

Running Head: Final Conversations & Religion/Spirituality

Final Conversations: Survivors' Memorable Messages

Concerning Religious Faith and Spirituality

Maureen P. Keeley, Ph.D.

Texas State University-San Marcos

Department of Communication Studies

San Marcos, TX 78666

512-245-3133

mk09@txstate.edu

Keeley, M. (January 2004). Final conversations: Survivor's memorable messages concerning religious faith and spirituality. *Health Communication, Vol. 16, pp. 87-104*. [Special Issue: Religious Faith, Spirituality, and Health Communication. R. Parrott (Ed.)].

ABSTRACT

This paper reports on the findings from a project exploring “final conversations” (FC). The FC project examines communication with the terminally ill from the often-overlooked survivor’s perspective (N=30). The researcher focuses purposely on one major theme discovered in the FC interviews, that of messages shared regarding religious faith and/or spirituality. Messages pertaining to religious faith and/or spirituality were identified in 26 of the 30 FC interviews. The results revealed that validation-comfort and validation-community were the dominant themes in FC. Further, when framed as memorable messages, these final conversation excerpts revealed three “rules of conduct” relating to: (1) how to cope with life’s challenges after a loved one is gone; (2) how to be involved in the death/dying process; and (3) how to enact and/or live your religion/siritality. Implications for health communication theory and research, as well as comforting literature are discussed.

Final Conversations: Survivors' Memorable Messages

Concerning Religious Faith and Spirituality

Kubler-Ross's (1969) groundbreaking work on death and dying established the need for communication between the terminally ill person and family. The majority of research on end-of-life communication, however, focuses on the importance of communication from the dying person's perspective (Callanan & Kelley, 1992; Aiken, 2001). Communication at the end-of-life is also important for the surviving family members and close friends, impacting their health and well-being (Nadeau, 1998). Family members seek opportunities for final communication with the dying loved one (Gold, 1984), expressing concerns similar to those expressed by the dying person (Fieweger & Smilowitz, 1984). Especially important to people facing death, be it their own or a loved one's, is the search for meaning, the examination of religious belief systems, an exploration of spirituality, and a consideration of personal philosophies (Marrone, 1999). People begin this process through communication during "final conversations" (FC) with dying loved ones, following confirmation of a terminal illness. Communication at the end-of-life from the survivor's perspective is an overlooked health communication issue. A broad arena with significant unanswered questions, this paper begins the process of examining FC by exploring the emergence of discourse relating to religious faith and spirituality.

Talk about Religious Faith and Spirituality in the Face of Death and Grief

There is a great deal to learn about issues revolving around communication about religious faith and spirituality in the face of a loved one's death, including how the health and quality of life of survivors may be impacted (Marrone, 1999). Leis, Kristjanson, Koop, and Laizner (1997) concur, suggesting that research explore the effects of spirituality on families' experiences with terminal illness. In the literature on death and bereavement, the terms religion and spirituality are often used interchangeably (Pargament, 1999), but may be distinguished in the following ways:

Religiosity has specific behavioral, social, doctrinal, and denominational characteristics because it involves a system of worship and doctrine that is shared within a group.

Spirituality is concerned with transcendent, addressing ultimate questions about life's meaning, with the assumption that there is more to life than what we see or fully understand. (Underwood & Teresi, 2002, p. 23)

Religious and/or spiritual beliefs often provide family members a consoling explanation for events that cannot be explained by reference to science and logic alone (Davis & Nolen-Hoeksema, 2001; Dull & Skokan, 1995). People that have religious/spiritual beliefs are likely to be less anxious about death (McKenzie, 1980). In fact, when people face death, they often begin a religious and/or a spiritual quest (Gentile & Fello, 1990; Heinz, 1999). The dying person's loved ones are also searching for meaning, and religious faith/spirituality is a critical component to their ability to ascribe meaning to loss (Davis & Nolen-Hoeksema, 2001). How these spiritual searches emerge in conversations between those facing death and their loved ones has rarely been examined. Palliative care nurses have described resistance, denial, unrealistic optimism, and anger as blocks to open communication with the dying (McGrath, Yates, Clinton, & Hart, 1999), which may also inhibit discussion about death between the dying and their loved ones.

Three principal tasks associated with dying have been identified, with extrapolation of these tasks to the experiences of friends and family demonstrating great relevance (Doka, 1993). One task is to find the meaning or significance of life, with answers possibly found in religious/spiritual beliefs and an inability to find answers producing deep feelings of spiritual anguish. A second task is to evolve an appropriate framework to accept death in a way that is consistent with individual values and lifestyles, with religious faith and spirituality guiding the formation of thoughts to accommodate death as part of life. Third, people need to transcend death,

which may be accomplished through new spiritual insights, a renewed promise of eternal life gained from religious doctrine, or assurances that their deeds will continue after they die.

