectiveness. Person-centeredness refers to whether a message reflects "an awareness of and adaptation to the subjective, affective, and relational aspects of

communication contexts" (Burleson, 1987, p. 305). Highly person-centered messages are considered more effective than less person-centered messages in alleviating targets' negative emotional states (Jones & Guerrero, 2001). Highly person-centered messages explicitly acknowledge, accept, elaborate, and grant legitimacy to a target's emotional distress, whereas less person-centered messages deny, criticize, or challenge the legitimacy of a target's emotional distress (Burleson & Goldsmith, 1998; Burleson & MacGeorge, 2002). To illustrate, if an individual sought comfort after failing an exam, an effective comfort provider would use a highly person-centered comforting message. For example, "I know you are upset about the exam. You worked really hard on it, so it is a big disappointment." On the other hand, an ineffective comfort provider would use a less person-centered comforting message. For example, "The exam wasn't a big deal anyway. Who cares that you failed it?"

Person-centeredness of comforting messages is an important aspect of comforting effectiveness, but Burleson and MacGeorge (2002) state that the person-centered model of effectiveness has limitations, and expanded conceptual models of comforting messages are needed in order to cover a broader range of situations. For example, in mutually distressing situations, comforting message effectiveness may be judged upon criteria other than person-centeredness. Therefore, a thorough examination of parents' comforting strategies is necessary in order to understand whether or not their strategies involve the aforementioned criteria for effective comforting, and also other criteria that may come into play within the specific relational and situational context.

In sum, attention to face needs, supportive intent, perceived support availability, and person-centeredness of supportive messages help to induce positive effects, such as

increased positive mood, increased empowerment, and decreased rumination in targets. There are, however, limitations to the current conceptualization of effective messages. First, researchers need to examine a broader range of contexts, both relational and situational, in order to further understand message efficacy and whether or not comfort providers' are employing effective comforting strategies. Second, the benefits for effective comfort providers are currently understudied in the communication studies discipline. If there are benefits to comforting effectively for both targets and providers, they should be underscored in comforting literature.

Comfort Provider Response and Comforting Message Effectiveness

It is obvious that perceived support availability and effective comforting messages are more beneficial to the target than unavailable support and ineffective comforting messages, but it is less obvious that effective comforting messages and the ability to comfort may also benefit *comfort providers*. For example, people tend to like those who make them feel good and effective comforting alleviates emotional distress of others (making them feel good), so effective comfort providers are often better liked than ineffective comfort providers. In fact, studies have shown that people who can produce effective comforting messages are perceived more positively and are accepted more by peers than those who are unable to produce effective comforting messages (Burleson, 1994b). If social acceptance and likeability are outcomes of effective comforting, then effective comforting is more beneficial to comfort providers than ineffective comforting.

Effective comforting may also increase comfort providers' levels of self-efficacy and self-esteem. So, effective comforting not only improves others' views of comfort providers, but also comfort providers' views of themselves. When people help others they

are close to, they experience improvements in mood and self-evaluation (Cunningham &

Barbee, 2000). Those who are able to comfort successfully are able to sense their success

in alleviating another's distress, and they feel good about it (Burleson, 1994b).

While these studies show that effective comforting can positively influence peer

acceptance of comfort providers, comfort provider's self-efficacy, and comfort provider's

self-esteem, they do not account for mutually distressing events where both target and

comfort provider need alleviation from distress (i.e., comforting). What makes comfort

providers willing to sacrifice their own time and effort to alleviate the stress of another,

especially when they need comforting themselves? Furthermore, does comforting in

times of mutual distress affect comfort providers positively or negatively?

Willingness to Help and Comfort Provider Response

Several studies have focused on willingness to help, particularly concerning

mood. Mayer, DiPaolo, and Salovey (1990) found that comforting could be helpful for

people in positive moods because it may help enhance their own existing good moods.

The same effect does not seem to occur when pre-existing moods are negative. Barbee,

Rowatt, and Cunningham (1998) found that participants in an experiment were more

likely to provide effective comfort under conditions that induced positive moods than

those under conditions that induced negative moods. Participants in negative moods were

less likely to notice the distress of another, and they were less likely to comfort

effectively when they did notice another's distress. In other words, when comfort

providers are experiencing negative emotions themselves, they are less likely to comfort

others who are feeling distressed. In mutually distressing contexts, then, it may be very

difficult for individuals to provide comfort because potential comfort providers are not

experiencing positive mood states and may not notice the distress of others and/or be capable of effective comforting.

Research has revealed that comforting distressed or depressed others affects comfort providers' moods, willingness to comfort, and levels of depression, annoyance, and avoidance toward targets (Barbee et al., 1998; Segrin, 1998). Increased levels of depression and decreased willingness to comfort may result in strained comforting ability (Dunkel-Schetter & Bennett, 1990; Coyne, et al., 1990). In response, comfort providers who use less effective message strategies are more anxious and depressed following their interaction with a distressed other (Notarius & Herrick, 1988). Comforting seems to be a double-edged sword. It is difficult to perform when people are experiencing their own distress, and this may cause further depression, yet people are often still expected to comfort and continue to provide comfort.

Motivation to comfort comes from a variety of sources. Prior relationship states may contribute to the motivation for people to comfort others. Studies show that people are more willing to help and experience more pleasure from helping people with whom they are close (Cunningham & Barbee, 2000). Benefits for helping, along with costs for not helping, a close associate may be high (Piliavin, Rodin, & Piliavin, 1969). Furthermore, concern for the welfare of another may override selfish concerns in close relationships. Benefits are given in response to others' needs and to demonstrate concern for others rather than in hopes of receiving benefits in return (Clark, Dubash, & Mills, 1998).

There are multiple other predictors, beyond relationship type, of motivation to comfort others. Barbee et al. (1998) conclude from previous studies that close

relationships, perceived importance of crises, external nature of the problem, lack of personal threat, and controllable solutions are all predictors of motivation to comfort. Responsiveness to others' suffering also results from feelings of empathy, concern, and compassion (Batson, 1991). Comforting appears to be a fairly altruistic act, driven by obligations to the welfare of others, empathy, and compassion.

Clark et al. (1998) argue, however, that even in communal relationships, motivation to comfort may not be completely selfless. While there is less emphasis on returned benefits in communal relationships, people may actually follow these communal behaviors in hopes of achieving *other* goals. Goals may include desires for a mutually caring relationship, reciprocation of need satisfaction, and shared welfare concerns (Clark et al., 1998). Personal goals may in fact guide peoples' willingness to help, which leads to the question of whether personal goals affect the comforting messages that comfort providers send and how comfort providers affectively respond to goal attainment or failure.

Comforting is a complicated process. In times of mutual distress, the process becomes even more complicated by creating multiple needs, and comforting messages must be multi-functional and attend to multiple goals (Burleson & MacGeorge, 2002). For example, comfort providers must attend to targets' needs while also maintaining their own state of emotional balance. These added complications of multiple goals, functions, and needs must be accounted for in comforting research. Burleson and MacGeorge (2002) state, "Approaches that evaluate supportive messages in terms of multiple outcomes, particularly those tied to the goals pursued by helpers, should provide more useful information about message effects" (p. 389). Goals are a key element within the

comforting process. There are different types of goals that influence comfort providers' strategic choices within comforting episodes, so it is important to first outline Dillard's (1990) goal-driven model of interpersonal influence before further discussing the ways in which goals influence the comforting process in the specific context of family tragedy.

Goal-Driven Model

A goal-oriented approach to comforting will guide the current study in response to the call for further research regarding the multiple outcomes and goals that occur in comforting interactions, in order to further develop existing conceptual models of comforting strategies and effectiveness, and to expand research regarding comfort providers' affective responses to comforting. According to Dillard (1997), individuals communicate in order to influence others. "Communication is strategic, motivated, and purposive...message production is the result of a goal-driven process" (p. 47). Comforting messages comply with Dillard's (1990) classification of interpersonal influence messages because they are strategic, motivated, and purposive. Specifically, they are created and sent with the primary intention of alleviating a target's stress. According to Dillard's (1990) goal-driven model of interpersonal influence, however, there are multiple goals working together that simultaneously shape interactions.

Dillard explains the goal-driven model of interpersonal influence in regards to two types of goals—primary goals and secondary goals. Primary goals are motivations that underlie attempts to produce changes in a target affect and behavior, and they occur when there is a disparity between desired states or situations and the status quo (Dillard, 1990). Different researchers have identified between 6 and 14 substantive goals types

(Dillard, Segrin, & Harden, 1989), but for the purpose of this study the focus will remain solely on comforting as the primary goal type.

As mentioned, primary goals are the impetus for the communicative sequences that follow any discrepancies that exist between present and desired states. In choosing how to approach an interaction, both the extent in which current and desired states differ and the significance of the desired state affect primary goals. For example, in a comforting episode between a parent and child following the death of a sibling, children's present states are not in accordance with parent's desired states for their children. Parents do not want their children to feel sad or distressed, and the difference between the current and desired states is substantial. For parents as comfort providers, the significance of child well-being also outweighs the costs involved in providing comfort, so the goal sequence then begins. While they may not be able to completely alleviate their children's distress, parents work toward a variety of other goals that guide the comforting process.

While primary goals activate the comforting process, there are multiple other goals, or secondary goals, also at work during an interaction. Secondary goals actually shape the behaviors that take place in a comforting episode (Dillard, et al., 1989). They do not direct the comforting episode, but they affect the plan and output of the messages sent (Dillard, 1990). In other words, secondary goals help comfort providers decipher which comforting strategies they will employ. Dillard, et al. (1989) found five secondary goal types that affect influence message output—identity goals, interaction goals, relational resource goals, personal resource goals, and arousal management goals.

Identity goals are "objectives related to the self-concept" (Dillard, 1990, p. 46). These goals involve the ways in which individuals, in this case comfort providers, feel

that they should behave according to their own morals, principles, and preferences. *Interaction goals* are less concerned with an individual's own sense of right and wrong and more affected by social appropriateness. Concerns of social appropriateness involve "one's desire to manage impressions successfully, to ensure a smooth flow to the communication event, to avoid threatening the face of the other actor, and to produce messages that are relevant and coherent" (Dillard, 1990, p. 47). *Relational resource goals* include "all those personal rewards and gratifications which may arise from participation in a relationship with the target" (Dillard et al., 1989). Personal rewards may include such things as attention, positive stimulation, emotional support, and social comparison (Hill, 1987). *Personal resource goals* involve maintaining material, physical, mental, and temporal assets. These assets may include physical objects such as money, aspects of individual health, and other things with which the source holds attachment (Dillard et al., 1989; Dillard, 1990). Finally, *arousal management goals* involve maintaining a state of arousal that is preferred within communicative contexts. According to Dillard (1990), "Usually this will mean that people attempt to dampen their apprehension induced by participation or anticipation of making an interpersonal influence attempt" (p. 47).

