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Paige W. Toller

University of Nebraska at Omaha, ptoller@unomaha.edu

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# Negotiation of Dialectical Contradictions by Parents who have Experienced the Death of a Child

Paige W. Toller

*This study examines how bereaved parents experience communicating with individuals in their social network. The bereaved parents in this study experienced two dialectical contradictions: (a) between the physical absence of their child and the continuing presence and emotional bond with their deceased child; and (b) between being open or closed when deciding whether to talk about the deceased child to others. Results describe how parents communicatively negotiated these contradictions. The article concludes by discussing practical applications for bereaved parents, bereavement support groups, helping professionals, and individuals within the bereaved parents' social network.*

**Keywords:** *Dialectical Contradictions; Presence–Absence; Openness–Closedness; Parental Bereavement*

The death of a child is one of the most devastating and life-altering events that a parent can experience. Parents describe this deeply painful event as cataclysmic or earth-shattering (Oliver, 1999). For parents, the death of a child challenges the natural order of life, while robbing them of their parental status and identity (Hastings, 2000; Riches & Dawson, 1996a, 1996b). Bereaved parents experience a liminal identity as they continue to feel parental responsibilities and emotion towards a deceased child (Romanoff & Terenzio, 1998). The liminal nature of being *betwixt and between* may result in bereaved individuals feeling like a parent and not like a parent simultaneously—further affecting the bereaved parents' identities (Romanoff & Terenzio, 1998).

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Paige W. Toller (M.A., Abilene Christian University) is a doctoral student at the University of Nebraska, Lincoln. Correspondence to: Department of Communication Studies, 419 Oldfather Hall, University of Nebraska, Lincoln, NE 68588-0329, USA. Email: paigetoller@yahoo.com. The author would like to thank Dawn O. Braithwaite for her guidance on this project, the editor and reviewers for their constructive comments, and the parents who shared their stories of loss and survival.

In addition to an altered self-identity, many bereaved parents find relationships with family and friends are changed after the death of a child (Rando, 1986). Communication with family and friends is often strained as it is difficult for others to respond to parents' grief. Often this is due to family and friends' uncertainty about what to say or do (Rando, 1986, 1988).

As a result, communicating about their loss to others creates a dilemma for bereaved parents. Parents experience a persistent need to talk about the child's death in order to make sense of the experience (Attig, 1996; Murphy, 1996). However, friends and family members do not readily engage in conversation with bereaved parents or create opportunities for parents to talk about their loss (Rando, 1986, 1988). Friends and family may even criticize a bereaved parent for perpetuating the memory of the child (Hastings, 2000). As a result, bereaved parents may feel stigmatized (Riches & Dawson, 1996a) or socially ostracized (Rando, 1986).

As the literature suggests, bereaved parents' communication about their loss may be hindered by the potential reactions of friends and family members. Nonetheless, the literature argues that bereaved parents want to communicate with others about their child's death. As such, further examination of how bereaved parents cope with these tensions is warranted. Furthermore, if communication with friends and family members is inhibited how do bereaved parents communicate to others the ongoing relationship they often have with their dead child, even though the child is physically absent? The purpose of this study is to examine how bereaved parents use communication to cope with such tensions after the death of a child. A dialectical perspective, which centers on contradictions of relating, may illuminate these questions more clearly (Baxter & Montgomery, 1996).

### **Relational Dialectics**

Originating from the work of Russian philosopher Mikhail Bahktin (1981, 1984), Baxter and Montgomery (1996) refined a theory of relational dialectics that examines the inherent tensions within relationships. At the heart of relational dialectics is contradiction or "the dynamic interplay of opposing forces" (Baxter & Braithwaite, in press, p. 3). The dynamic interplay of opposing forces indicates that relationships experience ongoing, co-existing forces that are *both/and* rather than *either/or* (Baxter & Montgomery, 1997). All dialectic approaches to communication share three basic assumptions: (a) the process of relating involves contradictions; (b) these contradictions inspire relational change; and (c) the contradictions are constructed and enacted through communication (Baxter & Braithwaite, in press).

Baxter and Montgomery (1996) proposed that three main contradictions exist within relationships. The connectedness-autonomy dialectic is the contradiction between wanting to be more intimate and yet needing to maintain individuality. The stability-change dialectic addresses the contradiction between both the need for familiarity within a relationship and the need for a degree of novelty. Finally, the openness-closedness dialectic concerns the need to share information with a relational partner and the need to retain some degree of privacy. These three internal

contradictions demonstrate that relationships experience tensions that do not have either/or solutions, which cannot be resolved but instead are managed through communication (Baxter & Montgomery, 1996.)

Currently, a number of scholars are beginning to look at the dialectical tensions that occur in relationships where one person in the relational equation is absent or somehow incapacitated. For example, in a study looking at married widowhood, Baxter, Braithwaite, Golish, and Olson (2002) found that wives of Alzheimer's patients experienced a relational contradiction resulting from their husband's physical presence and emotional/mental absence. Golish and Powell (2003) argued that parents who experience the birth of a premature baby encounter a dialectic of joy–grief as the parents are happy about the birth but also feel a sense of mourning or loss due to the baby's unexpected birth date. Bryant (2003) found that recognizing the place of a deceased parent created a presence–absence contradiction in stepfamilies formed after the death of a parent.

