

Constructing Life and Death through Final Conversation Narratives

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Abstract

Communication at the end of life not only benefits the terminally ill (Aiken, 2001; Callanan & Kelley, 1992; Kubler-Ross, 1969); but also has significant impact for those who go on living. This chapter will explore the power of communication at the end of life by examining final conversation narratives and how these stories act as vehicles that help survivors to make sense of loss and socially construct their current identities, relationships, and realities. Through inductive coding of themes, messages, and metaphors in 31 transcribed interviews, this chapter will highlight the links that emerge between communication before and after the death of a loved one and the healing process. Our findings suggest that first, end-of-life communication confirms the survivors' relationship with the loved one who has died; second, the process helps the survivor heal and come to terms with death; and third, that these conversations and the stories about them offer tools for communicating more effectively in their present everyday interactions, even years after the passing. The process of having a final conversation with a dying loved one appears to have a profound potential for transcending loss by taking the relational and communicative lessons that emerged in the conversations and applying them in current relationships..

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Authentic conversation has the power not only to enhance how people cope practically with dying, but to illuminate and enrich the very meaning of life for [people] and [their loved ones] alike, as they enter the sacred moment of mortal time together (McQuellon & Cowan, 2000, p. 312).

Five years ago, I (Maureen) had the opportunity and privilege to spend about nine weeks with my mother during the last four months of her life. When my mother and I faced the terminal time that we would have together, I remember being thankful for the opportunity to talk with her and to hug her often. I also know that it was one of the most difficult but meaningful experiences of my life. My experience with my mother at the end of her life also prompted my scholarly interest in this important and unique interactional context, so I began my journey to understand more about final conversations (FC). I started asking others to share their experiences with me, and over the past 18 months, I have been privileged to hear many wonderful stories about FC.

I have also shared my FC story with numerous people, and in that sharing, I have gained insight about myself, about my relationship with my mother, about dying, and about communication as a whole. In one of those many conversations, my friend and colleague Jody and I discussed the *narrative* nature of FC. We talked about how FC have the potential for helping survivors to heal, not only because of the value gained by having the conversation with the loved one in the first place, but also because telling the *story* of the FC after the loved one has passed often serves as a way of making sense and coming to terms with the death. Narratives about the loss of a loved one have been shown to have positive benefits for the tellers (e.g.,

Sedney, Baker, & Gross, 1994; Weber, Harvey, & Stanley, 1987); however, research has not yet examined how stories about FC have specific health benefits for tellers.

Combining the personal insight and experiences of a participant interviewer with the insights of scholar who has yet to experience a FC with a loved one, we bring our combined strengths to this paper. Together, in what follows, we explore FC stories in an effort to shed light on the role that narratives play in constructing our health and lives in the light of death. After a brief discussion of the relevant literature, we present a study of 40 FC narratives and the themes that emerged as central to the teller's experience in coming to terms with the death of a loved one.

The Death Culture

We live in a culture and a society that has removed death from our view (Heinz, 1999), thereby complicating and obscuring the meaning of death. For most of us, "death has become remote, no longer an integral part of life, but a fearsome and unwelcome visitor" (Callanan & Kelley, 1992, p. 31). Most people consider death to be depressing and morbid (Kubler-Ross, 1969, 1997). When a loved one is diagnosed with a terminal illness, most people in the United States are at a loss for what to do and do not even know what to say (Moller, 1996). Heinz (1999, p. xix) refers to the death experience as "the crisis of our age."

One consequence of our society's attitudes toward death includes neglecting those most affected by the loss of a loved one. Medical professionals and other "outsiders" often overlook and forget family members, friends, neighbors, and co-workers during the death process (Callanan & Kelley, 1992). According to Callanan and Kelley, "An impending death sends ripples through all the relationships in the life of the dying. Each person involved has his or her own set of issues, fears, and questions" (p.2). If we are to make sense of death and the process

that we all go through when we are faced with death (our own or a loved one), we must gain a better understanding of the survivors' perspectives and their stories .

Previous research exploring survivors' experience of the dying process has looked mainly at bereavement, focusing "... our attention on what has been lost or on the pain of missing" (Hedtke, 2002, p.286). Taking a primarily bereavement perspective suggests that all survivors postpone grieving and healing until death occurs. However, individuals who experience a terminal amount of time left with loved ones attest that the anguish begins almost immediately because the "diagnosis of a ...terminal illness abruptly and intensely brings the reality of human mortality home" (McQuellon & Cowan, 2000, p. 313). Potentially, communicating and spending time with dying loved ones may sow the seeds that lead to healing, and thus, an exploration of communication at the end of life from the survivors' perspective is warranted.

Communication at the End of Life

Talk provides a way to create meaning out of senselessness that often accompanies death. Communication enables us to advance connections with those who are dying. These conversations and connections may help us to begin to look at death as it really is, as a normal part of life, and not as a rigid trajectory of grief (Hedtke, 2002). As Hedtke asserts, contemporary society requires a reconstructing of the language of death and grief.

If we can reframe how we talk about and experience death in society, people may begin to understand and accept that the time constraints that accompany an impending death create a clear opportunity for people to engage in an "authentic conversation" (McQuellon & Cowan, 2000, p. 312) with their dying loved ones. For everyone involved, the examination of "one's life in the face of death can lead to richer meaning and more life-giving forms of thinking, feeling, and acting" (McQuellon & Cowan, 2000, p.315). Facing a terminal amount of time potentially

frees us (as well as the dying) from past constraints, from busy schedules, and from the myth that we have limitless time to communicate with our loved ones. Past research confirms that communication at the end of life has benefits for the terminally ill and implies a significant impact for those who continue living (Aiken, 2001; Kubler Ross, 1969, 1997). Despite this preliminary research, scholars have not yet examined the implications of communication at the end of life for survivors. Further, we also lack scholarly reflection about the benefits that survivors experience as they make sense of such conversations after the loved one has passed. The following section reviews literature on narrative and explores storytelling as a vehicle for making sense of death and communication at the end of life.