Dillard's (1990) goal-driven model provides a comprehensive view of the goals that are associated with interpersonal interactions. This goal-driven model of interpersonal influence also accounts for each of the steps involved in communicative processes such as the comforting process. The process involves goal assessment (including primary and secondary goals), decision to engage, plan generation, plan selection, tactic implementation, and target response. The targets' responses and the comfort providers' perceptions of these responses are key to making the goal model

cyclical. Re-appraisals of target distress in a comforting episode guide the interaction either back to plan selection or goal assessment. Perhaps when the target response does not meet the comfort provider's goal a new plan is selected, and when the target response meets the comfort provider's goal a new goal is assessed (Dillard, 1990). New goals lead to new plans and messages, and so the comforting cycle continues. With each attainment of a goal and/or failure to achieve a goal, however, different responses from the comfort provider are inevitable. In life, goal attainment generally leads to feelings of satisfaction and failure generally leads to feelings of dissatisfaction, so there is reason to believe that comforting goals have the same effect.

In order to bring the review of literature full circle, one might question what comforting goals have to do with message effectiveness and comfort providers' affective responses to the comforting process. According to Burleson and MacGeorge (2002), very little research has addressed the question of what links the features of effective messages to specific outcomes, and these researchers encourage new lines of research to evaluate the underlying mechanisms involved in comforting messages and their subsequent effects.

Message effectiveness assumes that a comfort provider is able to alleviate target distress, which is one of many goals within a comforting episode. Viewing comforting through a goal-oriented lens, then, message effectiveness could be conceptualized from the perspectives of comfort providers as well as the perspectives of targets. Examining comfort providers' perceptions of their messages' abilities to achieve their comforting goals (operationalized as goal attainment and/or failure) is an additional way to measure message effectiveness. In other words, comfort providers who perceive that their

messages successfully achieve secondary goals, such as identity goals, interaction goals, or relational resource goals, believe that the comforting message is successful, and they are therefore likely to feel more positive emotions and improved mood states (Cunningham & Barbee, 2000). Improved mood states will then increase the likelihood that the comforting process continues. Secondary goal attainment may not directly alleviate *target* distress, as the primary goal of comforting suggests, but because the secondary goals are attained, the comforting message is ultimately successful.

On the other hand, however, comfort providers who perceive that their messages fail to achieve goals may feel unsuccessful in their comforting attempts, and they may experience more negative emotions and worsened mood states. An inability to comfort successfully or decreased willingness to comfort could then follow worsened mood states. Comfort providers' mood states are important to the study of comforting especially in mutually distressing situations because comfort providers become increasingly depressed and avoidant when they are in negative moods, and avoidant individuals are unlikely to proceed in the comforting process (Barbee et al., 1998). Mothers and fathers are highly likely to begin comforting their children regardless of their mood states due to their felt responsibilities as parents. However, because comfort providers in good moods are more likely to comfort, goal attainment may be the key to message effectiveness and comforting episode continuation.

In situations where comforting is a necessity, such as following the death of a child in the family, comfort providers' perceptions of goal attainment and/or failure (based on their perceptions of target responses) are important to the continuation of the cycle. Comfort providers' own reactions to the comforting process are also important to

the continuation of the comforting cycle because they may determine the goals and strategies that follow and, thus, the continuation of the comforting process. Therefore, the comforting process cannot continue without each of its key elements—comforting goal assessment (including primary and secondary goals), comforting strategy assessment (including decision to engage, plan generation, plan selection, tactic implementation), and comforting responses (including target and provider responses). For the current study, four research questions are posed in order to address each element necessary to understanding the comforting process that occurs between parents and their children following the death of a child:

RQ1: What types of strategies do parents report using when comforting their children following the death of a child?

RQ2: According to parents, what goals guide their comforting episodes?

RQ3: How to parents report reacting to the comforting process?

RQ3a: How do perceptions of comforting success affect parents' reactions to the comforting process?

RQ3b: How do perceptions of comforting failure affect parents' reactions to the comforting process?

CHAPTER THREE: METHOD

Participants

This study focuses on 11 in-depth interviews conducted with mothers and fathers in the northwest who have experienced the loss of a child. Of the participants, seven were mothers and four were fathers. Participants' ages ranged from 33 to 62, and only one participant was divorced. All participants had other children, ages ranging from 4 to 21, who they comforted in the midst of the past family tragedy. Upon receiving approval from the Institutional Review Board, I contacted support group facilitators who then informed many of the participants about the project. Support group facilitator acted as liaisons due to the difficulties associated with reaching such a sensitive population. Participants then had the opportunity to volunteer to talk about their experiences. I reached additional participants through network sampling, where participants heard about the project through word of mouth and volunteered to share their experiences.

Consistent with past research addressing the difficulty in accessing fathers (Burleson & Kunkel, 2002), support group facilitators tended to approach women to participate in the project even though only one of the two support groups was available only to women. In order to reach both mothers and fathers, I made first contact with mothers and relied on them to inform their husbands of the interviews. Couples were given the choice of participating in the interviews individually or as a couple to increase comfort levels and the chances of father participation. All couples, where both husband and wife wanted to take part in the project, opted to take part in interviews together. As a result, I conducted three interviews with individuals and four interviews with couples. In total, I obtained the perspective of 11 parents.

While interviews with couples may have influenced the interviewing process by way of idea sharing, they also provided a much-needed opportunity to talk with men who have been difficult to reach in previous research. Furthermore, due to the sensitive nature of the interview topic, it was imperative to provide participants with the most comfortable environment possible to ensure their well-being.

Interviews

In-depth interviews were chosen as the driving method in response to the sensitive nature of the subject, the multi-dimensional nature of comforting, and the dearth of qualitative analyses regarding comforting communication. Although few studies have qualitatively examined gender similarities and differences in comforting, qualitative research is not completely absent in comforting literature (see Burleson, 1983; Bippus, 2001; MacGeorge et al., 2004). These studies, however, primarily address friend relationships and hypothetical events where participants are asked to write down or say how they would comfort a friend or classmate in a variety of situations. While these methods do attempt to decode comforting messages as they may actually occur, they do not address real life events where the comfort provider is emotionally involved in the situation and facing consequences if the "wrong" message is sent. Thus, it was necessary in the current study to address real life events and comforting episodes as parents recalled them in order to capture the full essence of comforting in the midst of a mutually distressing event.

Interviews were approximately one and a half to two hours in duration and took place either in people's homes or at local coffee shops. Each interview was intended to capture participants' experiences with comforting their children after the death of their

child. In essence, participants were asked to share their stories and speak about their

experiences as openly and honestly as possible. Guiding questions (Witmer, 1997) were

developed in order to hear personal stories of comforting strategies and examples of

comforting episodes between parents and their children. The questions were open-ended,

and follow-up questions were asked to elicit further examples of strategies parents

mentioned using to comfort their children. Follow-up questions also allowed participants

and I to clarify information and to correct misunderstandings in interpretation that

occurred. Participants all offered written consent (see Appendix A) before interviews

took place, and all interviews were tape-recorded and transcribed with the permission of '

the participants.

Analysis

Using a grounded theory approach, I extracted themes regarding comforting

strategies from the interview responses using open and axial coding techniques. Open and

axial coding techniques were applied in order to first discover themes that emerge from

the data and then categorize the themes (Strauss & Corbin, 1998). First, I dissected the

data with "line-by-line analysis," which allowed me to establish themes based on general

properties (p. 119). Second, I developed sub-themes through axial coding in order to give

each theme "greater explanatory value" (p. 125). Themes and sub-themes were developed

according to three criteria—repetition, recurrence, and forcefulness (Owen, 1984). Data

was also analyzed both vertically and horizontally, looking for repetition, recurrence, and

forcefulness within individual interviews as well as across multiple interviews. In order

to monitor repetition, recurrence, and forcefulness, all interview transcriptions were

printed, color-coded, and tallied according to research question and participant. All

participants' names have been changed for the purpose of confidentiality.

CHAPTER FOUR: RESULTS

Comforting Strategies

Introduction

As was expected, qualitative inquiry by way of in-depth interviews provided an intense amount of description regarding parents' comforting strategies. While at first the number of strategies seemed untamable, four dominant themes emerged from the data: 1) direct conversation, 2) providing space and time, 3) enabling outside communication, and 4) commemoration. Each of these four themes is centered in communication, whether it is verbal, nonverbal, internal (within the family), or external (between the family and others), and parents mentioned using these strategies in both isolation and in combination, which illuminates the multi-dimensionality of the comforting process. Separating the strategies is not to suggest mutual exclusivity but to provide clarity and understanding. Multiple examples will be used so that I can share the stories and experiences of these mothers and fathers as they were shared with me.

Direct Conversation

Direct conversation, or actual talking between parents and children, encapsulates a wide range of comforting strategies and was the most widely discussed theme, in terms of repetition and recurrence, that emerged from the data (and will thus receive the most attention). Each of the 11 parents discussed talk in general and at least two or more types of direct conversation comforting strategies. Within the direct conversation theme, parents discussed comforting strategies according to five sub-themes, including: 1) talking about their deceased child, 2) talking about feelings and emotions, 3) inquiry, 4) addressing life issues and changes, and 5) encouragement and reassurance.

For these parents, *talking about their deceased children* included such comforting strategies as telling stories, discussing the ways in which the deceased child was and still is a part of their lives, and talking about missing the deceased child. All parents said that they *shared stories and memories* about their deceased children. For example, Jenni stated,

> I find still today it is good to discuss her. It is nice to remember the things that were good, and the things that were fun, and the things that were positive. We remember the negative things too, and it makes us laugh sometimes.

Trish reiterated this notion of storytelling, stating, "We talk about funny stories now and good memories more than what happened. We don't talk about the awfulness very much at all."

While storytelling was discussed most often, some parents also *discussed their deceased children as remaining a part of their lives*. For example, Jamie said, "We all just would talk and talk and go over things and over things, and that he was their brother, and he would never not be a part of their lives. Never." So, the deceased child was not only talked about in stories of the past, but also in terms of the future. Jenni also stated that she once said to her children, "You gained a great deal, and yes, she's not physically here anymore, but she is with you. She is part of you. She is in your life forever." James stated, "When we say talk about it, we aren't necessarily talking about how he died. We are talking about [our son]…We just want to talk about him like a normal person, you know, like this is what we did." Parents also shared stories about their deceased children with me to illustrate examples of the ways that they talked about their children.