Both those with religious faith and spirituality as guiding frameworks and those without such frames, search for personal meaning when faced with a loved one's death, looking for the benefits gained from the experience. The three most common benefits reported include a strengthening of relationships or increased sense of connectedness with others; a growth in character; and a gain in perspective (Nolen-Hoeksema & Larson, 1999). Communication research suggests the validity of asserting that FC will be the site of "strengthening of relationships" during the period of the terminal illness. Discussing intimate issues such as "confronting the past, speaking the unspeakable, acknowledging the difficult, and talking about death can lead to the development of an intimate relationship" (Nussbaum, Pecchioni, Robinson, & Thompson, 2000, p. 44). Second, "a growth in character" is often the result of being affected by the death process. Approximately three decades have passed since Marshall (1975) found that being around death, experiencing loss, and observing how to address these events helps people prepare for their own eventual death. Third, communication is a necessary component for the attainment of a "gain in perspective." FitzSimmons (1994) suggests that talking about the death experience helps to clarify feelings for all participants while putting death into perspective. An additional benefit of talking about death is that the talks help all participants deal with their emotions (FitzSimmons, 1994; Silverman, Weiner, & El Ad, 1995). These meanings are "often intensely personal and perhaps to some extent nonverbal...and are no doubt...tested and revised, at least subtly, in interactions with others" (Davis & Nolen-Hoeksema, 2001, p. 737). How religious faith and spirituality emerges in these conversations, especially prior to the passing of a loved one, is not known. Prior theorizing and research within communication suggests that their role will be a significant one. Thus, the first research question that this paper addresses is:

RQ1: What major themes pertaining to spirituality/religiosity emerge from FC?

Memorable Messages Framework

Interpersonal messages that are remembered for a long time and have a significant effect on a person's life are identified as "memorable messages" (Knapp, Stohl, & Reardon, 1981).

Memorable messages often have a profound impact on a person's life because they are "internalized" and "taken to heart" (Knapp, et al., 1981 p. 39). According to Knapp and his associates (1981), a number of factors contribute to whether or not an interpersonal message becomes a memorable one or not. First, the event where the interaction occurred is usually a single, significant episode in the person's life or there is something unique about the event.

Memorable messages are most often received from a person who was held in great esteem. The messages are usually brief, have a personal focus, and the conversation occurs at a time when the person is seeking something (therefore, perceptual and emotional receptivity is high). Lastly, they have a relatively simple rule structure. Given the aforementioned criteria, FC about religious faith and spirituality are likely to be memorable messages. Having a FC with a close loved one (be it a parent, spouse, sibling, grandparent, close friend, etc.) is easily construed as a significant and distinctive event in a person's life. In fact, usually, the dying person has gatekeepers around to insure that only close family and/or friends are given access to the person that is dying, thereby acknowledging the importance of the interaction between the participants of the FC. Second, the dying person is often held in great esteem because of the type of relationship (e.g., parent-child, grandparent-grandchild, etc.), the nature of the relationship (e.g., a close and intimate relationship), or the realization that the FC may be the last message that is received from the dying person. Third, because the dying person often does not feel well, is tired, or may be incapable of sustaining a long conversation, many messages found in FC are brief (Callanan & Kelley, 1992). Fourth, the messages exchanged in FC that are memorable often have a very personal focus

because the presence of a significant life challenge such as a terminal illness, usually forces people to reassess what is important, and what is often discovered is that what matters most is the relationships in peoples' lives (Lynn & Harrold, 1999). Fifth, the person who must go on living after the death of a loved one is very receptive to messages as a way to make sense of their loss and their experience. People are often looking to learn something new about themselves or about the value of relationships as a way to come to terms with the death and loss of their loved one (Davis & Nolen-Hoeksema, 2001). Sixth, the communicative structure of FC is likely to be simple, due in large part to physical and/or mental constraints experienced by the dying person (Callanan & Kelley, 1992). Thus, a memorable message perspective provides a valuable framework from which to analyze religious discourse from FC.

According to Knapp and his associates (1981), memorable messages usually prescribe "rules of conduct" or specify personal, action-oriented advice enabling the person to solve personal problems. "The memorable message may be one which 'makes everything clear' in retrospect or it may be a message which has over the years, represented a superordinate injunction guiding life decisions" (Knapp, et al., 1981, pg. 38). Therefore, messages that are received during FC have the potential to act as "rules of conduct" for the survivors regarding their future behavior. Further, the recipient of the message usually participates in constructing parts of the message that are implicit (Knapp, et al., 1981). Thereby, the recipient of the FC message should feel empowered because of their role in co-creating the message because of their inherent understanding of the dying person's intent. Finally, the message can usually be applied to a number of situations, thereby increasing the number of associations and the repetition of the message (Knapp, et al., 1981). Sharing messages with others--thereby increasing the redundancy of the message--often increases the memorability of the message (Honeycutt & Cantrill, 2001). Thus, the power and impact of the FC message about religious faith and spirituality would be

reiterated every time that it is applied to additional, relevant situations and shared with others.

Knapp and his associates (1981, p. 40) state “memorable messages are a rich source of information about our selves, our society, and our ways of communicating.” (Knapp, et al., 1981, p. 40). Examination of religious discourse contained in FC from the framework of memorable messages provides a way to explain the profound impact that these end-of-life conversations have on people. Thus, the second research question that this paper addresses is:

RQ2: What “rules of conduct” pertaining to spirituality/religiosity emerge from FC?