Narratives of Loss

Little research has focused on survivors' experience of death, or on how FC impact that experience. Literature on narratives, on the other hand, has examined how people narratively make sense of the world and the events of their lives (e.g., Bochner, 2003; Bochner, Ellis, & Tillman-Healy, 1997; Bruner, 1990; Fisher, 1989) and how people who have experienced a traumatic event cope with trauma through the process of telling stories (e.g., Pennebaker & O'Heeron, 1984; Weber, Harvey, & Stanley, 1989; Wigren, 1994). Taking a narrative approach to FC can illuminate the survivors' experiences in many ways. In particular, three features/approaches central to narrative theory may be useful in understanding FC experiences. First, all human behavior is narrative in nature. Second, meaning-making through narrative is contextual, temporal, and complex, and third, stories serve the function of helping us to make sense and meaning out of our lives.

Perspectives that view all human communication as narrative in nature have opened the door for interpreting conversations as narratives. Fisher (1989, p. 18) asserts that "viewing

human communication narratively stresses that people are full participants in the making of messages, whether they are agents (authors) or audience members (co-authors).” Bruner (1990) also sees stories as individual constructions and as genres in our minds, against which we evaluate the world around us. Conceiving of narrative ontologically (e.g., Fisher, 1989; Bruner, 1990) suggests that people make sense of important life events by organizing them and assessing them against a storied form. This body of literature offers justification for taking an interpretive narrative methodology to understanding FC because it privileges narrative as *the* means by which we assess our conversations, relationships, and our place in the world.

In addition to viewing narrative as central to our communication and our cognition, narrative theory also depicts stories as complex, dynamic, temporal, and contextual. Narratives are inextricably linked to social and historical time (Fisher, 1989; Somers, 1994). For example, we can at least in part understand the nature of FC narratives by recognizing their situatedness in the modern “death culture” which attempts to minimize talk and stories about death (Heinz, 1999; Kubler-Ross, 1969, 1997). In addition, narrative context is important to understanding FC since FC narratives not only concern the cultural setting in which the events are being told (e.g., death culture; the “lived context of the events being retold”), but they also reflect the context of the events themselves (e.g., final conversations; the “living context of the telling itself”) (see Babrow, Kline, & Rawlins, p. xx, this volume). In other words, FC narratives are rich and complex because they reflect the context in which the FC events occurred as well as the context in which the story is being recounted. According to Ochs (1997), narratives allow us to fuse these aspects by uniting our pasts, presents, and futures. She explains:

It is our cares about the present and especially about the future that organize our narrative recollections of past events. Narrative serves the important function of

bringing the past into the present time consciousness. That is, narrative provides a sense of continuity of self and society. But perhaps even more importantly, narrative accounts of past events help us to manage our uncertain future (Ochs, 1997, p. 191).

A narrative understanding of context and time may help to illuminate the functions of FC and the ability of FC narrative to both *reflect* and *affect* our experiences.

Finally, a third body of research on narrative illuminates the sense-making function of narratives. More specifically, research highlights important links between the telling of difficult, or traumatic, stories and the psychological and health benefits for the teller of the story. This research has clear implications for those interested in health communication because it suggests – and we are further convinced by our own data – that the *telling* of stories is therapeutic in many ways.

Pennebaker and his colleagues (e.g., Pennebaker & O’Heeron, 1984; Pennebaker & Beall, 1986), for example, discovered that talking about trauma relates positively to both mental and physical health. The growing field of narrative therapy also offers testament to the psychological and physical benefits of telling stories of loss. Mishara (1995) argues that, by putting trauma in narrative form, storytellers transform themselves from self (victim of trauma) to other (character in story), and this self-transcendence provides the essential key to making the trauma a past experience. Reflection on the meaning of the experience is also essential to this process. According to Mishara (1995), “When...narration is not used to bring about reflective insight, it loses its healing power” (p. 192).

Indeed, one of the central tenets of narrative therapy rests on people’s ability to restory their lives. According to Monk, Winslade, Croket, & Epston (1997), stories help to shape our

lives, but ignored lived experiences go unstoried or unnoticed. Sedney, Baker, and Gross (1994) argue that the absence of stories about death can stifle a person's ability to make sense of the experience, explain his or her role in the event, and experience emotional relief. Forgoing stories may also contribute to family secrets, limit family communication (Sedney et al., 1994), and people who don't hear stories of death in their families may have trouble communicating about death later in life (Book, 1996).

On the other hand, stories about the death of a loved one help people experience emotional relief, assign meaning to the experience, bring family members together, and open up lines and facilitate communication (Sedney et al., 1994). In addition, these narratives teach lessons about family communication rules surrounding the topic of death (Book, 1996).

Our data suggests that FC constitute an important final stage in peoples' relationships; and provide survivors with an invaluable opportunity for personal growth and healing. Further, our data suggests that survivors may miss the opportunity to learn valuable lessons and potentially restory the experience in meaningful and beneficial ways if they leave FC untold. A narrative approach to understanding FC experiences illuminates identity, sense-making, and communication as contextually situated, important characteristics of FC stories that both *affect* and *reflect* our experiences.

Method

Participants and Procedures

We conducted forty two retrospective interviews in a private office; two were not used in the data analysis because of differences in the data collection process (e.g., interview protocol and online interview). The sample consisted primarily of white, female participants with 33 female and 7 male participants: 33 White, 4 Hispanic, 1 Black, and 1 Asian. Participants ranged

in age from 21 to 85, with the average age of the participants being 40.6 years. We employed a snowball sampling technique to recruit participants (Lindlof, 1995). To participate in the study, participants had to meet two criteria. First, they had a FC or experience (nonverbal interaction) with a loved one, with both participants' knowledge and understanding that one of them was dying. Second, they had to possess 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.

The amount of time between the loved one's death and the interview regarding the FC averaged 6.9 years (range from 3 months to 27 years). Given the exploratory nature of the study, we used a semi-structured focused format with open-ended questions for the interview protocol (Kvale, 1996; McCracken, 1988; Stewart & Cash, 2000).

Procedure. After the participants were comfortable and signed the informed consent form, they completed a questionnaire concerning demographic information and the nature of the relationship with the FC partner. Following 10 minutes of free-writing about their FC, we interviewed participants orally about their FC, relying on a 23 question interview schedule (see Appendix). A certified grief counselor assessed all questions for relevance and utility.

Additional questions emerged during individual interviews. Interviews averaged 90 minutes (ranging from 60 and 120 minutes). All of the interviews were audio-taped and transcribed verbatim. The interviews resulted in 526 single-space pages of data.