Although parents talked about their deceased children as remaining parts of their lives, parents still tended *discuss with their children the ways in which they missed the child that was gone.* Patty illustrated this point well when she talked about a conversation that she had with her son years after the death of another son. She said, "I just told him how hard it was to miss your child, not that I don't know where he's at, but I just miss him. I miss him. And I talked about what made him special." Talking about missing their deceased sons and daughters with their children often allowed parents to communicate and display their emotions.

Talking about feelings and emotions was also a prevalent comforting strategy amongst these parents. Parents directly talked about feelings with their children, displayed emotions to their children, and allowed their children to express their own emotions. In regards to comforting her daughter, Jenni said,

> She talked a lot about her feelings, her loss, how she felt about what she had lost in her life, and we tried to listen a lot to what she wanted to talk about. We assured her that what she was feeling was ok.

Tammy talked about displaying her own emotions. She said, "I tended to try to talk a lot about my grief and cry a lot...I cried a lot."

Inquiry and understanding was also discussed as a comforting strategy. Many parents wanted to answer questions and provide understanding for their children. Alice illustrated the importance of inquiry when she said,

> She would ask us questions, and sometimes it was hard, but we had heard and had talked to counselors who said if she has questions just try to answer them, don't

put her off because she needs that comfort right then, she needs to understand what's going on, so we tried to do that.

Alice further discussed specific questions that were addressed between herself and her daughter, such as "Can I go to heaven with her? Can I see her? Why did she have to get sick?" Ben also recalled that answering questions and providing understanding was an important part of comforting his daughter. He said, "It challenges me as a father to make sure that I am answering her in a way that she understands so I am not talking over her and just dismissing what she is thinking and contemplating." Many of the questions that he addressed with his daughter concerned the idea of death and faith. So, while answering questions may be difficult, it is discussed as an important comforting strategy and also as a way to remain close with the children who need comfort.

Addressing life issues and changes included more abstract comforting strategies that parents used, including making life meaningful again, embracing life, embracing faith, making life seem normal, or accepting the abnormality that had become a part of their lives. Patty illustrated the notion of making life meaningful when she said, "There was a real inner drive inside me to move on and make life meaningful again and I wanted to do that for my children." Jenni hoped to help her children embrace life and faith following the death of their sibling. She said,

> Death will bring you to a place of some belief, and because as Christians I think
> what it did for us is it sort of forced us, not forced us, but our desire to seek out
> more of what eternal life meant was very great for all of us and our children. I
> think that was one of the real paths that they began to talk about a lot more in their
> own life was eternity and what it looked like and this life and what really was

meaningful in this life now and how they could make their life count. So, they

began to talk about that process with us more.

Faith and life were very important for Jenni and her children during the comforting

process. Kendra exemplified the desire to create normalcy for her children when she said,

"We tried to keep things as normal around the house as we could." She repeated this by

saying, "[I was] trying to keep things normal I guess. Not so much that their lives weren't

disrupted, but just so they wouldn't have to have more things to deal with."

Finally, *encouragement and reassurance* involved not only encouraging children

in their every day lives, but also encouraging and reassuring children that they are special

and unique. Alice told a story about how her daughter expressed how she didn't like her

hair and eyes anymore and wanted to be somebody different. Alice responded to her

daughter by saying, "You have beautiful hair and beautiful eyes and you are an individual

that is special and everything about you is unique. You don't need anything different. I

love you just the way you are." Kendra also wanted her sons to feel important. She said,

> I really wanted them to always know that they are just as important to me. It is
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> very difficult for me what happened with [my other son], and probably almost
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> unbearable to live with that because I miss him so much, but they're just as
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> important and I am happy to have them around.

Providing Space and Time

Providing space and time was a second dominant theme that emerged within these

parents' discussions of comforting. Providing space and time was described according to

four sub-themes: 1) activities, 2) physical space and proximity, 3) affection, and 4) time.

While these themes revealed themselves separately, there are several examples that show how activities, space, affection, and time are discussed in association with each other.

Mutual activities were a significant form of comforting for parents. Jenni addressed activities, along with *proximity and time*, when she said,

> We tried to talk with our children, we tried to be there for them, and do things with them, do things we hadn't done before. We all went, we took trips together, took time off, took my dad with us, and we all went to Canada together, and there they got connections that they hadn't had in a very long time.

Many of the parents talked about taking trips together, which reflects both a need for *activities and time together*. Other activities included going to church, going on walks, hiking, shopping, playing games, doing projects, and going on "dates" with their children. Alice said, "We'd have a date night every week...We'd go to the mall, and get a book or go get ice cream or something. Or we'd go on a walk or go to the park." Other parents also mentioned "date-like" activities, such as going to movies and going out to dinner with their children.

These activities indicate that parents are also trying to provide time for their children. Ben stated, "I think giving [her] some of her own special time was what we tried to create...For the most part we tried to provide individual attention for each child..." Furthermore, parents expressed a strong need for proximity, closeness, and connectedness. Kendra said,

> I do more things with them, but that is maybe more for me. I know it is more for me. I have this need to, 'Ok, he is going to be out of the house now in a year, I have to get all this time in.'

Keri also illustrated this need to be connected through time and space. She said, "Sometimes [it is] not saying anything and just being in the same room with her, just being there. I tried to stay home more, thinking that would help."

Parents also discussed *affection* as a comforting strategy that they used with their children. Jamie stated, "[We] definitely hugged. Definitely hugged. And we embraced and kissed." Patty also said,

> We've always been very physical, hugging with our children and it is was very much that. And we needed that. We needed to feel their arms and stuff because we were missing somebody's arms and so we are still a huggy family. Still a huggy family.

Larry said,

> There are a lot of things that I would've wanted to say that to me just sounded trite at the time, you know, like 'we really love you.' It was more in just showing it instead of saying it, just hugging them and wanting to do things with them.

Enabling Outside Communication

Enabling outside communication is a very straightforward theme that emerged similarly for all parents. They reported welcoming family, friends, professionals, and community members to enter into their comforting process and often help them comfort their children when they were unable to do so. Patty said,

> I think counselors can really help children work through some of these feelings that you as a parent can't. And I think there is nothing wrong with having them sit down with somebody that can just guide them through some thoughts, maybe get

some of these feelings out if parents can't be there and know what they are

thinking.

Keri agreed with Patty's endorsement of seeking outside help. She said,

>At one point, she had a counselor, I had a counselor, and we had one together. I
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>think I was afraid that if I didn't do that, something terrible would happen. At
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>least there was somewhere we could check in every week.

While counselors were the most common in resource for enabling outside

communication, other community members were instrumental as well. As Randy said,

"We started going to a grief counselor...We decided that going to grief counseling would

be a good thing to do, and then we found one for each of [our daughters]." He went on to

say,

>I guess another part of all of this is that we had other supportive presences here,
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>too. I am thinking of the parish nurse. So, there were other people who were able
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>to interact with [our daughters] on one basis from a more external perspective, but
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>able to be supportive and assistant.

Parents also mentioned extended family, friends, and teachers as supportive presences

available to their children.

Commemoration

Parents also discussed commemoration as a comforting strategy that they

employed with their children. Mothers and fathers commemorated their deceased child

with their other children by way of welcoming family, friends, professionals, and

community members, which included both unique family events and more common

events, such as visiting memorial sites. *Unique ceremonies and rituals* included events

families reported doing together to in order to remember and memorialize their lost child. For example, Keri stated,

> There's a hospice that does a service where they light the trees. You pay so much money for a light on a tree, a candle on the tree...She would love going to that ceremony, and we would listen for [their] names to be called...She liked this commemoration thing, so we did that pretty faithfully each year.

John also stated,

> The 8th of every month for awhile we would light a candle and sit here for an hour and talk about [our deceased son], and we'd invite the kids and tell them we were going to do the candle thing...Now, we do it for sure on November 8th, but we let 8s go by now.

Going to funerals and visiting memorial sites were also discussed as forms of commemoration. When talking about visiting the burial site of his daughter, Ben stated, "Her spirit is not there, but it is a sense of honoring and celebrating her life. It is a place where we can go to reflect, not a place of healing, but more of a place of remembrance." Jenni said,

> Our kids went through it with us, going out to the site, picking a site, scattering [her] ashes. They were involved in it. I think that also helped them with the fact that she is gone and this is the end of her being here physically, this is the end...I think that was a positive thing that we did together.

As we can see, parents employ multiple strategies in order to comfort their children. Again, separating these comforting strategies into themes is not intended to imply that these strategies exist in a vacuum. As many of the examples suggest, mothers

and fathers are using different strategies simultaneously in order to reach a common endpoint of comfort. Thematic analysis and explanation of these comforting strategy types—direct conversation, providing space and time, enabling outside communication, and commemoration—exemplifies the multi-dimensional nature of comforting between parents and their children following the death of a child. In order to address *why* parents employed such comforting strategies, it is necessary to analyze the different goals that parents discussed in regards to their own comforting episodes.

Comforting Goals

Introduction

Comforting strategies were often referred to according to goals, such as commemoration, reassurance, encouragement, and so on. However, when specifically asked to address their own reasons for their comforting strategies and what they hoped to achieve, parents discussed comforting goals according to three themes: 1) Relational goals, 2) Identity goals, and 3) Acceptance goals. Relational goals refer to attempts to affect existing relationships in the family, identity goals refer to attempts to affect both parent's and children's identities within and outside of the family, and acceptance goals refer to helping children accept the loss of their siblings and move forward in life.

Although comforting is defined as "messages having the goal of alleviating or lessening the emotional distress experienced by others" (Burleson & MacGeorge, 2002, p. 395), parents did not discuss their own comforting goals in these overarching terms of alleviating emotional distress. Parents' own comforting goals were very specific and relationally and contextually bound. In other words, the parent-child relationship and the loss that the family endured greatly influenced parents' comforting goals. Further, while

relational, identity, and acceptance goals are unique, like comforting strategies, they do not work alone. Parents often mentioned multiple goals when discussing comforting episodes and strategies. It is not that one goal ties to a specific comforting strategy, but rather that parents employ multiple strategies in order to meet multiple goals.

Relational Goals

First, relational goals involved keeping the family together and relationships close even through tragic times. Parents discussed relational goals in three ways. Some parents discussed relational goals more generally regarding the whole comforting process. Parents also responded to relational goals corresponding with specific relationships within the family and/or relational goals directly associated with specific comforting strategies. Alice illustrated more *general relational goals* well when she said,

> I was trying to grow closer to [my daughter], but she was scared and thought, if I
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> do maybe I'll get hurt. I kind of sensed that...I think we'll continue to grow
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> because we will also be talking about [her sister's] life and overcoming our fears
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> and our emotions together. I think the whole family will kind of do that.

Trish also stated, "I just really had this need to want to have the family together at certain times, like the anniversary of [our daughter's] death."

