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Memorable Messages Received by Bereaved Parents: Using Attribution Theory to Understand Hurt and Compassion

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Memorable Messages Received by Bereaved Parents: Using Attribution Theory to

Understand Hurt and Compassion

A Dissertation

Presented to

the Faculty of the College of Arts, Humanities and Social Sciences

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In Partial Fulfillment

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Doctor of Philosophy

by

April Samaras

August 2022

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Abstract

The communication bereaved parents have with family members, friends, colleagues, and healthcare providers following the death of a child can serve as a great comfort or exacerbate their grief. In order to understand this communication and why bereaved parents find it helpful or harmful, this study examines bereaved parents' experiences of compassionate and hurtful communication using the frameworks of memorable messages (Stohl & Reardon, 1981) and attribution theory (Jones & Davis, 1965; Kelley, 1967). Fifty bereaved parents who lost a child between birth and 25-years-old completed an online survey. Tracy's (2018) iterative analysis method revealed four types of compassionate messages: *acknowledging the loss*, *recognizing their capabilities*, *talking about the deceased child*, and *being there*. Parents reported attributions for compassionate messages, including *feeling understood* and *feeling acknowledged*. Hurtful message types including *minimizing the loss*, *centering the self*, *rationalizing with spirituality*, *suggesting the bereaved lacks self-competence*, and *blaming the bereaved*. Attribution types for hurtful messages included *minimizing the life of the child*, *suggesting the child is replaceable*, *blaming the bereaved*, and *lacking empathy*. Investigating memorable messages and their attributions provides insight into how bereaved parents interpret communication surrounding the grieving process. Thus, the

results of the present study provide useful information for practitioners and loved ones supporting bereaved parents.

Acknowledgements

This dissertation is dedicated to my beloved daughter, Ariana. She was my light, my life, and my reason for being. She passed away from a diffuse pontine glioma brain tumor in 2007. She battled courageously and taught me to keep fighting and live out loud. Second, I dedicate this to my Mother, Kaye, who passed away from cancer in 2007. She was kind, independent, smart, brave—an inspiration to all who met her. I was molded by these incredibly brave women, who loved fiercely and never complained. Third, I dedicate this to my Father, Bud, who was taken away from us unexpectedly this year. He was my biggest supporter. He was my biggest cheerleader and always believed in me. Fourth, I dedicate this dissertation to my amazing, and beautiful kids, James and John, and my husband, Paul. Your support and encouragement made this long journey possible. Thank you for understanding that I needed to do this to heal, and to help others who have lost a child. I am proud to be your mother and your partner. To my brother Everett, who has always supported me and encouraged me to be strong amidst all the changes. To my advisor, mentor, and friend, Erin. Thank you for the years of support, for helping me find my voice, and for giving me wings to fly. To Stacy, thanks for walking with me all of these years, for truly listening when my heart was so black and few understood my pain. It had been a privilege to raise our families together. Finally, I'd like to thank the strong and brave parents and caregivers who participated in my study. This study would not have been possible without your time and participation. Know that I am doing this research so others who have lost a child can find better ways to cope and make sense of the grieving process. I dedicate this dissertation to you.

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Chapter One: Introduction and Literature Review

The neurosurgeon looks at me from underneath heavy eyelids. I can't tell if he is tired or just trying to avoid eye contact. With flat vocal inflection, he delivers the news: "your daughter has an inoperable brain tumor and will not likely live another year." Of course, he is uncomfortable. What could be worse than having to tell a mother that her three-and-a-half-year old daughter has cancer? Thoughts flood my brain, and I feel as if I am going to faint. I know that whether Ani lives or not, our lives will never be the same. I know if I lose her, I will never be happy again.

I feel nauseous and scared. I search the doctor's face: nothing. I feel entirely disconnected from this stranger, who is delivering such deeply personal and horrible news. He has no idea how to relate to me. Why is he so bad at this, I wonder? Wasn't this what his medical school training was for? He looks at least fifty years old. Certainly, he has delivered bad news to parents like me many times, right? His lack of compassion compounds to my pain. So, I try to make sense of it in my head. I feel alone and vulnerable.

In 1953, Mexican artist Frida Kahlo painted "A Few Small Nips" to illustrate her feelings about her husband's affair with her sister Cristina. In the painting, a woman lies nude and bloodied on a bed, lifeless beneath her knife-wielding killer. The painting alludes to a statement made by a man standing trial for stabbing his wife to death in a

drunken rage, after discovering her extramarital affair. Speaking to the judge, the murderous husband rebuts, “But all I did was give her a few small nips!” Kahlo painted “A Few Small Nips” to visualize the pain the affair caused her, as if she was repeatedly stabbed in the chest. For me, Kahlo’s painting represents what it feels like to live in the world after the death of my daughter. Every day brings another *small nip*, another reminder of the loss: a three-year-old girl in Target with hair the same caramel shade as Ani’s; the sound of a child giggling at the park; a mom walking with her daughter picking flowers. Each milestone Ani will never reach is another *small nip*: no high school or college graduation, no first boyfriend, no first job, no wedding, no first child.

Communication with others can lead to *small nips*, too. When someone asks me how many children I have, how should I respond? Should I say three, including two sons and a dead daughter? Or, do I just say two sons? When someone tells me to *quit being depressed, everyone suffers loss*: another nip. Or, when someone tells me I need to quit hovering over my two boys—and I *do* hover, as a natural response to losing Ani—I feel another *small nip*. If watching my only daughter die didn’t kill me, all of these small nips I continue to endure, even 13 years after her death, just might. Of her painting, Kahlo later wrote, “I have been murdered by life.” Likewise, I too feel I am being killed slowly by day-to-day communication challenges connected to Ani’s death. The purpose of the present dissertation project is to understand these challenges more readily so I can *live* rather than merely survive each day.

Introduction

Each year in the United States, thousands of parents lose their children to conditions such as prematurity, congenital anomalies, injuries, and diseases such as cancer and heart disease (Field & Behrman, 2003). In 2018 alone, an estimated 6.2 million children and young adolescents died before age fifteen. Newborns account for 2.5 million of these deaths; children aged 1–11 months for 1.5 million; children aged 1–4 years for 1.3 million; and just under 1 million deaths for children and young adolescents aged 5–14 years (WHO, 2019). Despite these high numbers, Walter (1999) observed that the 20th century is the first in western history in which the death of a child is atypical. Thus, comparatively few people in contemporary society experience the death of a child in their community. In a society where it is assumed that parents die before their children, a child's death defies the natural order of things. Thus, as a society, we aren't accustomed to having conversations about the loss of a child. Few know the right things to say or do to support parents or caregivers who have lost a child.

Klass (1991) contends that social support—both interpersonal (provided by family and friends) and professional (provided by physicians, counselors, and other healthcare workers)—is the “most important determinant in the resolution of grief” (p. 200). Classified into three types, social support is generally defined as the perception and/or experience of support that communicates care and value for an individual. Informational social support consists of the provision of guidance and advice; instrumental social support concerns the provision of tangible assistance including goods, services, and money; and emotional social support involves provision of warmth and

empathy (Taylor, 2007). In order for support to be successful, the need must first be recognized; then, it must be available, sufficient, and extended (Rando, 1993). Then, in order to be beneficial, the given support must be perceived as helpful by recipients (Kaunonen et al., 1999; Stylianos & Vachon, 1993; as cited in Taylor, 2007). Social support is crucial in times of grief, with partners, family members, friends, colleagues, and the wider social and community networks providing support (Taylor, 2007). A majority of significant losses occur within the context of the family unit; as such, these losses may disrupt the emotional life balance within families (Riches & Dawson, 2000).

Parents and caregivers who have lost a child also experience hurt, as they perceive that family and friends are hesitant to talk about a child's death (Brabant et al., 1995; Hastings, 2000, as cited in Toller & Braithwaite, 2009) and report feeling stigmatized and ostracized by their social networks (Hastings, 2000; Riches & Dawson, 2000, as cited in Toller & Braithwaite, 2009). In marital relationships, bereaved parents may find it difficult to talk with their partner as well, as both are simultaneously experiencing the death (Rando, 1991), and each is lacking the strength and energy needed to provide support to the other. Likewise, communication challenges may occur within the marital dyad because parents struggle to deal with typical relationship issues, as they grieve the loss of a child (Rando, 1991).

Davies (2003) review of parental grief asserts that even healthcare professionals directly involved with caring for dying children regard such deaths as unnatural (Papadatou, 1997). Thus, providers may inadvertently overlook, underestimate, or misinterpret needs of bereaved parents (Neidig & Dalgas-Pelish, 1991), as cited in

Davies, 2003). Willer's (2014) study of memorable messages by healthcare providers to infertility patients points to the importance of compassionate communication, noting that given the demands placed on medical practitioners, some may "ignore the human side of healing" (Greil, 2002, as cited in Willer, 2014, p. 408). Furthermore, Willer (2014) notes that more research exists on compassion fatigue among healthcare workers than on compassionate care (p. 434). However, when providers offer appropriate support, it has a measurable impact. MacDonald et al. (2005) found that efforts made by healthcare providers to commemorate their deceased children—such as attending the memorial service, telephone calls, visits, and cards—comforted the bereaved. Although parental grief is recognized as the most intense and overwhelming of all types (Rando, 1986; Rees, 1997) and the loss of a child impacts both family systems and larger community networks (Rando 1986; Riches & Dawson 2000), little research exists on the impact of compassionate and hurtful messages received by bereaved parents from family, friends, and healthcare providers (MacDonald et al., 2005).

Given the many relational challenges bereaved parents face, further research is needed to understand the attributions they make for the hurtful or compassionate messages they receive. We make attributions in order to understand our experiences; thus, attributions strongly influence how we interact with others. The goal of the present study is to contribute to our understanding bereaved parents' hurtful and compassionate messages received after the death of a child. Additionally, the study seeks to explore the attributions behind parent's feelings of hurt and compassion in light of these messages

Literature Review

Grief following loss is both an understandable human reaction and a highly individualized one. When we lose someone or something important to us, it upsets the status quo, disrupts our relationships, homes, work, and sometimes our health. Thus, grief is not just a person issue but a social challenge. Yet, western culture has a complicated relationship with grief. Harris (2009) notes that death and grief are traditionally taboo subjects, often confined to private conversations. Thus, bereaved individuals experience profound social pressure to conform to societal norms that silence the experience of grief rather than support it. Parents, siblings, grandparents, extended family, friends, neighbors, schoolmates, and professional caregivers who are touched by these deaths face unique challenges. In particular, couples who have lost a child experience added strain on their relationship. Though both parents are going through the same tremendous shock of losing a child, they may each grieve differently, as the relationship with the child is unique to themselves (Toller & Braithwaite, 2009; Kamm & Vanderberg, 2001).

The social rules that govern the expression of grief leverage social isolation, pain, and shame to promote compliance (Harris, 2009, p. 241). These widely accepted beliefs enabled the notion that grief is navigated through phases and stages (e.g. Kubler-Ross, 1969; Parkes, 1998). In addition to social and emotional challenges, parents experience a number of health-related outcomes when friends, family members, and healthcare providers are ill-equipped to support them following a loss.

In order to better understand the communicative challenges experienced by bereaved parents and primary caregivers, the following review will begin by addressing

the phenomena of child loss. Next, the review will highlight literature engaging ways we measure grief—both through time and the phases and stages approach. After covering these widely held approaches to understanding grief, I review memorable messages and their efficacy in sense making. Finally, I explore the concepts of compassion, hurt, and the tenets of attribution theory to prove their utility as sensitizing concepts.

Existential Challenges and Negative Health Outcomes Associated with Child Loss

Losing a child is one of the most painful events an adult can experience. Parents mourning the death of a child experience psychological, biological, and social grief responses. Not only is the death of a child, a death of the parents' dreams of the future, it causes profound changes to their familial and community roles, and impacts their relationships. Christ et al. (2003) note that integrating the loss of a child into the life narrative—making sense and new meanings of such a wrenching event—presents a challenge to parents and family. Additionally, Bonanno et al. (2002) suggest that parents of children who die from any cause are more likely to suffer symptoms of traumatic stress when compared with those experiencing the death of a spouse, and highlights suicidal tendencies, psychosis, mental health challenge, and eating disorders as possible outcomes. In addition to suicidal thoughts and behaviors, incidence of cardiac events, and high blood pressure, Prigerson (2004) notes that those suffering this type of intense grief are also at substantial risk of:

quality of life impairments (e.g. poor social interactions and role functioning, loss of energy, describing oneself as ill), disability (e.g., functional impairment, days of work lost), and adverse health behaviors (e.g. changes in patterns of consumption of alcohol, food and tobacco. (p. 39)

Toller (2008) notes that for many parents, the loss of a child creates severe anxiety, with some parents experiencing guilt over being unable to protect their child from sickness, injury, or harm, thus causing parents to feel as if they have failed or are to blame for the death of the child (p. 408). Furthermore, Toller (2008) found that bereaved parents saw themselves as outsiders when interacting with social networks, feeling “ostracized by friends and family as these individuals often avoided them, treated them differently and even criticized them for how they were handling their grief” (pp. 314–316). Often, criticism is rooted in expressions that the bereaved person isn’t returning to normal or moving on quickly enough for their social networks.

Buckle and Fleming (2011) surmise that the tragedy of losing a child “assaults one’s identity, challenges one’s worldview, stresses the marital bond, immutably alters the psychosocial landscape of the family” (p. 7). Losing an older parent to a lengthy illness elicits a very different response to grief than the loss of a child to cancer or a sibling to suicide; yet, society’s demand to “return to normal” persists in all cases. The bereaved are expected to observe and recover from loss in a restricted amount of time. While institutions govern this through amount of bereavement/sick time, it is also monitored by timelines established by family, friends, and spiritual and religious affiliations. Time is a common theme in the study of grief. At the same time, it reflects one of the gravest pieces of misinformation communicated to any griever: time is a factor in recovery (e.g., *time heals all wounds*). Historically, research on grief followed psychiatrist Elisabeth Kübler-Ross’s (1969) framework that a series of emotional stages—denial, anger, bargaining, depression, and acceptance—were the healthy

responses to loss. Furthermore, the Kübler-Ross (1969) model suggested a time horizon for grief reactions, lasting from a few weeks to a few months (see also Bowlby, 1961; Lindemann, 1944; Parkes & Weiss, 1983). While Kübler-Ross later acknowledged the notion of stages was intended as a heuristic versus an actual model, the staged approaches to grief in the realm of death, dying, and bereavement remains pervasive. In fact, Rogers et al. (2008) note that current bereavement research has focused primarily on the period of acute grief (2–6 months after a loss), with fewer studies examining long-term outcomes. Furthermore, researchers who have examined long-term outcomes often use retrospective reports, which can be distorted as individuals try to recall their functioning from many years prior (e.g., Nelson & Frantz, 1996; Stehbens & Lascari, 1974).