Method

Participants and Procedures

Thirty retrospective interviews were conducted in a private office ($N = 30$). The sample consisted of 26 female and 4 male participants: 24 White, 5 Hispanic, and 1 Black. Participants ranged in age from 21 to 85, with the average age of the participants being 38. Broad sampling techniques were used to obtain the purposive sample included in this research. Purposive sampling is often necessary in health communication research projects if researchers hope to have an “information rich” sample (Devers & Frankel, 2000). Participants for this study were obtained primarily from a form of a snowball sampling technique (Lindlof, 1995). Participants heard about the research project from other participants, from friends and family who had heard about the research project through a wide variety of sources, or from the researcher. A flyer was posted in public places, given to Hospice programs and grief counselors; a web page was created and sent to a number of different search engines; the researcher talked about the project during one-on-one conversations that were appropriate and gave presentations at meetings. To participate in the study, participants had to meet two criteria: (1) have had a FC or experience (nonverbal interaction) with a loved one, with both participants’ knowledge and understanding that one of

them was dying; and (2) have a clear recollection of the FC interaction which took place any time between the diagnosis of “terminal amount of time to live” and the actual death.

All participants contacted the researcher about interest in participating to reduce invading people’s privacy or pressuring anyone to participate. People in the midst of great pain and/or emotional stress are often in no shape to participate in an interview (Morse, 2000). Questioning participants about their communication and experiences in the midst of the situation can break down defense mechanisms and bring emotional pain back into focus (Morse, 2000). Conducting interviews in such conditions would be unthinkable and unethical. Under such conditions, utilizing retrospective interviews allows participants to share their insights and their stories under their own terms. Such qualitative methods are appropriate and the best choice to reveal meanings people assign to their personal experiences (Polkinghorne, 1988); to describe the phenomenon through an analysis of the words and nonverbal behaviors; and to create a holistic picture of the phenomenon (Creswell, 1998). Qualitative interview procedures have the potential to re-evolve powerful emotional responses (McLeod, 1994), with this study on FC being extremely sensitive and emotional; thus, great care was taken not to pressure or pursue any person to participate.

Only retrospective interviews were conducted, with a simple 10-minute focusing exercise used to help participants recall their FC before the actual interview began. Retrospective interviews about major life-altering events such as the death of a loved one often result in a “resurgence of the memories and emotions and brings back experiences” (Morse, 2000, p. 541). Retrospective interviews give people an opportunity to reconstruct their experience and examine perceptions in a new light. This new perspective may be more revealing than it could have been earlier when shrouded in the pain and stress accompanying a loved one’s death. Retrospective interviews provide valuable data concerning the “meanings that people ascribe to their own and others’ behaviors during communication episodes” (Metts, Sprecher, & Cupach, 1991, p. 164).

The amount of time between the loved one's death and the interview regarding the FC ranged from 3 months to 27 years with the average amount of time being 6.8 years (2 were less than 6 months; 7 were 1-2 years; 9 were 3-5 years; 3 were 5-10 years; 5 were 10-15 years; 2 were 20-30 years). Given the exploratory nature of the study, the interviews were conducted using a semi-structured focused format with open-ended questions (Kvale, 1996; McCracken, 1988; Stewart & Cash, 2000). Following an "Emotionalist" perspective, the interviewer formulated open-ended questions that created a climate of rapport that allowed for an honest expression of emotions and "lived experiences" (Silverman, 2001). From this perspective, interviewers are encouraged to "become emotionally involved with respondents and to convey their own feelings to both respondents and readers" (Silverman, 2001, p. 91). Reason and Rowan (1981) suggest that in-depth interviews in which the interviewee and interviewer become 'peers' or 'companions' create the possibility of a deep mutual understanding.

The interview guide consisted of 24 open-ended questions with additional questions determined by the flow of the interview. A grief counselor verified the relevance and utility of the interview guide. Interviews lasted between 60 to 120 minutes, with the average length at approximately 90 minutes. A six-step process was used during the interview. First, a period of time was taken to make the participant comfortable. Second, participants completed and signed an informed consent. Third, participants completed a brief questionnaire regarding demographic information and the person with whom they had the FC. Fourth, participants completed 10 minutes of free writing as a focusing exercise concerning their FC. Fifth, the participants were asked a series of interview questions by the investigator primarily in face-to-face interviews (2 interviews were conducted via the telephone). Sixth, all participants were debriefed about the interview, their emotional well-being, and their impressions of the experience. Interviews were audio recorded and transcribed verbatim, resulting in 390 single-space pages of data.

Data Analysis

The objective of this type of investigation is to explain recurring patterns of meaning and behaviors of participants (Creswell, 1998; Miles & Huberman, 1984). The researcher utilized both grounded theory and a memorable messages framework to make sense of the participants' experiences. The first goal of the analysis was to describe the meaning of participants' experiences through an examination of recurring patterns (Creswell, 1998; Strauss & Corbin, 1990). The second goal was to approach the data openly but within the framework of memorable messages for additional explanation of the findings (Knapp, et. al., 1981).