Data Analysis

We wanted to reveal people's experiences and to make sense of this phenomenon that we call final conversation narratives by explaining the recurring patterns of meaning that were revealed during the interviews (Creswell, 1998; Miles & Huberman, 1984). Employing grounded theory (Strauss & Corbin, 1990), we identified emergent themes through both open and axial

coding. In order to identify the themes, we used the constant comparative method by reading, rereading, and reflecting upon the participants' statements in order to identify the important messages in each category (Straus & Corbin, 1990).

After the data set was coded, we used the negative case analysis technique to ensure that categories were not forced on the data (Erlandson, Harris, Skipper, & Allen, 1993). Once the data was identified, categorized, and coded, we conducted a reliability check between us and had a reliability of 84%. Participant checking utilizing 8 participants (20 %) also confirmed the findings that the themes and structures were consistent with their FC experiences.

Results

Four primary themes emerged in the analysis of the FC narratives: (1) (re)constructing individual identity, (2) (re)constructing relational identity, (3) sense-making and healing, and (4) lessons about communication. The following section discusses the findings.

(Re)Constructing Individual Identity through Final Conversations

The first major theme that emerged in our analysis of the FC interviews illustrates the importance of final conversations for helping the survivors grapple with, learn about, and come to terms with their own identity. According to Fletcher (2002) death often brings about an identity crisis for the surviving individuals. Research on narrative identity suggests that one of the primary purposes of narrative activity is the evaluation or construction of self (e.g., Brockmeier & Carbaugh, 2001; Bruner, 1997; Bruner & Kalmar, 1997; Cohler, 1991; Linde, 1993; Somers, 1994). In particular, Somers reminds us that “narrative identities are constituted and reconstituted *in* time and *over* time (p. 624, emphasis in original). The participants in our study confirmed that FC experiences forced them to reevaluate their identities, but they asserted that FC also significantly helped them to redefine themselves in a productive light. The process

of defining and redefining self emerged in the context of both the remembered events (i.e., part of the plot of the FC story included the assessment of identity) and in the context of the telling (i.e., identity was reassessed during the FC interview). Three primary categories emerged that explain the ways in which tellers learned something about their own identity in the process of having FC. Categories include: myself and others, others telling me about myself, and seeing myself in a different light.

Statements about myself and others refer to any statements about the teller's own identity that he or she noticed during the process of having a final conversation(s). Although FC involve collaborative constructions, people spent a fair amount of time in their narratives discussing and analyzing their own individual identities and their roles in the FC and death process. For the most part, these statements characterized the tellers as either tentative and doubtful about their roles in the experience or as significant and important.

Participants in this study who lost parents at a young age expressed *doubts* about the manner in which they approached the FC. Karenⁱ, now an adult, recognizes that:

I was 15 and...I didn't, I didn't really have the maturity and sureness of myself. And you know...it's completely uncharted territory. And at 15 I, uh, I can remember one time when he was in the hospital...that I was in the room with him alone. And I just kinda sat there in the chair and I didn't know what to do and he was sleeping. And, you know, thinking back..., I wish I had hugged him or done something. But...I was 15. So, you know, it's not a terrible regret I have, but had I been a little older, you know, I would have. (LL 114-124).ⁱⁱ

The remainder of Karen's story suggests that the narrative helped her to make sense of her identity in relation to the FC experience. Sedney, Baker, and Gross (1994) support the

importance of narrating death in that children "...are apt to assign a meaning to the death that involves a negative, painful perception of themselves. A story about what happened can provide another way to impose meaning on their experience that is open to clarification in discussion with others..." (p. 4).

Constructing FC narratives also contributes to adult survivors' identity construction. People who lost loved ones as adults communicated similar doubts. Grace expresses such internal second-guessing:

You question whether or not you did enough. You question your own...actions. You question your own conversations. You question whether you told them enough that they were loved and whether you, uh, listened enough to their... feelings and so forth. And whether you were projecting your feelings more than you should have...I think that, that gave me some self doubt...I had to sit down and examine what I had done and what I should have done. (LL 278-284).

Although death can cause a crisis of identity (Fletcher, 2002), FC also helped people to recognize *positive aspects* of their own identities. For instance, Roxanne realizes that she helped to facilitate a peaceful and rewarding final conversation with her father:

But, I think because I was non-judgmental and respected, you know, and just listened openly, I think it gave him a sense of belonging and being respected....And loved. And...by the same token, I was honored that he opened up and shared that with me (LL 453-455).

FC narratives reflected tellers' doubts about themselves. However, FC also gives survivors the opportunity to recognize their own individuality in reaffirming ways. The ability to

¹ Most of the participants chose to have their real name used in all publications, however, an * indicates the use of a pseudonym at the participant's request.

evaluate oneself in a positive light in the face of FC experiences may have important implications for understanding psychological well-being in relation to death. Although we discuss sense-making as another emergent theme at length below, the process of narratively evaluating identity in the FC context clearly links with the healing process. Life story research, for example, suggests that the ability to create a coherent sense of self in response to adversity is essential to a sense of solace and well-being (Baerger & McAdams, 1999; Cohler, 1991). In addition, narrative therapy offers the concept of reauthoring one's stories (Monk et al., 1997) which may be important for tellers of FC narratives in the process of questioning the coherence of their identities. Telling FC stories may be an important step in evaluating and affirming identity.

In addition to examining their individual identities, people telling FC narratives also reflected upon themselves in relation to others and the *roles* they assumed in response to the situation. Sedney, Baker, and Gross (1994) warn that the absence of stories about death may handicap a person's ability to make sense of what happened, and that one important aspect of that process involves explaining their own role in the events.

In relation to the dying person, participants at times described themselves as "the caretaker." Sam's recognition of his role as caretaker helped him to reconcile this role in other aspects of his life. When asked how his perceptions were impacted by these final conversations, he explains:

I made peace with my role in life as a caretaker of others. Up until then, I found myself always in caretaker positions, but it also...had a lot to do with being an adult child of an alcoholic. You know ... I always saw that as pathological. That somehow I'm always allowing myself to be pulled into situations where you

know there's kind of a codependent thing going on here....And then, I guess,...when all of a sudden you're dealing with real, real dependency for good reason...it kinda makes all that stuff look kinda silly. I kinda...got over that. (LL 393-401)

Although Sam took pride in his role as caretaker of his mother, Cathy avoided that role with her husband. She recounts that "I was not the caretaker...I had to make sure I wasn't the caretaker. I had to make sure he didn't get the sense, too much of a sense that I was getting stronger than he" (LL 548-550).