Although the majority of dialectical research has focused on the contradictions located within the boundaries of the dyad (e.g., Baxter et al., 2002; Baxter & West, 2003) researchers have examined the external contradictions that exist between the boundaries of the dyad and others in the social network (Baxter, 1993), such as the work of Braithwaite and Baxter (1995) on couples publicly renewing their marriage vows. Although not focused on death or dying, these studies illustrate that individuals experience contradictions not only within dyadic boundaries, but also between the dyad and the outside world.

The death of a child is a tremendous loss as bereaved parents struggle with the agony of their child's permanent absence and yet still experience ongoing feelings toward their dead child. In addition, bereaved parents may desire to talk about their feelings of grief to friends and family members and yet are hesitant to do so because of the potentially negative reactions from others. As such, the reviewed literature does support the notion that contradictions can and do exist in relationships that have experienced loss, whether it is a loss of mental functioning by one relational partner (Baxter et al., 2002) or the loss of a parent (Bryant, 2003). Thus, it is plausible that the theoretical framework of relational dialectics will highlight and accent the contradictions that can occur within bereaved families. Therefore, this study sought to answer the following research questions:

- RQ1: What, if any, dialectical contradictions do bereaved parents experience when communicating with others about their loss?
- RQ2: How, if at all, do bereaved parents use communication to manage dialectical contradictions in their relationships with others?

## **Method**

In order to listen to the voices and experiences of individuals who had experienced the phenomenon of interest this study used a qualitative-interpretive method.

After the University's Institutional Review Board granted approval, participants were located by contacting and attending chapter meetings of The Compassionate Friends, a nationwide peer support group, and Community Friends, a local peer support group.

At each meeting, sign-up sheets were left for parents who were interested in participating in the study, which the support group facilitators later mailed to me. Interview times and dates were arranged with interested participants over the telephone. Following this, in-depth, face-to-face interviews were conducted with 16 parents who had experienced the death of a child. Data were collected until recurring patterns appeared and a point of theoretical saturation had been reached (Leininger, 1994; Strauss & Corbin, 1998).

### *Participants*

Of the 16 parents who participated in the study 12 were women, 4 were men, and all were Caucasian. A total of 12 interviews were conducted, eight taking place with mothers only and four as marital dyads. Thirteen participants were currently married to the biological father or mother of their deceased child, one mother was currently married to someone who was not the biological father of the child, and two mothers were currently divorced. All but one parent was currently participating in a bereavement support group.

The time from the child's death to the interview ranged from 6 months to 29 years, with a mean of 8.2 years. The age of the child at the time of death ranged from 5 months to 35 years, with a mean age of 14.1 years of age. Of the 12 interviews conducted, the reported cause of death was as follows: three from illness (25%), four by suicide (33.3%), and five by accidental death (41.7%).

### *Interviewer Procedure*

The semi-structured interview guide (see appendix) consisted of various demographic questions followed by open-ended and hypothetical questions. Similar to the retrospective interview technique, many of the questions encouraged the parents to describe their interaction with friends and family members before and after the death of their child (Huston, Surra, Fitzgerald, & Cate, 1981). Parents were also asked to describe relationships with friends and family in the present.

Of the 12 interviews conducted, 10 took place in the participants' homes, one at a hospital meeting room, and one at a local café. Because participants were assured that their identities would be kept confidential, pseudonyms are used throughout the study. The interviews ranged from 90 minutes to 4 hours, with the average interview lasting about 2 hours.

### *Data Analysis*

Each audio-taped interview was listened to in its entirety and transcribed verbatim as quickly as possible after the interview had taken place. All of the audio-tapes were

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number coded, and the transcripts were identified with the corresponding number code as well as pseudonyms. Participants' nonverbal communication was also included in the transcription, such as long pauses, crying, loudly emphasized words, and so forth. The transcribed interviews yielded a total of 472 pages of single-spaced data.

A modified version of the constant-comparative analysis was used to identify and develop categories and thematic patterns (Strauss & Corbin, 1998). First, the transcripts were read through in their entirety. While reading through the transcripts, initial impressions were written down in the form of memos, which continued throughout the entire data analysis.

The raw data were then reduced to a more workable size as a way of "selecting, focusing, simplifying, abstracting, and transforming the data that appears in written-up field notes or transcriptions" (Miles & Huberman, 1994, p.10). According to Miles and Huberman (1994) data reduction occurs before and throughout the data collection process as the researcher decides certain things such as which theoretical framework to use, which data collection process to use, and so forth. The raw data were examined with an eye towards identifying possible dialectical patterns, as a dialectical perspective served as both a sensitizing concept and an organizing framework (Strauss & Corbin, 1998), consequently reducing the raw data to approximately 75 pages of single-spaced transcription.

The reduced data were then subjected to open coding, where whole paragraphs were separated into categories of information (Strauss & Corbin, 1998). Following the Q1 example of Baxter, Braithwaite, Bryant, and Wagner (in press), open coding in this study was organized around Spradley's (1979) attribution semantic relationship, where "X is an attribute (characteristic) of Y" (p. 111). An example of a semantic relationship within this study was the nature of communicating or talking to others about the child's death and the nature of not communicating or talking to others about the child's death. The categories were then compared with each other for similarities and differences (Strauss & Corbin, 1998). When differences were found, a new category was added, resulting in 12 open codes. Generally, open coding is repetitious, as coding categories are added, combined, and revised until the coding Q1 categories do not require further modification (Baxter et al., in press). As such, six open codes remained at the conclusion of open coding.