To gain a holistic understanding of the data, the transcripts were read in their entirety before coding. The process of coding that was used in this research was an adaptation of Glaser and Strauss' (1968) grounded theory (Strauss & Corbin, 1990). For this paper, only those messages regarding issues having to do with spirituality/faith/religion during FC were used. Through open and axial coding, emergent themes and memorable messages were identified (Spradley, 1979; Strauss & Corbin, 1990). Open coding is an iterative process where data are compared for similarity and difference (Strauss & Corbin, 1990). Open coding is also an emergent process where categories are continually added, combined, and revised. Once open coding was completed, axial coding was performed. Axial coding involves making connections between the data that were open coded, a process of searching for commonalities (Strauss & Corbin, 1990). Axial coding involves integrating findings from the different messages to find more general themes that make the analysis coherent. The constant comparative method was used to identify the themes (Strauss & Corbin, 1990). The meanings of the participants' statements were read, reread, and reflected upon to identify the important messages for each of the categories.

After the data set was coded, the researcher used the negative case analysis technique to ensure that categories were not forced on the data (Erlandson, Harris, Skipper, & Allen, 1993). A

negative case analysis is an interpretive method where data are examined to search for alternative explanations that would render the findings invalid. The researcher continually looked for rival explanations for the research findings (Miles & Huberman 1994). Once the data was identified, categorized, and coded, the researcher engaged in participant checking (Creswell, 1998; Lincoln & Guba, 1985). Participant checking enabled the researcher the opportunity to see if the interpretation was a valid representation of participants' experiences. Five participants were contacted to discuss the findings, chosen because of the integral role that spirituality/religiosity played in their FCs, their representativeness of the population in regard to their FC experiences, and because of their level of competence (e.g., education level and/or experience with end-of-life issues). Participant checking confirmed the findings that the themes and structures were consistent with their FC experiences in regard to the spiritual or religious faith aspect of their experiences.

Results

Not all participants spoke of issues relating to religion or spirituality during their FC with the dying loved one, but 26 (87%) participants mentioned issues revolving around religious faith and/or spirituality. One encompassing theme with two distinct sub-themes for communication about religious faith/spirituality during FC emerged. These themes provide insights about the form and function of religious faith and spirituality messages during FC. Also, an examination of the data within the theoretical framework of memorable messages revealed three rules of conduct.

Themes of Religious Faith/Spirituality

The overarching theme associated with messages of religious faith and/or spirituality in FC was validation. All 26 participants validated their (and/or the dying person's) religious/spiritual beliefs by expressing them during FC. One of the 26 expressed anger at God, but did not feel that her beliefs were invalidated; in fact, she talked about the importance of faith for her family, for the loved one who died, and for herself. In some instances, the reference to faith, religion, or

spirituality was very brief, while in others it was almost the entire focus of the FC. Validation took three forms: (1) a statement of confirmation of long-held belief systems, (2) a statement of resurrection of dormant belief systems, or (3) a statement of authentication of a perceptual shift in belief. Two functions were served by messages pertaining to survivors' validation of religious/spiritual beliefs: (1) validation and comfort or (2) validation and community.

Validation-Comfort. Fifteen interviews exemplified the category of Validation-Comfort, highlighting the solace found when survivors and the dying communicate openly about God's will, a strong belief in an after-life, or experiences that confirm that there is an afterlife:

Participant # 16. I told my dying son "You know that God is very powerful part of our lives. I have always tried to teach that to you." And he said, "Yes mom, I know." I said, "So grab a hold of him Jacob. Grab a hold of him and don't let go...Jesus is here to help you..." (LL. 53-59). ...And it is so ironic how God had a hand and plans things so well...(LL 143-144). ..."I just want you to know, that you do what you need to do. What God wants you to do" (LL 267-268).

Participant # 30. You can't go through this...witnessing death, without that awe of what life is. Where it comes from and where it goes... (LL 537-549).

The next example is from an older participant whose life's work as a lawyer was based on fact and rationality. He spent a great deal of time giving background about his mother, father, and himself. He shared a story that his mother told him right before she died. It was about an experience that had happened to her 10 years previously, but she had not told anyone else about the experience, until this FC with her son:

Participant # 29. She said, "He walked out of that door. I know it was him. He came over to me and got me by the arms and lifted me up and he held me in his arms, and

he told me, ‘I have been permitted to come see you... I’m permitted this one visit.’”

And he held her in his arms and he turned and walked away. She felt him, she saw him, she heard him...When she told me that story, I knew that she knew it was true. ..I’m a rationalist and I’m skeptical. But I knew that she knew that happened. And because she told me it did, I believe it did (LL. 215-222).

Validation-Community. The idea of “community” at death encompasses participating in the death process to attend to the fate of the dying, and to make the dying easier for the loved one and others present at the death that are also affected by the death. The results suggest that religious faith and spirituality as discussed during FC led survivors to consider the fragile nature of human life, which led to an appreciation of the significance of community (Heinz, 1999). Eleven people were identified as discussing religious faith/spirituality as part of the Validation-Community. In addition to messages that authenticated their religious/spiritual beliefs, six of these participants provided examples of how they actively participated in sharing in the death process and in helping their loved one “pass-over” through their words or their physical presence:

Participant # 2. He said, “I’m seeing something that I need to tell you.”...“I’m walking up a mountain, and it’s um really a beautiful forest and the air smells really pure and clear and white pines...And I get to the top of the mountain. And there are stars. I’ve never seen so many stars.” And then he said, “All I have to do is step off into the stars and there is God.” ...And so then he came back down the mountain and he said that um they had told him that what he should be doing next would be mid-wifing people who were dying. And that I should be doing it from one side and he would be doing it from the other (LL. 29-44).