Cathy's struggle to balance her identity with her husband similarly reflects a common theme that emerged in statements about myself in relation to others –*role reversal* between the dying and the surviving. Children of dying parents often described the FC experience as punctuated by the role reversal between child and parent. Lori (#25) struggled with becoming the parent and dealing with FC in which she had to take on the difficult role of "gatekeeper." She recalls:

...When he got sick, part of the painful [FC] were when I would have to be the gatekeeper. And he would come and try to convince me that he was fine and that he could drive and he could do this and he could do that. And I felt awful. I really felt awful about that. That was very painful.... the roles were reversed. You know, I was the parent and he was the child, which was really awful. But it was the way it was (LL 726-734).

Although statements about myself in relation to others often reflected the difficulty of managing FC, people also recognized the precious nature of *recognizing self* in the final moments of the loved one's life. Claire* celebrates herself in relation to her FC with her uncle, asserting that "I

know whenever I was with him I felt like I could do anything. I felt really strong...when I was with him; I became the person I wanted to be. I was just real confident” (LL 567-569).

Others telling me about myself statements refer to any instance in which the dying person or anyone present for the FC makes a statement that confirms or redefines the storyteller’s identity for him or her. The most prominent instances of this category emerged from the stories of daughters’ FC with their fathers and wives’ FC with their husbands. Daughters consistently discussed the invaluable nature of having their fathers confirm their identities for them and how these FC contribute significantly to their current *self-esteem*. Weber, Harvey, and Stanley (1989) argue that stories of loss help tellers achieve better self-esteem. Examination of the FC narratives in this study suggest that self-esteem may, in part, depend on the confirmation and encouragement from the dying parent, particularly when fathers affirmed the self-esteem of daughters. Ruth describes this encouragement poignantly in the description of her final conversation with her father: “...He did a lot of like ego reassurance. ‘You’re wonderful, you’re wonderful, you’re wonderful.’ And now, hmmm, I guess there’s still a little five year old part of me that still thinks that way. Like I know my daddy loves me and is so proud of me” (LL 139-142). Similarly, Claire* recognizes that her uncle spent the majority of their time during FC building her self-esteem. She noted, “The message was, I am, you know, I am somebody...I think that on his...side, he felt like that was the most important thing to leave with me” (LL 224-227). The narratives reflect a sense that fathers (and uncles) knew how important their final words to their daughters would be.

For wives, the messages from their dying husbands included themes of *strength and encouragement*. Victoria’s husband passionately reassured her that she had the strength to survive him. She explains:

I just got really scared he was gonna die and I screamed at him, “You, you can’t die. I can’t live without you!” And I remember that he was still strong enough, he grabbed me by the shoulders and flung me around and just right in my face, were these really gleaming ice blue eyes and said “Yes you can. Yes you can if you have to. And you will do it well (LL 15-19).

FC narratives often reflect the selfless nature of the dying person and the impact that their words have had on the identity of the teller. This finding may not be surprising, given Gergen’s (1994) contention that individual identity is relational in nature. Tellers report gaining strength and a clearer sense of self through their FC experiences. For example Brenda* (#27) was surprised by her own strength; Ellen (#28) realized she could handle things as a “grown up” in a way she had not anticipated before; and Victoria (#2) took her husband’ belief in her and “grew up at that moment” (LL 75-76).

This aspect of FC also highlights the importance of context and time associated with these stories. During the FC experiences, the loved ones helped to bolster the esteem of the survivors. In the present and future tellings of the FC story, the survivors use these experiences to reaffirm and continue to construct their current identities as important. Linde (1993) refers to stories whose primary point involves an evaluation about the speaker as life stories and acknowledges their significance because of their extended reportability and their ability to help people understand self-identity. Unlike “statements about myself,” in which tellers were able to question the coherence of their own identity in relation to the FC, “others telling me about myself” serve as important episodes in the FC for affirming identity in the past, present, and future. Life stories, or self-narrations, emerge as products of discourse (Bruner & Kalmar, 1998), implicitly social in that their coherence must be negotiated with others (Linde, 1993). Our data

suggest that tellers negotiate their identity with the dying loved one and reaffirm that identity in the present telling by citing the other as an important source for their present identity affirmation.

Seeing myself in a different light included statements in which the storyteller explicitly explains how this experience changed the way she saw herself or the way she acted. These statements, reflect a culmination of the lessons learned from the other two types of identity statements reported above. For example, loved ones encouraged survivors to realize their strength, and, in turn, survivors acknowledged a *new sense of strength and openness* that resulted from the FC experience. Brenda* voices surprise by her own strength; Ellen realizes that she can handle things as a “grown up” in a way she had not anticipated before, and Roxanne explains that FC made her “A whole lot less judgmental. My actions, a whole lot more compassionate. I’m much more open because I’ve experienced something that was really not rational. I think it’s made me much more spiritual, and... open” (LL 255-257).

Perhaps the greatest impact on identity during FC emerged not only in retrospect, but when the dying person changed the tellers’ sense of themselves because of something they said *during* the FC. Tory gained a tremendous sense of peace and satisfaction during one of her many conversations with her brother about what they would miss about each other when he passed. She describes the most meaningful part of their FC:

He goes, “I’m going to miss the fact that you always have a band aid for my wounds.”I kinda stopped, I was like “I didn’t realize that I did anything like that for you. “...I gave him another way of looking at things or just listening...it was such a good feeling for him to say that...because all this time, I thought I was more needy of him than he was of me. (LL 155-178)

Somers (1994) refers to the stories people tell about their lives as “ontological narratives” and asserts that “ontological narratives make identity and the self something that one *becomes*. Thus, narrative embeds identities in time and spatial relationships. Ontological narratives affect activities, consciousness, and beliefs and are, in turn affected by them” (p. 618). The participants in our study who saw themselves in a different light were clearly affected by the FC experience, and they use the FC narratives as ways of both reflecting and affecting, or enacting, their new sense of selves.

(Re)constructing Relational Identity through Final Conversations

The second major theme that emerged during the FC narratives focused on statements that reflected what the storyteller learned about his or her relationship with the dying person. Stories both affect and reflect relational identities (e.g., Koenig Kellas, 2003). Our data indicates that FC impacted emergent relational identities in three key ways: (1) uniqueness/importance of the relationship, (2) strengthening the relationship, and (3) confirming the relationship.