After open coding, axial coding was used. During axial coding "categories are related to their subcategories to form more precise and complete explanations about phenomena" (Strauss & Corbin, 1998, p. 124). In axial coding, categories and subcategories are examined to see if they are linked or related to one another. Axial coding is similar to Spradley's (1979) semantic relationship of strict inclusion, where "X is a kind of Y" (p. 111) and the "Y" represents contradiction. In this case, axial coding involved looking at the bereaved parents' discourse for simultaneous opposites from the categories created during open coding. Organizing the bereaved parents' discourse was done using a modified version of Spradley's domain analysis worksheet. Using the domain analysis worksheet, simultaneous and opposing contradictions were identified as they related to the selected open code. For instance, during open coding,

one category identified was “bringing up the child’s name during family conversations.” During axial coding a subcategory revealed that a simultaneous opposite of this was “not talking about the child with [certain family members].” It appeared that the simultaneous openness and closedness about the child’s death was a contradiction, hence the positing of the openness–closedness dialectic. As contradictions were identified during this stage, four categories from open coding that were not dialectic were removed from analysis. The analysis was also rechecked to ensure consistency of the categories and to identify any rival explanations for the findings (Miles & Huberman, 1994).

To illustrate and support each contradiction, exemplars from the data were used. After the initial version of the manuscript was completed, each parent was sent a copy, along with a letter requesting their feedback concerning its findings. Responses from the participants confirmed the findings of the study, which is discussed further in the practical applications section.

## **Results and Discussion**

For the parents in this study, talking about their dead children to others was often a double-edged sword. Parents often desired to share with friends and family members their grief and feelings of loss. At the same time, most of the parents interviewed were hesitant to be open about their feelings as they were afraid of the potentially negative reactions of others. Likewise, these parents found it difficult to articulate to others that although their child was physically gone from them, they continued to feel an emotional bond with their dead child. As such, the analysis of the interviews revealed two primary dialectical contradictions: (a) openness–closedness and (b) presence–absence. To manage contradictions of openness–closedness parents were selective in their communication and also would take control of the communicative interaction. Likewise, bereaved parents used rituals and symbols to help manage the dialectical contradiction of presence–absence.

### *Openness–Closedness*

The decision of whether to talk to others about the death of their child presented an obvious contradiction for these parents. On one hand, many felt the need to talk about their child and their loss, and on the other hand, they perceived the outcome of this as risky, particularly if friends and family members expressed that they should be *moving on*. One mother said she is open about her child’s death:

I’ve kind of gotten to the point that I would tell anyone. Not for any reason, but because they need to know that it doesn’t go away. I normally don’t cry about it like I did now. But you know, when they ask how many kids you have, I’m able to tell them, I don’t cover it up. (10: 456–459; numbers denote interview number and the line number(s) of the corresponding transcript)

This mother communicates openly about her daughter’s death so that people are aware of the persistent pain that follows the death of a child.

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Parents also felt the need to talk about their children because doing so is comforting to them. Several of them emphasized the healing nature of keeping the child's memory alive through talking with others about the child's death. However, many felt they had to assess the comfort level of others before talking about their deceased child. After losing her adult son to a sudden heart attack, one mother commented:

You know, I'm not going to ask my friends from work and school and all, come over here because I'm having a candle-lighting ceremony, they wouldn't feel comfortable, oh my gosh, what am I going to have say, oh jeez, I don't want be there when she's crying and carrying on. I mean, I don't know what they think is going to happen, but they are just very uneasy and unnerved by that. (1:670–674)

Consequently, some of the parents found themselves remaining silent about their deceased child. As this mother's comment illustrates, parents often placed the comfort of others above their own.

In addition, many parents were aware of potential discomfort and awkwardness for others if the child's name was brought up, or if there were any artifacts or symbols of the child present. For one particular couple, having company over involved having to decide whether to remove pictures of their dead son, because they believed having them up, as they otherwise did, might create an uncomfortable situation for their guests:

There was one couple that clearly knew, and the other two couples I'm not sure they did, and you know, I wasn't going to bring it up, and Paul kind of said, well, maybe we ought to take the pictures down, because he was afraid they'd ask. And I'm like, if they ask, I'm going to tell them—I'm not going to hide the pictures. But it didn't come up, and that was a relief. And I probably wouldn't have shared a whole lot of it. (4:673–677)

As the quotation indicates, this couple was faced with the contradiction of being closed about their son's death to prevent awkwardness and yet needing to be open to others about what had happened to their son and family.

In addition, some of the parents felt as though sharing their grief would place stress on other family members. One mother asserted:

I felt like I just put a tremendous burden on them, they've got their burden with their declining health and issues, I can't do this to my parents, I can't unload this on my parents, and so for a while, I really, I didn't call very often, and I didn't have anything to say to them because the only thing that was on my mind was Sally and I didn't want to unload Sally to them. (3:237–241)

In this situation, the emotional and physical state of her own parents resulted in this mother privileging the closedness pole of the contradiction, even though she may have wanted to be open with them about her daughter's death.

As the previous examples illustrated, the parents used discernment when communicating to others about the death of their child, particularly by *being selective* and by *taking control* of the interaction. By *being selective* with their disclosure and *taking control* of the communicative situation, parents were able to manage this contradiction communicatively.