It was very important to the dying husband and the surviving wife that he shared his vision with her, that she believed in the “truth” of his vision, and that she would become a mid-

wife for dying people in the future. Later in the interview, she talked about how she in fact did midwife her young husband through his own death by her actions and her words.

Words suggesting death was not an end and that the two would meet again on another dimension other than earth were representative of community belief in an afterlife:

Participant # 10. ...I was the last one to say goodbye. And I just went over and I just, I took his hand and said, "See you soon." ... I just need you to know that you need to do whatever it is you need to do. And if that's to leave this earth, just know that I'll take care of Ruth (LL. 123-126).

This participant also talked about a powerful experience that happened to her a short time later that demonstrates the Validation-Community theme of helping the loved one cross-over; as well as the importance of supporting and helping in the midst of grieving:

Participant # 10. I had my eyes closed...all of a sudden I could see the ceiling in the room I was in, and his light came and just settled in on top of me. And I could feel this spirit in me. Just a part of me. I wasn't scared, you know...it didn't bother, bother me. I just laid there and I went... I said, "CC, it's okay. You can go. You can go."...I could see it [a light or energy] come up above me, and just for a split second, it just hovered there and then it went out the window of the hospital...within...about two minutes, three minutes, I heard 'em call Code Blue. And it was for CC. And he was gone (LL 140-154)...You know, we weren't suppose to be there that weekend. And we were. And that's why. We were there so that I could tell CC to go ahead and go on. And it was okay. And support Ruth (LL.171-173).

Participant # 7. He said, "You don't need to worry about me." He said, "I'm going to heaven...And that Jesus is my savior, and he is yours too. And you don't ever forget

it.” ...that was the thing that he wanted us to know most of all (LL. 61-68). ...that was his final and most important opportunity to be a witness to his faith, to his family. And especially to my brother and I (LL. 140-141).

Rules of Conduct

The form that most religious and spiritual discourse takes during FC is in statements of validation, reflecting comfort or community. The patterns sometimes prescribe behavior, supporting the validity of FC as a type of memorable messages. Three such “Rules of Conduct” were identified: (1) cope with life’s challenges after a loved one is gone; (2) be involved in the death/dying process; and (3) enact and/or live your religion/spirituality.

Cope with life’s challenges after their loved one is gone. The first rule of conduct addresses how the individual should cope with life’s challenges after their loved one is gone. Eleven of the 26 messages revolving around religious faith/spirituality provide examples of ways that people should face life’s challenges. These messages recommend that in times of stress, the individual look to the loved one who has passed because they will be there to help, or reflect on the lessons that were learned in the past (usually taught by the dying person):

Participant # 13. “Pray to me. ...And I want you to try to remember what, whatever has happened, instead of looking back on it...in a way that will make you feel bad, look at [it] as a learning experience. And learn from these things” (LL. 179-181).

Participant # 17. When you get to heaven, you know, keep an eye out on my girls. She said, “I will.” ...I know I haven’t met [the little one], but I love her...I will, you know, I’ll be their guardian angel (LL. 86-89).

Participant # 22. In the Hebrew language, there is a word called Mitzvah...it means good deed...but it’s also interpreted as good deed

...without expecting something in return. And whenever I do those, you know I, I do a good deed or I volunteer. I'm like oh, Dad would have been proud...that would've made Dad happy...I'm able to apply [these lessons] all the way, I would hope through the end of my life (LL. 237-254).

Be involved with the death/dying process. The second rule of conduct prescribes how to deal with death and dying. Ten of the 26 messages revolving around religious faith/spirituality that emerged from the data prescribed ways to be involved with the process of death and dying. These messages counseled people not to be afraid but rather to be present and involved with the dying process:

Participant: # 10. It's okay to die. It's okay to die. There is a God, or whatever you want to call the higher power. For me it's God. Um, there is a life hereafter. There is a place for us to go. We aren't just living here as a dead end thing, when we die it's over with. Um, but there is a God, or someone smarter than all of us that is directing all of this. And, you know, it took away a lot of that fear of dying. And it just made it dying a part of living, a part of that process...like most families in the United States, we'd never really talked about death and dying. Um, and then, this, this is something that is ongoing in my life now. Where every now and then someone will pop up and I help them die. I will help them say goodbye, help them detach from this earth (LL. 192-200).

Participant # 2. It is important to be kind and present for someone who's dying; if I'm the one who's well and someone else is ill, then it's important for me to be kind and present (LL. 246-247).

Participant # 28. This is as serious as it gets. Don't take it for granted...I knew that who I was and who he was couldn't fit into the mold that society needed us to be in the hush, hush, you know, don't do this. I mean the doctor didn't want me to tell him he was terminal. And my mother-in-law wasn't sure that I should tell him he was terminal. We had to convince her and my father-in-law...I said I can't live a charade with this man. I didn't live a charade with this man when I, when he was home. Why would I do it now? Um it was an eye opener for me, kind of like, "don't leave things unsaid. Don't leave things undone" (LL. 904-915).