Uniqueness/importance of the relationship refers to instances in which the tellers portray themselves as having a unique relationship with the dying persons and/or describe themselves as important in the situation because of the unique relationship with the dying persons. Tellers of FC narratives realized the uniqueness and special nature of their relationships either because of *final words of confirmation* from their loved ones or because of their *ability to communicate* with the dying person when no one else could. Josie’s FC with her father reinforced for her the importance of their relationship to him:

You could see it in his eyes that...we are the apple of his eye; for some reason that...sentence just sticks out...I always knew...that we were important to him and everything, but I never knew how much until right then. Because he was just,

‘You know, y’all are my life. Y’all are...what I’ve lived for and done all this for ... I’d be a totally different person if you all weren’t here.’ (LL 121-127)

As this example illustrates, the dying person can communicate relational uniqueness explicitly.

The storyteller also evidenced the importance of the relationship when he or she clearly assumed a particularly pivotal place in the dying person’s FC experience. Roxanne describes the distinctiveness of her relationship with her father as evidenced during her FC:

...that communication didn’t happen with anybody but me. But I think that’s because I was the most attuned to him, listening to his stories and trying to, I dealt with him on a different level than the others...I think it was on a more spiritual, soulful type level that we were attuned like that (LL 92-95).

Tellers also described relational uniqueness in terms of *unexpected relational roles*.

Brenda* recalls her FC experience by acknowledging that she and her grandmother were more like “significant others” than grandmother and granddaughter. Claire*’s uncle made sure to tell her that he thought of her as a daughter and his favorite in the family. Finally, Victoria’s husband illustrated the uniqueness and importance of their relationship in their final conversation on the night he passed away. Victoria recounts, “And then he...said ‘I want the luxury of being held to earth only by your love. Not to be connected to anything else.’...he’d let everything else go” (LL 57-58). Tellers of FC narratives consistently celebrated the relational uniqueness that emerged in their FC experiences.

Strengthening the relationship statements included those in which the tellers describe how the process in some way improved or strengthened the relationship. For people who had experienced difficult relationships with the dying loved one, FC appeared to be particularly instrumental in *building relational cohesion*. Katherine* used the FC to tell her mother for the

first time that she loved her. Victoria recognizes the FC experience as part of an ongoing process of healing and repairing the relationship with her mother. She recalls:

It's more complicated with her. It wasn't just the final conversation. There were a lot of things that happened in the last years, years that changed the way I felt about the relationship. But, I think having the final conversation, being able to be the one who was there at the end, put a cap on my forgiveness and acceptance of her (LL 145-148).

People who had experienced positive relationships with loved ones prior to the FC experience, on the other hand, often reported a sense of *transcending the current relationship* through FC. Claire* describes her relationship during her FC as "...Intense. Really...powerful...closer than close...I thought we were close before, and it was like we just opened up this new door and...just more emotion. More...love I think" (LL 468-473).

FC also offered tellers a sense of *closure and completeness* to the relationship. Weber, Harvey, and Stanley (1989) cite establishing a sense of closure as an important benefit of stories of loss, and the storytellers in this study confirmed its importance in their FC narratives. Ellen appreciated her FC with her husband because:

I completed my relationship with him. I didn't walk away thinking 'Uggh, I should have said. I didn't say. I coulda said. I wanted to say.' There wasn't anything...that we didn't really say. And in the final analysis...the most important things were all said (LL 609-611).

Finally, FC reflected tellers' ability to *confirm the reality of the relationship*. These statements describe the overall characteristic of the relationship between the teller and the dying person, whether the statement reflects a negative or positive relationship. Tellers explained that they understood things about the relationship they had not realized and also learned how much

the dying person loved them. For example, Roy's mother told him a powerful story about what he considered to be "the most important thing that ever happened to her" yet she had never shared with anyone else (LL 256-257). Because of their FC, he maintains, "Well, that's part of the reason that I knew she loved me best" (L 470). He, in turn, thanked her for being the most powerful influence in his life.

FC narratives allow people to *reaffirm and celebrate* their relationships with the dying person, and they also gave people the opportunity to *recapture parts of the relationship that had been lost*. Participants described a sense of knowing they were loved, even if that feeling had not been present prior to the final conversation. FC offered people a needed clarity about their relationships, illustrated by Katherine*'s conclusions about the FC with her mother. Katherine* explains that "it changed my kinda definition of what [love] is. Of course she loved me. And of course I loved her. How silly to spend half my life thinking that there wasn't love between us just because we didn't say the words" (LL 166-169). Ultimately, FC narratives reflect the paramount importance of celebrating, making sense of, and/or remembering relational uniqueness between the teller and the dying loved one. In so doing, they support Bochner, Ellis, and Tillman-Healy's (1997) assertion that "storytelling is not only the way we understand our relationships, but also the means by which our relationships are fashioned" (p. 310).

Making Sense of and Coming to Terms with Death: The Healing Process

The third major theme that emerged from the FC interviews highlights the power of conversation for sense-making about death and healing. Nadeau (1998) stresses that the process of sharing experiences enables individuals to interactionally construct personal meanings of death. Clearly, as we have already demonstrated above, one important aspect of storytelling includes reconciling *identity* in the face of adversity or traumatic events (Cohler, 1991). In

addition, our analysis of the interviews clearly indicated three categories that reveal how FC help people come to terms with *death*: (1) making sense of death, (2) mapping out how to heal/advice from the dying person, and (3) taking away positive lessons for life.

Sense making statements reflect the tellers' understanding of the final conversation, of death, or of the loss, in a way that helps them come to terms with the process. These statements reflect a cognitive process that occurs in the storytelling, indicating the teller has processed the meaning associated with the FC experience. These statements are not surprising, given that a number of scholars cite meaning-making as *the* central function of narratives (e.g., Babrow et al., this volume; Bochner et al., 1997; Bruner, 1990; Weber et al., 1989). At the end of life, family members often take the time to share stories with one another *prior* to the actual death of the loved one, resulting in a shift in the meaning of death for the individual members and/or the whole family (Nadeau, 1998). Participants shared with us the fact that their perspectives on death changed drastically because of their FC. Betty Lynn's new understanding of death following her FC and final interaction with a close family friend exemplifies such a shift:

It's okay to die...its okay to die. There is, there is a God, or whatever you want to call the higher power. For me it's God...there is a hereafter. There is a place for us to go. We aren't just living here as a dead end thing, [and] when we die it's over with... you know it [the FC experience] took away a lot of that fear of dying. And it just made...dying a part of living, a part of that process. (LL 192-198)

This *shift in perspective* resulted directly from the interaction with the dying loved one. The sense-making emerged from reaffirmations about their beliefs or achievements of a new understanding regarding their loved one's belief regarding their meaning of death and/or an after-life (i.e., it is a natural progression and the next stage of my life).