Parents also discussed relational goals in regards to *specific relationships*. Many parents felt that they needed to assure their children that their familial relationships were still alive and well. Kendra portrayed the importance of keeping her mother-son bonds alive as a relational goal. She said,

> I was determined not to fall so deep into my own grief that I forgot about [my
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> sons]...I think that for me, I mainly wanted them not to lose their mom. I thought

it was important for them that if they've already lost their brother, if they didn't have us to still be there, and if we were just sitting in our room crying every day and not paying attention to them, then they would have lost more than just [their brother]. So, I didn't want that to happen…I wanted them to still have a family, some place they are comfortable, and that they felt like life hadn't ended because [their brother] died.

Jamie also said, "[I would] just try to reassure him that we wanted his life to be full and we would always be a part of his life." These parents showed that they wanted their sons to know that they could still count on having their parents' relationships to go back to, and they did not want their sons to feel as though they were losing more than they had already lost.

Other parents paralleled relational goals with *specific comforting strategies*. When asked what she hoped taking her children on trips (her comforting strategy) would help her achieve, Jenni said,

[I wanted to] allow them time with us. That was just important that we were with them, that together we were still a unit, we were still a family, that the death of [their sister] didn't change the fact that we wanted to be with them, we wanted to do things with them, that they were important.

Discussing the funeral preparations, Trish said,

I was really aware of wanting to include [my children] if they wanted to be included. I don't even know why, I think I just kind of felt it was important for them to be a part of that if they wanted to be.

Although able to recall specific relational comforting goals, parents did not feel that their goals were necessarily conscious at all times. While parents may not have been conscious of their specific relational goals at the time of the comforting episode, they had hopes of what they could do for their children. Conscious or not, parents were trying to maintain closeness within the family through their times of tragedy in terms of general closeness, specific relationships, and specific comforting strategies they used. Regarding his own relational comforting goals, Larry stated, "I don't know how much of that was conscious as it was just a desire to bring everybody together."

Identity Goals

While trying to keep the family relationships close and healthy, parents were also concerned with individual identities within the family. The second goal-type, identity goals, can be divided into two sub-themes: 1) parental identity goals and 2) child identity goals. Parents were concerned with their own identity maintenance as parents as well as their children's identities as unique and important individuals.

Parental identity goals. As expected, most parents discussed their own identity goals in regards to maintaining their parental responsibilities, such as protection, strength, and discipline. Parents often found themselves in a balancing act between becoming absorbed in the grief and continuing to act as parents in a "normal" life. Parents also felt an overwhelming need to protect their children following the death of another child in the family, but they did not want to over-discipline them and become over-protective. In each of these ways, they felt the need to constantly maintain and/or re-establish their parental identities within the family.

Finding a balance between acting as parents and recognizing the difficulties associated with grieving was an important goal during the comforting process. Keri illustrated her inner struggle when she said,

> Then, I read that grief and loss can look like ADHD. So, I'll just let it be, let it go, because that is probably it, but I don't know. If I'd quit focusing on her and that something was wrong with her, but it looked like something was wrong with her. I don't know if I would know how to do that, and if I didn't try to do something then I would be negligent in not trying to do something.

Keri felt an obligation to help her daughter even when she thought some of the problems her daughter was having were a natural part of the grief process. She could not let go of her responsibilities as a mother to help her child.

Ben also discussed the process of maintaining parental identity and balancing grief and protection as a goal during the comforting process. He said,

> So, being able to still function as parents and carry out these responsibilities...some of the most difficult things we've ever had to do and yet still be a functioning parent to your child and not wanting to instill the fear in them. I mean, it was a strange time. Almost like everything was in slow motion. Almost in that dream state where you feel like you are in quick sand and every movement is exaggerated and slowed and fragmented. But, I think just mainly not wanting [our daughter] to experience fear was one of my biggest concerns as I thought about talking with her and making sure she realized her parents still had it together...She wasn't alone in this.

Parents had many things to think about during their times of tragedy. Maintaining responsibilities and relationships as parents was at the forefront of their concerns. Jenni stated, "I think maybe they needed to know that their parents are going to survive, and their relationships with their parents are solid, that that's not going to change."

Trish expressed the difficulties involved with acting as a parent through the grieving process. She said,

It's really fraught with difficulties as a parent to be giving your child these things. Only, as a parent you are grieving too...I mean, what I want and what was comforting for me and good for me in my grief process was not necessarily what was right for [my husband] and not necessarily what was right for [my daughters], but each person comes out of it with their own perspectives. I would know what I wanted or what felt good for me or what I thought would help, and then if I tried, to make that happen for [my daughters].

Again, as a parent it was difficult to know exactly what to do when also faced with such immense grief.

Finding a balance between grief, protection, and parenting was a prominent theme amongst parents' identity goals. Learning how to discipline appropriately during the grieving process was another identity goal that parents discussed. Parents often questioned their judgments as parents regarding discipline, which stemmed mainly from fears of becoming overprotective due to the tragedy they had experienced. James stated,

The fact of the matter is, life has changed, and you now have parents that cannot treat you the way they would have treated you. If we seem overprotective, which we tried really hard not to be...but it is difficult. They could drink, they could

crash the car, what is going to happen? And that is scary when you have lost someone. I always felt like I was one point down in a two-point game.

Kendra reiterated this point when she said,

We have this tendency now to second-guess every decision that we make with the other kids. Are we being too strict? Are we not being strict enough? You know, so I know that is something that happens.

And finally, Ben illustrated the difficulties he experienced with disciplining his daughter when he said,

We were concerned about how to discipline [our daughter] especially right after the death of [her sister] because we didn't want to neglect that necessity as far as continuing to be consistent in our discipline and didn't want her to lapse into some fits of uncontrollable rage or depression or sadness, so we struggled a little bit with how to cope with that.

Parents recognized that they were facing difficulties trying to balance parenting, grieving, protecting, and disciplining. They even sometimes used this balancing act as an opportunity to talk further with their children. For example, Kendra said,

I try to curb it, but I am a lot more protective than I used to be. So, we do talk about those issues when they come up. I will say things like, 'I know your friends may not do this, their parents may not do this, or they may let them do this, but I am not willing to go there. You'll just have to cope with it.' They are good about it.

So, working through parental identities can affect parenting styles as well as parent-child relationships and child identities.

Child identity goals. While trying to maintain their own identities as parents, parents also desired helping their children maintain their own identities. Parents knew that the death of a sibling could have adverse affects on children, so they wanted to help their children remain strong within themselves through the difficult process that they were experiencing. Parents wanted to allow and help their children to feel special and unique in their present and future lives, and they also wished for their children to grieve in their own private and distinct ways.

As previously mentioned, in terms of strategies, parents were often very concerned with making their children feel special and unique. Making their children feel special and unique was discussed as another child identity goal. Jenni illustrated this type of identity goal well. She said,

> I think that was our big thing was to make sure that they understood that we loved them very much and that they are very important that what they do in their life is equally important to us as what [their sister] did in hers. We don't expect them to be like her. We expect them all to be doing their own thing.

It was important for Jenni to make a distinction between her children's lives and their sister's life so that her children were able to maintain their own personal identities within the family. Ben further illustrated this idea. He said,

> She needs to feel like she has some part in this or she is special in some way rather than always attaching again everything that happened to [her sister] and she is lost in this whole thing in this whole ordeal.

Along with making their children feel distinct from their lost sibling, parents also wanted their children to form identities in response to their grief and loss that would shape their future. Jenni said,

> Our goal was to make sure that they were ok, that they knew that their lives were important and hadn't changed, and to go on from there. The best thing that they could do for their sister, what their sister would care about, was that they had a full life whatever they had planned to do.

Parents often felt that the loss of their siblings had very formative effects on choices that their children made in life, including lifestyle choices, career choices, and relationship choices. So, although special and unique, the tragedy they had faced made an imprint on each of their lives.

Parents took on active roles in helping their children form or maintain their unique identities. They also strongly encouraged their children to grieve in their own unique ways. Randy stated,

> I wanted to have [my daughters] at least be able to access resources that would allow them to deal with the grief creatively, have it be a formative influence on their lives that could be integrated, and to move on but not ignore it.

Trish also said,

> I remember feeling really concerned and wanting to let them do whatever it was that they needed to do to grieve the loss of their sister, being aware that unresolved grief or un-experienced grief can cause a lot of problems for people. It changes your life.

Helping their children to feel special, form unique identities, and grieve in their own ways, however, did not always come easily. Parents then had to find a balance between helping their children do these things and leaving them to do it on their own. Kendra illustrated this balance quite well. She said,

> We talked about it, but if we met with too much resistance, we backed off because we didn't want to push him at that point...I've learned not to push him at that point because you can tell he wants to tell you he is sad, but he doesn't really want to get into it. So, I feel like if I really push him every time he mentions something like that then pretty soon he won't even tell me when he is feeling sad.

Parents wanted their children to acknowledge their loss, allow it to affect their lives, and grieve creatively, but they did not want to push their children away in the process.

Acceptance Goals

In helping their children to build their own individual identities, most parents found it important for their children to allow their experiences to shape their future lives. As previously mentioned, talking about their deceased children was a prominent comforting strategy for parents, which was used in order to keep the deceased child alive within the family's hearts, but also to help the living children to accept death and loss and move forward into the future. Parents discussed two types of acceptance goals: 1) closure, and 2) avoiding bitterness and regret. Parents discussed hoping to help their children achieve closure from the death as well as understand the experience and move forward with their lives without feelings of bitterness or regret. Intuitively, acceptance goals are closely tied with the relational and identity goals previously discussed. Again,

parents discussed all of these goals as working together, but there are distinct characteristics of these goals that should be addressed.

Parents discussed closure as an important acceptance goal. Helping to provide closure often involved enacting commemorative comforting strategies, such as going to memorial sites and attending the funeral. Parents tended to believe that closure was necessary and healthy, and that closure could help protect children from future questions regarding what happened to their siblings. James stated, "I always thought it was a smart idea in society. If it is possible to have that kind of closure, to do it, and we both thought that...I am glad in a way we did it." Kendra shared in James' opinion that it was important to help children achieve closure. She said,

> For me, I guess it was more of an intellectual decision. I had heard enough that it was a good thing to do...I felt like they needed that closure, that fact of seeing the reality of it, and not having to think things later.

Parents may have known that closure was important and healthy, but that did not always mean that it came easily. Jenni said,

> I think it was very difficult, and our kids went through it with us—going out the site, picking a site, scattering [her] ashes—they were involved in it. I think that also helped them with the fact that she is gone and this is the end of her being here physically. This is the end.

For one parent, it was not until later that she realized how important closure is. According to Patty,

> The bottom line is everybody needs closure, and the children did, too. I wish somebody would have told me that. I was saving them from the trauma, and

protecting them, and they need to know that looking at him you knew he was gone. You need that, everybody does.