*Being selective*

Bereaved parents attempted to manage the contradiction of openness–closedness by being selective regarding to who they disclosed. Parents based this selectivity on whether they perceived a person would react negatively to talk about the dead child. For example, a mother whose teenager daughter committed suicide decided to talk to others about her daughter if she felt that the other person was “safe”:

There are some friends that you lose, you know, but then you also find out who your real friends are. And you find out, even more than your friends, I call them safe people, you know, the people that don't go “[surprised noise] she said her name,” you know, and have to change the subject right away or act like they really wished they hadn't asked how you were. (8:153–157)

Similarly, another couple whose daughter died in a car accident also said that they based their openness on the reactions of others:

We know exactly which people, if we are in a social setting with them and friends, that we go out with, that the subject is just taboo, and we just don't bring up Lori, because that's when everything gets all confused. And so rather than do that, we just figure, it's those people's problem—if they can't handle this about Lori, we'll just go on. (6:439–443)

As both of these examples suggest, the reactions of others were indicative of how “safe” that person was, which ultimately determined how open or closed they would be about their child's death with that person.

In addition to determining whether the person was “safe,” the parents' selectivity was based on criteria such as the sincerity exhibited by others or the degree of relational investment they had with the particular person(s). In terms of sincerity, some of the parents felt they could “sense” another person's genuineness:

It depends, I think, on, the person, and I can't tell you what would make it different. Some people I can just feel or see a look in their eyes, like they want to know, but they don't want to ask, or something like that, you know, and so then, I'll just share that, but other ones, you know, you can tell that they really don't want to know. (9:252–255)

Another mother described her selectivity similarly: “When I feel like that someone's really concerned and really sincere, you know, I will answer their questions and I will talk about it. I don't try to avoid the subject” (1:453–454). Each of these comments indicates that these mothers were open about their child's death if they believed that the person was inquiring out of a genuine interest.

Determining people's sincerity also involved assessing whether they might be judged negatively for openly talking about their dead child. One mother said:

So you know, those kind of people, that's it, you might go home and cry your eyes out for hours after they hurt you the first time, but you will not, eventually, without even knowing it, you will start to avoid them. (8:232–235)

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Another father described how he has restricted communication with a friend:

There is very poor communication because he has strong attitudes about grief and expectations about me, but a lot of it is he wants me to be the same guy I used to be, and I'm not, and so he kind of wants—yeah, I don't share much with him because it only irritates me what he says. (2:677–680)

As both quotations illustrated, openness is restricted when talking about the death resulted in feelings of judgment, which curtailed any future communication.

Bereaved parents' selectivity was also based on whether there was some sort of relationship between the recipient of the disclosure and the parent. If there was little or no relational history, most parents did not openly discuss their loss. This was especially true of small talk or when an individual was a casual acquaintance. If the relational investment was small, or if the conversation was obligatory, the likelihood of revealing this information was minimal. As one mother said:

I know, I don't readily tell people what has happened, but if it's somebody I like, and seem genuinely interested in me, if it's somebody I'm going to spend time with, you know, in conversations, I will mention it along the way, so they know. (5:319–323)

This mother is open if she perceives that there is potential for a relationship or sustained interaction. Just as the sincerity of others predicated openness, a perceived opportunity to form relationships influences the parents' degree of openness. In addition, the genuineness and sincerity of the inquiring individual likely plays a role in whether any type of relationship will be formed between the parent and the individual.

In all of these exemplars, being selective was a decisive factor in determining just how open or closed parents would be with others. By being selective, parents were able to protect themselves from future judgment and painful comments by others. Being selective gave parents control over the depth of their disclosure with others. Along with being selective, bereaved parents managed the contradiction of openness–closedness by actively monitoring aspects of the interaction. In particular, parents monitored interactions with others by taking control of the communicative situation.

#### *Taking control*

Many of the parents expressed a persistent need to talk about their children as way of keeping the child's memory alive; thus, many of them purposefully integrated their deceased child into conversations. One mother commented: "I used to make it come up, you know, in conversation" (3:114–116). Because of her openness, this mother was able to remind others about her dead daughter during various interactions. However, she remarked that she does not bring her daughter into conversations as much anymore because other family members and friends have indicated that it was "time for her to move on" (3:119). Because of the attitudes and comments of others, this mother often finds herself choosing closedness over openness.

Another couple said that they bring their daughter up as much as they can, even though her death occurred nearly seven years ago:

Well, we bring her, probably more with his mother, but we bring her into the conversation as much as we can. You know if something happens, we have a new little grandson, too, and if something happens in the conversation, you know, “Remember when Lori did this,” or “Lori would have liked this.” (6:180–183)

Bringing their daughter into conversation allowed this couple to reflect and remember things about their deceased daughter, such as activities she liked. Furthermore, bringing their daughter into the conversation prompted others to remember the dead child as well.

For many of the parents, being in a support group taught them that it was important to talk about their deceased child, regardless of the reactions of others. After her son’s accidental death nearly 30 years ago, one mother commented:

Well, I learned in The Compassionate Friends—before I went to The Compassionate Friends people would ask me how many children I had, and I would say that I had a son that died, but then I thought I just wouldn’t mention his name anymore, except to my very closest friends. But then I learned after going to The Compassionate Friends, that you know, you’re the one that’s dealing with the death night and day—if they can’t handle it, it’s too bad.... I’m very open about Shawn, his death. (7:230–236)

Being in a support group has taught this mother, and other parents, that they will never “get over it” (7:240) and that healing involves learning to integrate their memories of the child into their present lives.