In addition to making sense of death because of FC, survivors talked in their FC narratives about experiences *following* the death of their loved ones that impacted their sense making about death. Specifically, the tellers came to terms with their loved ones' death because they feel comforted by the *continued presence of the deceased*. Ellen reiterated numerous stories about her husband, Michael, giving her the sense that he was still connected to her. She felt his presence through dreams (LL 222-229) and a touch of Michael's hand on her right shoulder while she was driving (L 264). These experiences and other events allowed her to let go and to come to terms with her young husband's death. She observes that "my life changed after that. I mean, I didn't...miss Michael any less, but my ability to be here and do my job here, going on in my life and raising my kids had been shifted" (LL 393-395).

Much of the meaning-making which emerged in the FC narratives revolved around survivors' beliefs concerning an *after-life*. This strong belief in an after-life coincides with Nadeau's (1998) findings that belief in an after-life is a very important categorization of meaning-making in the midst of death experiences. The FC and/or experiences after the death of their loved ones' created a tremendous amount of comfort and peace for the participants.

Mapping out how to heal together/advice from the dying person include statements that describe how the teller has reflected on the lessons given by the dying person for how to come to terms with death and go on living. Individuals talked about the profound importance of their FC on their *future decisions*. For instance, Sondra notes that her husband explicitly stated:

I don't want you to fear death. I don't want you to mourn me if I pass away...death is a part of life...don't mourn me, rejoice, because I'm in a better place"...I'd always thought...you show devotion to that person for a long time, even past their death. And he said "no, you will love...your real love for

someone is to want the best for them. (LL 19-34)... [This] conversation made a big impact in why [I] don't have that bitterness (LL 398-399).

People with the benefit of receiving permission to move on following the death of their loved one expressed the importance of this selfless act of love for their healing process. Victoria talked about other women that she knew, that didn't receive permission to marry again from their spouses, how they were burdened with guilt (LL 251-255). Further, she stressed the fact that it does matter what is said during FC because it is often "the person who's dying [that] can lead the others [back to living]" (LL 229-230).

FC clearly helped every person that we talked with to feel better, to adjust to their personal loss, and was a critical part of their *healing process*. For instance, Victoria (#2) revealed that her FC with her husband ultimately helped to create a beautiful death resulting in tremendous comfort for her during his final days and immediately following his death. Specifically, she states:

...it was so beautiful and there was so much peace that...it took me a lot of years to get how devastating his death had been to the girls [their 2 children]. Because for me it was devastating and I had to rebuild, but he convinced me that it was part of the picture, the way that his story needed to be (LL264-268).

Clearly, loved ones can participate in the healing process by explicitly talking with the survivor about how to go on living. This finding supports Nadeau's (1998) conclusion that stories shared by individual family members when death is expected impacts (as well as reveals) how well people will cope with their grief following the death.

Positive lessons for life is the last category in the sense-making theme, and these statements focus upon the lessons that participants learned from FC that they incorporated into

their *current realities*. Sam shared how his FC with his mother taught him that how one faces death can result directly from how an individual leads his or her life. Specifically, he explains:

...the things that are important in the last years or months of your life are the things that are important...if you keep that in mind, if you think in terms of...is this something today that's gonna make me ...better prepared to face this transition in life that I'm going to be facing?...And if you...face your death with regrets, or with bitterness, or with fear, or with loneliness,...its because of all the choices that you made in life. ...I'll tell you how this has impacted [my life]...my wife and I...[will] sit down and make 1 year goals, 5 year goals, 10 year goals, and then we [ask] how do we want to end our lives-kind of goals. (LL 69-87)

These stories often revolved around living a good life by overcoming fear, from living life from a place of love and not ego, and from learning the lessons needed from all of our experiences—especially the death of a loved one. The lessons learned during FC and communicated in FC narratives seem consistent with Freeman and Brockmeier's (2001) concept of “narrative integrity” which suggests that autobiographical identity depends on our conception of the good life as it “emerges in line with specific social, historical, and discursive conditions regarding the importance of accounting for the life one has led in line with an overarching cultural system of ethical and moral values” (p. 83). In our data, FC narratives reflect an awareness of *morals and values* as central to the sense-making process.

Communication Practices Resulting From Final Conversation Experiences

Finally, our data indicate that, in addition to (re)constructing identity and making meaning both during the FC experience and in the retelling, participants also managed the dynamic nature of narrative time (Ochs, 1997; Ricoeur, 1981) by translating lessons from FC

into current and future communicative practices. The interplay between the categories in our findings reflects Somers (1994) assertion that “ontological narratives are used to define who we *are*; this in turn can be a precondition for knowing what to *do*” (p. 618). The fourth major theme that emerged from the FC interviews focuses upon two areas of communicative behavior that participants learned from the actual process of interacting and talking with their loved one prior their death. In particular, our participants articulated clear lessons about communication that occurs at the end of life as well as their communication with loved ones in the present.

Lessons learned about communication during final conversation include statements that describe the teller’s awareness of the importance of communication at the end of life.

Communication at the end of life ran the gamut from casual everyday talk to very intimate statements of love.

Everyday talk conversations, mundane, routine, and, at times, utilitarian, remain an important and valuable part of FC for two reasons. First, everyday talk can reflect the reality of people’s relationships (e.g., whether they were testy, silly, etc.) as they had been prior to the terminal illness. Duck (1994) and his associates (Duck, Rutt, Hurst, & Strejc, 1991) proposed that everyday talk comprises an integral part of maintaining relationships. Thus, everyday talk can be one way that people continue to promote and perpetuate the relationship during the final months and days of the loved ones’ lives (Hedtke, 2002). Sam succinctly pinpoints the importance of the everyday talk:

...we think we realized at the time, that the interactions that were going on were really important. And it wasn’t ...like some kind of major event...the mundane, you know the unimportant things on the surface, but that were some real valuable

things happening during that, that sharing...you can see little microcosms of my family...my sisters and me, kind of over talking to my mom (LL 49-54).