Although at the time Patty thought she was protecting her children from seeing their brother dead, she later realized that *not* seeing their brother only caused them to ask more questions about his death. For example, one of her children thought that the accident must have been more tragic than she had imagined because she was not able to see him at the memorial. Her mother now wishes that she could have avoided such questions by allowing her children the closure that they needed.

Parents felt that closure was important for evading future questions for children regarding the deaths of their siblings. Parents also wanted to prevent their children from experiencing feelings of regret or "what ifs," "would haves," and "should haves." Jamie stated, "We never wanted them to feel in any way that they would have to live with, 'Oh, I wish I would have or I wish I wouldn't have…' We didn't want that for our children." Jenni repeated Jamie's wishes to help her children avoid 'what ifs.' She said,

> When you start to 'what if,' you 'what if' yourself to right back before they were born. So, you can't 'what if.' It just is. This is just what occurred, and there is no 'what if.' But, the kids did a little bit of 'what if I did this', and 'we did this,' and 'should have said this,' or 'should have said that.' We have talked about it, that it's just life and you can't 'what if.' You do whatever you do on the day you do it and you move on. Life goes on from that day. You only have today. Tomorrow is a promise and yesterday is gone.

Along with decreasing feelings of 'what if,' a few parents discussed hoping to help decrease feelings of bitterness and resentment in response to the experiences that

children were facing. These parents did not want their children to feel angry and bitter because of the losses they had endured. Jamie illustrated this goal well when she said,

> I do feel that God has sustained us and has taught us that these things, if we allow them, can help us to either grow stronger or they can make us bitter and that was just something I did not want. I just prayed against that, that God would not allow this to destroy because I didn't want that. I didn't want that for my family. I did not want that for my children.

In reducing the number of future questions that children have and the bitterness that could stem from losing a loved one, parents' overarching goal was creating understanding. Understanding as an acceptance goal includes understanding the specific experience, and also understanding that death is a part of life. Alice wanted to help her daughter understand death both physically and emotionally. She said,

> It took us quite a few months together I think as a whole questioning each other to understand things emotionally. Even understanding physical death is something that is really hard to comprehend.

Most of these parents believed that helping children understanding that life can go on is imperative within the comforting process. Patty said,

> Somebody once said, 'Why is a short walk to insanity.' And in a lot of ways it is. We may never understand why, but it is something that happened and you have to accept it happened and move on and cope with it.

Even when parents could not fully explain what happened, or why it happened, they wanted their children to know that they can get through the experience and go on with life. Jenni illustrated this point when she said,

Another thing to pass on to my kids is that it's a part of life. These things happen. Good things and bad things are going to happen all the way through our lives, hopefully more good than bad, but it is just a part of life. It is not the beginning. It is not the end. It is just life.

Functioning after a tragedy can be very difficult, and parents knew that it was essential to help their children find a way through this process. Patty stated,

I wanted to help them deal with it…emotionally realize that their brother was gone and there wasn't anything they could do about that. That doesn't mean that you can't express fears and cry and say you miss him and everything, but he is gone. So, let's make life good again.

She acknowledged that letting out feelings could be helpful for functioning in life. On the other hand, Larry said,

I think you realize after a time that you can't function if you let it stay on the surface all the time. Then you just can't function. You have to be able to put it in the background a little bit.

It is apparent that helping children understand how to go on with life is not always simple. There are many different ways of achieving each of the goals that have been described.

<div align="center">Comforting Reactions</div>

Introduction

In addition to the multiple strategies that can be used to reach different (or similar) goals, there are also varying reactions to the comforting process. As has been discussed throughout previous sections, most parents discussed the difficulty of

comforting during the grieving process. However, they all knew that they must be available to comfort their children in order to help maintain relationships and identities within the family as well as accept the death of their siblings and move forward in life.

Although interviewing parents cannot answer questions of whether parents were successful in their comforting attempts from the children's perspectives, it can provide insight into how parents reacted to their own feelings regarding the comforting process. In general, parents had very different reactions to the comforting process depending on whether they felt like they were doing well or unable to comfort their children. Those who felt that they had done a good job comforting their children, and carrying out their goals and strategies, tended to feel positive emotions toward the comforting process. Those who did not feel they were able to comfort effectively, however, had more negative reactions to the comforting process.

Positive Reactions

Consistent with past comforting research, people who felt that they were successful comfort providers had positive reactions to the comforting process. In other words, parents felt that the strategies they employed helped them meet their comforting goals. Most of the parents interviewed felt that they were as successful with comforting their children as they could have been during such a time of tragedy. Many commented that they would have liked to know more of what to do because it was so difficult, but most parents did not express many doubts regarding their own comforting processes. In order to assess parents' reactions to comforting, they were asked how their own comforting episodes made them feel. A variety of positive reactions to the comforting process were observed. Parents discussed how comforting their children was healing and

made them feel good or even better, how comforting was helpful, and how comforting was instrumental for maintaining their own healthy mental states.

For many parents, comforting their children was healing and made them feel good. When asked how talking about her son, mentioned as a comforting strategy, made her feel, Jamie said,

> Good. Just good. Very good...It is a healing part. I think when you are allowed to talk, when you are allowed to view or look at pictures or share your story or go over it, whether it was our son and daughter sharing their story with their friends or us, it is very healing, very important.

Regarding the same type of comforting strategy, Jenni also stated, "It was good for me to talk about these things, to be able to discuss [our daughter] and her life and things that happened." When asked how doing projects with her daughters (another strategy) affected her, Trish said, "[It made me feel] better. It really did. It helped a lot...[and I think] it connected us together."

Feeling better themselves was a key benefit of comforting for these parents. They also commonly described comforting as a helpful activity. For Kendra, comforting helped her go on with life. She said, "I'm sure for me it has helped to have that fact that I had to concentrate on the kids because I'm not sure that, if I hadn't had that, I would have kept going as much as I did." Jenni also thought that comforting was helpful in the grieving process. She stated,

> I think it was tremendously helpful. For me, personally, I think it would have been very difficult without focusing on the fact that these other people in my life needed me, too. It would've been harder to go through the process.

Having someone else to focus was helpful for parents in moving on with life and grieving. Patty discussed how having to continue being a mother helped her through the grieving process. She stated,

> It gave me a focus outside of myself to focus on. I think the feeling of having children die, I think it was easier for me because I could focus on younger children and help them and be there for them. You still have to keep up the cooking, the laundry, and stuff like that. Where some people crawl in a corner and don't keep going, I had to keep going. So, in a lot of ways it helped me move on.

> Having an alternate focus was also instrumental in maintaining mental health for some parents. Larry feared that his grieving process would have been very unhealthy if he had not had his children to focus on. He said,

> I think the kids made it pretty imperative for me to not just go into isolation because there were a lot of times when I felt like I was just, things were just, closing in around me. I was ready to just be left alone, but the kids kind of kept me on a more even keel than I would've been without them…Being close made it easier to get to that comfortable spot.

Jenni also felt that her children affected her own mental health in a positive way. She stated, "Focusing on them, on making sure they were emotionally well, helped us to become emotionally well, too…They were very instrumental in our mental health."

Negative Reactions

As aforementioned, most parents felt that they had done a sufficient job when comforting their children. There were, however, a couple parents who had concerns regarding specific aspects of the comforting process or specific comforting episodes and

one parent who felt that she was altogether unable to comfort her daughter. These parents had very different reactions to the comforting process from the parents who felt they had been able to comfort their children to the best of their abilities. Parents who did not have positive feelings about their own comforting abilities and/or episodes discussed feelings of concern, regret, helplessness, and low self-esteem and confidence.

A few parents felt like the overall comforting process was sufficient, but they had concerns regarding aspects of specific comforting episodes and interactions. These parents' concerns involved a lack of interaction with their children and negative interactions with their children. Larry commented on the lack of conversation that he got from his children. He stated,

> For the most part, I didn't get a lot of discussion from anybody but maybe [my wife], and that bothered me. I've got a quote down on my bulletin board in my office about the elephant in the living room that nobody talks about.

Larry felt concerned that no one came to him for conversation, but he did not express many other concerns regarding the comforting process that he went through with his children.

Randy had concerns regarding specific negative interactions that he had with his children, which led to feelings of guilt and regret regarding the comforting process that he went through with his children. He said,

> I always had a problem with rage and that came out really badly at that point. I had some really hard interactions with both [my daughters] that I regret now. So, that was a really big part of our interaction. I did some really stupid things and I feel bad about it.

James' reaction is a bit different than both Larry's and Randy's. He did not express feeling insufficient as a comfort provider, but he did not have the positive reactions to the comforting process that many of the aforementioned parents had. He stated very honestly,

> I don't think that having them and doing things with them comforted me at all. You know, it's like I don't think anything made it easier, and the reason I say that is because I still had to get up and [go to work] and I surely didn't want to do that. It didn't make my life better to get up and do it...I was just miserable and awful, and then doing things with the kids, I didn't do much, like I said [before]...I don't mean to make that sound like I don't love my children. It is just a different kind of reaction. I don't think anything helped me.

James did not feel that he was incapable of comforting, he just did not feel that it helped him through his own grief. He even thought that attempting to comfort his children sometimes made things worse. He said, "When I go to the kids and go, 'I wish I could do something with those guys,' but they don't want to do the things I want to do. That makes me even sadder." He felt unable to share activities (a comforting strategy) with his sons, which made him feel worse than he felt before comforting attempts.

While these fathers had concerns regarding specific comforting episodes or did not feel that the comforting process was helpful in their own grief, one mother felt completely incapable of comforting her daughter. She said,

> I think there was always that thing, I wasn't doing it right. I wasn't doing enough. That could be my own thing that was going on that I am not good enough I can't do things right...I just thought I was the worst person in the world.

Feeling unable to comfort her daughter affected Keri in many ways. She felt helpless, inept, and unconfident following her comforting attempts, but this did not keep her from trying to comfort her daughter.

Keri felt helpless and inept when it came to what she felt were failed attempts to comfort her daughter. When she discussed taking her daughter out shopping as a comforting strategy, she said,

> ...Then there would be a big fight over it...I'm sure a lot of it was really normal, but it was compounded by this absolute ineptness that I felt that I couldn't comfort her. I couldn't take this away from her. I couldn't make a family for her that stayed...I couldn't make a difference in her life. I couldn't bring her brothers back. I couldn't prevent their deaths from the beginning.

Keri felt that she was unable to make things right for her daughter, unable to reach relational goals, and unable to make a difference in her daughter's life following the death of her brothers, which also led to difficulties in making things right for herself. She said,

> I think on some level I wasn't able to do my own grieving because I chose to be so worried about her. I was so worried that I wasn't doing the right thing for her that I wasn't taking care of my own needs on some level.