Just as parents practiced openness by actively integrating their deceased children into the conversation, they also took control by erecting boundaries of closedness. They constructed boundaries to indicate what they would or would not be willing to talk about, or if they wanted to talk about the child at all. Although talking about their loss was therapeutic, it was also emotionally draining as well. Consequently, some parents communicated in a manner that indicated whether they wanted to talk about their deceased child. One mother remarked:

I tell you what, to be truthful, I will respond in a way to let them know [that] I don’t want to talk about it—and I will say, I’m doing better—I’ll go ahead, and say that—it lets them off the hook, and it lets me off the hook too, because I just can’t bear to cry all the time. But if it’s somebody I really want to talk with, you know, that’s close to me, I can, I can talk to them. (1:179–183)

Communicating to others that she is “doing better” gives this mother control over the interaction, perhaps lessening any tension the involved parties may be experiencing.

Because it was difficult for her friends to know if she wanted to talk about her son’s death, another mother said that she would “talk about it when I want to—when I don’t, I don’t, and I think that makes it easier for them because they are never really quite sure” (1:155–156). Another mother, whose teenage son committed suicide, agreed:

But I’ve found with a lot of people it’s just easier—if you feel like talking about it, you say something, because they don’t know, they don’t know if it’s going to bother

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you, they don't want to take that chance, you know. It's uncomfortable for them, but it's not because they aren't thinking about it. (4:507–510)

According to both mothers, it was easier for everyone if they took the initiative and brought up their children when they felt like it. Each mother felt that the silence of others was not necessarily an indication of not caring or ignoring what has happened, but that these individuals were cautious about upsetting them.

Many of the parents suggested that because others are uncertain about what to say or do, they often have to take control by teaching others how to communicate with them. One mother commented:

I play cards with 11 other women, and afterwards, some of those women were there, about two weeks later I got a bunch of roses, and wrote something that must have been divinely inspired because I couldn't have done it myself, and just said this is what I need, you know, thank you for what you did, and here's where I am, and this is what I need, and don't be afraid to be stupid, and I'll be good. That's pretty much where I went and gave them each that note to take home. They've always been supportive—if I ask, they're there. (3:317–321)

Through the letter, this mother took control and communicated to others her needs and how they could meet those needs. Another mother commented that bereaved parents often have to set up communication guidelines:

You really need to be the one to tell others how to communicate. They don't know—you have to let them know. And yeah, it's hard to do, but you can't expect them to know if they haven't experienced it. And I think you need to be the first one to bring up your child's name, or, like this book said, ask about their children. Because people are like—I'm afraid to talk to them because I'll mention my kids, and they'll be upset. You have to take the steps of saying, "Well, how are your kids doing—what are they up to?" (4:872–877)

By talking about the other person's child, this mother indicated that it is all right for friends and family members to talk about their living children in front of her. In fact, it is what she wants them to do, as it may create an opportunity for her to talk about her own children, both living and dead.

Along with integrating the child into conversation or teaching others how to communicate, some parents would use nonverbal approaches to remind people about their deceased child. For example, many of the parents included the child's name when signing Christmas cards as a way of communicating that the child was still a part of the family. Oftentimes the cards would be signed with "angel" and the child's name. One mother remarked that she always includes her daughter's name on her Christmas cards:

On my Christmas cards, I always put her name on the Christmas cards at the very bottom, my angel Amy, just because I want her to be remembered, and you know, it's just the only way—if nobody's going to talk about her, I'm just going to put her name on there. (11:380–383)

For this mother, signing her daughter's name at the bottom of the card was her way of intentionally reminding others that although her infant daughter is dead, she still

wanted others to remember her. By signing her daughter's name on cards, this mother is also communicating that her child is still present to her, although she had died several years ago. This example also illustrates the next contradiction bereaved parents experience, which is presence-absence.

### *Presence-Absence*

Bereaved parents experience tensions from both the ongoing emotional bond they have with their child, and the physical absence of the child. This tension is seen through the dialectic of presence-absence (Baxter et al., 2002; Bryant, 2003). One mother commented that she enjoyed hearing stories about her son, because “well, it just gives me pleasure to know that he was such a neat guy, of course—a proud parent, you know, and it just keeps him alive to you—you do anything to keep them alive to you” (1:100–103). Similarly, the bond between one father and his daughter was so strong that:

There's been times—it's less now—but, lots of times, walking through a store, I make room for her beside me, as I'm walking and I share the moment as if she was there. I kind of feel like she's there, so, you know, I make that adaptation. (2:496–499)

Another mother felt the presence of her son when she went into her basement, which was the place where he committed suicide. She remarked that even though it was difficult to be there:

I still feel close to Toby when I go downstairs. I feel close to him because I've hung his artwork there. I don't feel, I don't get that, you know, the other side of it and say this is the last place he was—this was his home. I don't color it to the negative side. (5:332–335)

As all of these quotes suggest, the need to keep their children alive to them is a profound and driving need for these parents. This need is at the heart of the presence-absence contradiction as parents must cope with their feelings of connection and simultaneously acknowledge the utter, physical absence of the child.