Everyday talk during FC may also return a bit of normalcy to a situation that is very extraordinary. Dana clearly highlights this point when she talks about her conversations with her dying father. She was 11 when he died; he had been fighting a brain tumor for 3 years and was in a hospital for months at the end of his life. Dana remembers how her father often would bring the conversation back to the everyday things:

...he was always so, remember study for the math test...because what it was...not only a final conversation, but I was also leaving for the day. So, it was, don't forget... work on your diorama, and do your projects (LL 154-157).

Additionally, when a terminal illness extends over a long period of time, participants describe the exhaustion and difficulty of creating new and meaningful ways to say "goodbye" or "I love you," day after day. Thus, the talk about the ordinary (such as Dana's story about a grade earned on a test or Ellen's story about humorous discussions with her husband regarding the extra long hair on his chin) help to make the time a little less strange and possibly relieve the pressure to be profound all the time.

Alternatively, other conversations "complete the relationship...that leaves nothing left unsaid" (Ellen, L 609-611). To that end, participants talked about the need to participate in *honest* and as *authentic* a conversation as possible, with their loved one. For instance, Brenda* recalls:

I was relieved because I could finally now communicate with her. She knew how upset I was about her dying. And I could finally, I could finally get our relationship back...Because, not being able to express that to her, um, kinda put a

gap there that had never been there. I wasn't allowed...so I hid my feelings from her. Tried to anyway...I didn't have to do that anymore. So it allowed us to be closer again. (LL 452-458)... I learned that I could cry in front of people and not feel ashamed to cry about someone I love, for sure (#27, LL 489-490).

These statements also reflect a desire for survivors to utilize their newfound awareness and appreciation concerning the importance of communication at the end of life in future interactions with dying loved ones. Betty Lynn summarizes beautifully what others had stated during their FC interviews. She advises:

Talk about death. Talk about what is happening. Don't let it become this monster that is going to invade you and then take you away from here...tell the people that you want to tell them that you love them...don't let things go unsaid...feel all the feelings...don't just stuff them away and not have 'em...(LL 433-437).

Betty Lynn exemplifies the stories of other participants who helped others at the end of their lives by simply being open to and taking the time to really talk with the dying person.

On the other hand, others referred to fear or discomfort as reasons for avoiding a direct conversation about the impending death. Specifically, Cara reports:

I regret not talking...I wish I wouldn't have tried to block it out that he was dying. I wish that I would've sat there and actually had a conversation with him...I've never dealt with death before. So, seeing him there was hard enough, but I, I totally regret not talking to him...I think I'll be able to deal with death differently because I'll...be able to talk to them a lot differently (LL 225-247).

Still others talked about being disappointed because they waited for a profound conversation, yet that conversation never came. When the dying person could not engage in an

authentic conversation, the survivors found that they could not force the other person to say what they desired to hear or to even participate in a deep conversation. However, Katherine*, like others, came to the conclusion that she could be the one to say what needed to be said for her own closure. She notes:

...it took me days to get myself ready to tell her that I love her...but I knew that it was my assignment...but it took me weeks of processing and going and not saying it and going home and thinking...I didn't do it...it just had so much emotional baggage with it...because she had never told me [that she loved me]...I knew intellectually that I would be so angry if I didn't get this done and she died...how wasteful (#30, LL 240-249).

In the end, Katherine* successfully told her mother that she loved her and that she appreciated all that she had done for her, and Katherine* felt a tremendous sense of relief and peace. Others acknowledge that they participated in a meaningful *nonverbal* interaction to fulfill their need for a deep and authentic interaction. These nonverbal interactions usually involved the powerful and intimate code of touch. In Maureen's case, a hug fulfilled that need. For Roxanne, a squeeze of her hand facilitated closure. A vocalic response (e.g., Jules* received a grunt when no one else could get any kind of response) or a final look at the moment of death (Victoria) also became extremely powerful and meaningful.

Tools for communicating more effectively in present, everyday, interactions are statements that illustrate how the lessons learned during FC apply to their current communicative behaviors on a daily basis. Almost everyone talked about the fact that their FC made them realize that they don't want to leave anything unsaid because this experience made them realize that, in reality, anyone could die tomorrow. For instance, Cathy eloquently highlights the fact that we are

accountable for what is said or left unsaid in our relationships. She observes that “the responsibility of every sentence... pretend like it might be the last day with somebody you love and say those wonderful things you want to say” (LL 709-711). A common thread in these stories stresses the value of “seizing every opportunity to communicate” (Tory, L 591). Perhaps, Dana summarizes most clearly what others learned about communicating more effectively in their everyday interactions:

... one of the things I learned is I never know when somebody’s last day is going to be. I try to always appreciate them in the present, and tell them...I love them and how much they mean to me...[I] don’t treat them with disrespect...If there is something going on, I feel that you have to clear the air because you don’t know. Which ties back to what I learned from my dad...you don’t know when it is going to be the last time...I never leave for work without the goodbye, I love, kiss, kiss, which takes forever. (LL 599-621).

Clearly, these interviews indicate communication within one specific context (i.e., at the end of a loved one’s life) has a lasting impact on individuals’ current interactions within close relationships. To be able to transcend painful periods in our life and apply lessons learned about communication to our everyday life is a hidden gift of FC.

Implications and Conclusions

Examining FC permits understanding of communication at the end of life and illustrates how narratives help survivors make sense of that process. First, FC narratives offers a unique opportunity for us to learn about ourselves and to confirm our identities by looking at ourselves in a new light or by seeing ourselves through a loved one’s eyes. Second, FC narratives enables us to promote ongoing connections between us as survivors and the deceased (Hedtke, 2002),

thereby confirming our relationships with our loved ones. Third, FC narratives empower people to utilize communication with their loved ones as a way to begin to make sense of death, their loss and thereby begin the healing process. Fourth, we were struck by the lessons learned by individuals concerning communication with their loved ones at the end of their lives and how it also impacted their everyday communication practices.