Additionally, researchers such as Bevcar (2000) offer typical grief timelines, suggesting, for example, that grief begins with shock and intense grief lasting two weeks, followed by two months of strong grieving, ending with a slow recovery that can take around two years. Though this is a commonly accepted timeline in grief literature, Rogers et al. (2008) note that this time horizon is too short in cases of child death. Furthermore, McCrory et al. (1995) found that parents whose child died of cancer still experienced pain and a sense of loss seven to nine years after the child's death (Rogers et al., 2008, p. 208).

Memorable Messages

Clearly, the death of a child is a major change, leaving the bereaved with pain, uncertainty, and lagging social support (Lang et al., 2011; Umphrey & Cacciatore, 2011; Buckle & Flemming, 2011). Thus, in such times of uncertainty, bereaved parents look for

support. Knapp et al.'s (1981) foundational work on memorable messages defines them as messages that “may be remembered for extremely long periods of time and which people perceive as a major influence on the course of their lives” (p. 27). Indeed, messages are more likely to be remembered than events themselves and can benefit recipients facing uncertain situations (Cornacchione et al., 2016; Knapp et al., 1981; Russell & Smith, 2017; Stohl, 1986; Wang, 2014). Stohl (1986) contends that memorable messages are often personal and engage difficult issues. Helpful memorable messages provide increased “perceptual and emotional receptivity,” when the message offered “a unique way of resolving a crisis, integrated diffuse and confusing experiences, and/or created hopeful guidelines for future understanding” (p. 232). In other words, memorable messages are useful both for sense-making, and as a behavioral guide, as individuals use memorable messages as references for how to behave in new situations.

Stohl (1986) offers a four-category list, extending the work of Shimanoff (1980) and Harris (1979). It includes an analysis of the structure and form of the message; the circumstances surrounding the enactment and reception of the message; the nature of the content of the message; and the nature of the relationship between the recipient and source of the message (Stohl, 1986, p. 234). This approach reveals common traits these messages share to understand their impact on the receiver. Using these categories contributes to the parsimony of the theory.

In an attempt to determine the extent to which memorable messages were rule-structured, Knapp et al. (1981) looked for an if /then format in addition to four other structural characteristics of regulative rules. These included the condition or context in

which the rule is applicable; a prescriptive marker indicating obligation, preference, or prohibition (noting the words *must*, *should* and *should not* are often used); an indication of the behavioral act which ought to, may, or must not be performed to comply; and finally, an indication of the desired consequences (pp. 31–32). As to structure and form, Stohl (1986) offers three guideposts: memorable messages are *orally transmitted*, *rule structured*, and phrased as *short, simple sentences*.

However, much research argues that the meaning of memorable messages is more important than the wording (Holladay, 2002; Knapp et al., 1981; Lucas & Buzzanell, 2012). This criterion is of particular relevance to the current study when we consider Parkes (1975) claim that the bereaved person has to relearn, and reinvest in a world without the deceased. This process involves both seeking understanding or cognitive mastery, and finding reasons to continue living (i.e., life purpose) (p. 52). Of course, the context in which messages are delivered impacts their memorability; for that reason, memorable messages tend to occur in certain circumstances. As mentioned previously, memorable messages are usually offered in situations of uncertainty or difficulty, such as starting college or joining new organization (Nazione et al., 2011; Stohl, 1986; Wang, 2012, 2014). Research shows that advice that becomes a memorable message is more significant in adolescence and early adulthood, as well as in times of life crises (Knapp et al., 1981). Memorable messages can also be perceived as benevolent (Barge & Schlueter, 2004; Stohl, 1986). While losing a child is an unparalleled a life crisis, the present research seeks to observe ways these messages might be attributed to benevolent, compassionate support.

Research on memorable-message outcomes reveals that they can be positive, motivational, and/or supportive in nature (Barge & Schlueter, 2004; Cornacchione et al., 2016; Kranstuber et al., 2012). For example, supportive messages for bereaved parents might include, *when you hear nobody dies from a broken heart, it comes from someone who has never lost a child; tomorrow is never promised; or you never know how strong you are, until being strong is the only choice you have.*

Compassion

In a review of definitions and measures of compassion, Strauss et al. (2016) point to the seminal work by Lazarus (1991) on human emotions, where compassion is defined as being “moved by another's suffering and wanting to help” (p. 289). Similarly, Goetz et al. (2010) define it as: “the feeling that arises in witnessing another’s suffering and that motivates a subsequent desire to help” (p. 351). Acts of compassion can provide much-needed support for those who have lost a child. Simple acts of kindness, such as just being present and listening carefully represent compassion; similarly, actions such as organizing meals, childcare, or even helping with chores or errands reflect compassion. Extant communication research supports the positive potential of compassion. For example, Gianni (2011) references Hasting’s (2000) study of narratives of parental bereavement, and points to compassion as a form of communication to support recovery (p. 541). Tracy and Huffman (2016) find that compassion is generative and capable of stimulating insights and expanding resources (Dutton & Workman, 2011), and identify it as a caring response that yields cognitive perspective taking (Frost, et al., 2000; Kanov et al., 2004; Miller, 2007).

Kanov et al. (2004) offer a theoretical model of compassion, identifying three connected processes: (1) noticing another's emotional state; (2) feeling the other's pain (through empathic concern), and (3) responding by working to alleviate another's suffering. Miller (2007) extends Kanov and colleagues' (2004) model to include the relational aspect of the communication process. In a study of compassionate communication in the workplace, Miller (2007) found that, although her respondents felt empathy and concern for their clients, they most often described this process as a connection that involved not only feeling, but *cognition*. Miller (2007) argues that this second component of compassion was not just about internal feeling but also about behavioral communicative process (pp. 225–227). The third process in this model is responding: acknowledging that compassion requires more than emotion; it requires action. Thus, Miller (2007) frames compassion as communicative and social, whereby the processes of noticing, connecting, and responding to another's suffering are part of the organizational culture.

Research by Way and Tracy (2012) asserts that compassion consists of recognizing suffering, relating to people in their suffering, and reacting to suffering. Recognizing that someone is mourning the death of a child seems easy enough, but relating and reacting to that pain is more difficult. Bereaved parents and caregivers are in crisis mode, facing potential negative consequences to their health, identity, and partnerships. Family, friends, and coworkers want to help, but are rarely comfortable discussing the death of a child. For this reason, they may say something inadvertently hurtful or avoid the subject altogether, thereby compounding the bereaved parents' pain.

As existing literature has demonstrated, compassion is generative with the potential to help by offering resources beyond what is offered by stage and phase models of grief (Kubler-Ross, 1969; Lindemann, 1944; Bowlby, 1961; Parkes & Weiss, 1983).

Compassionate communication can help others recognize, relate, and respond to those who are suffering. Centering compassion as a construct in the present study offers a more nuanced understanding of why bereaved parents feel isolated and alone. The present research explores whether compassionate messages help alleviate suffering and support more impactful ways of navigating grief.

Hurt

Vangelisti (1994) wrote: “Feeling hurt, by its nature is a social phenomenon. Except in relatively rare circumstances, people feel hurt as a result of some other interpersonal event something they perceive was said or done by another individual” (p. 53–54). Hurt has similarly been conceptualized as a feeling that occurs as a result of an emotional injury or wound by another (Fowlkes, 1982; L’Abate, 1977). Further, Leary et al. (1998) emphasize the veracity and reality of hurt: “The psychological hurt engendered by interpersonal events can be as acute and aversive as the physical pain of bodily injury, and it sometimes lasts far longer” (p. 1225). Like grief, hurt is both painful and universal to human experience. Yet, research on hurt feelings is scant—much like research on grief—even as plentiful research exists on the role emotions play in interpersonal relationships.

Bachman and Guerrero (2006) reference Feeney (2004) who argued that there are five common types of hurtful events found in in close relationships: criticism, active

disassociation, passive disassociation, infidelity, and deception (p. 945). Additionally, the authors observe that programs of research on hurtful messages (Vangelisti, 1994), hurtful episodes (Leary et al., 1998), and hurtful events (Feeney, 2004) each have a different focus, but support Feeney's (2004) argument that the research shares similarities in that:

most relational transgressions contain an element of devaluation, and that devaluing the relationship would appear to violate the usual 'rules' or norms of intimate relationships. Hence, it is possible that most hurtful events involve both relational devaluation and an element of transgression. (p. 948)

The silence of loved ones and community members so often experienced by bereaved parents can feel like a relational devaluation. The present study seeks to explicate this further.

How we conceptualize these hurtful events is important when considering how to support the bereaved. In their study of child and parent perceptions of hurtful messages, Mills et al. (2002) refer to hurt feelings as a rejection-related emotion. Leary et al. (1998) argue that some relationships can become irreparably damaged by the hurt feelings caused by relational transgressions, such as sibling favoritism or sexual infidelity. They note that other relationships, while strained, may be able to survive following less-severe relational indiscretions, such as unreturned phone calls and forgotten anniversaries (Leary et al., 1998, p. 1228). Bereaved parents feel rejected when family, friends, and coworkers distance themselves; or forget important anniversaries, birthdays, and due dates of children who have died, and babies lost to miscarriage or still birth. Distancing oneself from others, especially after the loss of a child, contributes to outcomes cited by Gillies and Niemeyer (2006), such as social withdrawal and isolation; and feelings of hopelessness" (p. 33). MacDonald and Leary (2005) acknowledge that one of the most

recognizable manifestations of hurt feelings across cultures and contexts is social exclusion, or a threat to one's identity.

This can be associated with perceptions of rejection, non-inclusion, betrayal, and criticism (Leary et al., 1998). Toller (2008) contends that the issue of identity for parents who have lost a child is extremely important, as the death of the child shatters their worldview, and "assails their parental identity as they are stripped of their role as a caregiver and nurturer, and leaves parents with an identity that has internalized the patterns of parenthood but with the object of their relationship no longer there" (p. 307).

Regardless of intentionality, frequency, or intensity of the hurt, or whether the relational damage is temporary or long-term, Leary et al. (1998) contend that hurt feelings usually result in the perception of relational devaluation, or "the perception that another individual does not regard his or her relationship with the person to be as important, close, or valuable as the person desires" (p. 1225). In sum, the literature clearly points to the damaging consequences of hurt, as well as the possibilities of compassion. Our own emotions can help us make sense of situations; thus, communicative challenges such as relational distancing, relational devaluation, isolation, and the threat to the bereaved parents' identities and self-esteem can be better understood by analyzing bereaved parents' own attributions as to why certain messages were hurtful or supportive.

Attributions

While predominantly a psychological theory, attribution has been widely applied to the study of communication. As a critical component of research and theory-building,

it is mostly strongly rooted in interpersonal communication and corporate communication. In the mid-20th century, Heider (1958) argued that people are essentially working as “naïve psychologists,” as they tend to see cause and effect in relationships, even when there is none. Heider was concerned with an action’s “causal locus,” focusing his work largely on when a person is more likely to judge a behavior’s cause as internal (e.g., a disposition or a characteristic of a person) or external (i.e., environmental factor) to another person. Causal locus continues to be a foundation of attribution studies. (Manusov, p. 39). Working with imperfect knowledge about interpersonal interactions, we evaluate reasons for different communication acts. The resulting attributions impact perceptions of partners and relational satisfaction (Bradbury & Fincham, 1990; Dunleavy et al., 1993). Often, the causes have been divided into those external (environmental) or internal (personal) to the person (Heider, 1958). This division has been regarded as basic to attribution processes (Kelley, 1967, p. 194). Heider’s theory was further expanded by Kelley (1967, 1973) who wrote papers that drew attention to how individuals infer causes about a person’s behavior or events. When a person has access to multiple instances of the same behavior or situation, Kelley proposed that people employ a covariation principle to infer the causes. Kelley (1967) outlined three types of covariation information that influence whether an observer attributes a person’s behavior to internal or external causes. The first is distinctiveness, which refers to the extent to which a person behaves in the same way across similar situations. The second is consensus, which happens when observations by different people allow for judgements to be made about a situation. The third is consistency, which refers to the extent to which a person behaves

consistently over time. Additionally, attribution theory (Weiner, 1985, 2014) holds that people make sense of situations on three dimensions: whether an event is controllable or uncontrollable, internally caused (i.e., by him or herself) or externally caused (i.e., by others or by situational factors), and stable or unstable over time. Weiner (2004) claimed that “there are three, and indeed only three, underlying causal properties that have cross-situational generality...locus, stability, and controllability” (p. 17). Bradbury and Fincham (1990) supported this in their extensive review as indicating that “the dimensions of locus, stability, control, and globality are necessary and sufficient for assessing causal attributions in marriage” (p. 17). Additionally, Bradbury and Fincham (1990) identified three prominent domains of the theory that are useful to consider when using this framework to guide research: the attribution of general characteristics or traits to a person or environment; the attribution of explicit causation to an event or outcome; and the attribution of responsibility, which involves issues of blame or judgement (as cited in Spitzberg, 2001, p. 359).

Manusov and Spitzberg (2008) posit that every comment a person makes and every action in which a person engages can be subject to attributional analysis, by self and by others, and that this presents significant implications for how one responds to another’s actions. Weiner (2004) notes that whether it is a failure, a stigmatizing condition, a need for help, or an aggressive act, if these are attributed to controllable and intentional causes, responses of anger, reproach or and reprimand or neglect are likely. Uncontrollable and unintentional attributions are more likely to lead to sympathy and offers of assistance (Weiner, 2004).