Unfortunately, many individuals within the parents' social network did not fully understand or honor this need. One mother commented on how frustrating it was when others were unwilling to talk about her dead child and how meaningful it was when people did remember her deceased daughter:

It's like, you talk about your children that are alive, so why can't you talk about your child that's dead—that child will always be a part of your life, and you wouldn't want it to not be, so when people act like you're supposed to forget them, and stuff, that's real painful. So the people that do the opposite, you know, are just warming my heart, touching my spirit, because you know, they're like, yeah, I remember Jamie. (8:263–267)

When people were not willing to remember her dead child, the physical absence of her daughter was deeply felt by this mother; however, she was encouraged and comforted when others chose to remember her daughter.

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Another mother commented how upsetting a counseling session was with a particular therapist, because the therapist told her to terminate the relationship with her dead daughter:

The one that really irritated me—she told me that I needed to end my relationship with Jessie. That just didn't seem right to me. I know you have to have a different relationship, but you're not going to end it—it's not going to be over with—it's not going to go away. (10:641–645)

From this mother's point of view, ending her relationship with her dead daughter was unthinkable. She acknowledged that although the relationship was now altered it was certainly not over.

Like the previously discussed contradiction of openness–closedness, bereaved parents take an active role in managing this contradiction as well. This occurs mainly through the enactment of rituals and the use of symbols, particularly through jewelry.

### *Rituals*

For bereaved parents, part of reconciling the presence–absence dialect was the performance of rituals that honored the memory of the child. Every parent interviewed in the present study mentioned visiting and decorating the child's gravesite. Often parents decorated the gravesites at holidays or on the anniversary of the death of the child. The gravesites were often decorated to reflect certain characteristics of the child. For instance, one couple always places a nativity set on their son's grave, because he had collected them since he was a small child.

Besides decorating the gravesite, many of the parents enacted holiday rituals of remembrance with their spouses and surviving children. One family gives each other a gift from their deceased daughter on Christmas morning. This gift is signed "From Angel Sally." Another mother said that her daughter had always wanted a Christmas tree decorated only with white lights and Precious Moments figurines, but for financial reasons they were not able to do so. However, since the death of her daughter, the family puts only those two decorations on their Christmas tree.

In addition to specific holiday rituals, many of the parents enacted daily and weekly rituals as a reminder of the child. In some instances, the rituals were used as a way to "talk" with the child (2:360). One father used daily journaling as a way to express his pain and to communicate with his deceased daughter:

The journals, big parts of them are written to Jane, after she died, and this one in particular, I would, at noon in the office, I would hide in there, and write letters to Jane. I would do that, and I would pray on this side, but these are all letters to Jane. (2:356–359)

For this father, writing letters was a way to maintain a relationship with his deceased daughter and to acknowledge his contradicting feelings of presence and absence. Another couple described how one, or sometimes both of them would spend quiet time in the deceased child's room, sitting in a rocking chair and reflecting upon their day. For them, being in their daughter's room was a way for them to feel close to her.

Other daily rituals parents mentioned were the lighting of candles in memory of the child or family prayers that included the deceased child. For one father, creating a weekly get-together with his surviving sons allowed all of them to share and reminisce together about the deceased child.

Although these rituals were generally private, many parents held very public rituals as well—ones that recognized the absence and honored the presence of the deceased child. At least two couples interviewed gave scholarships in memory of their child, with one couple presenting the scholarship to the recipient at a graduation ceremony. Other public acts of remembrance included taking flowers to church in memory of the child or sponsoring a specific radio station for a day in memory of the child.

Many of the parents also held gatherings for family and friends on specific dates, such as the death date of the child. On the anniversary of their daughter's death, one couple hosted a backyard party they called the "celebration of friends":

We had a party very close to the anniversary of her death that we called a celebration of friends, and had tons of people in our backyard and we'll do it again this year. . . I'd like to see that keep going, even if it doesn't stay as big as it was. I'd like to see it keep going, because it's just one way to keep us together, and it's a good way to remember Sally, and everybody did remember Sally, so we know she's not forgotten, and to have a good time at the same time—so kind of celebrating her life too. (3:533–540)

For this couple, the gathering of friends allowed those present to remember their daughter as well as chance for them to celebrate friendships. In another instance, on the anniversary of their son's death, one couple invited family and friends to the gravesite, where the family participated in singing and releasing of doves. Afterwards, the entire family gathered together for a soup dinner.

Because the holiday season can be especially difficult for parents and other family members, some parents enacted rituals specifically to remember the child and possibly to ease tension that other family members might be experiencing. One mother makes and gives Christmas tree ornaments in memory of her daughter to ensure that everyone remembers her little girl. Another mother, because her son died close to Thanksgiving, lights a candle for her deceased son and other deceased family members at both Thanksgiving and Christmas get-togethers:

What I did the next Thanksgiving was I got a candle for Sam, and I lit the candle in memory of Sam and other people we had lost. That was so helpful, because even though I cried when I did it, once you did it and you lit it, it's like, okay, there's this elephant in the room, and we've all recognized it and now we can go on with our dinner, because otherwise you're trying to ignore that it's there. (4:784–788)

As this mother suggested, it was obvious to everyone that her son was not physically present at holiday gatherings; however, by lighting a candle she communicated to others that he was still very much present in her memory.