These findings offer important new understanding to the process and functions associated with a subject understudied in the narrative and health communication literature: final conversations. In the process, the findings contribute to, as well as support, existing narrative theory. The stories, most often told years after the death of a loved one, reflect the complexity of narrative time (Ochs, 1997; Ricoeur, 1981). Participants were able to take the scattered and past events surrounding the death of a loved one and create narratives with thematic meaning about individual and relational identity, as well as lessons about death and communication that affect the present telling and future lived events. FC narratives also clearly reflect social, historical, and relational contexts (Fisher, 1989; Somers, 1994). Situated in a time when the current “death culture” (Heinz, 1999; Kubler-Ross 1969, 1997) encourages minimal talk about death, these stories seem to help people shed the shroud of the death and make sense of difficult events. Our findings confirm previous research on the importance of the extended reportability and coherence of identity narratives (Linde, 1993), as well as the meaning making and healing power in stories of death (Sedney et al., 1994) and, in so doing, help to position *FC narratives*, specifically, as an important part of coming to terms with the death of a loved one.

Because of this finding, not surprisingly, most of the FC stories in our study were overwhelmingly positive. At first reflection, it is easy to surmise that there is a simple methodological explanation. Specifically, since participants were self selecting, people with

negative FC may simply have chosen not to participate in the study, thus resulting in a skewed sample. Interestingly, however, the few participants that did have difficult relationships with their dying loved ones also chose to share their stories. Yet, despite the fact that these narratives were often more difficult to share and even negative in part, the tellers ultimately provided a positive spin to the conclusion of the story. Beyond methodology, it may be that participants recall and shape the FC experience in such a way that can help the storytellers minimize their pain or self-doubt, thereby empowering them in a way that helps them to overcome their loss. Further, narrative theory suggests that people are biased by a social norm to focus on the positive aspects of stories. Freeman and Brockmeier (2001) suggest, for example, that people's autobiographical narratives adhere to the cultural, historical, and ethical standards of "the good life." In addition, a societal bias toward positive narratives is reflected in life story research which focuses on how people can create a sense of *coherence* in their narrated identities (e.g., Baerger & McAdams, 1999; Cohler, 1991; Linde, 1993) and strands of narrative therapy that promote ways for people to "restory" their negative experiences (Monk et al., 1997).

It may also be important that most of the participants had a lot of time to mourn, heal, and to reflect on their FC before sharing their stories with the interviewer (i.e. average amount of time from FC to the interview was 6.9 years). Thus, time may have also been an issue regarding the positive nature of the stories. The participants that recalled FC shortly after the death (e.g., 6 months or less), focused more on the actual death rather than on the FC and were more negative in nature (due to the talk about the actual death process). Clearly, having the time to recall and reflect on the actual conversations served an important function in the sense making process for the participants and likely contributed to the nature of the stories told. Future research might assess how repeated tellings evolve and contribute to the sense-making and healing process.

An alternative conclusion, and an important implication for our understanding of FC narratives, is that the lack of any stories regarding regretⁱⁱⁱ constitutes a testament to the importance of communication at the end of life for the survivor. One of the final questions that participants were specifically asked focused on possible regrets and/or drawbacks regarding FC. Every participant in our study stated that the potential for positive outcomes resulting from the FC far outweighed any potential negative risks (e.g. strong emotions, unmet expectations, or negative messages). The finality of death may help people overcome petty grievances and focus people's attention on the positive aspects of their relationships and their communication. This finding may also suggest that people are biased from the outset to look for and focus on the positive stories as a way to have a good ending with their loved one.

Finally, participants stated that *telling* the story of their FC was very important. All of the participants talked about the value and significance of sharing their FC with the interviewer and thanked her for asking them to tell their story. Sharing their FC story, in the midst of living in a society in which the norm is to not to talk about death and the events that surround it, was perceived to be uplifting, freeing, and healing. Participants cherished the opportunity to tell an important story with someone who was willing to listen, further strengthening the argument that people need to share stories with others. Overwhelmingly, our data suggest that participating in FC and sharing stories about our FC are two important ways that we can “turn toward death together” (McQuellon & Cowan, 2000, p.318).

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Appendix

Final Conversations Interview Questions Guideline

1. Would you share with me your recollection (your story) of your final conversation or conversations with your loved one?

Follow up Questions/specific Details about one or more of the conversations:

2. What was the most meaningful conversation that you had with this person?

3. Why was it the most meaningful to you?

Who initiated this conversation?

4. How did you or he/she initiate the conversation?

5. Were you alone during this particular conversation? If not, who else was present?

6. Who did most of the talking during this conversation?

7. What was the most important thing that you “got out of” (or “took away with you” or “stayed with you”) from this “final” conversation? Why?

8. (What do you think the dying person got out of the conversation?)

Nonverbal Experiences:

9. What sorts of nonverbal experiences (anything other than the words themselves—you may need to give some general examples for clarification) stick out in your mind from this time period? AND what did each of the nonverbal experiences mean to you?

10. Which of those experiences were the most meaningful to you and why?

General Questions:

11. How would you characterize your relationship with (name the person) before you knew they were dying?

12. How would you characterize your relationship with (name the person) after you knew they were dying? (If there was a change) What do you attribute the change in your relationship to?

13. How do you think your final conversations made you feel about your relationship to (name the person)? Why?
14. How were your perceptions about YOU (and/or) your actions impacted by this conversation?
15. What were the lessons that you learned from this/these conversation(s)?
16. What aspects of your personal life were changed (if they did) as a result of this experience?
17. What barriers (or obstacles) did you experience in regard to your disclosure (i.e., revealing of yourself, or being able to open up or ask the other person about certain things) during this time period?
18. What were some of the conversations that you initiated and what did they do for you and for your loved one?
19. Any drawbacks to these final conversations?
20. What are the benefits to final conversations?
21. Have you had any thing occur that you would consider communication or a sign from this loved one since he/she has passed?
22. Is there anything that the two of you didn't talk about but you wish you had?
23. Is there anything else that you would like to add?

^{i i} Most of the participants chose to have their real name used in all publications, however, an * indicates the use of a pseudonym at the participant's request.

ⁱⁱ Participant's interviews were transcribed verbatim. Use of L and LL signifies the line number (L) or line numbers (LL) that correspond with the line numbers from each corresponding transcript.

ⁱⁱⁱ With the one exception of Cara # 20 who attributed her avoidance of genuine conversation with her grandfather to her fear of and experience with death.