People attribute causes to own and others' emotions using a laypersons' theory, making attribution theory a type of appraisal (Weiner, 2014). McLaren and Solomon (2008) research the utility of appraisal theories of emotion as a framework for the study of hurtful experiences to understand the conditions under which the intensity of hurt influences how much people will distance themselves from those they have perceived to have caused the hurt. The authors note that both appraisals and attributions are elements in this meaning making. Appraisals evaluate the significance of the event, while attributions relate to individuals' attempts to explain the occurrence of events.

The difficulty is that attributions do not always accurately reflect reality (Strangor et al., 2011). An attributional bias is a cognitive bias that reflects errors made when evaluating or reasoning through their own and other's behaviors. In an attempt to make meaning, people make attributions—often erroneously. The fundamental attribution error (also referred to as correspondence bias or over-attribution effect) is the tendency for people to over-emphasize personality-based explanations for why people act a certain way. This is likely where relational communicative challenges begin for bereaved parents. Attribution theory is concerned with how people explain the causes of behaviors and events. When a parent or caregiver loses a child, they look for answers. They want to know why this happened to their child, their family, and to them. They wonder how they will survive the pain and how they will rebuild their lives. Bereaved parents and caregivers often struggle with communicative challenges because they are struggling to make meaning of a new post-loss world. How they interpret messages from family, friends, and colleagues impacts how they perceive and make sense of their loss, and their

changed roles. Both theory on emotion as information and attribution theory explore the role emotional expression plays in this process.

Summary

Parents experience a number of health-related challenges as a result of losing a child. Additionally, they experience relational challenges when friends, family members, and healthcare providers are ill-equipped to support them following a loss. Memorable messages provide a useful framework for examining communication parents receive following a loss. Current theory and research are lacking in understanding of 1) what constitutes hurtful and compassionate messages following a child loss, and 2) the reasons/attributions that parents make for such messages. This gap in the research is problematic. If we don't know whether and why messages are hurtful/compassionate, how can we meaningfully support parents following the loss of a child? To address this need, the present study examines bereaved parents' experiences of receiving supportive and unsupportive messages. Thus, I propose the following research questions:

RQ:1 What types of compassionate memorable message do bereaved parents report receiving after the death of a child?

RQ:3 What types of hurtful memorable messages do bereaved parents report receiving after the death of a child?

Attribution theory (Weiner, 1974) focuses on the receiver's attempt to explain why something was said or done and assists in meaning making. A person seeking to understand why another person did something may attribute one or more causes to that behavior. However, in making attributions about the words, motives, and actions of

others, we often make mistakes. One common bias is that we are quick to attribute behavior to something personal rather than situational. This reflects the human tendency to underestimate the importance of social context in determining behavior. (Strangor et al., 2011 p. 740). Research on the interpretive process by which bereaved parents make judgments about the behavior of others (and their own behavior) could reduce their risk for negative health consequences discussed earlier. Thus, the present study utilizes attribution theory to advance understanding of the communicative challenges experienced by the bereaved through the following research questions:

RQ:2 What types of attributions do bereaved parents report for associated compassionate memorable messages?

RQ:4 What types of attributions do bereaved parents report for associated hurtful memorable messages?

Chapter Two: Method

To address the research questions, this study investigated responses to a survey asking participants to report the memorable compassionate and hurtful messages they received following the loss of a child. Furthermore, participants were asked to give their attributions for the messages they received.

Participants

Participation Criteria

In order to take part in the proposed study, participants had to be 18 or older and identify as a parent and/or a primary caregiver to a child who died between birth and the age of 25. Since biological parents as well as others who play a primary caregiving role experience communicative challenges following the loss of a child, participants could be biological parents, but also others, such as grandparents or stepparents who took on a primary parenting role. Participants must have lost a child that died between birth and their 25th birthday. Research by Arnett (2000) proposes that individuals ranging from 18-25 years old are in a period of emergent adulthood that is separate from both young adulthood and adolescence, and as “having left the dependency of childhood and adolescence and having not yet entered the enduring responsibilities that are normative in adulthood” (p. 469). While losing a child at any age is difficult, focusing specifically on

bereaved parents that have lost a child from birth to age 25 allowed for understanding of a targeted type of loss.

Participation in this study was not limited to a specific cause of death or limited to a specific age of the child at the time of death beyond birth to 25 years. This gives voice to the perspectives of parents whose children died as infants and as young adults because the grief experience of these parents is frequently minimized or ignored by others (Doka, 1989 as cited in Toller, 2011). Finally, the time between the child's death and the present and the cause of death was not restrictive in this study. Toller (2011) points to research by Rosenblatt (1996) which argues that for parents, bereavement may be experienced indefinitely (2011, p. 76). A study by Rogers et al., (2010) found that even 18 years after the death of a child, bereaved parents reported “more depressive symptoms, poorer well-being, and more health problems and were more likely to have experienced a depressive episode and marital disruption.” While some parents did improve, “recovery from grief... was unrelated to the amount of time since the death” (p. 207).

Participant Recruitment

IRB approval was sought and granted from the University of Denver. Participants were recruited via email, flyers, and through postings in online grief support groups and forums (see Appendix A for recruitment message and Appendix B for gatekeeper recruitment message). The researcher contacted the gatekeepers of these organizations and list serves to obtain permission to contact potential participants from the following organizations: Compassionate Friends, angeleyes.org, helpingparentsheal.org,

beadsofcourage.org, grievingmothers.org, Journey after Child Loss, Child Loss for grieving Mothers, Sea Glass Parenting, and locally, The Morgan Adams Foundation, Healing Heart Center of Littleton (also Children's Hospital), and through the researcher's own contacts and family.

Participant Demographics

A sample of 50 participants (41 females, 9 males). completed the survey. Participants averaged 49.9 years of age and ranged from 22-90 years old. 25 participants reported their ethnicity as Caucasian (50%), 3 identified as Black/ Non-Hispanic (9.68%), 1 as Latino/a or Hispanic (3.23%), 1 as American Indian or Alaskan Native (3.23), 1 as other or multiple ethnicities (3.23%), and 19 declined to respond. Additionally, participants were asked to report their relationship to the child who died: 22 (68.75%) of the participants were mothers, 5 of the participants were fathers (15.63%) and 5 of the participants reported as other (i.e., grandparents, aunts, uncles, or caregivers) (15.63%). The age of the child at death ranged between 12 weeks and 25 years old with an average age of 11.64. The gender identity of the child was 18 female (36%) and 12 male (37.50%) with 2 (6.25) reporting as other. Finally, participants were asked to report how many years it had been since the child had died. The range reported was between 2 and 30 with the average number of years since death at 9.32 years.

Procedures

Anderson (1987) states that the qualitative (or *naturalistic*) paradigm views human behavior as an ongoing performance:

the characterization of which is dependent on the social reality context of its appearance. While behavior is neither random or capricious, it also is not coherent

across contexts and its consistency within a context is subject to the choices made by the individual actors. Human behavior is, in short, essentially in process and must be understood within the operation of that process. That process is not necessarily orderly, coherent or systematic. (p. 47)

This quote speaks to the importance of utilizing a qualitative approach to studying the memorable messages experienced by parents and caregivers that have lost a child. For this reason, this research was conducted using a qualitative iterative approach (Tracy, 2013, 2019).

Tracy (2013) notes that while much qualitative research “starts broad” it often begins with theories or phenomena that may become significant as research progresses (p. 29). These theories or interpretive devices are sensitizing concepts or “jumping off points or lenses for qualitative study” (Charmaz, 2014; Glaser & Strauss, 1967 as cited Tracy, 2013. p. 29). Using the sensitizing concepts of compassion and hurt alongside the framework of attribution theory, I analyzed the content of these memorable messages. The present section describes the procedures and measures of the study that lead to this analysis process.

Survey

Prior to the survey being administered to participants, it was pilot tested. To do so, the survey was emailed to five colleagues that the author knows personally. These bereaved parents were instructed to review and complete the survey as if they were participants, and to provide recommendations for improving the clarity of the introduction, the directions, or the questions asked within the survey. This pilot test resulted in two revisions being made to the questionnaire. First, the overall directions for the questionnaire were slightly altered as several key words were changed (e.g., “think of

the most memorable”) to clarify that this survey was focusing on the most memorable hurtful and compassionate messages versus just one of the hurtful or compassionate messages they received. One other question was altered slightly for the sake of clarity. The final version of the survey is described below and can be found in Appendix C. Using Qualtrics software, a survey questionnaire was created and distributed via email to regional and national organizations in addition to Facebook and other on-line groups serving parents and caregivers that have lost a child. The survey consisted of 36 questions and took approximately 20 minutes to complete. An online survey method was selected because there are many advantages to collecting qualitative data via the internet, including convenience for participants and ease of administration, while providing rich information (Dillman et al., 2014). In fact, internet surveys may avoid biasing participant responses due to the sensitive nature of the survey questions while additionally, providing longer, more detailed responses (Smyth et al., 2009). Upon accessing the online survey, participants read the informed consent document which contained a brief description of the study’s purpose (see Appendix B).

Memorable Messages

After acknowledging the informed consent, participants were asked to read a brief introduction to the survey with a definition of memorable messages based on Willer ‘s (2014) procedure (i.e., “The purpose of this study is to understand memorable messages that parents or caregivers like you receive within the first year after the death of a child. A message is memorable if it has stayed with you and affected the way you think, feel, or act.”). Next, participants were asked to think about and report a compassionate

memorable message they remember either a health-care provider, friend, family member, or co-worker communicating to them after the death of their child. After being given examples of both types of memorable messages, participants were advised that “Although you may remember a number of different memorable messages communicated to you during this time, please share the most memorable compassionate or hurtful message that someone, such as a healthcare provider, spouse, family member, friend, coworker, or acquaintance said to you within the first year after your child died.”

Compassionate Messages

In order to answer research question 1, which asked *What types of compassionate memorable message do bereaved parents report receiving after the death of a child?* one section of the survey focused on prompting participants to recall the most compassionate message they received following the loss of their child. Specifically, compassion was first defined for them as “an attitude toward someone containing feelings, thoughts, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding someone in a time of need” (Lazarus, 1991, p. 289). Participants were then given examples of compassionate messages that bereaved parents may receive such as “Your child will hold a special place in my heart forever,” “I know nothing I can do can take away your pain, but I am going to be here for you every step of the way,” or “This is not fair.” Additionally, they were advised that these “messages can also be nonverbal, such as hugging you tightly or crying with you. They also might be something that the person did such as cleaning your house for you while you took care of funeral arrangements.” After this explanation, The first question asked

participants to report the most compassionate memorable message they received after the loss of their child.

Compassionate Message Sender Demographics. Participants were asked to report the age, race identity, gender identity and their relationship to the compassionate message sender. Participants reported that compassionate message senders were an average of 44.6 years of age and ranged from 22 to 70 years old. Participants reported the message sender's ethnicity as 27 Caucasian (69.23%), 3 as Black/ Non-Hispanic (7.69%), 2 as Asian -Pacific Highlander (5.13%), and 1 as other or multiple ethnicities (2.56 %). The gender identity of the message sender was 23 female (60.53%), 14 male (36.84%), and 1 transgender (2.63%). Additionally, participants were asked to report their relationship to the message sender. Participants reported 16 friends (40%), 7 co-workers (17.5%), 2 spouses/significant others (5%), 7 relatives (17.5%), 6 healthcare providers (15%), and 2 other (5%) as senders of compassionate memorable messages.

Hurtful Messages

In order to answer research question 3, which focused on identifying types of hurtful messages parents receive after the death of a child, participants were then asked to provide a second memorable message. Hurt was defined for participants as “a feeling that occurs in response to emotional pain or injury” (Vangelisti & Young, 2000, p. 397). Participants were given examples of hurtful messages in the context of child loss, such as “tomorrow is never promised,” “at least you won't have any more hospital bills,” or “now you can take that vacation you have always wanted.” Participants were informed that this could also be nonverbal, such as saying the above messages in a flat or sarcastic tone or

having someone refuse to make eye contact with you. After reading the definitions and examples, participants were prompted to write their most memorable hurtful memorable message received after the death of their child.

Hurtful Message Sender Demographics. Participants were asked to report the age, race identity, gender identity and their relationship to the hurtful message sender. Participants reported that hurtful message senders were 39.7 years of age and ranged from 20 to 70 years old. Twenty-seven participants reported their ethnicity as Caucasian (69.23%), 3 as Black/ Non-Hispanic (7.69%), 2 as Asian Pacific-highlander (5.13%), 1 as other or multiple ethnicities (2.56%). Additionally, participants were asked to report the gender identity of the hurtful message sender. The gender identity of the sender was 23 female (60.53%), 13 male (34.21%) and 1 (2.63%) transgender. Finally, participants were asked to report their relationship to the hurtful message sender. Participants reported 16 friends (36.36%), 8 co-workers (18.8%), 3 spouses/significant others (6.82%), 11 relatives (25%), 4 healthcare providers (9.09%), and 2 others (4.55%) as senders of hurtful memorable messages.

Attributions

After reporting the memorable compassionate and hurtful messages they received after the death of a child, participants were asked what types of attributions they made for the associated compassionate messages and hurtful messages.

Data Analysis

In an iterative approach (Tracy, 2013), researchers are encouraged to actively reflect on and capitalize upon their previous interests as well as past literature. Past

literatures and research interests are sensitizing concepts-theories or interpretive devices that serve as conceptual lenses for qualitative study (Bowen, 2006). Tracy (2013) posits that the approach connects to

grounded theory (especially its most recent versions delineated by Charmaz, 2014), but contrasts from the purely inductive version of grounded theory introduced by Glaser and Strauss (1967) and the more positivist prescriptions recommended by Strauss and Corbin (1998). (Tracy, 2018, p. 29)

Tracy calls this approach “phronetic” because the researcher begins by identifying a practical problem, dilemma, or curiosity in the field. In this approach, the researcher tags back and forth between 1) consulting existing theories and predefined questions and 2) examining emergent qualitative findings. The focus of research gradually narrows as researchers alternate between emic, or emergent, readings of the data and an etic use of existing models, explanations, and theories (Tracy, 2018, p. 63). This study utilized an iterative approach to find the types of bereaved parents’ compassionate and hurtful memorable messages and attributions for those messages.