Keri also mentioned that being able to comfort her daughter negatively affected her confidence and self-esteem. When asked how being unable to comfort her daughter generally made her feel, Keri said,

> Well, it didn't stop me from trying to do it, do what was natural to me. Sometimes it was acceptable and sometimes it wasn't...Not that a child can determine your

self esteem, but it was really hard to feel confident around that, to feel like you were a worthy person when you have somebody saying over and over that you aren't.

Before, stating that she felt like "the worst person in the world," and now stating that it was difficult to feel like a "worthy person" shows the lack of confidence and self-worth that came from feeling unable to comfort sufficiently. It is interesting, however, that even through all of her negative reactions and feelings regarding the comforting process, Keri explicitly stated that she didn't stop trying. There was something about being a parent that kept her going and made her continue to comfort.

CHAPTER FIVE: DISCUSSION

Comforting Strategies Used During Times of Mutual Distress

Parents incorporated a wide variety of comforting strategies within their

comforting episodes. Some comforting strategies were more conversational while others

involved activities, commemoration, and proximity. As aforementioned, other researchers

have found three specific criteria for comforting strategies that affect target responses and

message effectiveness—attendance to face needs, person-centeredness, and supportive

intent, or the extent to which individuals perceive support availability (Goldsmith, 1994;

Wethington & Kessler, 1986; Cunningham & Barbee, 2000). In the current study, parents

reported strategies that follow these criteria, but they also mentioned other strategies that

are unique to their specific situational and relational context when discussing their own

comforting episodes.

First, Goldsmith (1994) found that comforting strategies that attend to positive

face-wants are preferred to those that do not attend to positive face-wants because they

help to reduce feelings of incompetence and dependency. In other words, paying attention

to the target's "desire to be treated as *likable* and *competent*" may be essential to effective

comforting (Burleson & MacGeorge, 2002, p. 397, emphasis added). In the current study,

attention to positive face-wants was incorporated mostly into direct conversation

comforting strategies. For example, talking about feelings and emotions and

encouragement and reassurance all include attention to positive face-wants. Parents

taught their children that their emotions and reactions were acceptable, and they

attempted to make their children feel special and unique. In both of these examples,

children are comforted in ways that make them feel *competent* regarding managing their

own feelings and emotions and *likable* as unique individuals.

Second, the level of person-centeredness—or reaction to subjective, affective, and

relational aspects of communication contexts—incorporated into comforting messages is

another important aspect of comforting effectiveness (Burleson, 1987). Due to the

context of comforting following the death of a child, person-centeredness was an

important aspect of parents' comforting strategies. Parents were continuously aware of

the context in which they were absorbed. Reactions to the subjective, affective, and

relational aspects of the communication context are notable especially in regards to direct

conversation and commemoration. Parents who used direct conversation comforting

strategies discussed talking about the deceased child, inquiry and understanding, and

addressing life issues and changes. Each of these strategies is tied directly to the event

that occurred, and the communication context at hand. Commemoration is also tied

directly to the specific context. Without the death of the child, there would be no need for

commemoration in the comforting process, so parents must adapt to the specific situation.

In all of these cases, comforting is directly related to the loss of the child, and parents

attend to the needs of their children based on this context.

The final criterion for comforting effectiveness involves supportive intent and

availability. The more targets perceive support to be available, the more they are capable

of adjusting to stressful life events. Regarding comforting strategies, supportive

intentions involve expressing *care, concern, interest,* and *involvement.* Parents expressed

care and *concern* with their direct conversations strategies, especially when addressing

life events and changes and expressing emotion. They also provided space and time as a

comforting strategy, which expressed *interest* and *involvement*. Parents participated in activities with their children, remained close to their children in both space and time, and displayed affection toward their children. Each of these strategies shows the interest and involvement that they displayed toward their children. Thus, these comforting strategies show supportive intent and availability and meet the criteria of effective comforting set forth in past research.

In addition to comforting strategies exemplifying supportive intent and availability, the relationship between parents and children also affected the level of support available to children. Many parents discussed how as parents they felt responsible for comforting their children. They wanted to be available and functional as parents so that their children would not lose a parent in addition to a sibling. Therefore, it seems that the relational context alone has an impact on support availability. Parents feel they *must* be available. While the results of this study cannot show whether or not *children* feel that their parents were available, the parents felt that they made themselves as available as possible given the present situation.

Parents met the three key criteria of effective comforting—attention to positive face-wants, person-centeredness, and supportive intent. Comforting in this context, however, also covered other criteria that may be necessary for effective comforting in times of mutual distress. Many aspects of direct conversation, providing space and time, and commemoration have been discussed regarding the aforementioned effective comforting criteria. Enabling outside communication, however, is a unique aspect of the current study. In a time of mutual distress, when the comfort providers were experiencing

as much distress as the comfort receivers, enabling outside communication became a key comforting strategy.

Enabling outside communication with family, friends, professionals, and community members likely fulfilled multiple needs for these parents as comfort providers due to the context involved. First, parents often mentioned their own need to grieve during such a time of tragedy. Allowing their children to receive comfort from outside sources possibly enabled parents to take their own time and space to grieve. Second, parents knew that they were not always perfect when it came to knowing how to comfort their children. They did not expect to be perfect, and they realized that professionals, such as counselors, were more equipped to handle such important issues and death and grieving. Every parent mentioned that going for outside help is acceptable and often needed during such a tragic time. Third, parents knew that their children needed extra attention after losing their siblings, and they recognized that the attention that they needed could come from people outside of the immediate family. These people were necessary when the children were at school, in church, or with friends. Parents could not physically be available in every area of their children's lives, so it was necessary for them to enable outside communication so that their children would have supportive presences in areas outside of the home.

Enabling outside communication was a more passive comforting strategy, but most parents mentioned its importance within the comforting process. While the other strategies may have fit the criteria for effective comforting set forth in previous research, the unique context of losing a child may have brought out different needs for both parents

as comfort providers and children as comfort receivers. Additionally, comforting during

such a time of tragedy elicited multiple goals that guided the comforting process.

Goals Guiding the Comforting Process

Multiple goals directed the strategies that parents utilized during their own

comforting episodes. In employing different strategies, parents hoped to achieve

relational goals, identity goals, and acceptance goals. It is interesting to note, again, that

parents did not discuss their comforting goals in accordance with the overarching goal of

alleviating emotional distress, which defines comforting. Parents might have been aware

that they could *not completely alleviate* the emotional distress that their children were

experiencing following the deaths of their siblings due to their own feelings regarding the

deaths of their children. Mutual distress allows for comfort providers to have more

empathy, compassion, and understanding because they, too, are experiencing similar

distress and know that it cannot be easily taken away. Instead, parents were more realistic

than idealistic in terms of what they might be able to accomplish during the comforting

process. So, if not to alleviate distress, what other goals motivate them to comfort their

children? Why *do* parents comfort their children when they are distressed themselves?

Similar to past research regarding influence messages and interaction goals,

parents mentioned several types of goals secondary to the primary goal of alleviating

their children's distress. Parents mentioned three types of secondary goals—identity

goals, relational goals, and acceptance goals. While identity goals and relational goals

correspond to identity goals and relational resource goals in previous research (Dillard,

1990), acceptance goals seem to be more indigenous to the specific situation at hand.

Interaction goals and arousal management goals are also missing from parents' recall of

comforting goals. The context of losing a child in the family seems to bring out slightly different goals than other interpersonal contexts. Perhaps parents were less worried about how they *should* act according to others' perceptions and less concerned with their apprehension to the communicative acts due to the significance of the event. Furthermore, losing a sibling likely requires more acceptance than other negative events that have been previously researched in comforting literature. Parents adapted their goals appropriately to the situation with which they were faced.

Previous comforting researchers have found that close relationships, perceived importance of crises, external nature of the problem, lack of personal threat, controllable solutions, obligations to the welfare of others, empathy, and compassion are all predictors of motivation to comfort (Barbee et al., 1998; Batson, 1991). In this study, it is apparent that empathy and compassion, close relationships and obligation to the welfare of their children (relational context), and the importance of the crisis (situational context) affected parental comforting goals. Contrary to past research, however, the nature of the crisis is *not* external, there are *not* controllable solutions, and there *is* some level of personal threat involved for parents in comforting their children when they are also grieving. It is necessary to first take a closer look at the contexts, relational and situational, involved in these comforting episodes to then further understand these parents' motivations for comforting their children.

The existing relationship between parents and their children affected these comforting episodes because parents did not want their children to feel that they were losing more than their siblings, which is illustrated in parents' relational goals. Parents wanted their children to know that they could continue to rely on their parents even when

they were also experiencing grief and sadness. Everything in these families' lives may have been changing, but parents made sure that their relationships were still stable and reliable. Again, their felt responsibilities as parents powered their abilities to comfort even when they wanted to or could have shut down. Parents wanted to find the appropriate balance for themselves as grieving parents, functional parents, available parents, and supportive parents, which is indicated in parental identity goals. Throughout their comforting episodes, parents' hopes to keep the relationships within the family close and their own parental identities intact exemplify relational goals, identity goals, and the relational context in which these comforting episodes took place.

Parents' interview responses indicate that child identity goals and acceptance goals were bound more by context than by the parent-child relationship. Grief can affect individuals for a lifetime, so the magnitude of the event likely impacted the comforting goals of these parents. Parents insisted that after losing their siblings, it was imperative for them to help their children feel special and unique as individuals creating their own identities after the death of their siblings. They also knew that they must help their children grieve and accept the deaths of their siblings in order for them to move on and live full lives. These goals are more contextually bound because they refer primarily to the death that the family experienced. They had to deal with specific reactions to the death, such as children comparing themselves to the deceased child, grieving their siblings' deaths, closure, understanding, and moving on without bitterness and regret. Thus, child identity and acceptance goals stem directly from the tragic experience.

Parental comforting goals and motivation to comfort were affected by empathy and compassion due to the mutually distressing nature of the event, close relationships

and obligation to the welfare of their children due to the existing relationships between parents and their children and the magnitude of the crisis. Contrary to past research, however, the nature of the crisis was *not* external, there were *not* controllable solutions, and there *was* a level of personal threat involved for parents in comforting their children. Yet, they continued to comfort their children. The importance of the relationships within the family and the magnitude of the crisis made it necessary for parents to comfort their children even when the internal crisis also affected them as parents and there were no controllable solutions. Parents may have been distressed due to the internal nature of the problem and aware that they could not *fix* the problem, but they knew that they could not pull away from their children. The grief that their children faced was life altering, and they wanted to help their children get through it and move on with life as best as possible. Therefore, parents' comforting goals (relational, identity, and acceptance), or what they hoped to do for their children, outweighed their own distress due to the internal nature of the problem and the lack of controllable solutions.