Enact and/or live your religion/spirituality. The third rule of conduct encourages individuals to enact and/or live with their religion/spirituality. Five of the 26 messages that emerged from the data revolving around religious faith/spirituality provide examples of prescriptive ways that they live their faith. These messages reflect the importance of being vocal about their faith, to share their beliefs, or the importance of witnessing their faith:

Participant # 6. Death is okay. You know? I mean, I have a strong belief in God. And I felt it that day. And that it's okay to tell people that. ...it doesn't need to be in those last hours that it happens (LL127-130).

Participant # 7. It's had a big impact on my faith and my spirituality... it's just really made the promise of salvation so real...there wasn't an ounce of doubt in him...I've always kept my faith. And it's um, you know...a lot of times people go through periods of doubt and they go off to college and they're, you know, they're free to think the way they want to think. I never really had that (LL. 195-212).

In sum, the results of this study suggest that discourse about religious faith and spirituality frequently emerge during final conversations, with these messages functioning as validation to comfort those left behind and validation to acknowledge death's role as part of the human community. Further, within the memorable messages framework, three lessons associated with rules for living emerged regarding how to cope with life's challenges; deal with death and dying; and enact religion/spirituality in everyday life. The implications for health communicators is far-reaching

Discussion

While death and communication have been explored for the past 20 to 25 years, it is often done from the dying person's perspective. This paper's focus on survivors' perspectives regarding the FCs that they had with loved ones before their death begins to fill a gap in the literature associated with death and dying. The participants' reports regarding religious faith and spirituality emerging during FC is consistent with other literature dealing with death, dying, and bereavement (Burck, 1990; Marrone, 1999). When facing death, research has shown that people are often drawn closer to traditional religious beliefs, to beliefs in a caring higher power, to the importance of support from religious /spiritual leaders, to living an ethical life, and to an inner peace in identifying meaning in their lives (Warner, Carment, & Christiana, 1986). People often have a need to transcend death through religious doctrine or new spiritual insights (Marrone, 1999). This research extends these findings by revealing how people communicate about the role of religious faith and spirituality with the dying.

It is commonly believed that experiencing the death of a loved one may challenge people's spiritual and/or religious beliefs or even invalidate the survivor's faith (Balk, 1999; Marrone, 1999). The findings from this study suggest that communication at the end-of-life with the loved one may in fact attenuate this outcome and even have the opposite effect for the

survivor. Perhaps in the process of talking with a loved one who is dying, survivors come to understand the dying person's religious or spiritual beliefs, experience a spiritual phenomenon during the interaction, or reiterate their own faith in the conversation. This appears to reconfirm beliefs that validate religious faith and/or spirituality. Thus, the findings in this study suggest that the communication that occurs in the FC is an important factor in validating rather than invalidating the survivor's faith.

The second major theme to emerge in this research, "comforting" in these FC is consistent with previous literature highlighting the importance and role of comforting messages during times of high stress and supportive communication (Burleson, 1994). These messages communicated a high degree of involvement, and were accepting and emotion focused, typical of person-centered comforting messages (Burleson, 1994). Consistent with the outcomes of comforting messages (Burleson, 1994), the validation-comfort messages acknowledged and legitimated both the dying person's and survivor's feelings and beliefs; provided a reduction in the level of distress experienced; and helped the survivor to see how their feelings fit in the broader context of their life. Talking with a dying loved one is a very difficult and emotional interaction, but the participants emphasized how important and comforting it was to have a FC, especially in regard to their spiritual and/or religious beliefs.

The idea of "community" as revealed in these FC also ties in the idea of a "good" death, which is one in which the dying person is not alone and dies peacefully. There have been "recent writings on 'deathing,' as analogous to 'birthing,' stress [ing] the indispensability of a Lamaze-like coach to the dying--and by extension to the mourner" (Heinz, 1999, p. 165). These FCs revealed that a family member or other loved one may be in such a role. They may find themselves unprepared for the event except by reference to religious faith or spirituality as a strategy to assist the dying love one.

Applications and Directions for Future Research

The inadequacy of communication with the dying has often been noted by health caregivers (Thompson & Parrott, 2002). The role of religious faith and spirituality in coping with the inexplicable emerges for family and friends in recalling FC, suggesting that loved ones are unprepared to address these conversations and that death is a time when religious faith and spirituality guide the discourse. These results may be applied to formalize seminars and working groups in organized religious settings for purposes of supporting family members and loved ones of those who have been diagnosed as terminal. As with many issues in health communication, death and dying are stigmatized topics in the larger society, contributing to inadequacy when individuals try to initiate or participate in such conversations. Religious organizations may foster training that health communicators take a role in developing, using findings from this research.

Health care professionals, especially those involved in palliative care have begun educating the dying about the importance of communicating with loved ones at the end of life. Findings from this study suggest that health care professionals should also educate family members and friends who will endure and survive the death of their loved one about the importance of communicating with the dying person for their benefit. Communication at the end-of-life can provide validation of one's spiritual/religious beliefs, it can comfort and may lessen the intensity of the grieving experienced by the survivor, and participating as a "witness" to the death may ultimately lessen survivors' own fear of dying. Health communicators may develop messages directed at the general public to generate awareness about the importance and value of participating in FC.

This study sets the stage for larger projects to examine these emergent FC religious/spiritual themes and codes of conduct for their generalizability in larger groups. Additionally, there are a number of directions for future research to take that may address important health and communication outcomes. Two factors to be considered include:

1. Can training programs that create awareness about the value and importance of FC decrease the level of fear and apprehension that is associated with talking with people who are dying?
2. Are there health benefits (mental, physical, and emotional) for survivors who engage in FC?