Using iterative analysis, the researcher must first ask “What are the data telling me?” (Tracy, 2018). Tracy suggests that this is the time “to set priori questions or purposes aside and allow the empirical materials (rather than past theories or predetermined concepts) drive the coding” (p. 65). The present study produced four sets of data: one for compassionate messages, a second for hurtful messages, and one for the attributions of each type of these two types of memorable messages. Therefore, primary cycle coding began by studying the responses and assigning typologies for the four questions. At Tracy’s suggestion, a coding “start-list” was initiated, and open coding continued until new codes were no longer emerging.

First-Cycle Coding

To begin analyzing the data from the 4 survey questions, responses were imported from Qualtrics into an excel spreadsheet. After reading the data multiple times, the researcher conducted a line-by-line analysis of the data. A manual coding approach was used as participant survey responses were printed out and cut into individual pieces of paper so they could be moved around and organized based on emerging themes. To begin, the researcher assigned words or phrases actually reported by participants. Tracy notes these first level are called “in vivo” codes (Strauss, 1987), which could provide insight into the vocabulary and jargon used in the context and by the participants in the study, are descriptive, summarizing the basic ingredients of the context or issue at hand (p. 66). In this first cycle coding, survey responses were broken into the following initial categories. For compassionate messages the initial categories were as follows: offering understanding and support, rationalizing, positive affirmations, empathizing with the bereaved, advising the bereaved and remembering the child. The attributions for compassionate messages were organized into the following categories: unconditional support and availability, capability of the caregiver, acknowledging the loss, acknowledging capability of caregiver, naming or talking about the child, and nonverbal support.

In coding for hurtful messages, the following initial categories were determined: loss as inevitable, rationalizing, comparing grief, dismissive messages, bereaved as weak or incapable, religious acceptance, and blaming the bereaved. The attributions for hurtful

memorable messages were coded by the researcher as follows: children as replaceable, caregiver as doomed, religious rationalizations, and comparing grief.

Secondary-Cycle Coding

In the second phase of coding, the researcher followed Tracy's (2013) suggestion to begin interpreting and synthesizing codes moving beyond first level description to second -level codes. This required interpretation and theoretical consideration. In the second step, participant's messages were analyzed to interpret, identify themes, patterns rules and cause and effect (Tracy, 2019, p. 225). Categories and code names changed as the researcher spent more time with data, devising umbrella codes to lump together smaller more fractured (Tracy, 2013) codes. These sub-types were organized under the first level codes or types developed in the primary coding stage and put into a codebook so that the researcher could keep the data from all 4 data sets in mind. Code definitions were modified, changed and moved as needed. For example, in the initial round, one of the types of compassionate messages were coded as offering understanding and support, but after further analysis this category was changed to acknowledging the loss, with the two sub types of messages expressing empathy and sympathy. Similarly, empathizing with the bereaved was removed as a type or umbrella code. Advising the bereaved was an initial category but after further analysis these types of messages were moved under the sub type of expressing empathy. Positive affirmations were an initial umbrella code, but after further analysis, the researcher divided these data into 2 types: recognizing the capability of the caregiver and acknowledging bonds between caregiver and child. Analytic memos, or "sites of conversations with ourselves about the data" (Clarke, 2005,

p. 202 as cited in Tracy, 2018) were used to keep notes, define codes, and provide examples of the data. These notes allowed the researcher to see connections in the data that moved beyond general communicative responses to grief.

Validity

Regarding sample size, there are many debates around the right size for qualitative projects (Bowen, 2008). Some scholars argue that the concept of saturation is the most important factor to think about (Glaser & Strauss, 1967) . Categories in a research project can be considered saturated “when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (Charmaz, 2006, p. 113). Stauss and Corbin (1990) conclude that saturation should be more concerned with reaching the point where it becomes “counter-productive” and that “the new” is discovered does not necessarily add anything to the overall story, model, theory, or framework (p.136).

To ensure validity, the researcher engaged in data conferencing with two social science peers not involved in the proposed study but with expertise in memorable messages to check the validity of findings with my peers and to provide comments or suggestions (Braithwaite et al., 2014). The goal here was not to seek consensus but understand multiple ways of seeing the data. Finally, as the data was collected through a questionnaire, the researcher emailed summaries of the findings and a list of preliminary themes to several participants to check whether the findings accurately reflected their experiences (Creswell, 2007).

In terms of reflexivity, the researcher also kept a personal journal throughout the entire study process to continuously critically self-reflect on researcher positionality, the relationship with participants, as well as the relationship between researcher and research topic. Ahern (1999) notes that keeping self-reflective journals is a strategy that can facilitate reflexivity, whereby researchers use their journal to examine “personal assumptions and goals” and clarify “individual belief systems and subjectivities” (p. 408) In doing so, the researcher remained aware of biases as a bereaved parent and the ways that can impact the direction of the research process. This is addressed further in the discussion chapter.

Summary

The strength of this approach for this study is that it allowed the literature on compassion and hurt, memorable messages and attributions to guide, inform and frame the emerging study, while analyzing the data and creating first-level descriptive and second-level analytic codes that attended to the research question. Participants’ responses of memorable messages were analyzed for coding using “first level codes” that capture descriptions of “who, what when and where” (Tracy, 2013) from the textual passages supplied by participants describing the hurtful or compassionate message and the related attributions. Secondly the researcher coded for sub-types within the four data sets to lump together fractured codes to build theory and take a deeper look at the data, using constant comparative to modify the coding scheme and create new codes along the way. Next, data was coded for sub-types within each of the four data sets to lump together fractured codes to take a deeper look at the data, modifying the coding scheme and create new

codes along the way. The results of this analysis will be discussed further in the next chapter.

Chapter Three: Findings

The present dissertation investigated memorable messages and their attributions to gain an understanding of the types of compassionate and hurtful messages bereaved parents and caregivers report after the death of a child. Based on Tracy's (2019) iterative analysis, this chapter provides an overview of the types of memorable compassionate and hurtful messages, as well as the types of attributions that were reported.

Compassionate Memorable Messages

The first research question inquired about compassionate memorable messages bereaved parents hear after the death of a child. Participants reported 3 main types of compassionate messages, including acknowledgment of the impact of the loss, expressions of support, and recognition of anger. Message type and sub-type are presented with examples in Table 3.1, and each are defined in text below.

Table 3.1 *Types of Compassionate Messages*

Message Type	Subtype (if any)	Example
<i>Acknowledging the Loss</i>	Empathy	<i>I never lost a child but your story made me cry.</i> <i>I can't imagine how painful it is to lose a child, but I am crying for your pain, for your heartache, and the tears in your eyes.</i>
	Sympathy	<i>My husband finally communicated that he understood how hard the loss has been for me. He said he was so sorry and knew I felt the loss in a different way.</i>

*Recognizing
Caregiver
Capability*

One of my family members told me that God deserves all of my anger and contempt.

You don't "get over it." You just learn to live with it. It changes you and you become a different person, and you get up every morning and breathe in and out. And, one day, you don't have to remind yourself to breathe in and out.

The way you showed up and supported [your in-laws] was incredibly kind and selfless.

You are the strongest person I know. I could not have handled it the way you did.

My doctor said I was a role model to show people how to navigate loss gracefully.

You handled her death so bravely and put her first throughout her illness.

*Acknowledging
Caregiver and
Child Bonds*

One of our lovely hospice nurses sent me a card after my daughter's death. She said our bond and love for each other touched her heart, and our last moments together were the most beautiful thing she had ever witnessed.

You are taking care of your family and that is what your son wanted.

*Talking about the
Deceased Child*

Do you want to talk about your child, because I will?

Your son made a difference to so many of his classmates with his strength and perseverance.

Being There

Whatever you need, I got it.

The folks who came to get my son [sibling of child who died] at least once a week to make sure he was getting extra attention.

The friends who came by to make sure the laundry was getting done and who came to decorate the house for Christmas so that our son got a holiday.

Acknowledging the Loss

The most reported compassionate memorable messages were ones where the speaker *acknowledged the loss* in an authentic way and attempted to engage the emotional perspective of the bereaved person in a way that allowed them to feel think, remember and honor the lost child. These messages broke out into two sub-types: messages that expressed *sympathy* and those that *empathized* with the loss.

As a sub-type of acknowledgement, messages expressing *sympathy* communicated to bereaved parents and caregivers that while the message senders might not have experienced with this profound loss, they were attempting to understand it. For example, one bereaved mother recalled a friend saying, “I can’t imagine how painful it is to lose a child, but I am crying for your pain, for your heartache” (#24). A colleague told another mother, “I never lost a child, but your story made me cry”(#5). One bereaved father reported being told, “Your family has been through too much pain” (#3). These sympathetic messages from social-support members made participants feel as if the senders were trying to imagine or understand what they were experiencing, and this reflected compassion, supporting the bereaved in the grieving process. The second sub-

type of acknowledgment message *empathized with the loss*. In these compassionate messages, social-support members took the perspective of the bereaved into consideration and responded emotionally to them. For example, one participant reported feeling understood when her spouse said he was so sorry and knew that she felt the loss in a different way (#25). Another mother reported receiving the simple message “I understand how sad this is for you” (#8).

Many compassionate messages reported were helpful for the bereaved in sense-making, as they seem to offer advice as seen in one mother’s message to another bereaved mother that, “You don’t ‘get over it,’ you just learn to live with it. It changes you and you become a different person and you get up every morning and breathe in and out and one day, you don’t have to remind yourself to breathe in and out” (#26). Another mother was told, “I wish I could tell you that this will all be ok or ever stop hurting” (#4). Interestingly, a bereaved mother reported family member telling her that God deserved her anger and contempt (#7)—expressing her shared outrage at the loss of a child. These compassionate messages were supportive, as they effectively communicated to the bereaved that their social-support members were truly sharing their feelings and entering into their sadness with them. Both empathetic and sympathetic messages of acknowledgement helped receivers feel as if the senders of these compassionate messages identified with the type of grief the bereaved were experiencing.

The Capability of the Caregiver

Another type of compassionate message reported by participants recognized the caregiver as a capable person. These messages suggest that the sender recognizes the

competence the grieving parent or caregiver has displayed in facing their loss. One participant reported receiving the compassionate message that “the way you showed up and supported your family] was incredibly kind and selfless” (#8), *after* the loss of her niece. In another case, a doctor told a grieving mother, she “was a role model to show people how to navigate loss gracefully” (#19). Similarly, another mother reported the compassionate message she received from a nurse, who acknowledged that she was “so calm with [her] daughter in the hospital and made the whole thing manageable for the family” (#20). Similarly, a bereaved mother reported feeling recognized when a friend said, “I couldn’t have handled it the way you did” (#1). In times of such uncertainty, social support members who acknowledge and recognize the caregiver as capable are particularly supportive for the bereaved. Such messages remind the bereaved person that they are competent and that they have the strength to persevere.

Acknowledging the Bonds Between the Caregiver and Deceased Child

The third most reported message made participants feel that others acknowledged the connection between the bereaved and the deceased child—and understood the love and dedication they had to the child. One mother recalled that her mother-in-law had said “every time they saw me with my daughter, she was stuck to me like glue, that she felt safe with me when she felt bad” (#6). The mother-in-law acknowledged the closeness and trust between mother and child. Another participant recalled a friend’s comment, “You are taking care of your family. That is what [your son] would have wanted” (#10). This message made them feel acknowledged for honoring their son and his relationship to his siblings. These examples point to the compassion the bereaved feel when social support

members recognize the importance of the relationship between the bereaved and the deceased child.

Talking About the Deceased Child

The fourth type of message reported was *talking about the deceased child*. Often, bereaved parents' social-support systems struggle to find the words and worry they will further injure the parent if they talk about the deceased child. This is an unfortunate reaction, as often simply hearing their names keeps them alive and connected to bereaved parents. In example, one mother reported a friend asking, "Do you want to talk about your child, because I will?" (#16). These types of invitations allow the bereaved to feel it is safe to talk about the deceased child. Other messages of this type comment on the impact the child had on the world. For example, the compassionate message, "Your son made a difference to so many of his classmates with his strength and perseverance," (#27) allowed one bereaved parent to feel pride for the lost child's spirit and relationships. Similarly, another father recalled a friend telling him, "your daughter came here to teach us all an important lesson" (#35). Another type of compassionate message was speaking of the child through spirituality, as seen in one participant who received a compassionate message from a friend at church, who asserted that her deceased granddaughter was in heaven, "running around up there...checking up on everyone and everything" (#16). These types of messages encouraged bereaved parents and caregivers to continue to talk, reflect on, and be proud of the children they lost.

Being There

The next type of memorable message emerging from the data was that of message senders *being there* for them. For example, one participant received a compassionate memorable message from a friend who said, simply, “whatever you need, I got it” (#15). This type of support was also seen in acts of kindness, as one participant reported his compassionate memorable message was when neighbors came to get “[his] son at least once a week to make sure that he was getting some extra attention; the friends who came by to make sure the laundry was getting done; and who came to decorate the house for Christmas, so that our son could have a holiday” (#18).

Attributions

The third research question asked what types of attributions bereaved parents provide for compassionate memorable messages. There were six main types, with two types of compassionate attributions and four for hurtful. Type and sub-types of compassionate attributions are presented with examples in Table 3.2 and defined and discussed below.

Table 3.2 *Attributions for Compassionate Messages*

Message Type	Subtype (if any)	Example
<i>Feeling Understood</i>	Feeling they weren't alone	<i>This person had lost their son, so I felt like they really did understand how awful it was. Because he joined me exactly where I was in my grief and said that naming our baby was equally as important to him.</i> <i>I felt like someone understood and loved me and my baby</i>

		<i>enough to entered into my sadness.</i>
	Feeling Connected to Others	<i>[The] messages really helped me understand I had a village that was going to do what they could to care for me and my family until I was in a place to get myself organized.</i>
<i>Feeling Acknowledged</i>	Acknowledging Suffering	<p><i>I felt acknowledged for holding it all together, while my daughter was fighting for her life.</i></p> <p><i>It acknowledged how horrible my pain was and felt supportive, like I didn't have to fake being ok.</i></p> <p><i>It acknowledged that we had had more than our fair share of loss and suffering.</i></p>
	Acknowledging Strength	<p><i>I felt recognized for working through the stress and holding the family together and providing even though I was in so much pain.</i></p> <p><i>They acknowledged my strength. Someone was giving me credit finally for not falling apart completely and it made me feel like I was honoring my child by staying strong.</i></p>

Feeling Supported and Understood

The most common attributions given for these compassionate messages were that receivers felt supported and understood. The first sub-type of supportive messages were ones that made receivers *feel they weren't alone*. For example, a bereaved father reported a compassionate message from a friend, noting “this person had lost their son, so they really did understand how awful it was” (#8). One mother observed that the supportive message made her aware of the community around her: “All the acts and even the more generalized support messages really helped me understand I had a village that was going to do what they could to care for me and my family, until I was in a place to get myself organized” (#12). Another bereaved mother reported that when her partner shared that naming their deceased baby was important to him, it made her feel like, “he joined me exactly where I was in my grief. I felt like someone understood and loved me and my baby enough to enter into my sadness” (#33). One father reported that when a colleague said to him “If you want to talk, cry, be angry, I am here to listen and be there for you” after the death of his daughter [he] didn't feel like I was alone” (#36). These types of attributions speak to the way support is necessary for the bereaved to make sense of their lives after the loss.