Further, the importance of the relational and situational contexts superseded more self-guided concerns such as personal threat. Yes, the tragic event affected both parents and children, but because these parents chose to comfort their children even during their own times of sadness, comforting appears to have been an altruistic act. These parents risked possible adverse affects because they knew that it was crucial that they comfort their children. Parents relationships with their children, shown through relational goals, and their need to help their children through the tragic event, shown through identity and acceptance goals, outweighed possibilities of personal threat. The *possibility* of adverse effects, however, leads to questions of whether or not comforting in this relational and

situational context *actually* led to adverse effects. Furthermore, was comforting really altruistic? Or were the rewards of comforting (even during times of mutual distress) as great as the costs? Parents' responses to the comforting process help answer some of these questions.

Parents' Reactions to the Comforting Process

Now that there is some insight into *why* parents comfort their children even when they are feeling their own levels of distress, it is necessary to take a look into the responses that they have to the comforting process. To begin, as predicted, comforting was not an easy task for these parents during such a time of tragedy. Parents continually stated that being so absorbed in their own grief made it difficult to comfort their children. To provide further illustration, Jamie reported,

> There will just be a time where the family is just sad. The parents are just sad, and I think it has to be said that that is a part of grief. As much as we would like to say, 'Boy, we were on top of everything.' I don't know that that is possible during this dark time of life.

She continued this thought later, saying,

> You're not prepared at the time. Nobody has forewarned you that tomorrow you are going to be in this, and your children are going to be hurting, and you're going to be hurting, but you better help them too. You're just thrown into this and it's a process of having to realize I have to try to understand they are hurting. I am sure that had we had any knowledge and certainly there would have been things that we maybe would have asked our children more questions...I just don't know. I

know that when you are grieving it is such a time of going inward that it is very difficult to be fully embracing everything outward.

Consistent with past research, comforting was difficult for these comfort providers when their existing moods were negative. Barbee, et al. (1998) found that individuals in negative moods were less likely to notice the distress of another, and they were less likely to comfort effectively when they did notice another's distress. In this study, parents were not *unaware* of their children's distress. It was, however, more difficult to tend to their children's distress in the midst of their own grief and sadness. Also, while some parents felt like they may not have comforted their children enough because of their own grief, most felt that they were effective in their comforting attempts. Again, the situational and relational contexts likely affected these parents' comforting episodes.

The situational context regarding the death of a child in the family likely created distinct negative moods from other previously researched situations. For example, comforting a classmate who has done poorly on an exam, a friend who has broken up with a relationship partner, or a friend who has received a speeding ticket (e.g., Burleson & Gilstrap, 2002; Burleson & Kunkel, 2002; Clark et al., 1998) is likely fundamentally different than comforting a son or daughter who has just experienced the loss of a sibling.

The relational context of parents and children also likely affected the probability that comforting occurred even when comfort providers were experiencing negative moods. When comfort providers are experiencing negative emotions themselves, they may be less likely to comfort others who are feeling distressed if they are classmates, friends, or strangers. However, if it is a son or a daughter, a parent may feel more

obligations and more rewards for comforting even during times of their own distress. The comforting process was a difficult process for these parents as they were trying to work through their own grief, but they still continued to do the best that they could for their children. They employed multiple comforting strategies that served to comfort their children and sometimes even to comfort themselves. Now, the question is how these comforting episodes affected these parents following the comforting episode.

Past research has revealed that comforting distressed or depressed others affects comfort providers' moods, willingness to comfort, and levels of depression, annoyance, and avoidance toward targets (Barbee et al., 1998; Segrin, 1998). While willingness to comfort has already been discussed, it is also interesting to explore the results that most parents in the current study reported positive reactions to the comforting process. For example, these parents felt that they were effective in comforting their children and reported that the comforting process was healing and helpful, made them feel better, and was instrumental in their own mental health.

Parents' comforting goals came out when they discussed their own reactions to the comforting process. For example, regarding relational goals, parents stated that comforting connected the family together, which made them feel good. Also, being close within their family units helped their own grieving process and mental health. Regarding identity goals, some parents felt that knowing they had to remain strong or available for their children *as parents* was also healing and helpful in maintaining their own emotional stability. Finally, regarding acceptance goals, many parents felt that talking with their children and attempting to understand the tragedy was also helpful in their own acceptance of the death. It was healing for parents to begin to accept their loss while they

were helping their children to accept their loss. Thus, when parents felt they were effective comfort providers, or had reached their goals as comfort providers, they experienced positive reactions to the comforting process.

According to past research, effective comforting can positively influence comfort providers' peer acceptance, self-efficacy, and self-esteem (Burleson, 1994b; Cunningham & Barbee, 2000). While the parents in this study exhibited positive responses to the comforting process, their positive reactions differed from past research. These parents' positive reactions were less centered around the self being good at comforting in general and being accepted and well-liked due to their comforting abilities. Parents mentioned comforting reactions that were more centered on the self as it related to the relationships and the tragedy involved. For instance, parents mentioned how comforting their children and feeling close within their relationships helped in their own healing regarding the tragedy. Parents did not mention that it felt good to be a good comfort provider, but they did mention that the actual act of comforting made them feel good because they could concentrate on relationships, identities, and acceptance rather than the tragic event that occurred. Their positive feelings toward the comforting episodes were again, directly related to their comforting goals.

On the other hand, however, a few parents did not react positively to comforting their children. These parents did not feel successful in every attempt to comfort their children, and they felt concern, regret, helplessness, and low self-esteem and confidence following comforting episodes. Past research has revealed that comfort providers who use less effective message strategies tend to be more anxious and depressed following their interaction with a distressed other (Notarius & Herrick, 1988). In addition, feeling unable

to comfort others affects comfort providers' moods, willingness to comfort, levels of

depression, annoyance, avoidance toward targets, and comforting ability (Barbee et al.,

1998; Coyne, et al., 1990; Dunkel-Schetter & Bennett, 1990; Segrin, 1998). Consistent

with this past research, parents who did not feel effective when comforting their children

felt negative effects in mood, levels of depression, and comforting ability. Additionally,

parents who felt ineffective also felt decreased levels of self-esteem and confidence.

These results show the opposite effect of what previous researchers have found regarding

positive comforting effects, such as increased levels of self-esteem. Thus, it shows that

while comforting can have positive effects on comfort providers, it can also affect

comfort providers negatively. These negative reactions to comforting should not be

ignored, especially in such a context where parents continued to comfort their children

through these negative effects.

The question remains as to whether these parents' pre-existing feelings of distress

affected their comforting ability and thus, comforting reactions, or if their comforting

episodes themselves affected their reactions. All of the parents in the sample mentioned

levels of pre-existing distress and sadness due to the tragic events that they endured, so it

is likely that all parents went into the comforting process with diminished willingness to

comfort and strained comforting ability. As aforementioned, the parent-child relationship

likely dictated the fact that all parents were still willing to comfort. Regarding comforting

reactions, however, it is possible that individual comforting episodes led to these parents'

feelings of ineffectiveness and their negative reactions to the comforting episodes that

followed. It is not clear, however, why these parents who recalled using the same

comforting strategies and expressed the same comforting goals had such different

reactions to the comforting process. It is possible that personality, existing parent-child relationships, or other factors influenced their feelings of ineffectiveness and subsequent negative reactions.

In contrast to parents' positive reactions to comforting, these parents' negative reactions were more self-centered. With the exception of concern, parents' feelings of regret, helplessness, low self-esteem, and low confidence were centered on their own abilities as comfort providers in general. It is interesting that parents' negative reactions are influenced more by their ability whereas their positive reactions are based more upon their relationships and the tragedy. For example, negative reactions to the comforting included regret regarding specific comforting interactions and helplessness because they were unable to successfully comfort their children. Additionally, parents who felt ineffective as comfort providers tended toward lower levels of self-evaluation and self-esteem, although the parents who felt successful in comforting their children did *not* feel increased levels of self-esteem and self-efficacy (which would have been consistent with past research). It seems that parents who felt unsuccessful are taking on more individual responsibility than those who felt successful in their comforting attempts.

The results of this study showed the ways in which goal attainment and/or failure can affect comfort providers' reactions to the comforting process. Interesting to the goal-driven cycle of interactions, however, negative reactions did not tend to cease the goal process. Parents' felt responsibilities as parents and the significance of the tragedy seemed to override other concerns, and the cycle continued even through negative emotions and worsened moods. Parents continued to employ different strategies and assess new goals in order to continue providing comfort to their children.

CHAPTER SIX: LIMITATIONS AND FUTURE DIRECTIONS

While this study was very successful in illuminating the multi-dimensionality of

comforting strategies, goals, and reactions, there are several limitations that should be

noted. With limitations also come directions that future researchers can take the current

ideas to expand them further and gather more specific information regarding the

comforting process in the midst of tragedy. The current study was an exploration of

comforting in times of mutual distress, and now it is time to address the problems that

arose due to sample size, open interview questioning, and exploratory research questions.

With only 11 participants, it was difficult to assess differences in comforting

goals and strategies depending the children being comforted. Currently, it does not seem

that comforting goals and strategies differed for parents with children of different age and

sex. However, with more participants and the ability to cross-compare age and sex

groups, differences may arise. Regarding sex differences, it would also be interesting to

cross-compare mothers' and fathers' comforting goals and strategies in order to

understand whether or not parents are comforting differently.

The present study also does not examine different causes of death that occurred

within the families and could influence the comforting process. For example, comforting

episodes following the loss of a child to terminal illness may be different from

comforting episodes following a sudden and unexpected accident. Within this study,

several parents suggested that they might have comforted differently if they had been

more prepared and known that the death was coming (referring to terminally ill children).

However, it was also mentioned that families might never be able to prepare for the loss

of a child. It would be interesting to examine whether or not different types of tragedies

influence the comforting process that follows. Future researchers could try to reach a greater number of participants as well as participants from different types of support groups in order to reach a wider variety within the sample, and research future research questions should specifically address the issue of causes of death and their influence on the comforting process.

Regarding reactions to comforting during times of mutual distress, it is necessary to note that only a couple of the participants in the current study did not feel that they were successful in their attempts to comfort their children. In order to further understand the negative effects that comforting can have on parents who do not feel capable of comforting successfully, it may be helpful to increase sample sizes and thus, the likelihood of reaching more parents who express concerns regarding their comforting episodes and abilities. Future researchers could also inquire more directly about both positive *and* negative reactions to the comforting process following both successful and unsuccessful comforting attempts rather than leaving the questions open for participants to answer freely. The results of this study suggest that feeling unable to comfort successfully relates to negative comforting reactions and feeling capable of comforting successfully relates to positive comforting reactions. These findings should be examined further to assess which strategies and/or lead to feelings of success and/or failure. Further, are feelings of success and failure based more upon strategies and goals or more upon the relationship and situation?