Limitations

The current project is based primarily on female participants, perhaps reflecting a number of gender norms found in the American society. First, most caretakers of terminally ill people are female spouses, mothers, daughters, or daughter-in-laws (Davis & Nolen-Hoeksema, 2002). Second, the interviewer is a white female, and people often feel most comfortable self-disclosing with people who are most similar them (Gladstein, 1983). Third, males tend to self-disclose intimate and private information with trusted partners and friends rather than strangers (Dindia & Allen, 1992). Fourth, these interviews often elicit a great deal of emotion, and men have been socialized to inhibit emotional displays (Guerrero & Reiter, 1998). The high percentage of white participants may also reflect some cultural bias, as people often prefer to self-disclose to interviewers who are part of their culture (Gladstein, 1983).

A second major limitation revolves around the fact that this is a self-selecting sample. The interviews have primarily portrayed positive FC within primarily positive relationships (two participants did reveal that they had a negative and/or strained relationship with the dying family member). It is logical to conclude that someone who has had a negative FC interview would be less likely to volunteer for a project of this nature. Therefore, the experiences of FC that are portrayed may be skewed to a more positive outcome than is representative of society at large.

Ethical Considerations

There are often unforeseeable consequences that come along with writing about people's communication and personal lives (Smythe & Murray, 2000). First, qualitative interview procedures have the potential to re-evoked powerful emotional responses (McLeod, 1994). With the

FC project, 28 of 30 participants have cried while recalling their private, FC with their loved ones (Field notes, October 11, 2002). The interviewer has to be extremely careful, sensitive, and aware of the participants' needs. Second, participants may not be prepared to deal with new feelings or unresolved conflicts triggered by the questioning (Grafanaki, 1996). Many of the FC project participants are surprised by the memories that are recalled during the interview process (Field notes, May 14, 2002). Talking out loud for the first time (or for the first time in years) about a sensitive topic such as a "FC" is bound to generate new insights or emotions that must be dealt with carefully. Third, participants may not be prepared for "the emotional impact of having one's story reinterpreted and filtered through the lenses of social scientific categories (Smyth & Murray, 2000, p. 321), as it may feel like a cold personification of the person's experience.

Conclusion

Examining FC has the potential to increase awareness about the importance of communication at the end-of-life for the survivor. There are messages that can be obtained through FC that may not be revealed at any other time and there are messages that simply reconfirm what is already known. Religious faith/spirituality is an important and, some might say, rather obvious theme of FC. Yet, the role of religious faith and spirituality has been assumed in terms of its service for coping. Rarely has discourse been examined for talk about religious faith and spirituality. Terminality and talk about end of life decision-making challenges expert caregivers in health care settings and volunteer caregivers in hospice care programs (see Thompson & Parrott, 2002 for review). So, it is no small feat to begin to examine the conversations that individuals have about religious faith and spirituality, with a retrospective of these events affording a microcosm in which the lessons learned become memorable guides for the living. These interviews on FC substantiate Aiken's (2001, p. 296) claim that "a consequence of openness toward death is meaningful communication with others."

References

- Aiken, L. R. (2001). *Dying, death, and bereavement* (4th ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Balk, D. E. (1999). Bereavement and spiritual change. *Death Studies*, 23, 485-494.
- Burck, J. R. (1990). God-talk at the death bed (N1). *Religious Edition*, 85, 557-570.
- Burleson, B. R. (1987). Cognitive complexity. In J. C. McCroskey & J. A. Daly (Eds.), *Personality and interpersonal communication* (pp. 305-349). Newbury Park, CA: Sage.
- Burleson, B. R. (1994). Comforting messages: Features, functions, and outcomes. In J. A. Daly & J. M. Wiemann (Eds.), *Strategic interpersonal communication* (pp. 135-161). Hillsdale, NJ: Lawrence Erlbaum.
- Callanan, M., & Kelley, P. (1992). *Final gifts: Understanding the special awareness, needs, and communications of the dying*. New York, NY: Bantam Books.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Davis, C. G. & Nolen-Hoeksema, S. (2001). How do people make sense of loss? *American Behavioral Scientist*, 44, 726-741.
- Devers, K. J., & Frankel, R. M. (2000). Study design in qualitative research—2: Sampling and data collection strategies. *Education For Health: Change in Learning and Practice*, 13, 263-272.
- Dindia, K., & Allen, M. (1992). Sex differences in self-disclosure: A meta-analysis. *Psychological Bulletin*, 112 (1), 106-124.
- Doka, K. J. (1993). *Living with life-threatening illness*. New York: Lexington
- Dull, V. T., & Skokan, L. A. (1995). A cognitive model of religions influence on health. *Journal of Social Issues*, 51, 49-64.

- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods*. Newbury Park: Sage.
- Fieweger, M., & Smilowitz, M. (1984). Relational conclusion through interaction with the dying. *Omega, 15*, 61-172.
- FitzSimmons, E. (1994). One man's death: His family's ethnography. *Omega, 30*, 23-39.
- Gentile M., & Fello, M. (1990). Hospice Care for the 1990's. *Journal of Home Health Care Practice, 3*, 1-15.
- Gladstein, G. A. (1983). Understanding empathy: Integrating counseling, developmental, and social psychology perspectives. *Journal of Counseling Psychology, 30*, 467-482.
- Glaser, B. G, & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine de Gruyter.
- Gold, M. (1984). When someone dies in the hospital. *Aging, 345*, 18-22.
- Grafanaki, S. (1996). How research can change the researcher: The need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counseling/psychotherapy. *British Journal of Guidance and Counseling, 24*, 329-338.
- Guerrero, L. K., & Reiter, R. L. (1998). Expressing emotion: Sex differences in social skills and communicative responses to anger, sadness, and jealousy. In D. A. Canary & K. Dindia (Eds). *Sex differences and similarities in communication*, pp. 321-350. Mahwah, NJ: Lawrence Erlbaum Associates.
- Heinz, D. (1999). *The last passage*. New York: University Press.
- Honeycutt, J. M., & Cantrill, J. G. (2001). *Cognition, communication, and romantic relationships*. Mahwah, NJ: LEA.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

- Knapp, M. L., Stohl, C., Reardon, K. K. (1981), "Memorable messages." *Journal of Communication, 31*, 27-41.
- Kubler-Ross, E. (1969). *On death and dying*. New York, NY: Touchstone.
- Kubler-Ross, E. (1997). *Living with death and dying*. New York: Simon & Schuster.
- Leis, A. M., Kristjanson, L., Koop, P. M., & Laizner, N. (1997). Family health and the palliative care trajectory: A cancer research agenda. *Cancer Prevention and Control, 1*, 352-360.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lindlof, T. R. (1995). *Qualitative communication research methods*. Thousand Oaks, CA: Sage.
- Lynn, J., Harrold, J., & The Center To Improve Care of the Dying. (1999). *Handbook for mortals*. Oxford: University Press.
- Marrone, R. (1999). Dying, mourning, and spirituality: A psychological perspective. *Death Studies, 23*, 495-519.
- Marshall, V. W. (1975). Socialization for impending death in a retirement village. *American Journal of Sociology, 80*, 1124-1144.
- McCracken, G. (1988). *The long interview*. Newbury Park, CA: Sage.
- McGrath, P. A., Yates, P., Clinton, M., & Hart, G. (1999). "What should I say?": Qualitative findings on dilemmas in palliative care nursing. *Hospice Journal, 14*, 17-33.
- McKenzie, S. C. (1980). *Aging and old age*. Glenview, IL: Scott Foresman.
- McLeod, J. (1994). *Doing counseling research*. London: Sage.
- Metts, S., Sprecher, S., & Cupach, W. R. (1991). Retrospective self-reports. In B. M. Montgomery & S. Duck (Eds.), *Studying interpersonal interaction* (pp. 162-178). New York: Guilford Press.
- Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

- Mitofsky International and Edison Media Research (2002, March 26-April 4). Exploring religious America. A Poll conducted for *Religion & Ethics Newsweekly* and *U.S. News & World Report*. Retrieved January 30, 2003, from <http://www.pbs.org/wnet/religionandethics/week534/specialreport.html>
- Morse, J. M. (2000). Researching illness and injury: Methodological considerations. *Qualitative Health Research, 10*, 538-546.
- Nadeau, J. W. (1998). *Families making sense of death*. Thousand Oaks, CA: Sage
- Nolen-Hoeksema, S., & Larson, J. (1999). *Coping with loss*. Hillsdale, NJ: Lawrence Erlbaum.
- Nussbaum, J. F., Pecchioni, L. L., Robinson, J. D., & Thompson, T. L. (2000). *Communication and aging*, 2nd Edition, Mahwah, NJ: Lawrence Erlbaum Associates.
- Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion, 9*, 3-16.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press.
- Reason, P., & Rowan, J. (1981). *Human inquiry*. New York: John Wiley.
- Richards, T. A., & Folkman, S. (1997). Spiritual aspects of loss at the time of a partner's death from AIDS. *Death Studies, 21*, 527-552.
- Silverman, D. (2001). *Interpreting qualitative data: Methods of analysing talk, text, and interaction* (2nd Ed.). Thousand Oaks, CA: Sage.
- Silverman, P. R., Weiner, A., El Ad, N. (1995). Parent-child communication in bereaved Israeli families. *Omega, 3*, 217-225.
- Smythe, W. E., & Murray, M. J. (2000). Owing the story: Ethical considerations in narrative research. *Ethics & Behavior, 10*, 311-336.
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt, Rinehart and Winston.

- Stewart, C. J., & Cash, W. B. (2000). *Interviewing: Principles and practices* (9th Ed.). Boston, MA: McGraw Hill.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Thompson, T. L. & Parrott, R. (2002). Interpersonal communication and health care. In M. L. Knapp & J. A. Daly (Eds.), *Handbook of interpersonal communication* (pp. 680-725). Thousand Oaks, CA: Sage.
- Underwood, L. G., & Teresi, j. A. (2002). The daily spiritual experience scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annual of Behavioral Medicine*, 24, 22-33.
- Warner, R., Carment, G., & Christiana, N. M. (1989). The spiritual needs of persons with AIDS. Family and Community Health, 12, 43-51.