Messages of Acknowledgement

Another type of message that made participants feel supported were attributions of acknowledgement. Participants reported compassionate messages that they attributed to making them feel they or their child was being recognized. Some of these reported

messages speak to the strength of the caregiver in supporting the deceased through illness or navigating the loss; other messages speak to the courage of the caregiver or the child.

The first sub-type of messages were messages that *acknowledged the suffering of the bereaved parent or caregiver*. As an example, one mother's attribution for the compassionate message she received from a colleague was that "it acknowledged how horrible my pain was and felt supportive—like I didn't have to fake being ok" (#20). Another example was reported by a participant. A father reported receiving a message that he said made him feel "acknowledged for holding it all together, while my daughter was fighting for her life" (#17). Another participant reported that the compassionate message she received after the loss of her grandson "acknowledged that we had had more than our fair share of loss and suffering" (#3).

Another commonly occurring attribution sub-type was acknowledgment that recognized the *strength of the caregiver*. An aunt who lost her niece reported a compassionate message from a colleague who made her feel that someone "noticed and was giving me credit for walking with [my brother's family] during the most difficult time of their lives. I felt like I was really helping" (#2). As one father reported, the compassionate message he received caused him to feel "recognized for working through the stress and holding the family together and providing even though I was in so much pain" (#4). Another mother reported feeling acknowledged when she received credit for not falling apart, reporting that it made her feel "like I was honoring my child by staying strong" (#23). Together, these messages and acknowledgements helped caregivers recognize the positive things they have done and were still doing for their loved ones in

the face of their grief. Interestingly, there is a tension in these messages. As some participants felt acknowledged for “faking it” or presenting or containing their grief in an acceptable way while other messages were acknowledging the pain of the message receiver.

Hurtful Memorable Messages

The second research question asked participants to report a hurtful memorable message they received after the death of a child. Five main types were reported. Types and sub-types of hurtful memorable messages are described with examples in Table 3.3, and each type and sub-types are defined and discussed below.

Table 3.3 Types of Hurtful Messages

Message Type	Subtype (if any)	Example
<i>Minimizing the Loss</i>		<i>Try not to worry. Everything is going to be fine.</i> <i>The older we get, the more loss we will suffer.</i>
	Silver-lining	<i>At least you have two living children.</i> <i>At least you can have other children.</i> <i>You are still young, you can have more babies.</i>
	Rushing grief	<i>It's time to move on and get back to your life. I understand how sad this is for you, but you need to move on.</i> <i>Time heals all wounds</i>
<i>Centering the Self</i>		<i>This hurts me more than it hurts you.</i>

	<p><i>There must have been something wrong, and this was nature's way of taking care of it.</i></p>
<p><i>Rationalizing with Spirituality</i></p>	<p><i>God needed her in heaven.</i></p> <p><i>Your daughter came here to teach us all an important lesson.</i></p> <p><i>A religious friend said my daughter had signed up for this life and early death with God.</i></p>
<p><i>Suggesting Bereaved Lacks Self-Competence</i></p>	<p><i>My doctor suggested I go on medication to help me sleep and anxiety medications. He said I needed help coping.</i></p> <p><i>Someone told me my whole family should be in therapy, that I couldn't handle this loss without help.</i></p>
<p><i>Blaming the bereaved</i></p>	<p><i>Too bad you weren't able to convince [the doctors] to try alternative treatments.</i></p> <p><i>This is your fault this happened, you should have seen that [your son] was sick.</i></p>

Minimizing the Loss

The most reported hurtful memorable messages received from bereaved individual's support networks were coded as *minimizing the loss*. That is, participants felt their feelings were unworthy of consideration, dismissed, or that their grief and sorrow was not appropriately recognized or acknowledged. In addition, these messages criticized the way the bereaved was handling the loss. For example, one participant reported receiving the hurtful message "try not to worry, everything is going to be fine" (#12)

from a friend after the death of his grandchild. Another participant recalled a friend telling him “The older we get, the more loss we will suffer” (#11) after the death of his son. Such messages minimized the participants suffering and offered unwanted instruction for different behavior.

Silver Lining. A sub-type of messages in this category are silver-lining messages. *Silver lining* messages dismiss or minimize the caregiver’s loss by suggesting that the participant’s grief could be worse. Furthermore, a few participants reported receiving silver lining messages that compared their grief to other situations or minimized the bereaved person’s feelings with messages such as, “At least you can have other children” (#25); or “you are...young; you can have more babies” (#34); and “at least you have two living children” (#4). These *at least* responses unfavorably compare and sometimes directly minimize the grief of bereaved participants to other parents. These messages suggested to the bereaved individuals that they should look for the upsides to their situation—a hurtful and unhelpful message.

Rushing Grief. A second sub-type of minimizing loss messages reported is rushing grief—by urging the bereaved person to get over it or move on from their grief. These messages communicate that caregivers should no longer feel their pain and grief. This can be communicated as a corrective or as a suggestion to stop talking about or expressing their grief to others. For example, one mother reported feeling hurt when her father told her: “it's time to move on and get back to your life” (#15). Another bereaved father received the message “time heals all wounds” (#30). Yet another bereaved participant recalled being told, “I understand how sad this is for you, but you need to

move on” (#32). These types of messages suggest that the caregiver’s grieving process is incorrect or takes too much time.

Centering the Self

The second most commonly occurring type of messages compared the bereaved person’s grief or loss to their own. For example, one mother was told by own mother, “this hurts me more than it hurts you” (#2), as she not only lost her grandchild, but was also forced to watch her daughter grieve. In this example, the mother blames her daughter for her pain and asserts the primacy of her own suffering. Another mother recalled feeling hurt by a colleague at work who told her “ I know how you feel,” (#31) when they had lost an adult sibling but not a child. These messages point to the difficulty of discussing death and grief, especially as individuals navigate the pain alongside family members and others connected to the loss. When an entire family is hurting, unfortunate comparisons are often made regarding how everyone is dealing with the pain and who is suffering more and less in the wake of tragedy.

Rationalizing with Spirituality

A third type of common hurtful message dismisses the grief of the bereaved through trite religious messages and clichés. These types of messages demonstrate a lack of consideration for the magnitude of the loss and offer rationalizations such as that the child was “needed by God” or was just not meant to live a long life. For example, one mother was told by a friend that her deceased son was “in a better place” (#22). A father was told by a nurse that “God needed her in heaven” after his daughter died (#24). In another example, one mother was hurt by a friend at church who said, “your daughter

came here to teach us all an important lesson” (#8). Another father reported feeling hurt upon being told “Your son is with you in spirit” after the death of his child (#5). In another instance, a bereaved parent remembers being told by a friend from church that her deceased daughter had “signed up for this life and early death with God” (#26). Finally, one parent reported feeling hurt when a coworker told her that “God never gives us more than we can handle” (#23).

Suggesting Bereaved Lacks Self-Competence

A fourth type of hurtful message reported caused the bereaved to feel their social support members saw them as incapable either of caring for the child or navigating their grief. These remarks may suggest that the bereaved are responsible for their child’s death, or that they themselves are not grieving properly. An example of this type of message was reported by a mother who remembered a friend telling her, “the whole family should be in therapy,” and that [the mother] “couldn’t handle this loss without help” (#12). Another mother recalled feeling hurt that “my doctor suggested I go on medication to help me sleep and anxiety medications...he said I needed help coping” (#16). While suggestions to seek professional help may be supportive in certain situations, here they seem to have made bereaved participants feel judged and incapable. In another situation, a mother grieving a daughter received direct instructions for how to grieve more properly, with a friend telling her “your family needs you to stop being so sad” (#6). This can be damaging to the caregiver’s self-esteem as grief is different for every person and every loss.

Blaming the Bereaved

The final type of hurtful messages caused caregivers to feel as if they were being *blamed*, as if they failed to protect the child. As they grieve the loss of a child, the bereaved struggle with many intense and painful emotions, including depression, anger, guilt, and profound sadness. Often, they also feel isolated and alone since the intense pain and difficult emotions can make people uncomfortable about offering support.

Suggesting that they failed as a caregiver or parent can be incredibly hurtful. In one such example a participant reported receiving the message “too bad you weren't able to convince [the doctors] to try alternative treatments” after the death of her four-year-old daughter to cancer (#3). Similarly, a father was deeply hurt when his sister said, “it is your fault this happened. You should have seen that he was sick” (#10). Sometimes this blame is directed at a caregiver's lack of faith, as one mother was told by a friend that she should “try to get [her] relationship with God in order” (#4), as if her lack of faithfulness caused the death of her child. Finally, another mother felt as if she was being blamed when a friend reminded her “your daughter is an only child now” (#31), as if to suggest it was the mother's fault the daughter lost her sibling. These messages suggest that the message sender in some way sees the parent or caregiver at fault because the child died.

Attributions for Hurtful Messages

The fourth research question asked bereaved parents and caregivers to report the attributions they associated with the hurtful memorable messages. There were four main types reported. The types of hurtful attributions are presented with examples in table 3.4, and each type is defined and discussed below.

Table 3.4 Attributions for Hurtful Messages

Message Type	Example
<i>Minimizing the life of the child</i>	<p><i>It seemed like my coworker was saying that my kid did a job, and then was done.</i></p> <p><i>Oh, you can't do much about her dying; she made a pact with God to come for a short time.</i></p>
<i>Suggesting the Child is Replaceable</i>	<p><i>It dismissed my son's importance or humanity. It was as if having two other kids was enough. My child only lived 12 weeks. She was a part of my life. I don't want to try and replace her.</i></p> <p><i>A loss of a child is heartfelt enough, but reducing the relationship to replaceable ones, by saying you "can have more babies" indicated that the feeling, the emotional pain, is something that can be replaced by having another child.</i></p>
<i>Blaming the Bereaved</i>	<p><i>It seemed incredibly hurtful to say someone was to blame based on family history.</i></p> <p><i>It felt like an insult that I wouldn't have already researched every avenue imaginable to take care of my kid my husband was blaming me</i></p>
<i>Lacking Empathy</i>	<p><i>The message did not consider my feelings or that we [her family] needed her [the deceased] too.</i></p> <p><i>It showed a tremendous lack of awareness about my situation, about what it's like to really bury your child, and was also incredibly focused on her own pain and emotional state and not mine or the wellbeing of my other kids.</i></p> <p><i>I felt like he didn't see or understand the depth of my pain.</i></p>

Minimizing the Life of the Child

The most reported attributions for hurtful messages received from social support members caused the bereaved to feel as if the senders were minimizing the life of the child. An example of this was reported by a father who received a message from a coworker that made him feel that “[his] kid did a job, and then was done” (#16). A bereaved mother reported a friend telling her “Oh you can’t do much about her dying—she made a pact with God to come for a short time” (#13). One bereaved mom recalled receiving the message that her daughter “was in a better place” reporting, that it minimized the loss and seemed like “was just something people say when a child dies” (#10). These messages made participants feel as if the message senders reduced the child’s life to a job or contract, neglecting the magnitude of the loss.

Suggesting Child is Replaceable

A second type of these messages caused the bereaved to feel as if message senders saw their child as replaceable. In these instances, social support members made hurtful comments that bereaved attributed to the sender’s failure to see the importance of the relationship between the caregiver and the child. In example, one mother reported a hurtful message that “dismissed [her] son's importance or even humanity. It was as if having two other kids was enough” (#17) when a friend from church told her to be glad that she had other children. Another bereaved mother reported a message she received from a social support member after the death of her child at 12 weeks old that she could try again to have another child. The mother reflected, “she was a part of my life. I don't want to try and replace her” (#18). Yet another mother reported that the “loss of a child is

hard enough but reducing the relationship to replaceable ones (you can have more babies) indicated that the feeling, the emotional pain, is something that can be replaced by having another child (#27). These attributions suggest that the bereaved parents feel their social support members do not want them to be sad or outwardly mourn the loss of a child if they have surviving children. These comments are hurtful because the pain of losing a child can't be negated by having another child. Parents need to speak and hear their child's name because much of a bereaved parent's mental energy is spent trying to save our child in reverse and every memory reminds us they are gone the bereaved need to hold a space for the child and maintain a continuing bond.

Blaming the Bereaved

The third type of attributions participants reported in response to hurtful messages were that social support members blamed the parents or caregivers for the death of the child or for the way the bereaved handled the loss. For example, one mother's friend suggested to the bereaved mother that the child's death should be blamed on a family curse. The mother noted that [her] "kids went through so much already...it seemed incredibly hurtful to say someone was to blame based on a family history of bad luck" (#1). Another mother reported feeling blamed by social support members for her decision to decline chemotherapy treatment for her daughter's cancer, reporting that it felt like "an insult that I wouldn't have already researched every avenue imaginable to take care of my kid" (#7). Yet another bereaved mother reported that a message received from a friend made her "ashamed," noting, "I felt like I was neglecting my family because I could barely get out of bed" (#11). In an attempt to make meaning, people constantly make

attributions regarding the cause of their own and others' behaviors. Participants attributed these hurtful messages to senders blaming them in some way.