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### *Symbols*

Besides the performance of rituals to remember the child, many of the parents wear jewelry and other artifacts as a way of communicating their child's emotional and relational presence. The visible wearing of jewelry, such as crosses or angels, was prevalent among the parents included in this study. Often they would wear a piece of jewelry that had belonged to the child. One couple each wears a piece of jewelry that had belonged to their daughter; the mother wears a bracelet, and the father wears a ring on a chain around his neck. Both of them wear visible angel pins. When asked about the visibility of the pins, the father said that wearing them so openly was somewhat "troubling" to others, particularly at his workplace:

That's one of things that bothered the people at work, that I wore an angel pin, especially, I was the manager, and it's an automotive type industry it's supposed to have the macho, and here's this here's your regional manager and owner of the company walking around with this angel pin. It bothered them, it really did, and I thought, well that's their problem. (6:558–562)

The highly visible nature of the pin often resulted in questions from customers. In response, he would tell them that his daughter had died in a car accident. Although this parent occasionally received negative responses to this symbol of his daughter, he persisted in wearing the pin.

In similar fashion, another father wears a pendant around his neck that once belonged to his deceased daughter. For him it is second nature to wear this item every day, often without realizing how noticeable it is to others. He claimed that wearing it every day allows him to feel close to his daughter.

Another mother described how she, her husband, and their two sons each wore an angel charm around their necks as a meaningful way of keeping her daughter close to them. This woman also wears a visible angel pin. After the death of her son, another mother purchased a cross necklace and a cross pinky ring, as a reminder of both her son and her faith.

The visible nature of the jewelry is indicative of one way parents manage the presence–absence contradiction. Not only does the jewelry serve as a way of keeping the child close, but the visibility of the symbols can create opportunities for the parents to talk about the child when others see the jewelry and ask questions.

Parents also used other artifacts to manage the presence–absence dialectic. Every parent interviewed remarked that they still had pictures of their deceased child up in their home, many times hanging up with pictures of their surviving children. One family had planted and named a garden after their child. They also have a shelf in their living room with some of their daughter's toys on it, as a sign of remembrance. Participating in rituals, wearing jewelry and other mementos, and the presence of artifacts, such as pictures, pays homage to continuing bonds parents feel with their deceased children.

From the numerous quotes and exemplars, it is apparent that bereaved parents experience tensions regarding both openness–closedness and presence–absence. Parents felt a simultaneous need to be open about their deceased child and yet to



be closed to protect themselves and others. In this regard, this study parallels the findings of Bryant (2003). Bryant argued that some children, whose stepfamilies formed after the death of a parent, experienced a contradiction of openness–closedness when communicating with their stepparent about their deceased parent.

Likewise, the present study demonstrated that parents who experienced loss often take an active role in reconciling the contradiction of presence–absence. These findings parallel the findings of Bryant (2003), who discovered that children often used artifacts and rituals to communicatively manage the presence–absence tension after the death of a parent.

## **Conclusion**

The results of this study indicate that talking to others about the death of their child was complex and sometimes difficult for bereaved parents. On one hand, parents indicated that being able to talk about their dead child was meaningful to them. On the other hand, talking to others about their dead child resulted in some parents feeling criticized or judged, leaving them wary of future interactions. As a result, many of the parents established criteria for talking to others. Parents' self-imposed criteria served as both a help and a hindrance. Although parents were able to regulate their communication with others, they were not always able to talk openly and freely about their grief.

Parents discussed how they experienced an ongoing relationship with their child, even though the child was deceased. Parents also discussed how rituals and the use of symbols enable them to keep their child's memory alive. Consequently, these rituals and symbols were also a way for parents to communicate to others that their deceased child was and still is a part of the parents' life.

This study found that communication played a key role in how bereaved parents negotiated and managed the dialectical tensions of openness–closedness and presence–absence. This study contributes to dialectical research as it examines a previously unexplored relational context, as well as another context in which the dialectic of presence–absence is applicable (see Baxter et al., 2002; Bryant, 2003).

## *Limitations and Future Research*

Many of the limitations of this study could be remedied with future research. For instance, future studies could involve a larger, more diverse group of participants, as parents who are not actively involved in bereavement support groups may experience different dialectical tensions. Likewise, the perspective of bereaved parents from varying ethnic and racial backgrounds would also lend insight into the experience and management of dialectical tensions, particularly within differing cultural contexts. Future research also needs to examine whether bereaved parents also experience dialectical contradictions when communicating with their spouse, significant other, or surviving children.

**Practical Applications***Bereaved Parents*

For the parents in this study, ending their relationship with their deceased child was inconceivable. Regardless of the fact that their child was now permanently absent, parents believed that continuing some form of a relationship with their deceased child was necessary. Unfortunately, these parents discovered that talking about this ongoing relationship with others was difficult and at times painful.

For bereaved parents, the implications of this study reside in the communicative value of rituals and symbols. By enacting rituals, these parents were able to honor the bond they have with their deceased child. Moreover, these rituals, when enacted publicly, communicated to others that there was still an ongoing relationship. Likewise, wearing pieces of significant jewelry allowed parents to feel close to their children, as well as facilitate conversations giving parents the chance to talk about their deceased child with others.

By using rituals and symbols parents were able to communicate about their deceased child to others in a more indirect manner. In turn, the indirect form of communication appeared to protect parents somewhat from the outright disapproval and judgment they often experienced when interacting with others. As such, using rituals and symbols may enable bereaved parents to communicate to others about their deceased child in a manner that is less face threatening to the parent. Furthermore, the use of rituals and symbols allows parents not only to honor the memory of their child but also to manage the tensions of presence–absence.

Many of the parents in this study remarked that communicating to others about the felt tensions of presence–absence was often a burdensome task. Bereaved parents may need additional outlets and resources to help them communicate and manage this tension. As such, it is possible that bereavement support groups are a particular resource that could aid parents in this endeavor.

*Bereavement Support Groups*

Bereavement support groups, such as The Compassionate Friends, could assist bereaved parents by distributing information to friends and family members that describes how some parents may experience emotional connection with the deceased child. Through pamphlets or workshops, bereavement support groups could help others understand that preserving the child's memory is not a sign of unhealthy grieving or attachment, but is a way for parents to deal with this profound loss. Moreover, the articulation of this tension by support groups might encourage family members and friends to bring up the child's name or to participate in meaningful rituals with the parents.

Bereavement support groups could also rely on community resources, such as regional end of life coalitions, to distribute information to healthcare providers and other end of life professionals. Such groups may be able to encourage professionals to talk with friends and family members about bereaved parents' desire to have

a continuing relationship with their child, as well as some of the communication difficulties that bereaved parents may face.

### *Helping Professionals*

As one mother's quote indicated, helping professionals may not recognize or validate the contradiction of presence-absence experienced by parents. Instead, counselors and therapists may believe encouraging parents to *move on* or to *let go* is more appropriate. Because of their professional training, it may be difficult to convince therapists, clergy, counselors, and other healthcare professionals that some parents desire to somehow hold on to their relationship with their deceased child and this desire to hold on is not necessarily a sign of denial or unhealthy grieving. Fortunately, bereavement research indicates that grief professionals are beginning to reject the notion that severing all attachments with deceased loved ones is the desired way to facilitate healthy grieving (Hagman, 2001).

Like support groups, helping professionals could also inform family members and friends about some of the difficulties bereaved parents face. For instance, professionals might discuss with friends and family members that although talking about the dead child may be uncomfortable for them, it is often healing for the bereaved parent. Professionals can also educate friends and family members on why rituals are an important part of the healing process and encourage them to participate in rituals if the bereaved parent invites them to do so.

### *Individuals within the Bereaved Parent's Social Network*

As the data from this study suggested, many of the bereaved parents' friends and family members were resistant to talking with the parent about the child. Reasons as to why family members and friends are hesitant to talk with bereaved parents may vary from existing Western thought that talk about death is taboo, to personal discomfort with the topic. Regardless of the reason, parents commented that it was extremely comforting and meaningful when friends and family members would actively remember and talk about the child with them.

The implications of this study for friends and family members is simply to be open and willing to talk with the bereaved parent, regardless of the discomfort they may feel. Friends and family members must realize that talking with the parents about their dead children could result in emotional reactions from the parent, but that these emotional reactions do not necessarily indicate that bereaved parents want to avoid this topic. As many of the bereaved parents in this study indicated, their constant feelings of grief and sadness are not necessarily provoked by the comments of others. Rather, their feelings stem from trying to cope with the fact that their child is permanently gone. Thus, when others avoid talking about the death or act as if things are normal, bereaved parents' feelings are further invalidated.

It is also important that friends and family members know that they too can continue to honor the memory of the child in other ways besides talking with

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the parent. Many of the parents discussed how meaningful it was to receive recognition of their deceased child, such as receiving a written note or card of support or encouragement, and finding flowers on their child's gravesite. These are examples of the ways in which friends and family members can honor the child's memory and support the bereaved parent.

Findings of this study suggest that for friends and family members to avoid or ignore the child's death simply compounds the parents' pain. Talking with the parent, reminiscing together about the child, and communicating support through symbolic gestures are all ways that friends and family can comfort and support parents who have experienced such a devastating loss.

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#### APPENDIX: INTERVIEW PROTOCOL

1. If you feel comfortable, could you tell me a little bit about your child? What were they like?
2. How would you describe your communication with your spouse before \_\_\_\_ died?
  - A. How would you describe your communication with your spouse after \_\_\_\_ died?
  - B. How would you describe your communication today?
3. How would you describe your communication with your surviving children before \_\_\_\_ died?
  - A. How would you describe your communication with your children after \_\_\_\_ died?
  - B. How would you describe your communication today?
4. How would you describe your communication with outside family members before \_\_\_\_ died?
  - A. How would you describe your communication with your family after \_\_\_\_ died?
  - B. How would you describe your communication with your family today?
5. How would you describe your communication with friends before \_\_\_\_ died?
  - A. How would you describe your communication with your friends after \_\_\_\_ died?
  - B. How would you describe your communication with your friends today?
6. Overall, what were some things people said or did that were helpful at the time you lost your child?
  - A. What were some things people said or did that was not helpful at the time you lost your child?

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7. How likely are you, today, to communicate about the loss of your child today?
  - A. To whom do you communicate about your loss most often?
  - B. Who are the people you would not share your loss with?
8. What are some of the most difficult things to talk about after losing your child?
  - A. What are some things that are easier to communicate about?
9. What, if any, are some rituals or activities that you do to remember your child?
10. If you were to give advice to others who have a friend or family member who loses a child, what if anything would you advise them to do or say?

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