In addition to the need for a more thorough examination of parents' reactions to comforting, future researchers should also address children's reactions to the comforting process. The current study helps us begin to understand parents' reactions to the

comforting process, comforting success, and comforting failure. While understanding the reactions of comfort providers expands current notions of comforting effectiveness, it does not account for whether or not children share their parents' perceptions of comforting success or failure. It is possible that what parents feel was successful did not feel successful (or comforting) to their children. On the other hand, it is possible that what parents felt was unsuccessful actually was comforting for their children. Simply receiving attention from their parents may have been enough to comfort children even when they did not show it in their reactions to their parents.

Future research should aim to uncover how children feel during the comforting process following a tragic event such as losing a sibling. Especially during a time of mutual distress, it is important to gain insight into the way that comforting affects both the comfort provider and the comfort receiver. How do children perceive their parents' comforting attempts? How does noticing their parents' levels of distress affect children? Do children feel that their parents comforted them at all? Many of the parents in this study reported that it seems as though the siblings of the deceased children are the forgotten children or the children left behind during the grieving process. Judy stated very clearly,

> I think for young people it is so important again that the siblings, when
> they are thrown into that world, really are kind of the left behind people. I see that
> now. People come around and are worried about the parents, but the children, the
> siblings, are really the left behind. People don't enter in and say, 'I wonder how
> they are really doing. I wonder how this is affecting them?' And we didn't know

this, but our children shared this with us a lot, that they felt very significantly like

nobody really embraced what kind of pain this was for them.

It is important for communication researchers to avoid leaving these children behind and

begin providing knowledge for these parents who want to know more about what they

can do for their children in the midst of tragedy.

Furthermore, past research has shown that the inability to produce effective

comforting messages can actually make distressed individuals feel worse (Jones &

Burleson, 1997), so it is imperative to assist parents in comforting effectively. Research

has also shown psychological benefits for individuals who feel comforted by others

(Bippus, 2001), which could be extremely beneficial to children following the death of a

sibling. Understanding these positive effects of comforting for children within the

specific context of sibling-loss is important not only to existing communication theory

and literature, but also to parents who are often wondering how they can help produce

such positive effects for their children.

Parents often expressed a need for more information, more help, and more

guidance on *how to* comfort their children. This study begins to uncover *what* parents are

doing, *why* they are doing it, and how it is affecting their own comforting process. Now,

it is time to move forward and explore how their comforting strategies are affecting their

children and how they can help others improve in the future. There are many support

groups for grieving parents across the nation who are looking for guidance through their

own grief. They have questions, and many of these questions involve helping their

children through the grieving process. It is time to provide answers to their questions. As

Patty stated, "It would have been good to have, as a parent, somebody say, 'This is where

your child is at right now with this, and you can help them by doing this and this.' It would have been a good thing."

Parents' wishes for guidance in comforting their children stem beyond wanting help themselves. They also want to help others. Most parents discussed how helping others made them feel better. Regarding our interview for this study, Jenni said,

> I would like to talk about these kinds of things because I hope that at some point it can help other people, that there would be some positive benefit for someone else because I know when you go through something you think if you could help somebody else it makes you feel better about it.

The benefits of further research regarding parent-child comforting during times of tragedy will help expand existing literature and research regarding supportive communication, and it will also provide an opportunity to help future parents who are struck by tragedy. While it may seem unnatural, children die every day, and parents are asking for help doing something that they know they need to continue doing even through their own grief—being parents and providing comfort to their children so that they never feel that they have been left behind.

APPENDIX

2005

Consent Form

Thank you for volunteering to take part in my research study. Our interview will last approximately one hour. You are only required to participate in one interview unless you request a second interview for clarification and/or information purposes. I encourage you to do so if you have any questions or concerns regarding your initial interview. With your permission, I may also call you after the interview for any clarifications needed. During this interview, you will be asked to recall the time in which the loss of your child in your family occurred. You will also be asked to provide details regarding talking with your child(ren), the intentions that you had while talking with your child(ren), and emotions that you felt after talking with your child(ren) at the time of your loss.

Although it is not intended for participation in the study to cause discomfort, it is possible that reflecting upon past losses could have emotional consequences. You may experience a variety of negative emotions, such as regret, sadness, guilt, shame, anger, or nervousness. Your participation is completely voluntary. If at any time you feel uncomfortable, you may decide to withdraw from, postpone, or take breaks from the interview without any negative consequences. If you choose to withdraw from the study, any information that has been gathered will be destroyed and never used. I will provide you with a referral sheet for support groups and professional counseling services in the area if you would like to further discuss your feelings following the interview. If at a later date you decide you would like to take part in the study, please contact me to set up another interview.

Your participation in the study may not have any direct benefits to you. However, the results of the study will be available to you so that you will have the opportunity to learn more about effective comforting. Research has shown that effective comforting can have positive benefits for comfort providers as well as comfort receivers, and when people help others they are close to they experience better moods and improved self-evaluation. Therefore, it is beneficial for comfort providers and support group facilitators to have a better understanding of what effective comforting is. Results from this study will be provided to bereavement group facilitators in order to help them assist support group members in becoming more effective comfort providers.

Your participation in this study is confidential. All identifying information—including your name, phone number, and address (if provided)—will be kept in a separate location from your interview responses, and both will be kept in secure locations. If the results of this study are written in a journal or presented at a conference, your name will never be used. You have been given a random number for this interview, and an alias will be used in all written reports. Audio taped recordings of our interview will be destroyed following transcriptions of the conversations. Your identity will be kept confidential.

Thank you for volunteering to take part in this research project. In order to participate in the study and begin our interview, please sign at the bottom of this consent form.

Sincerely,

Kelly Rossetto
Department of Communication Studies
The University of Montana
(406) 250-3341
kelly.rossetto@umontana.edu

Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

> *In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A, Title2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims representative or University Legal Counsel. (Reviewed by University Legal Counsel, July 6, 1993).*

If you have any questions regarding your rights as a research participant, you may contact the chair of the Human Subjects Institutional Review Board, Sheila Hoffland, at (406) 243-6670 or sheila.hoffland@umontana.edu.

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by the primary researcher. I voluntarily agree to take part in this study. I understand that I will receive a copy of this consent form.

Print your name here:_____

Sign your name here:_____Date:_____

Appendix B

Information Letter

2005

Hello! My name is Kelly Rossetto, and I am conducting a graduate research study at the University of Montana. For my research study, I am examining comforting messages between parents and children during times of mutual distress. Specifically, I am looking at the way in which parents attempt to comfort their children after the loss of a child in the family and the way that comforting affects the emotional well-being of parents as comfort providers. Research shows that effective comforting can have positive benefits for comfort providers as well as comfort receivers. By conducting this research project, I hope to achieve a better understanding of the way that parents can become better comfort providers. You have been chosen to participate in this study because you are a member of and/or have immediate access to a local support group for bereaved parents.

If you agree to take part in this research study you will be asked to participate in an interview. The interview will last approximately one hour, and you may choose between three locations for the interview. We can conduct the interview in your home, in a private conference room on campus, or at a local coffee shop. I encourage you to choose whichever location will feel more comfortable for you. You will only be required to participate in one interview unless you request a second interview for clarification and/or information purposes. I encourage you to do so if you have any questions or concerns regarding your initial interview. During the interview, you will be asked to recall the time in which the loss of your child occurred. You will also be asked to provide details regarding talking with your child(ren), the intentions that you had while talking with your child(ren), and emotions that you felt after talking with your child(ren) at the time of your loss.

Although it is not intended for participation in the study to cause discomfort, it is possible that reflecting upon past losses could have emotional consequences. You may experience a variety of negative emotions, such as regret, sadness, guilt, shame, anger, or nervousness. However, your participation is completely voluntary. If at any time you feel uncomfortable, you may decide to withdraw from, postpone, or take breaks from the interview without any negative consequences. If you choose to withdraw from the study, any information that has been gathered will be destroyed and never used. I will provide you with a referral sheet for support groups and professional counseling services in the area if you would like to further discuss your feelings following the interview.

Your participation in the study may not have any direct benefits to you. However, the results of the study will be available to you so that you will have the opportunity to learn more about effective comforting. Results will also be provided to bereavement group facilitators in order to help them assist support group members in becoming more effective comfort providers. Research has shown that when people help others they are close to, they experience better moods and improved self-evaluation. Therefore, it is

beneficial for comfort providers and support group facilitators to have a better understanding of what effective comforting is.

Participation in this study is confidential. All identifying information—including your name, phone number, and address (if provided)—will be kept in a separate location from your interview responses, and both will be kept in secure locations. Identifying information and interview data will be accessible only to me. Interview data will only be reviewed by my research advisor and me prior to the written report. If the results of this study are written in a journal or presented at a conference, your name will never be used. You will be given a random number for the interview, and aliases will be used in all written reports. The interview will be audio recorded, and all audio taped recordings of the interviews will be destroyed following transcriptions of the conversations. Your identity will be kept confidential.

If you are comfortable with the research study that I have described and are willing to participate, please contact me or provide your telephone number so that I may contact you. Your support group facilitator will provide me with the contact information that you provide. If you would like to ask any further questions regarding the research study, please contact me by phone or email. I appreciate your thoughtful consideration of my request to participate and your support in my research study. Thank you.

Sincerely,

Kelly Rossetto
Department of Communication Studies
The University of Montana
(406) 250-3341
kelly.rossetto@umontana.edu

If you would like me to contact you:

Name:_____

Phone Number:_____

Again, thank you for your efforts and support!

Appendix C

Referral Sheet

About the Study

Research has found that effective comforting can have positive outcomes for comfort providers as well as comfort receivers. For some, however, it is very difficult to comfort effectively. The interview that you just participated in will help to further uncover the concept of effective comforting as it relates to comfort providers like you.

If you have any questions or concerns, please feel free to contact us:

Kelly Rossetto, Communication Studies Graduate Student
kelly.rossetto@umontana.edu
(406) 250-3341

Steve Yoshimura, Ph.D., Faculty Supervisor
stephen.yoshimura.umontana.edu
(406) 243-4951

Thank you for your participation in this study.

Referrals

24-hour Crisis Services:
Mental Health Center	728-6817
YWCA Crisis Line	542-1944
St. Patricks Hospital Emergency Room	329-5635

Local Support Groups:
Healing Hearts for Moms	549-4333 or 549-8482
Compassionate Friends	1-877-969-0010
Bereavement Support Group	327-3624

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