Lacking Empathy

The final type of attribution reported for hurtful messages caused participants to feel unconsidered, as if their social support members lacked empathy for their situation. One mother reported on a dismissive hurtful message: “It showed a tremendous lack of awareness about my situation, about what it's like to bury your child, and was also incredibly focused on her own pain and emotional state and not mine or the wellbeing of my other kids” (#12). A father who lost a son attributed his own father’s hurtful words to the fact that his Dad “didn’t see or understand the depth of my pain” (#14). Another participant, wounded by her friend’s decision not to invite then to a party after the death of the mother’s daughter, attributed it to “not wanting to feel guilty or risk it ruining her daughter's day” (#6). One mother, upon receiving a hurtful message from a colleague after the loss of her son observed, “it felt like no one wanted to be around me anymore—or see me sad—and that is a big part of my life now: sadness” (#19). These attributions point to this type of relational devaluation.

Summary

Memorable messages provide a useful framework for looking at the communication parents receive following a loss. Current theory and research are lacking in understanding not only what constitutes hurtful and compassionate messages following a child loss, but the reasons/attributions that parents deem them as such. This chapter describes the results of the four research questions presented in chapter one. Findings

from the present study offer insights into both compassionate and hurtful memorable messages from support members and their attributions. Implications of these findings are discussed in the next chapter.

Chapter Four: Discussion

Despite all that is currently known about the social support experiences of bereaved parents, questions remain. As stated, western culture has a complicated relationship with grief. Harris (2009) notes that death and grief are traditionally taboo subjects, often confined to private conversations. Thus, bereaved individuals experience profound social pressure to conform to societal norms that silence the experience of grief rather than support it. Additionally, parents, siblings, grandparents, extended family, friends, neighbors, schoolmates, and professional caregivers who are touched by these deaths face unique challenges.

In order to better understand the types of communicative challenges experienced by bereaved parents and primary caregivers, this study used an iterative analysis to explore the phenomena of communication after child loss by identifying compassionate and hurtful memorable messages received by bereaved parent and caregivers and the attributions the bereaved make for the messages. Memorable messages provide a useful framework for looking at the communication parents receive following a loss. Current theory and research are lacking in understanding not only what constitutes hurtful and compassionate messages following a child loss, but the reasons/attributions that parents deem them as such. This study reviewed the ways that as a society we have measured grief; both through time and the commonly accepted phases and stages approach to

grieving. After covering these widely held approaches to understanding grief, the researcher reviewed memorable messages and their efficacy in sense making. Finally, the concepts of compassion and hurt were explored. Lastly, the tenets of attribution theory were explained to prove their utility as sensitizing concepts. The research study questions are as follows: *What types of compassionate memorable message do bereaved parents report receiving after the death of a child? What types of attributions do bereaved parents report for associated compassionate memorable messages? What types of hurtful memorable messages do bereaved parents report receiving after the death of a child and finally, what types of attributions do bereaved parents report for associated hurtful memorable messages?* These questions informed the 36 question survey, inviting participants 18 or older that identified as parents or primary caregivers to a child who died between birth and the age of 25.

The strength of this approach for this study is that it allowed the literature on compassion and hurt, memorable messages and attributions to guide, inform and frame the emerging study, while analyzing the data and creating first-level descriptive and second-level analytic codes that attended to the research question. Participants' responses of memorable messages were analyzed for coding using "first level codes" that capture descriptions of "who, what when and where" (Tracy, 2013) from the textual passages supplied by participants describing the hurtful or compassionate message and the related attributions. Secondly, I coded for sub-types within the four data sets to lump together fractured codes to build theory and take a deeper look at the data. Tracy (2018) notes:

Something that is unique and valuable about the phronetic iterative approach is that it serves as an umbrella framework for qualitative inquiry and does not require that researchers recognize, from the beginning, the exact direction or methodology their research will take. (p. 63)

In the years since the death of my daughter, I have recognized that I have performed my own grief in reaction to both the helpful and hurtful comments others have made to me about the loss as well as the attributions I have made for those comments. As a bereaved parent, I wanted to know which types of messages stood out for others that have lost a child. The survey data quickly demonstrated that many of the same type of messages were reported by participants. Using memorable messages literature for its efficacy in sense making and compassion and hurt as sensitizing concepts I was able to immediately see recurring themes in the data. Heeding Tracy's (2018) advice that researchers using an iterative approach should "hold on loosely" (p. 62) and avoid imposing past research or concepts on the data set, I moved back and forth between the participants reported messages and attributions, changing code names, reviewing the data constantly, while simultaneously considering my own positionality and the literature.

Memorable Messages

Considering memorable messages are long-lasting, and impactful (Knapp et al., 1981) it is important to understand the effects they have on caregivers' quality of life and ability to cope. This criterion is of relevance to the current study when we consider Parkes (1975) claim that the bereaved person has to relearn, and reinvest in, a world without the deceased. This process involves both seeking understanding or cognitive mastery as well as finding reasons to continue living, or purpose in life (p.52). The

impact of memorable messages on recipients has been well documented (Smith et al., 2011; Smith & Ellis, 2001) because of its focus on sense making, thus it was used as the framework to understand the messages that bereaved parents and caregivers receive from healthcare providers, family, friends and colleagues about loss and how to grieve and to further explore the attributions given for what these messages mean to them.

Compassionate Memorable Messages

Utilizing compassion as a construct in the study contributes to our understanding of how compassionate memorable messages help to alleviate suffering or navigate grief in more impactful ways by offering resources beyond what is offered by stage and phase models of grief (Kubler-Ross, 1969; Lindemann, 1944; see also Bowlby, 1961; Parkes & Weiss, 1983). As the literature has demonstrated, compassionate communication can help others recognize, relate, and respond to support meaning reconstruction. Results of *RQ1* provide evidence that though loss and grief are individual experiences there are common understandings, beliefs and desires for support bereaved parents and caregivers share. The theme of acknowledging loss was the most reported type of compassionate memorable message received. This is important for the bereaved. In order to try and find meaning and cope, bereaved parents frequently need to share their grief (Hastings, 2000; Hastings et al., 2007) as talking with others allows parents to affirm and authenticate their grief experience (Becvar, 2001). Even though talking with others about their child's death can be healing for bereaved parents, family and friends often struggle to understand just how devastating and life-altering a child's death is (Riches & Dawson, 1996) and the support bereaved parents expected to receive from family and friends is often missing as

these individuals withdraw from parents, avoid conversation, or say hurtful comments (Dyregrov, 2003, 2004). When we cannot share our grief with others or our loss is not acknowledged or validated by others, our grief can be felt more intensely. This is often referred to as disenfranchised grief (Doka, 1999). As stated earlier, disenfranchised grief can leave the bereaved person feeling alone, isolated, unsupported or unable to share their experience. The world that once made sense has been disrupted

Sympathy and Empathy

Messages of empathy were the most reported memorable messages. This is not surprising as it is a common response to grief, yet it also suggests that the sender is engaged in a more surface level understanding of the bereaved's situation. In these responses, participants received well-meaning but perhaps unsolicited advice. These empathetic responses (e.g., I never lost a child, but your story made me cry, I can't imagine how painful it is to lose a child) caused the bereaved to make interpersonal attributions about their relationship to the sender.

The next most reported messages sympathized with the bereaved. Though not necessarily coded as this sub-type, many of the memorable messages reported by survey participants could be interpreted as orienting towards the welfare of the message recipient. Examples such as, *I can't believe how well you are doing, if that happened to me I would be upset, I am here, or you did everything you could* are representative of the types of messages that support the bereaved. Participants reported that having social support members listen to them talk about their child felt compassionate. Additionally, sympathetic messages made them feel as if they weren't being judged for falling apart,

being sad, or being mad at God. Empathetic messages reported by participants were described as more of a pity-based response to the situation that could further be characterized as a lack of understanding or a self-preservation response on the part of the message sender. Sympathetic messages acknowledged and attempted to understand the bereaved suffering through emotional resonance.

Capability

Another type of compassionate memorable message recognized the capability of the caregiver. These messages were centered on providing caregivers positive feedback related to their caring process. The sub-type of acknowledgement of caregiver efforts recognized caregivers' abilities and efforts. Much like the first type of compassionate message, this also served both egocentric and interpersonal attributional functions for the bereaved, helping them with their own identity as a griever. This also could serve the expectations function as the bereaved processes this information and gains a sense of strength and perseverance to navigate the life ahead without their child. These messages validated caregivers' efforts and made them feel they were doing an effective job providing care for their families now, prior to the death of their child or were effective in dealing with their own grief.

Being There

Additional compassionate messages expressed that the bereaved's social support members would be there. This finding is important for the communication discipline to better support the grieving, because caregivers who have access to social networks who are willing to "be there" tend to report less burden (Bainbridge et al., 2009). These types

of messages—many of which were nonverbal—made caregivers feel as though they were not alone, giving them the motivation needed to provide care for their families or themselves.

Attributions for Compassionate Messages

Attribution has been argued to be a basic form of social cognition as well as a central element in interpersonal relationships (Miller, 1995). A focus on the attributions reported for compassionate messages provides insight into communication bereaved parents find supportive. The most reported theme in the attributions participants made for the compassionate memorable messages was that the sender understood the bereaved. Additionally, a sub-type of these messages were attributed to the connection between the message sender and the bereaved. The second set of messages divided into attributions of feeling acknowledged, both for their strength as well as acknowledging suffering. These were compassionate messages that supported the bereaved by providing feedback related to the grieving process. This acknowledgement of caregiver efforts recognized caregivers' abilities and efforts also supports research on confirmation theory. Specifically, confirmation theory posits that people want to receive messages that are validating (Buber, 1965). Compassionate memorable messages validated parents' and caregivers' efforts and made them feel they were doing an effective job navigating their grief and suffering. Additionally, these attributions serve an egocentric function to support the bereaved by enhancing their self-esteem. Finally, the attributions that senders made that their support members would *be there* supported the bereaved in making predictions about the future, thus serving as explanatory attributions.

Hurtful Messages

Participants most reported the most hurtful messages made them feel as if the message senders were minimizing the bereaved's loss of the child. These types of responses are often directed at grieving parents and are perhaps unintentionally hurtful. Yet, the messages are damaging to both the bereaved as well as to the relationship between the bereaved and the message sender. Not only does it suggest the bereaved is not coping properly or that the loss should be accepted as a condition of life, but it contains an element of devaluation which violates the usual "rules" or norms of interpersonal relationships (Feeney, 2004). Telling someone to try not to worry over such a loss or minimizing the loss to a part of life (i.e., the older we get, the more loss we will suffer) is too insignificant a response to such a loss. A sub-type of these messages, coded as silver-lining is an insignificant response as well.

While silver-lining messages were coded comments attempting to see the bright side of a situation, and usually are meant to be helpful or compassionate, they were reported by survey participants as hurtful. Bereaved parents and caregivers do not get over the loss of a child because they have additional children. A mother that has lost a baby is not comforted by support members telling her she is young enough to have another one. These messages are excessively optimistic and inappropriate, in addition to the hurt they cause.

The second sub-type of messages minimizing the loss were coded as rushing grief. These messages also represent common responses to the bereaved (i.e., time heals all wounds, it's time to get back to your life). Support members should be sensitive to the

fact that life may never feel the same for the bereaved. You do not “get over” the death of a child. The bereaved parent or caregiver may learn to accept the loss. The pain may lessen in intensity over time, but the sadness may never completely go away. As Back, (1991) observes, “the grief caused by a child's death may be more severe, varied and longer lasting than that caused by other losses, for when a child dies, the mother's and family's hopes and dreams die too” (p. 572). Several hurtful messages were coded as centering the (message sender's) self. These messages are less vague and less open to misinterpretation than the hurtful messages previously discussed. One bereaved mother received the message from her own mother that the death of her grandchild hurt her more, because she was forced to watch her child (the bereaved mother) suffer in addition to losing her granddaughter. As stated earlier, bereaved parents may find it difficult to talk with their partners and family members because both are simultaneously experiencing the death (Rando, 1991) and each is lacking in the strength and energy needed to provide each other support.

Another type of hurtful memorable messages reported used spirituality to rationalize the loss. This theme in the data set captured memorable messages that provided participants with explanations or justifications for the death of the participants' loved ones by framing death as a positive or inevitable conclusion of their loved ones' lives. As an attempt at sense making, rationalizing messages included explicit reasons for why the individual died. For example, participants reported being told: “God needed her in Heaven” or “your daughter came here to teach us an important lesson.” In these examples, death is framed as a reasonable, acceptable end for the deceased child. Well-

intentioned social support members offer these types of messages often. This demonstrates that while senders may have intended on providing supportive words or reasons for the loss, this was not always true. Some bereaved parents and caregivers may feel this is an oversimplification of grief and faith. Religion and spirituality are complex but important topics in the wake of a loss. Religion can be an incredible comfort in times of loss, but losses can also cause us to question our faith, as we struggle to make sense of the death.

The next type of hurtful messages were coded as suggesting the bereaved lacks self-competence. These reported messages suggest the bereaved is unable to cope with the loss. It is important to consider that the bereaved are already dealing with fear of abandonment, coping efficacy, and self-esteem after the loss. When a healthcare provider suggests that a bereaved parent go on medication, or a friend tells a grieving mother she should put her whole family in therapy, the bereaved parent is at greater risk of losing self-esteem. We often have no control over the death of our loved one which can bring on a sense of powerlessness and an inability to change our own life. When we lose a child, we cease to be a parent to that person in our daily roles and routines. Bereaved parents are at risk of feeling insignificant when they feel no longer needed. Additionally, a bereaved parent's self-esteem may be affected because they feel they are not 'getting over it' in a reasonable amount of time or not moving on quickly enough.

The final type of hurtful messages reported was blaming the bereaved. Whether it is connected to victim shaming and the culture of blame, society has always used blame to discharge pain and discomfort. Intense grief is a reminder that our lives here are

tenuous. This is unfortunate, as the bereaved often wish that they could have done things differently following the death of a loved one, and this can make them feel guilty. For example, bereaved persons may think that they should have done more to prevent the death or to have lived up to their own expectations in their prior relationships with the deceased. As stated, Toller (2008) notes that for many parents, the loss of a child creates severe anxiety, with some parents experiencing guilt over being unable to protect their child from sickness, injury or harm, causing the parents to feel as if they have failed or are to blame for the death of the baby or child (p. 408). These two final types of hurtful messages; suggesting the bereaved lacks competence, and blaming the bereaved are important to consider. Thoits (1995) contends that engagement with potential support providers can allow space for the bereaved to process feelings and thoughts about the loss, encouraging exploration of current and future self-conceptions that have been disturbed because of the loss. Additionally, research has provided that experiencing distress (Eisenberger, Lieberman, & Williams, 2003), and responses to negative social reactions are met with avoidant coping and increased self-blame reactions (e.g., Ullman et al., 2007).

Attributions for Hurtful Messages

As Rosenblatt (2000) suggested, a deep divide exists between bereaved parents and the rest of the world as parents are engrossed in their grief. This gap is further widened as friends and family view grief as parents' responsibility to work through (Rosenblatt, 2000). If, after the loss of a child, someone grieving finds social interactions addressing their grief to be negative, constrained, or unhelpful, this constraint can be

interpreted as feedback from others that coping is inappropriate, reflected in a griever's self-appraisals which question core self-concepts (Thoits, 1995). In attributional terms, actors in a social encounter can potentially control the perceptions of others by selectively manipulating their symbolic descriptions of causality, including "correct action" as well as the "provision of corrective information" (Goffman, 1971, p. 60). This hurtful messaging received from social support members can cause the bereaved to question meaningful aspects of identity: "What's wrong with me," "Am I coping poorly," or "Who am I? The 4 types of attributions reported for these hurtful messages support that bereaved parents often feel hurt, unseen, misunderstood and unsupported in sense making by their social networks after the loss of a child.

The first type of attributions participants reported were coded as minimizing the life of the deceased child. Grieving parents need to feel like their child's life was important. They want to know their child meant something to others who knew and loved them. Parents mourning the death of a child experience classic psychological, biological, and social grief responses. Not only is the death of a baby or child a death of the parents' future dreams, but it is also cause for a profound change in their present roles and functioning. Christ et al. (2003) note that integrating the loss of a child into the life narrative, making sense and new meanings of such a wrenching event, presents a challenge to parents and family. Thus, the grief experienced by parents and caregivers that have lost a child can also affect their relationships and the way they view their roles in society. One mother reported that a message sender told her that her daughter had made a pact with God to come for a short time. Though potentially it was intended to be a

positive or well-meaning message for the sender, this suggestion, that the child was faithful to God's wishes, was obviously hurtful to the bereaved parent. Other participants received messages they described as "dismissive" or "trivializing." It is interesting to note that some of the participants seemed to qualify or make excuses for why the sender sent the hurtful message. For example, a few attributions reported by participants began with "it seemed like" or "it felt like." Though certainly it is a function of attributions to assign meaning, it suggests that the receivers of these hurtful messages hesitate to assign causality as frequently or directly for hurtful messages as they did in assigning attributions for compassionate messages.

The second type of attributions for hurtful message suggested the deceased child is replaceable. The hurtful messages and the attributions reported for *these* hurtful messages were longer and more direct. The receivers of these messages reported feeling that social support members dismissed their child's humanity. These attributions report that the message sender was suggesting the deceased child was replaceable. This was often either because the child was very young at death or because the parent had other children. This lack of support from others significantly interferes with parents' grief work and ability to cope (Brabant et al., 1995) as being able to openly talk about their deceased child legitimizes and supports a parent's grief experience (Becvar, 2001) and allows parents to create a new sense of self (Hastings, 2000).

The third type of attributions reported were coded as blaming the bereaved. Participants reported they felt blamed by the message senders in some way. One participant reported feeling blamed for the death of a child based on a family history of

illness. A few participants reported feeling blamed by their significant others or spouses. As stated, attribution theory (Weiner, 1985, 2014) holds that people make sense of situations on three dimensions: whether an event is controllable or uncontrollable, internally caused (i.e., by him or herself) or externally caused (i.e., by others or by situational factors), and stable or unstable over time (Weiner, 1985). These participants reported attributions of internal responsibility, as their social support members were holding them accountable for the loss and they in turn, felt responsible in some way. Others reported it as an external cause, since the message sender was to blame for the inaccurate comment.

The final attribution type was that participants felt the message senders lacked empathy. This dispositional attribution could be seen as externally caused – the message sender was unable to empathize, suggesting that participants see the message sender as responsible. Reports of attributions coded as lacking empathy were- as in the blaming attributions, connected to longer reported memorable messages and attributional reports. These reports of the messages sender's lacking empathy caused the bereaved to feel social support members; “did not consider their feelings,” “didn't see the depth of their pain,” and “showed a lack of awareness.”

Summary

This study contributes to the literature on attributions the bereaved make for hurtful messages in attempt to explain, to predict, and to protect self and social identity. . The focus of an increasing amount of research and theory in recent years has been on the process by which individuals attempt to infer the causes of observed behavior.

Attribution theory (Jones & Davis, 1965; Kelley, 1967) proposes that this process involves assessing the effects of personal-dispositional and environmental-situational factors. Whether the behavior the individual assesses is his own or another's, i.e., whether he is an actor or observer, the relative importance of these two basic sets of causal factors will be weighed. This was the case in the present study, where survey participants reported attributions for both themselves and the message senders. Additionally, while an individual may formulate an attribution simply to achieve an understanding of some event, this explanatory attribution may be later used to make predictions about outcomes. This is important to consider to better support parents and caregivers who have lost a child, as these interactions help them navigate their grief, the expectations for the support they need and their uncertain future after the death of a child.

Theoretical and Practical Implications

As Servaty-Seib and Burleson (2007) argued, it is important for scholars to study what constitutes good support over negative support in order to better determine how that support facilitates grieving. This study expands on the work of memorable messages as well as compassion and hurt to identify what specific forms of support are experienced as comforting and helpful versus hurtful by those who are grieving the devastating loss of a child. This study extends memorable messages literature in two ways. First, I identified the types of compassionate and hurtful memorable messages social support members communicate to bereaved parents. The most compassionate memorable messages reflected that message senders acknowledged the loss, recognized the capability of the bereaved as well as the bereaved's ongoing bonds with and need to discuss the child, as

well as offers of support. One of the most compelling findings of this study is how bereaved parents distinguish compassion. Participants pointed to empathy as being a shallow and superficial emotion that was typically exhibited by individuals who wished to remain distant from the patient's situation. Here it is was described by participants as to suggest it was disingenuous, depersonalized, and emotionally distant and detached from the person suffering. Many participants expressed that the empathetic message was primarily concerned about the self-preservation of the sender, rather than an attempt to understand the person in need or a desire to alleviate suffering. Participants reported a more positive response to sympathy than to empathy. They attributed sympathy to a more emotionally engaged process, whereby individuals attempted to attune to the emotions of the patient through acknowledgment of suffering and concern for the well-being of the bereaved.

The attributions for hurtful memorable messages reflected that message senders minimized the loss, blamed the bereaved or lacked empathy. These findings provide practical implications in demonstrating that although social support members may have good intentions when communicating with others about the loss of a child, messages surrounding grief and loss have the potential to impact how the bereaved view their own grieving process in negative ways even years after the child has died. While participants viewed these as caused externally vs internally they were still remembered as hurtful.

Additionally, it extends the literature on attribution theory as it provides evidence for the importance of considering how the bereaved interpret and manage the grieving process, based on the ways they integrate communication received from social support

members. Attributions are an individual's assessments of the cause and responsibility (i.e., controllability) associated with a behavior (Manusov and Spitzberg, 2008). This study supports the existence of a self-serving bias, which as stated is the tendency of individuals to take credit for their successes (i.e., make internal attributions) and blame failures on external sources (i.e., make external attributions). Theoretically, these findings suggest that bereaved parents use these messages for sense-making after the death of a child. As bereaved parents in this study indicated, having someone simply be with them and listen to them talk over and over about their child, without offering advice or suggestions, helped parents in their process of grief. Likewise, individuals who are willing to honor and respect the ongoing connection that parents have with their deceased child provide parents with a great deal of comfort and support.

Limitations and Future Directions

The present study extends literature in social support for the bereaved and contributes to research in memorable messages, compassion, hurt and attribution theory, yet it is important to recognize the limitations. This is—in part—because of the limitations of collecting data in a questionnaire. The survey used had open ended questions to gather rich data. Several issues occurred within data collection because of this. For instance, some participants shared detailed stories while some participants gave vague, incomplete, or one-line responses, and the researcher was unable to ask for elaboration. An additional limitation to note is that not all participants answered each question. Several participants failed to answer some of the demographic questions, in particular 19 participants did not report race. It could be that the survey asked too many

demographic questions, as I asked for the demographics of both the sender and receiver of the messages, causing participants to lose interest near the end. Also, some participants described an experience or emotion rather than providing a memorable message. This could have impacted which response was coded for a type or sub-type.

The COVID-19 pandemic has immensely impacted global education, students' learning, and research activities. Gaining access to bereaved parents during a time of unprecedented social restrictions, mass deaths in the United States and a time of collective societal grief was a challenge. As a member of this population, I was acutely aware that the events associated with COVID-19 -things like economic stressors, isolation, over work, boredom, being quarantined, struggling with multiple roles, feeling losses around “old lives” events would be stressors for potential participants. Gate keepers of many local organizations and online grief support groups and forums that I contacted through personal contact, using the approved moderator point of contact messages, recruiting letters and announcements template were met with gentle but negative responses, based on the common claim that surveys are not well received or appreciated in these communities, especially during such a collective time of depression and mental health struggles. This prevented many from participating that might have taken the survey at a less challenging time.

An additional limitation to note was that in a sample of 50 participants, only 9 were male. In research involving bereaved parents, one study showed that women scored higher than men on all but one of the bereavement scales of the Grief Experience Inventory (Sidmore, 2000). Another study found that mothers cried much more than

fathers, and overall used a wider variety of coping mechanisms than fathers (Schwab, 1990). Having a greater number of male participants would have allowed the study to explore the differences in gendered reactions to these messages. Also, given that the sample was comprised mostly of Caucasian participants, this study is limited in understanding how majority versus non majority status may impact perceptions of grief.

Cultural, socioeconomic and political identities have an enormous impact on any grief experience and the support the bereaved have access to. Black and African American people experience bereavement more frequently and earlier in life than their White counterparts and thus may be more impacted grief. However, relatively little research has been devoted to the specific risks and resiliencies affecting bereavement-related mental health outcomes among African Americans. Furthermore, there is little research on the role of racial discrimination in shaping grief responses, which may add additional stress on Black and African American grievers. Having a larger number of non-Caucasian participants would have benefitted the study and given a voice to this population of bereaved parents.

Another limitation is that participants were asked to report how many years it had been since the child had died. The range reported was between 2 and 25 with the average number of years since death at 9.32 years. Time may reduce the impact of hurt, but it is important to consider that these participants still remember these messages, some from many years ago. Bereaved parents may always feel deep sadness, anger, or guilt. They may ruminate about the events leading up to the death of their child and blame themselves or others for it. They may have symptoms typical of major depression in the

first few months after their loss or have experiences such as hearing their dead child's voice or seeing his or her face in a crowd. Such experiences are thought to be the result of yearning or a persistent, often wistful or melancholy desire or an intense and overpowering longing for the return of their child. These are normal responses, calling for compassion and support, but not necessarily for treatment. But, if the symptoms persist and become increasingly debilitating, the condition turns into what is often referred to as unresolved, protracted, traumatic, or complicated grief. As stated, Rogers et al. (2008) and McCrory et al. (1995) found that parents whose child died of cancer still experienced pain and a sense of loss seven to nine years after the child's death (Rogers et al., 2008, p. 208). Participants ability to recall these memorable messages asserts, that for parents that have lost a child, grief continues many years after the death, if not indefinitely. The few studies that have followed parents for years after the child's death support the concept of their preoccupation with the loss of children across the life cycle (Rubin & Malkinson, 2001). Klass (1988) refers to the "amputation metaphor": the sense of a permanent loss of a part of oneself that may be adapted to but will not grow back. The results extended previous findings about grief for bereaved parents to suggest that the death of a child could be associated with longer lasting difficulties for parents than had been previously described.

A further limitation is that the current study directly asked participants for their attributions for the compassionate and hurtful messages. This resulted in predictable but limited responses based on the ways society limits our discussion of grief. As stated, attribution theory (Weiner, 1974) focuses on the receiver's attempt to explain why

something was said or done and also assists in meaning making. A person seeking to understand why another person did something may attribute one or more causes to that behavior. But, in making attributions about the words, motives, and actions of others we make mistakes. Many of the participant attributional responses were answers to why they felt the way they did rather than giving an answer as to why they think the sender sent the message. This speaks to the difficulty in using attributional theory in understanding why the messages parents receive after the death of a child felt compassionate or hurtful. There are weaknesses to using attribution theory, both because perception of events is different for the individual and the observer, but also because social consensus and biases can change these perceptions. One way that our attributions may be biased is that we are often too quick to attribute the behavior of other people to something personal about them rather than to something about their situation. Additionally, in making attributions concerning the causes of behavior, people tend to make certain errors of interpretation. The first is called the fundamental attribution error. This error is a tendency to underestimate the effects of external or situational causes of behavior and to overestimate the effects of internal or personal causes. The second error in attribution processes is generally called the self-serving bias. There is a tendency, not surprisingly, for individuals to attribute success to their own actions while attributing failure to others.

As a bereaved parent and researcher, I faced challenges as I had to make attributions for the message coding schemes in the present study. My own experience of receiving similar compassionate and hurtful messages likely informed the ways I read the data based on my own attempt to make sense of similar messages I have received since

my daughter's death. This reflects the human tendency of underestimating how important the social situation really is in determining behavior. (Strangor et al., 2011 p. 740). Therefore, further questions regarding the memorable messages may have allowed participants to better process and explain why the messages were considered compassionate and hurtful.

Additionally, given that faith messages were reported similarly for both compassionate and hurtful memorable messages (i.e., "God needed her in heaven"), it may be beneficial to conduct qualitative research on the role of prayer and health for caregivers in the future. This may lend further insight into why religious sentiment is positive and negative for some. Future research should also consider both the verbal and nonverbal memorable messages to better understand what types of messages are most influential in supporting those that are grieving. Although not reported in the present study, I asked participants to indicate how compassionate and how hurtful the messages were with quantitative measures. With this data I will be able to distinguish how compassionate and how hurtful the message types are in relation to one another. This information will be helpful to examine how hurtful comments can be assessed positively or negatively. As stated, it may be that the negativity associated with hurtful messages exists on a continuum, and distal and proximal factors buffer the perceived negativity of the comments (Leary et al., 1998; Vangelisti & Young, 2000). Finally, using the dual-process theory of supportive message outcomes could further explicate the effects of person centered messages to help scholars and practitioners better understand the types of communicative support bereaved find helpful. The dual process theory defines

communication as goal directed, thus message processing is guided by goals that direct how comforting messages effect outcomes (Bodie and MacGeorge, 2021).

Future research should continue to consider the function of memorable messages as they relate to health outcomes for bereaved parents and caregivers. A major theme that emerged centered on acknowledgement of the child in addition to the parent and their grief. It is important that providers realize how grief is experienced within health care and social support systems, along with parents desire for support. This study supports that mothers and fathers and caregivers feel that acknowledgement of their child as an individual, their parenthood, and their enduring traumatic grief by healthcare providers are key elements required in the process of initiating immediate and ongoing support after the death of a child.

Conclusion

Science and practice seem deeply stuck in the so-called stage theory of grief. Health-care professionals and society continue to “prescribe” stages. Basically, this perspective endorses the idea that bereaved people go through a set pattern of specific reactions over time following the death of a loved one. It has frequently been interpreted prescriptively, as a progression that bereaved persons must follow in order to adapt to loss. Klass (1991) contends that social support, both interpersonal (provided by family and friends) and professional (provided by physicians, counselors, and other health care workers) is the “most important determinant in the resolution of grief” (p. 200). Social support is generally defined as the perception and/or experience of support that indicates one is valued and cared for, and is generally classified into three types: informational,

which consists of the provision of guidance and advice; instrumental, which comprises the provision of tangible assistance including goods, services and money; and emotional, which includes the provision of warmth and empathy (Taylor, 2007). For support to be provided, the need for the support must be recognized; the support must be available, sufficient and extended (Rando, 1993); and the support must be perceived as helpful by those receiving it for it to be beneficial (Kaunonen et al ., 1999; Stylianos & Vachon, 1993; as cited in Taylor, 2007). Sources of social support are partners, family members, friends, colleagues, and the wider social and community networks (Taylor, 2007), and the support they provide is crucial in times of grief.

Although scholars have examined the social support experiences of bereaved parents, questions remain. Researchers have yet to more fully examine what specific forms of social support bereaved parents find helpful and comforting and which are hurtful. As the results of this study signify, bereaved parents and caregivers do view different types of messages as being more compassionate and hurtful. The present study extends literature in social support and contributes to research in memorable messages, compassion, hurt and attribution theory. Educational tools and additional research will help social networks share messages that are more meaningful and impactful for bereaved parents and caregivers and their social support networks. Two of the most comprehensive and influential current grief theories are the Dual-Process Model of Stroebe and Schut (1999) and the Task-Based Model developed by Worden (2008). These models serve both health care practitioners and the bereaved, by offering frameworks that guide interventions and enhance self-awareness and self-efficacy in those that have lost a loved

one. This is promising, and a move away from the principal concerns with and criticisms of Kubler-Ross's stages of death and dying which is that the stages were developed without sufficient evidence and are often applied too strictly.

In the time I have spent in pursuit of my Ph.D. and since the death of my daughter, I have come to frame grieving as a form of learning. At its most broad, bereaved people have to learn how to live in the world while carrying the absence of their loved one with them. Learning to find a way back to a meaningful life is just one aspect. The bereaved must relearn every small habit that incorporated the life they had with the deceased child. I have relied on communication from and with my social support members to try to make sense and incorporate the loss into my identity today years after the death of my beloved Ani. Grief is a constant in everyone's life. It is universal. In the last two years, as I have worked to finish this dissertation, I have lost my father and my father-in-law. Because they both died during the COVID 19 pandemic, there were no funerals to say goodbye, and family could not travel so we could be together to mourn, remember, and celebrate their lives. In the past month, my home flooded, and I lost all my children's photo albums, their artwork, first locks of hair, all of their violins, cellos, and guitars, and most of their books and childhood belongings. My father had moved in with my family after my mother died, which was four months after the death of my daughter, so I lost everything of my mother and father's in the flood as well. All their family heirlooms, their wedding albums, and childhood photographs are gone. The loss of precious family photographs, scrapbooks, and memorabilia has been devastating. While obviously not as difficult as grieving my daughter, mother, and father, it is a brutal

reminder of the pervasiveness of grief. I am acutely aware of the loneliness of grieving. It reminds me of another painting by Frida Kahlo. *Thinking about Death* was a self-portrait painted in 1943. At that point, her health had deteriorated, and she was bedridden. Bedridden at the time, death was an inevitable thought lingering over her mind. In the painting, death is symbolized by skull and crossbones, which is painted on her forehead in the portrait. In Mexican culture, death means both rebirth and life, and in the portrait, she has painted herself against a background of green leaves, symbolizing life. Her integration of death and life in her art speaks to the necessity of integrating grief and loss into our lives. Having the opportunity to work on this dissertation allowed me to stay connected to my grief and my daughter in a similar way. Integrating grief does not mean that individuals forget their loved ones, or miss them any less or that we stop thinking about them. It allows us to stay connected to the deceased without their physical presence. It is my hope that the participants who shared their stories and time with me felt this same connection to the children they have lost. There is something so important and so healing for myself and other parents who have lost children to be able to share that child's story. To be able to laugh at funny memories. To be able to mourn with another. To be able to celebrate and remember and value a little life that has gone too soon.

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Appendix A: Sample Recruitment Letter

Sample Recruitment Letter or Email

Dear [insert name],

My name is April Samaras and I am a Ph.D student from the Communication Studies department at the University of Denver. I am writing to invite you to participate in my research study about compassionate or hurtful memorable messages that you remember receiving after the death of your child or the death of a child that you have cared for.

If you decide to participate in this study, you will answer a survey and questionnaire investigating compassionate or hurtful memorable messages that you remember receiving after the death of your child and your attributions for those messages. Remember, this is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study please email or contact me at [insert contact information]

Thank you very much,

April Samaras

Communication Studies

University of Denver

Denver, CO 80208

april.samaras@du.edu

720 495 2347

Appendix B: Moderator/Point-of-Contact Message

Dear _____:

My name is April Samaras and I am a Ph.D. candidate in the Department of Communication Studies at the University of Denver and an assistant professor at Regis University. I am working on my dissertation that explores hurtful and compassionate messages bereaved parents receive after experiencing the death of a child. I am in the process of recruiting participants to complete an online survey on this topic and therefore, I'm writing to see if you would be willing to share the below italicized message with your class and/or community group [insert name of group] through your email list serves, message boards, and/or social media sites. I am also willing to attend your classes or meetings in order to provide an overview of the study if you prefer.

Below in italics I've included the message you can copy or forward to potential participants.

Dear [insert name],

My name is April Samaras and I am a PhD candidate in the Department of Communication Studies at the University of Denver and an Assistant Professor at Regis University. I am working on my dissertation that explores compassionate and hurtful messages bereaved parents have received after the death of a child. I am contacting you because I am recruiting study participants and am requesting your support.

In order to qualify for the study, participants need to be 18 or older and identify as a primary caregiver to a child who died between birth and 25 years of age. Primary caregivers may include parents, step-parents, grandparents, and/or others who identify as having taken on a primary caregiving role.

Participants will complete an online questionnaire that includes identifying hurtful and compassionate message they received in the first year after the death of their child, as well as demographic questions and other questions related to these kinds of messages.

If you qualify and would like to participate in the study, you can find the survey here https://udenver.qualtrics.com/jfe/form/SV_db5Hf1z4t8dtfro. If you know others who qualify, I would greatly appreciate you forwarding this message on to them.

If have any questions about the study please contact me at the below information.

Thank you very much,

April Samaras

Communication Studies

University of Denver

Denver, CO 80208

april.samaras@du.edu

720 495 2347

Appendix C: Survey

Compassionate and Hurtful Messages received by Bereaved Parents

Memorable Messages

The purpose of this study is to understand **memorable messages** that parents like you receive within the first year after the death of a child. A message is memorable if it has **stayed with you and affected the way you think, feel, or act**. The person who sent the message could be a healthcare provider, spouse, family member, friend, coworker, or acquaintance. The following questions will ask you to think about two types of memorable messages that you received after the death of your child, including a 1) **hurtful memorable message** and a 2) **compassionate memorable message**.

Hurtful Memorable Messages

The first memorable message that I would like you to think about should be one that was hurtful. Hurt is a broad term, but I define it specifically as a feeling that occurs in response to emotional pain or injury. Some examples of hurtful memorable messages in the context of child loss might be, “tomorrow is never promised,” “at least you won’t have any more hospital bills,” or “now you can take that vacation you have always wanted.” Keep in mind that messages that are helpful for some people may be hurtful to you or vice versa. Memorable messages can also be nonverbal, such as saying the above messages in a flat or sarcastic tone or refusing to make eye contact with you. They also might be something that the person did or did not do such as going on and on about what a challenge their own child is or avoiding using your child’s name in conversation.

In the space below please write a memorable message that was **hurtful** that someone, such as a healthcare provider, spouse, family member, friend, coworker, or acquaintance said to you **within the first year after your child died**. Although you may remember a number of different memorable messages communicated to you during this time, please share the **most memorable** hurtful message.

Degree of Message Hurtfulness

Vangelisti, Young, Carpenter-Thune, & Alexander (2005)

Based on the following scale, **at the time you received the memorable message** please indicate how much you agreed with each of the below statements:

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

	SD			N			SA
1. The memorable message that I received was hurtful.	1	2	3	4	5	6	7
2. The memorable message that I received caused emotional pain.	1	2	3	4	5	6	7

Causes (Attributions) for Feelings of Hurt

Vangelisti, Young, Carpenter-Thune, & Alexander (2005)

In the space below, please describe in detail **why** the memorable message was hurtful.

Message Sender

Was the person who sent this message a:

friend

_coworker

_spouse/significant other

_relative

_healthcare provider (please indicate doctor, nurse, etc. _____)

_other _____

What is the gender of the person who sent this message:

_woman _man _other_____

What age was the person at the time they sent this message?

What is the race/ethnicity of the person who sent the message?

_____ Black/Non-Hispanic _____ White/Non-Hispanic

_____ Hispanic _____ Asian or Pacific Islander

_____ American Indian _____ Other _____

or Alaskan Native

Compassionate Memorable Messages

The second type of memorable message I am interested in is one that communicated compassion following the death of your child. Compassion is defined as an attitude toward someone containing feelings, thoughts, and behaviors that are focused on caring,

concern, tenderness, and an orientation toward supporting, helping, and understanding someone in a time of need.

Examples of compassionate messages might be, “Your child will hold a special place in my heart forever,” “I know nothing I can do can take away your pain, but I am going to be here for you every step of the way,” or “This is not fair.” Keep in mind that messages that are compassionate for some people may be hurtful to you or vice versa. Memorable messages can also be nonverbal, such as hugging you tightly or crying with you. They also might be something that the person did or did not do, such not forgetting your child’s birthday after she died or cleaning your house for you while you took care of funeral arrangements.

In the space below please write a memorable message that was **compassionate** that someone, such as a healthcare provider, spouse, family member, friend, coworker, or acquaintance said to you **within the first year after your child died**. Although you may remember a number of different memorable messages communicated to you during this time, please share the **most memorable** compassionate message.

Degree of Message Compassion

Willer (2014) based on Sprecher and Fehr (2005)

At the time you received the memorable message, rate the extent to which you felt the message was:

Uncompassionate 1 2 3 4 5 6 7 8 9 10 Compassionate

Caring	1 2 3 4 5 6 7 8 9 10	Dismissive
Useless	1 2 3 4 5 6 7 8 9 10	Helpful
Reduced my Suffering	1 2 3 4 5 6 7 8 9 10	Increased my Suffering
Hard-hearted	1 2 3 4 5 6 7 8 9 10	Tender

Causes (Attributions) for Feelings of Compassion

Vangelisti, Young, Carpenter-Thune, & Alexander (2005)

In the space below, please describe in detail **why** the memorable message was compassionate.

Message Sender

Was the person who sent this message a:

_friend

_coworker

_spouse/significant other

_relative

_healthcare provider (please indicate doctor, nurse, etc. _____)

_other _____

What is the gender of the person who sent this message:

_woman _man _other _____

What age was the person at the time they sent this message?

What is your race/ethnicity? Please check one of the following.

Black/Non-Hispanic White/Non-Hispanic
 Hispanic American Asian or Pacific Islander
 American Indian Multiple ethnicity/ Other
 or Alaskan Native

Participant Demographic Questions

As a primary caregiver to your child who died, what is your relationship to them?

_parent
_stepparent
_grandparent
_other _____

What is the gender of your child who died?

girl

boy

other _____

What was the age of your child at death ____

How many years has it been since the death of your child ____

What is your current age ____

Please indicate your gender

man

woman

other _____

What is your race/ethnicity? Please check one of the following.

Black/Non-Hispanic White/Non-Hispanic

Hispanic American Asian or Pacific Islander

American Indian Multiple ethnicity/ Other

or Alaskan Native

Black/Non-Hispanic White/Non-Hispanic

_____ Hispanic _____ Asian or Pacific Islander
_____ American Indian _____ Other _____
or Alaskan Native

Which level of income best represents your **total** household income:

- _less than \$19,000
- _\$20,000 to \$39,999
- _\$40,000 to \$59,999
- _\$60,000 to \$79,999
- _\$80,000 to \$99,999
- _\$100,000 to \$119,999
- _\$120,000 to \$139,000
- _\$140,000 to \$159,000
- _\$160,000 to \$179,999
- _\$180,000

If you are willing, please provide your name and mailing address so that we can enter your name to win a drawing for a chance to win one of four Target gift cards. Your information will be kept confidential and separate from your survey responses.

Name_____

Number and Street_____

City_____

State_____

Zip Code_____

If you are willing to be contacted by the researcher for future studies on child loss, please provide your email address. Your email address will be kept confidential and separate from your survey responses. _____

If you would like to share any other information with the researcher, please type it in the space below: