EXPLORING DIALECTICS IN GRANDPARENT GRIEF:
COMMUNICATION WITH FAMILY AND FRIENDS FOLLOWING THE DEATH
OF A GRANDCHILD

by

Ashley Duchow-Moore

A thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Arts in Communication

Boise State University

May 2011

BOISE STATE UNIVERSITY GRADUATE COLLEGE

DEFENSE COMMITTEE AND FINAL READING APPROVALS

of the thesis submitted by

Ashley Duchow-Moore

Thesis Title: Exploring Dialectics in Grandparent Grief: Communication with Family and Friends Following the Death of a Grandchild

Date of Final Oral Examination: 09 March 2011

The following individuals read and discussed the thesis submitted by student Ashley Duchow-Moore, and they evaluated her presentation and response to questions during the final oral examination. They found that the student passed the final oral examination.

Laurel Traynowicz, Ph.D.   Chair, Supervisory Committee

Heidi Reeder, Ph.D.   Member, Supervisory Committee

Denice Goodrich-Liley, Ph.D.   Member, Supervisory Committee

The final reading approval of the thesis was granted by Laurel Traynowicz, Ph.D., Chair of the Supervisory Committee. The thesis was approved for the Graduate College by John R. Pelton, Ph.D., Dean of the Graduate College.

DEDICATION

I dedicate this journey to my parents and family who have always supported me in my educational pursuits. From a very young age, my parents instilled in me the value of education and hard work. This culminating piece is simply a reflection of their unbounded love and encouragement through the years. I love and honor you both.

To my participants, I thank you so much for your candor in sharing such an intimate and sorrowful part of your life. I am honored at your willingness to share your stories with me.

ACKNOWLEDGEMENTS

I extend a special thanks to Dr. Laurel Traynowicz who was been an invaluable mentor, educator, and ally throughout this process. Thank you to Dr. Heidi Reeder who over the years has encouraged my ardor for communication, through the passion she exudes in her teaching. To Dr. Denice Goodrich Liley; my gratitude for your willingness to take part in this thesis, thank you for sharing your wisdom, perspective, and positive attitude. And to Dr. Natalie Nelson-Marsh, thank you for pushing me and making my brain hurt in a good way; much of the reason for the genesis of this thesis was due to your support. Thank you to all the Communication Department faculty and staff who have been so positive and helpful in this experience.

To my close and dear friends who have supported me and kept me grounded in this process, I couldn't have done it without you all. Thank you.

ABSTRACT

A relational dialectics perspective was adopted for this study in order to better understand the tensions and contradictions bereaved grandparents experience following the death of a grandchild. The interviews of eleven grandmothers and five grandfathers were analyzed using a qualitative/interpretive method, leading to implications regarding the nature of grandparent grief. Grandparents experienced tensions in their own grief and in their multiple roles within the family structure after a grandchild died. Grandparents expressed contradictions in their role as a stable supporter versus griever, as well as balancing the need for protection and privacy. Grandparents negotiated these tensions through conscious communicative choices such as monitoring self disclosure or grieving privately. The opportunity for grandparents to dialogue and share their grief experience was an integral part of the healing process.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

Death and subsequent feelings of grief can be difficult topics to discuss. The death

of a loved one causes us to face mortality as a reality (Knapp, 1986; Ponzetti, 1992). As

hard as it may be to broach the topic, at one time or another all of us will be faced with

the grief of losing a loved one, whether it be a parent, friend, sibling, spouse, or child.

Consequently, research abounds in the field of grief and bereavement, as academics try to

better understand how people deal with loss (e.g., Furman, 1974; Parkes, 1998;

Rosenblatt, 2000). Several theories on grief originate from the psychological literature,

starting as early as Freud in his writing on mourning and melancholia (Bradbury, 2001;

Sanders, 1999). This statement alone implies that research has focused mainly on the

intrapersonal experience of grief (Sanders, 1999).

Few researchers have explored bereavement from a social/relational and

communicative perspective (e.g., Toller, 2005). This exploration seems relevant since we

are constantly in communication with others. Research has also shown the importance of

communicating with people in social networks about loss, and the nature of bereavement

as a social more than individual and private phenomenon (Hastings, 2000; Rack,

Burleson, Bodie, Holmstrom & Servaty-Seib, 2008). The minimal research that has

examined communication and our relationships with others as it relates to grief and

mourning focuses largely on parental grief, or the supportive role of others for bereaved

parents (e.g., Higgins, 2002; White, Walker, & Richards, 2008). In general, little research

has been conducted exploring the bereavement experience of grandparents after losing a

grandchild (Hayslip & White, 2008). The available research has shown that grandparents feel extreme internal grief much as parents do, and that they are also in a unique position fulfilling the role of supportive parent as well as griever (e.g., Ponzetti, 1992; White, 1999).

Therefore, considering the distinctive role of grandparents in this exploration on grief and bereavement, the following questions arise: What is grief as defined in the current literature? Do grandparents experience tension in the grieving process when communicating with others? If so, how are those tensions managed communicatively? This line of questioning eventually leads to the understanding of grief beyond an internal phenomenon, to something also experienced on a relational/social dialectic level. Although there has been similar dialectic research in areas of parental grief, this study provides important and useful insight into the social grieving experience of grandparents. Their role as mourners has gone relatively unnoticed in the scholarly literature, despite their significant role in the family (Ponzetti, 1992; Roberto, 1990; Troll & Bengtson, 1979). The focus of this study is the ontological nature of grief as distinctive to the grandparent population, and whether it has a dialectical relational component. Due to limited research in the area of grandparent bereavement, the review of literature initially provides an examination of grief theories and parental bereavement studies to illustrate the current views, opposing perspectives, and assumptions in recent literature on the phenomenon of grief in general. The findings in these studies may also provide insight into grandparent bereavement, since the research revolves around the loss of a child. Following an exploration on grief theories and parental bereavement, this review of

literature then investigates current research on: the grandparent/grandchild relationship, grandparent bereavement, and the theoretical framework of dialectics.

Research on Grief, Grandparent Relationships, and Dialectics

An attempt to define and understand the nature of grief started with Freud's research in the early 20th century. Freud defined grief as "the normal reaction to the loss of a loved person, or 'to the loss of some abstraction which has taken the place of one, such as fatherland, liberty or an ideal'" (Sanders, 1999, p.20). Grief and bereavement elicit interest because they can occur at any point in time, from childhood and beyond, and everyone experiences feelings of grief at some point in their life. For example, Furman (1974) explored the bereavement of children after losing their parent. Research has also investigated the many sides of adult bereavement whether it's losing a child, spouse or parent (Sanders, 1999). Intriguing as well are the differences in all types of grief and how they are understood. Both the age of the griever as well as their relationship to the deceased play a significant role in grief and the understanding of the process (Furman, 1974). Prior to specifically addressing grandparent grief, it is important to evaluate the current literature on grief in general. This provides a sense of how researchers view and understand the phenomenon of grief and the assumptions that drive their work. The following theories and studies illustrate the dominance of a scientific empiricist or cause and effect perspective on grief, where the assumption is that phenomenon are understood through administering proper tests, conducting experiments, and identifying causal relationships. This perspective, explored in more detail below, is helpful in understanding some dynamics of grief. It also provides an ideal entry point for

studying grief from a different point of view, in order to understand its relational and dialogic nature that is not addressed from the empiricist perspective.

The Scientific Empiricist Perspective

Several theorists have developed stage or component models of grief that focus on bereavement as a biologic process that leads to behavioral responses (Engel, 1961; Parkes; 1998, Sanders, 1999). Engel went so far as to characterize grief as a "disease" that brings about two biological responses: fight or flight and conservation/withdrawal (Engel, 1962; Sanders, 1999). The fight or flight response helps to prepare the person for rigorous stress and effort through the release of adrenaline in the body, while conservation/withdrawal allows for bodily recovery and survival. From this initial analysis, Engel developed six stages that occur in the grieving process: shock and disbelief, awareness, restitution, resolving the loss, idealization, and outcome (Engel, 1972). In a different yet similar perspective, grief is seen as an injury causing extensive stress and health issues (Parkes, 1998). Parkes looks at the process as occurring in five stages: searching, mitigation or avoidance, anger, guilt and depression, and finally recovery (Parkes, 1998). Sanders integrated components of the preceding models to develop a five-phase theory of bereavement. The five phases of the integrative model include shock, awareness, conservation/withdrawal, healing, and renewal.

All three of these perspectives view grief as a biological causal experience not unique to the individual. Whether grief is characterized as a "disease," an "injury," or a "fight or flight" response, all of these characterizations indicate a scientific empiricist perspective (Anderson, 1996; Engel, 1961; Parkes, 1998; Sanders, 1999). Grief is not seen as a relational meaning-making process, but rather a universal bodily response to

trauma that eventually moves step-wise into recovery and a return to homeostasis (e.g., Parkes, 1998; Sanders, 1999). For each of the psychological forces that occur in each stage, there is a direct biological outcome that determines the overall well-being of the bereaved individual (Sanders, 1999).

Researchers from this empiricist/biological perspective pose several assumptions about the nature of grief (Anderson, 1996). As a naturally occurring biological process, research focuses on causality and determinant relationships. According to Anderson, from the deterministic view, there are no random occurrences: "all real phenomenon reside in causal chains" (p. 15). All phenomena come about due to prior events, and are themselves the cause of future phenomena (Anderson, 1996). Choice does not play a role in outcomes from the deterministic view. These assumptions are evident in the description of stage theories: i.e., psychological forces lead to a biological outcome, which in turn determines well-being (Sanders, 1999). The assumptions also become evident in the type of research being conducted. The following studies, mostly examining parental grief, are provided to illustrate the biological/causal perspective.

Higgins (2002) was interested in exploring whether religiosity affected depressive symptoms following the death of a child. The initial hypothesis suggested that certain religious variables such as service attendance would decrease feelings of depression following the loss; the hypothesis was not strongly supported in the study (Higgins, 2002). Other studies have attempted to identify variables that are predictive of grief severity and depressive symptoms (Feigelman, Jordan, & Gorman, 2008-2009; Wijnagaards-de Meij et al., 2005). Severity of grief symptoms and depression were

linked to variables such as the cause of death, the age of the child, time since loss, sex, and whether the death was expected or not.

Many studies directly look at the causal relationships between certain variables and grief outcomes (cf: Barr & Cacciatore, 2007-2008; Barrera et al., 2007; Keesee, Currier, & Neimeyer, 2008; Rogers, Floyd, Seltzer, Greenburg & Hong, 2008). From this scientific perspective it is assumed that grief is not a distinctive human experience but a universal biological response. This perspective does help to understand grief severity and measurable variables that affect grief outcomes, which does provide useful information. However, it does not adequately address the relational and communicative nature of the bereavement experience (Hastings, 2000).

<u>Beyond a Biological View</u>

Other perspectives on grief have started to emerge from a more hermeneutic arena (e.g., Hastings 2000; Wheeler, 2001). From a hermeneutic perspective, the focus switches from that of biology to the realm of the mind and the distinctive human experience (Anderson, 1996). Individuals' unique thoughts and feelings all become the central focus of the hermeneutic perspective. The assumption of the hermeneutic researcher is that many issues cannot adequately be addressed through the application of scientific tests and causal relationships (Anderson, 1996). In the absence of research on grandparent grief, examining parental grief may provide some insight into the experience of grandparents who are suffering the loss of the same child. These studies explore how parents understand the grief of losing a child as a relational meaning-making experience, and there is distinct movement away from the biological/stage perspective of grief.

Wheeler (2001) found that most parents who lose a child experience a sense of internal crisis, where their assumptions about the world and their identity within it are turned upside down. From that crisis, parents initiated a search for understanding and a new sense of purpose. Most parents indicated they were able to find a sense of meaning and purpose through their values, friends, and activities (Wheeler, 2001). Hastings (2000) looked at bereavement more from a social perspective than an internal one. She examined how bereaved parents modified their self-disclosure about the loss when talking with others, in order to maintain identity and avoid *"face threats"* (Hastings, 2000, p. 358). Face threats could include a loss of autonomy or appearing less competent to others. Hence, the amount of self-disclosure about their loss becomes monitored. Ironically, it is through this process of disclosure that one is able to heal and form a new sense of identity (Hastings, 2000). Hastings' perspective also supports the premise of this study, that grief is very much a social process of interaction with others rather than a private and independent process free from outside influences.

In the preceding studies, a shift takes place in assumptions regarding the nature of grief. There is movement toward understanding grief beyond an independent biological process. In moving to the hermeneutic arena, grief is recognized in a more holistic way beyond just a biological process to a human experience where we are active participants in constructing the phenomenon and our understanding of it (Anderson, 1996). As a human phenomenon, one then acknowledges the role of identity and agency. A sense of one's inward identity is a focus of both of the studies mentioned above (Hastings, 2000; Wheeler, 2001). With the loss of a child, it seems that what Anderson calls the "essentialist self" or core self is lost or changed (p. 79). The parent must then go through

a journey of self-exploration and building a new sense of being. Secondly, along with identity, we also see the inclusion of agency and choice in these studies. The findings of Hastings indicate that bereaved parents make choices about self-disclosure regarding their loss, with face and identity concerns being their first priority. The above studies regarding parental grief provide insight into the current opposing perspectives on grief research. Examining the experiences of parental grief may also provide indications of some of the dynamics of grandparent bereavement, as grandparents provide support for the adult child and grieve the loss of their grandchild simultaneously (Ponzetti, 1992; White, 1999; White et al., 2008).

The Grandparent/Grandchild Relationship

Prior to exploring literature on grief and grandparents, it is necessary to examine the dynamics of the changing family, why grandparents have become an increasingly relevant population to research, and the role of grandparents in the lives of grandchildren. Of all older adults with children, ninety-four percent of them have grandchildren (White, 1999). Over the last century, decreases in mortality rates have significantly changed the structure of the family unit (Antonucci, Jackson, & Biggs, 2007; Attias-Donfut & Segalen, 2002; Gauthier, 2002; Suitor, Pillemer, Keeton & Robison, 1995; White, 1999). Grandparents are living longer lives, and in turn spending more time with children and grandchildren as they age. Grandchildren have a longer period of time to develop relationships with grandparents. In contrast at the turn of the century, only one in four children had all their living grandparents (Uhlenberg, 1980). As of 1998, the majority of children come into adulthood with at least two grandparents still alive (Szinovacz, 1998). Even into their thirties, seventy-five percent of grandchildren will still have one

grandparent (Uhlenberg, 1996). The relationship between grandparents and grandchildren has drastically changed due to this decrease in mortality rates in the last century (Gauthier, 2002; Cherlin & Furstenberg, 1986). Most grandparents live long enough to witness their grandchildren age, and to develop longer relationships with them (Attias-Donfut & Segalen, 2002). Although this increase in age has become normalized and is somewhat taken for granted, it has caused a major shift in the family structure and created an opportunity to develop relationships (Gauthier, 2002; Cherlin & Furstenburg, 1986). With grandparents living longer and spending more time with the family, it is likely that a grandparent would be part of the family when a child dies, grieving as well as providing support to the parents (White, 1999).

Other factors related to industrialization also allow for relational development between grandchildren and grandparents (Cherlin & Furstenburg, 1986). Technological advances in transportation and communication have made a great impact. Some would argue that improved transportation and the ability to be extremely mobile in living situations has increased physical distance between grandparents and grandchildren (Suitor et al., 1995). In turn, this distance decreases contact and the opportunity for building intergenerational relationships. However, advances in communication technologies and travel have helped to negate this physical distance (Cherlin & Furstenburg, 1986). Something as simple as a phone call helps to maintain relationships even over long distances. These advances allow for relationship development and maintenance in situations that would not have been possible in the past.

Through decreases in mortality and improvements in communication technology, grandparents have an opportunity now more than ever to develop relationships with their

grandchildren (Cherlin & Furstenberg, 1986; White, 1999). With that in mind, it is pertinent to explore how grandparents view their role and their influence in the lives of grandchildren. In an early study, Neugarten and Weinstein (1964) found that grandparents can take on varying roles in the family ranging from the *surrogate parent* to the *distant figure,* and from the *formal* role to the *fun seeker* (Neugarten & Weinstein, 1964, p. 202). Grandparents who identify as distant figures maintain positive relationships with grandchildren, but do not live close by and only visit on holidays and special occasions. The surrogate parent takes on the parenting role rather than a grandparent role. The formal grandparent has a positive relationship with the grandchild, stays involved in activities, but maintains a strict line between the parenting and grand-parenting role, providing no parental advice to the parents. In the fun seeker role, the grandparent has fun with the grandchild, and the goal is to join in activities with the child that allow for playfulness and enjoyment. The grandparent in a sense is able to become a playmate and a kid again (Neugarten & Weinstein, 1964).

Considering all these different roles ranging from somewhat distant to intimate, this study found that a majority of grandparents identified their relationship as satisfying, pleasurable, and comforting (Neugarten & Weinstein, 1964). The relationship provided opportunities for self-fulfillment, renewal, immortality, indulgence with grandchildren, vicarious experiences, and knowledge sharing (Kivnick, 1983; Neugarten & Weinstein, 1964). Although the role and its significance do vary somewhat depending on sex or other variables, most grandparents solely articulated positive emotions about their role (Mueller & Elder, 2003; Neugarten & Weinstein, 1964; Peterson, 1999 Somary & Stricker, 1998). Several more recent studies have confirmed these findings. Roberto

(1990) found that most grandparents were happy in their relationships with grandchildren and felt close to them. Similar findings emerged from Szinovacz's (1998) study where very close and intimate relationships with grandchildren were reported by two-thirds of grandmothers and one-half of grandfathers (As cited in White, 1999). Peterson (1999) found that only eight percent of grandparents were dissatisfied in their relationships with grandchildren. Cherlin and Furstenburg (1986) identified this majority group of grandparents, who fall on the continuum between total surrogates and distant relatives, as *companionate* grandparents. They do not take on an authoritative role in parenting or discipline, but stay involved in family functions and treasure their relationships with their grandchildren (White, 1999). Overall, grandparenthood is seen as a deep and meaningful experience bringing about a great sense of joy and accomplishment (Cherlin & Furstenburg, 1986).

The grandparent role and relationship with grandchildren is also affected by the parent/adult child relationship (Gauthier, 2002; Uhlenberg & Hammill, 1998; White; 1999). A stronger relationship between the parent and adult child leads to stronger connections between the grandparent/grandchild generations (King, 2003; Matthews & Sprey, 1985). With that connection, it is important to further explore the parent/adult child relationship. Several studies have found support and the sharing of resources between the parent and their adult child to be the norm (Leigh, 1982; Rossi & Rossi, 1990). Parent/adult child relationships are most often characterized by enjoyable and recurrent interaction and contact. This interaction tends to remain steady, and relationships with their grown children actually improve as the grandparent ages (Leigh, 1982; Suitor et al., 1995). Findings indicating that the majority of parent/adult child

relationships tend to be intimate and positive also support the finding of closer relationships between grandparents and grandchildren overall (Matthews & Sprey, 1985).

The grand-parenting position is also characterized as a support role to the adult children and their families, which makes sense in light of the positive interactions characteristic of most intergenerational relationships (e.g., Rossi & Rossi; Suitor et al., 1995). Grandparents provide comfort by simply being present (Hagestad, 1985). They are also what Troll (1983) terms the *family watchdog,* always ready to provide help and support during troubled times. In summary, positive interactions and relationships with adult children seem to be indicative of closer grandparent/grandchild relationships (Matthews & Sprey, 1985). The closeness of the grandparent-grandchild relationship, along with this supportive role in the family, would indicate that grandparents play an integral and unique role in the family bereavement process when a child dies.

Grandparent Grief

Research indicates that grandparents experience a severe sense of loss at the death of a grandchild, exhibiting physical symptoms with the same frequency as bereaved parents (Ponzetti, 1992; Reed, 2000; White, 1999). Unlike bereaved parents and other members of the family, grandparents grieve multiple losses. Reed refers to a duel grief, mourning the loss of a grandchild, but also grieving for their own children who are suffering the loss of a child. Ponzetti posits that grandparents actually suffer a *triple pain* in their bereavement process: grieving not only for their lost grandchild, but for themselves and their mourning adult child. In examining the intricacies of grandparent grief, each of these specific areas of bereavement will be explored in more detail.

A majority of grandparents engage in frequent and positive interactions with their grandchildren, developing close relationships (Mueller & Elder, 2003). When a grandchild dies, grandparents, much like parents, experience intense grief and severe pain in mourning the loss of their grandchild (Reed, 2000; White, 2002). Grandparents are often devastated, experiencing feelings of anger, guilt, disbelief, depression, and anxiety (De Frain, Jakub, & Mendoza 1991-1992). Fry (1997) identified similar factors of grandparent bereavement including a sense of survivor's guilt and emotional rupturing. Grandparents feel immense guilt that their grandchild was taken instead of them, especially considering their older age. Grandparents also feel guilt in a sense that they will become a burden to their grieving adult children. The loss of a grandchild brings about emotional rupturing, or a sudden emotional impact, causing feelings of intense sadness as assumptions, worldviews, and feelings of structure and groundedness are shattered (Fry, 1997). As one grandparent stated: "Often I felt the center of my being had disappeared- a disorienting and painful perception, ideas, beliefs and assumptions about the world I had trusted and had faith in were no longer adequate" (Reed, 2000, p. 14).

Along with the intense grief in mourning the loss of their grandchild, grandparents also grieve for themselves as well (Ponzetti, 1992). For both parents and grandparents, the expectation is that they will outlive their children, when a child dies this prospect is demolished (Knapp, 1986). The belief that grandparents will outlive their grandchildren is even greater (Ponzetti, 1992). Younger generations are the means by which family traditions, history, and values are carried on. Subsequently, grandparents have a *generational stake* or interest in the lives of their grandchildren (Bengtson & Kuypers, 1999; Troll, 1980; Troll & Bengtson, 1979). Grandchildren represent a legacy

through which grandparents will continue to live on after their death. Kivnick (1983) identified five different dimensions of meaning wrapped up in the grandparent role; one of these includes the ability to attain immortality through the living members of the family and subsequent generations. From this perspective, grandparents grieve more than just the loss of their grandchild, they also mourn for their own sense of lost immortality (White, 1999). When a grandchild dies, part of themselves, and their ability to live on dies too.

Lastly, grandparents feel intense grief and concern for their own adult child who is mourning (DeFrain et al., 1991-1992; Ponzetti, 1992; Reed, 2000). Grandparents often experience an overwhelming sense of helplessness in their inability to sooth and comfort their own child, and will actively grieve for their grandchild and adult child simultaneously (Fry, 1997; Reed, 2000). As Reed vividly recounts, "how helpless I felt watching my son's anguish, compounding my own sense of inadequacy and powerlessness" (Reed, 2000, p. 11). Along with their *triple pain*, grandparents take on a major support role for the family in the bereavement process (Ponzetti, 1992; White, 1999).

Support between generations is common and parent/adult child relationships tend to be positive (White, 1999). Hence, it would make sense that children seek out their parents for support following the loss of a child. Grandparents take on a significant role as comforter and supporter as their children grieve. In their role as family watchdog, grandparents feel an obligation to protect, care for, and shield their adult child (Fry, 1997). There are several types of support provided by grandparents during times of family bereavement, both emotional and instrumental (Laakso & Paunonen-Ilmonen,

2002; White, et al., 2008). Emotional support includes actions like physical and emotional presence, along with verbal and nonverbal acknowledgement of the parent's loss and grief. Instrumental support includes the completion of necessary tasks or chores such at making necessary arrangements for the funeral, and gathering and providing appropriate information or advice (White et al., 2008; Laakso & Paunonen-Ilmonen, 2002). In such a significant support role, the focus of grandparents often becomes their own child (Ponzetti, 1992). Grandparents indicated their goal was to overcome their own grief surrounding their grandchild, in order to help and support their own children (Fry, 1997). Often grandparents will support their children at the expense and suppression of their own need to grieve. With such a significance placed on the grandparents' role as a supporter, this may lead to feelings of disenfranchisement and alienation as grandparents mourn (Hayslip & White, 2008).

Grandparents are not often included in studies regarding bereavement following the loss of a child; researchers tend to focus solely on the nuclear family (Hayslip & White, 2008; White, 1999). When they are included in such research, grandparents are acknowledged as supporters rather than grievers in the bereaved family (Laakso & Paunonen-Ilmonen, 2002; Nehari, Grebler, & Toren, 2007; White, 1999). A study on intergenerational support found that grandparents were a major source of support for parents, but grandparents indicated they felt that their children did not acknowledge the severity of loss for grandparents (White et al., 2008). The grief of a grandparent often becomes disenfranchised or unacknowledged when it is viewed as secondary to a parent's bereavement (Moss & Moss, 1995). Doka (1989) defines disenfranchised grief as a situation where, "A person experiences a sense of loss but does not have the socially

recognized right, role or capacity to grieve. The person suffers a loss but has little or no opportunity to mourn publically" (p. 3). Nehari et al., (2007) found grandparents often feel that they have no place and no one to express their feelings and grief to, with very few support structures and groups set up for the unique needs of grandparents. Grandparents also felt unsure in the legitimacy of their own grief regarding their grandchild. The feeling of illegitimate grief speaks to a larger culture that does not provide a distinguished position or role for grieving grandparents (Nehari et al., 2007). This is further evidenced by the fact that grandparents are not included as part of the nuclear or grieving family, but exclusively as a form of support. In turn, grandparents may feel alienated, lonely, and disenfranchised in their grief (Nehari et al., 2007).

Grandparents face a multitude of losses after the death of a grandchild (Ponzetti, 1992). They also take on a major role as supporter rather than griever, which may lead to feelings of loneliness and illegitimate grief (Nehari et al., 2007; White, 1999). The studies that have been conducted on grandparent grief have either explored the individual symptoms or supportive role of grandparents in bereavement (e.g., De Frain et al., 1991-1992; White et al., 2008). Current research shows that understanding grief as a social process may provide new insights into the nature of the phenomenon (Rack et al., 2008). From this perspective, grief is a practice of interaction, relationships, and meaning-making that goes beyond a private experience. Studies also show that people often turn to individuals in their social networks as a means of eliciting support (Rack et al., 2008). Researchers up to this point have not explored the social communicative nature of the bereavement experience as it specifically relates to grandparents as a grieving community, rather than a support mechanism. The assumption of the following study is

that grief is a social process, and that grandparents' experience as grievers should be explored beyond the supportive role, especially considering the closeness of the grandparent/grandchild bond. With the multidimensionality of the mourning experience for grandparents grieving for their grandchild, self, and adult child, along with the findings regarding feelings of disenfranchisement, it would be intriguing to explore the tensions grandparents experience in their communication with others about their loss (Ponzetti, 1992; White et al., 2008). Further, it would be interesting to investigate how these tensions are negotiated communicatively in conversation with people in their social network. Identifying communication tensions may further shed light on the social and communicative experience of grandparents in addressing and working through their grief. Therefore, a relational dialectics perspective is adopted for this study to further explore these communicative tensions.

Theoretical Framework

Relational Dialectics

A few studies in the bereavement literature have explored grief from a relational and communicative perspective. A set of studies have been conducted looking specifically at parental grief from a dialectical perspective (Toller, 2005; Toller, 2008; Toller & Braithwaite, 2009). This perspective highlights the dynamics of communication in the bereavement process, which has been bypassed in previous research. A better understanding of these communicative tensions is important, because communication is not simply a variable among many in a research project, but it is the constitutive force of all our interactions. Expanding this area of research by examining the grandparent population is also important to see if dialectics, and the way they are negotiated, change

due to the different experience grandparents have, and the multiple types of grief they experience. Hence, a dialectical perspective is adopted for this study on grandparent bereavement.

Relational dialectics theory poses that in every relationship there are a multitude of contradictory or dialectic tensions constantly at play within the relationship (Baxter & Montgomery, 1997). Often times, these contradictions are somewhat unconscious and go unnoticed by the relational partners. This theory does not focus on conflict or tensions between the partners themselves, but simply focuses on the tensions (without negative connotation) constantly changing and at work in dyadic interaction. Three main relational contradictions have been identified through Baxter and Montgomery's work on dialectical tensions: stability and change, autonomy and connection, and openness and closedness (Baxter & Montgomery, 1996). In every relationship, these opposing tensions are constantly at play, and work to create and define the nature of the relationship (Baxter & Montgomery, 1997).

From a dialectical perspective, contradictions are a constant and unavoidable part of every social interaction (Baxter & Montgomery, 1997). It is through these contradictions that change is influenced and encouraged. A contradiction is defined as "the dynamic interplay between unified opposites" (p. 326). To break that down, in order to be defined as "opposites," two features of the same phenomenon must be unable to coexist in the sense that the presence of one cancels the other out. In this theory, oppositions can take two forms, logically or functionally defined. A logically defined opposition consists of the presence of a characteristic with its opposite being the absence of that characteristic, for example, the presence of caring versus not caring in a

relationship. In a functional opposition, one is not concerned with the absence of a certain characteristic, but rather identifies two unique characteristics that are in some way incompatible with one another. For example, with the pair of predictability and novelty, these two characteristics function in opposite ways: with complete predictability comes the absence of novelty (Baxter & Montgomery, 1997).

Not only are contradictions opposites, but they also must be "unified" and interdependent (Baxter & Montgomery, 1997). Unity in this sense refers to the idea that one element in the contradiction cannot be thoroughly understood without knowledge of the characteristic on the other side of the continuum. For example, we can only understand what it means to be truly autonomous, when we also have a grasp of what it means to be connected with others. The opposites are also interdependent in that the complete adoption of one characteristic excludes the other, but a sense of connection is crucial in understanding one's sense of independent self. Lastly, when referring to "dynamic interplay," this alludes to the fact that contradictive forces are always changing and interacting with one another (Baxter & Montgomery, 1997).

Another major premise of Baxter's relational dialectics perspective, originating from Bakhtin (1981), is that relationships are dialogic in nature centering on communication and dialogue (Baxter & Montgomery, 1997). Through dialogue a relationship is continually redefined. Communication is the process through which dialectical contradictions are both enforced and managed. Contradictions are an indicative part of relationships that cannot be overcome but only managed through the process of dialogue (Baxter & Montgomery, 1997). The goal of this study is to explore the contradictions grandparents experience in their relationships when communicating

with others following the loss of their grandchild, and how they negotiate these tensions

through dialogue and communicative choices.

There are several assumptions underlying the dialectic perspective. Although

there are variations in the assumptions adopted by different dialectical theorists, all

believe that change is an inevitable part of the contradiction process (Baxter &

Montgomery, 1997). Some dialectical theorists see change as a vehicle for moving

toward an ideal goal, with the end result being the transcendence of the initial

contradiction. Baxter and Montgomery's (1996) view on relational dialectics that is

adopted for this study views change as indeterminate rather than having some sort of end

goal. In this view, two opposing forces continually change and interact with one another.

Dialectics cannot be overcome, but nearly managed through the process of dialogue

(Baxter & Montgomery, 1996). Tensions continually reoccur because by the very nature

of contradictions they are a constant and inevitable part of every interaction (Baxter &

Montgomery, 1997).

Beyond assumptions about change, a main concept within dialectical theory is

that of praxis (Baxter & Montgomery, 1997). The premise of praxis is that "people are at

once both actors and objects of their own actions" (p. 329). People actively make choices

about how they communicate with other people, as the "actor." Those communication

choices become concrete and normalized through certain actions in relationships, in turn

the actor then becomes reactive to those choices, "or an object to their own actions,"

because they create certain boundaries for communication in future interactions. So every

dyadic exchange is distinctive in a sense, but is also influenced by past exchanges. This

study relates to the concept of praxis in that one element of the research was to analyze

the communicative choices of bereaved grandparents, and how those choices manifested in their relationships as they negotiated dialectical tensions. One last assumption within the dialectical perspective is totality, in that phenomenon are not independently understood. The only way to understand a phenomenon is in looking at its relationship to other events and experiences, as seen through the nature of praxis (Baxter & Montgomery, 1997).

The axioms and concepts set fourth by relational dialectic theory have several assumptions about the nature of phenomena and the nature of the individual. First, phenomena occur in an open system where change is indeterminate, never moving toward a specific goal or homeostatic outcome (Anderson, 1996). Second, we all have the ability to make choices about how we communicate, giving the individual validity and agency. The assumption of the following study is that grandparents make certain choices in their communication behavior surrounding the loss, in order to negotiate and balance tensions experienced in conversation with others and to make sense of the experience. It is through these choices and actions that our communication reality becomes reified (Baxter & Montgomery, 1997). This assumption is contradicted though in the very nature of praxis, although we make choices in communication, our choices are influenced by past decisions. Finally, contradictions are always changing and continually interacting (Anderson, 1996).

Dialectics in Current Literature

Dialectical theory has been studied in a multitude of contexts, including romantic relationships, friendships, and the family (e.g., Baxter & West, 2003; Braithwaite, Toller, Daas, Durham & Jones, 2008; Prentice, 2009; Sahlstein & Dun, 2008). Studying

dialectics from these multiple perspectives provides a testament to the pervasive nature of dialectics in all types of relationships. In the last five years, a small group of researchers have started studying bereavement and loss from a relational dialectic perspective (Toller, 2005; Toller, 2008; Toller & Braithwaite, 2009).

In Toller's initial study (2005), she examined how bereaved parents experience contradictions with people in their social network when communicating about their loss. Distinct contradictions were identified including openness versus closedness when deciding whether or not to talk about the deceased child. Parents also experienced a contradiction in feeling a continued bond with the child even though they were physically absent (Toller, 2005). The dialectical tensions of individual identity and negotiation of that identity following the loss of one's child have also been explored (Toller, 2008). Dialectics of identity included feeling like both an "outsider" and an "insider" in the parental community (Toller, 2008, p. 313). A second dialectic was feeling like a parent, but not having a child with which to carry out that role. Parents did several things to negotiate these dialectics of identity including: monitoring their communication, seeking support from fellow grievers, and performing rituals in honor of their deceased child (Toller, 2008). Most recently, in a study conducted by Toller and Braithwaite (2009), contradictions between bereaved marital partners were examined. Dialectical tensions identified in this study included being both open and closed with their partner in communication about the loss, as well as feeling the need to grieve for their loss individually and as a couple. Overall, parents were able to embrace contradictions of grieving allowing each other to share their experiences, and this in turn brought the couples closer together (Toller & Braithwaite, 2009).

Entering into the Conversation

There has been extensive research in the fields of grief as well as dialectics (e.g., Baxter & West, 2003; Parkes, 1998; Prentice, 2009; Rosenblatt; 2000; Sahlstein & Dun, 2008; Sanders, 1999). In regard to grief, an abundance of research has been conducted on child grief, spouse loss, and parental grief (e.g., Furman, 1974; Higgins, 2002; Rosenblatt, 2000; Sanders, 1999; Wheeler, 2001). Little research has specifically aimed at the unique experience of bereaved grandparents. The limited research that has been conducted indicates that grandparents have a distinctive experience in grieving the loss of their grandchild, while also helping their own child through the loss (Nehari et al., 2007).

Regarding dialectics, there has been a significant amount of research conducted from a dialectical perspective on relationships and family interaction (e.g., Baxter & West, 2003; Braithwaite et al., 2008; Prentice, 2009; Sahlstein & Dun, 2008). Few studies have focused on the dialectical and communicative aspects of grief, which seems pertinent since we are constantly in communication with others, and previous research has indicated the importance of communicating with others about our loss (Hastings, 2000; Toller, 2005; Toller, 2008). Research has further shown the significance of grief as a social process, and this social aspect may be more thoroughly understood by taking a dialectical perspective (Rack et al., 2008). Although there is some literature on grief from a dialectical perspective, it solely focuses on the parental grief experience. Research has found that many grandparents experience intense grief following the loss of a grandchild (e.g., De Frain et al., 1991-1992). Studies have explored grandparents' supportive role to the grieving parent, but their role as grievers has gone relatively unnoticed in the research. A study exploring grandparent grief from a dialectical perspective is beneficial

to the current literature as well as society in general. This study expands the minimal

work on grandparent grief, helps to understand the grief process from a communication

perspective, and it also enhances the dialectical grief literature by exploring a different

population. Beyond benefits to scholarly work, the outcomes of this study are helpful to

lay persons alike. Having more information about the unique bereavement experience of

grandparents provides the opportunity for improved health care and mental health

services for bereaved grandparents. Family members and healthcare providers also

benefit from increased awareness of the needs and experiences of grieving grandparents.

R1: What dialectical tensions do grandparents experience when communicating with

family, friends, and people in their social networks about their loss?

R2: How do grandparents communicatively negotiate these dialectical tensions?

CHAPTER TWO: METHOD

Interpretive/Qualitative Method

In order to better understand and identify the dialectical tensions and communicative negotiations and experiences of grieving grandparents, an interpretive/qualitative method using interviews was adopted for this study (Creswell, 1998; Denzin & Lincoln, 1994). As stated by Corbin and Strauss (2008), "qualitative research allows researchers to get at the inner experience of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables" (p. 12). The goal of this research was to investigate the experience of the bereaved grandparent, and the process of creating meaning through relational communicative encounters with family, friends, and individuals within social networks (Baxter & Babbie, 2004; Denzin & Lincoln, 1994).

Upon approval from the Boise State University Institutional Review Board, participants were identified through my contact with local therapists and counselors. I met with local counselors to share the content and goal of my study. Counselors who were aware of any clients interested in participating in the study gathered voluntary contact information from individual clients, and forwarded it on to the researcher. A recruitment letter, detailing information about the study, was also given to local retirement homes. A sign-up sheet was left at these locations for interested participants to provide their contact information. Lastly, most participants were identified by networking with people within my social network who knew individuals who may qualify for and be

interested in partaking in the study. After receiving contact information, potential

participants were contacted to set up an interview time. Participants then took part in a

semi-structured interview, which allowed for the emergence of their experience and

possible dialectics present in the social meaning-making process of bereaved

grandparents (Smith, Harre, & Langenhove, 1995).

Participants

Seventeen participants were interviewed for this study, one of which was

excluded from analysis due to not meeting the research criteria. Of the sixteen

participants included in the study, five were grandfathers and eleven were grandmothers.

Grandfathers ranged in age from early fifties to late eighties, while grandmothers ranged

in age from their mid forties to early seventies. Their grandchildren that passed away

ranged in age from three months to mid twenties, and died due to multiple causes

including natural causes, accidental death, and homicide.

Interviews were conducted until the data reached a point of saturation.

Considering the small size and desired detail of the study, a purposive sampling

technique was adopted (Tashakkori & Teddlie, 1998). A purposive sample is useful for

in-depth qualitative research, and allowed for the selection of participants based on the

purpose and needs of this study. To qualify for the study, participants had to be a

biological or adoptive grandparent, who had experienced the death of a grandchild at

least three months of age. Participants could also be a grandparent who entered the family

due to divorce and marriage, who identified themselves in the grandparent role. For this

study, the cause of death needed to be post pregnancy, excluding from the data deaths

caused by miscarriage and stillbirth. That is not to deny that grandparents may experience

grief in the preceding situations, but this study was specifically interested in studying grandparents who have had the opportunity to physically meet their grandchild and develop a relational bond. There were no distance stipulations, for instance whether the grandparent lived near or far from the child. Previous research has shown that grandparents develop strong bonds with grandchildren despite physical distance (Cherlin & Furstenberg, 1986).

Interview Procedure

The semi-structured interview protocol was adopted and modified from a study conducted by Toller (2005) on the dialectics of parental grief. Grandparents were prompted with a series of questions asking them to reflect on and describe their communication encounters and relationships pre-death and post-death with family members, friends, and members of their social networks. In this capacity, the interview integrated some of the retrospective interview technique (Metts, Sprecher, & Cupach, 1991). Grandparents were also asked to discuss communication that they found helpful and hindering to their grief, along with describing the current state of their relationships (Toller, 2005).

The individual voluntary interviews lasted anywhere from twenty minutes to an hour and a half, and were audio recorded at the participant's consent for transcription purposes. Interviews were conducted at a location of the participant's choosing, for example a work office, home, or public meeting place. All interview questions and responses were kept confidential, and the participant was allowed to resign from the process at anytime.

Data Analysis

Following verbatim transcription of every interview in its entirety, each interview respondent was assigned a pseudonym to address specific results in the findings while also maintaining the anonymity of each participant (Toller, 2005). After transcription, each interview was read independently, and notes were made as to possible intriguing connections to follow up on, or repetitions and reoccurrences in the data (Miles & Huberman, 1984; Owen, 1984). This initial process of taking notes and making memos in the raw data was a means of reducing the data to a size that could be worked with in the confines of the project and defining framework (Miles & Huberman, 1984). Data reduction continued throughout the process as specific data were selected as a focal point by the researcher, patterns were identified, codes were defined, and themes were developed. Data reduction is a part of the analysis process in that it, "Sharpens, sorts, focuses, discards and organizes data in such a way that final conclusions can be drawn and verified" (Miles & Huberman, 1984, p. 21).

In the same vein, the dialectical framework acted as an organizing tool and reducing agent in this thesis. Sensitizing dialectics included: openness vs. closedness and autonomy vs. connectedness. I was also sensitized to any other dialectical tensions that arose in data analysis. The data was analyzed with a relational dialectics framework in mind, with the intent of identifying relationships and patterns throughout the interviews that may have been dialectical in nature (Toller, 2005). In analyzing and reducing the data through this theoretical lens, the goal was to organize and define the raw data in a way that lent to conclusions about the dialectical and social nature of grandparent grief (Miles & Huberman, 1984; Corbin & Strauss, 2008).

After the initial reduction of data, a modification of the constant comparison analysis was used in open coding to identify and further reduce the data into themes and categories (Corbin & Strauss, 2008; Toller, 2005). Corbin and Strauss describe a constant comparison analysis as "comparing incident with incident" as a means of understanding and grouping research data (p. 73). Every segment of data was compared with another in order to assess both likeness and dissimilarity among different portions of information. For this study, segments were sentences of interview data. Data segments that were similar in nature were then grouped under a broader code or theme (Corbin & Strauss, 2008). This allowed for a more specialized classification or separation of data and the identification of certain characteristics unique to each theme. To better exemplify the analysis procedures, the following are two hypothetical responses from participants that will be used to illustrate the process: "Sometimes I found myself telling everybody about my grandchild and my loss, even someone I barely knew. I just wanted someone to know I was hurting too" or "I felt like they were burdened enough, they didn't need any more added grief. When he'd ask me how I was doing I found myself saying 'fine, don't you worry about me,' even if it wasn't the truth." This example shows the overarching theme of an openness/closedness dialectic.

For this study, sentences of interview data were the segments broken down into different themes as part of the open-coding process. The sentence then, became the unit of analysis for the study. In the preceding hypothetical data, a segment would be "sometimes I found myself telling everybody about my grandchild…even someone I barely knew." As exemplified in other studies (e.g., Baxter, Braithwaite, Bryant & Wagner, 2004; Toller, 2005), the development of open codes and themes was based on

the semantic relationship of attribution identified by Spradley (1979), where "x is an attribute (characteristic) of y," "Y" being the broader theme or code (p. 111; Baxter & Babbie, 2004). From the preceding data, "Y" could be talking with others about one's loss (Toller, 2005). Looking at the preceding example segment, sharing one's loss with many people is an attribute of talking with others about one's loss. Following the initial breakdown, segments within each category were then assessed a second time to see if a new theme should be developed to account for differences within the current category (Strauss & Corbin, 2008).

Studying the semantic relationships within language helps to illuminate the individual meaning-making process (Spradley, 1979). A major goal of the present study was to understand how bereaved grandparents negotiated the dialectical tensions they experienced through communicative actions and choices. These internal psychological tensions manifested through communicative choices, which then reinforced the dialectic itself. A better understanding of the communicative experience and the actions that grandparents took in their communication with others was understood through exploring these semantic relationships and the characteristics of bereaved grandparent communication (Toller & Braithwaite, 2009). As a way of identifying the characteristics of communicative negotiation, a second comparative analysis following the initial grouping of data segments under broad themes focused on comparing the data segments within each code (Corbin & Strauss, 2008). According to Corbin and Strauss, "the purpose of within-code comparison is to uncover the different properties and dimensions of the code. Each incident (segment) has the potential to bring out different aspects of the same phenomenon" (Corbin & Strauss, 2008, p. 74). For this study, the purpose of the

within-code analysis was to better understand the communicative actions and properties that characterize each theme, thus highlighting the ways in which each theme was communicatively negotiated. For example, under the theme of openness and closedness, participants may negotiate that dialectic by choosing to be dishonest about their feelings.

As a final step in making clear connections between the data, axial coding was used. Axial coding and open coding may be viewed as separate and independent processes (Corbin & Strauss, 2008). More accurately, they work together in an interdependent process of both separating and categorizing data in open coding, and then in axial coding tying all the data together again to see how the concepts relate to one another within the larger scheme of the project (Corbin & Strauss, 2008). Specifically, connections were made between the broader open codes and their sub-categories to see how they related and helped exemplify the larger phenomenon in question.

For this study, as a means of identifying dialectical tensions, axial coding involved identifying "simultaneous opposites" from the main codes and sub-categories that developed earlier in the analysis process of the interview data (Toller, 2005, p. 50; Toller & Braithwaite, 2009). This relationship is similar in nature to the semantic relationship defined by Spradley (1979) as strict inclusion wherein "X is a kind of Y" (p. 111), except in the case of this study, "Y" represents a contradiction or opposite to related data in the sub-categories (Toller, 2005). So, although the themes are similar and conceptually related, they also simultaneously contradict one another. In the preceding two examples of interview data, one could create two themes: talking with others about your loss and not sharing with others about your loss. In comparing these two themes as part of axial coding, not sharing/talking about one's loss (x) is a kind of talking about

one's loss (y), where "Y" represents an opposite of "X. " In this example, choosing to talk and not talk about the death of one's grandchild cannot simultaneously co-exist, and they represent a contradiction.

As used in a previous study (Toller, 2005), an altered version of the domain analysis worksheet developed by Spradley (1979, p. 113) was used as a means of organizing the data and identifying contradictions. In the original analysis worksheet, open codes or cover terms were developed, followed by identifying several terms or concepts in sub-categories that were representative of that cover term (Spradley, 1979). For this study, cover terms were constructed, followed by identifying related concepts in sub-categories that concurrently opposed the broader cover term (Toller, 2005). For example, an open code/cover term would be "talking with others about one's loss," and a related contradiction would be not talking or choosing to lie about one's current emotions.

Following the identification of dialectical tensions within different themes, the characteristics of the segments in each of those respective themes were reviewed to make specific connections between the identified contradictions and the ways in which those contradictions were managed through communicative action. In the final step, the codes, sub-categories, and subsequent relational connections were reevaluated and checked for accuracy and consistency in the analysis and findings.

CHAPTER 3: RESULTS

The opportunity to talk with grandparents about their grief was both an emotionally arduous and enlightening experience. Despite the difficulty of the project, as a researcher I felt privileged at the openness, candor, and willingness of participants to share their stories. Analyzing grandparent grief from a dialectical perspective led to interesting findings regarding familial relationships and friendships, their individual sense of grief, and the role they took on in the family following the death of their grandchild. Grandparents discussed their experiences in interacting with family members, friends, and acquaintances after the death of their grandchild.

Initially, grandparents were asked to describe their relationship with their grandchild as well as their feelings surrounding the loss. Prior to exploring dialectical themes, it is important to describe how grandparents viewed their relationship with their grandchild, and the closeness of their relationship. Although these questions did not elicit any dialectical themes, the findings are essential in framing and connecting the complexities of the grieving experience as it relates to grandparents in particular.

The Nature of the Grandparent/Grandchild Relationship

Prior research shows that many grandparents have a positive and fulfilling relationship with their grandchildren, despite physical distance (Neugarten & Weinstein, 1964). In this study, more than eighty percent of grandparents indicated they felt close to their grandchild, and many played an active role in their grandchildren's lives. For example, Kara (all respondents were assigned a pseudonym in order to protect their identities), in talking about her relationship, stated: "My granddaughter was so very

special. She was beautiful in every sense of the word. She was loving, kind and full of joy. We had a very special bond and a very wonderful relationship. We would do fun things like going shopping or going to restaurants." This same sentiment was expressed throughout the majority of interviews. When talking about her grandson, Penny shared: "I just fell totally in love with him. He was just a sweet child and I loved him." Another grandmother, Melody, explained the intimacy of the relationship she had with her granddaughter: "I love her, I loved to hold her. I loved to watch her. I loved to be with her." This theme was consistent throughout the interviews; almost every grandparent expressed the depth of love and affection felt for his or her grandchild. This finding also supports previous research on the nature of the grandparent/grandchild relationship (Neugarten & Weinstein, 1964). The few grandparents who did not express this depth of love did not express negative sentiment, but simply felt they had not had the opportunity to develop a close relationship with their grandchild. With feelings of such intimacy, it logically follows that a majority of grandparents expressed an extreme feeling of sadness and grief over the death of their grandchild.

The Intensity of Grandparent Grief

To better understand the complexities of the grandparents' experience in the family and in addressing their own feelings of grief, it is first critical to understand the devastating emotional impact of this loss for grandparents. First of all, feelings of grief over the loss of their grandchild ran very deep. Many grandparents expressed feelings of anger and immense sadness. Penny talked about the emptiness she felt after losing her grandson: "Sometimes it's just this huge hole in my heart that only he can fill. It's lonely. There's a hunk out of my heart that is just lonely and empty." Many grandparents talked

about their experience as a "devastating loss." Andrea shared that she felt like she had lost her own child: "It is so awful that you could not explain it to anybody, the feeling, in a million years unless you have been through it. It is so awful. But see, to me, it feels like it is my child. The depth of our love for our grandkids is as close to the depth of our love for our own." In talking about grieving her grandchild, Andrea states: "It has been years and yet the grief is just—I can feel it all over inside my body. The grief is heavy, still there. Grief just cannot be measured, like love you cannot measure it, it is there." For most participants, this feeling held true. Even decades after their loss, pain surrounding the death was still very present.

Grandparents not only expressed an immense grief for their grandchild, but also for their own adult child who was grieving. Grandparents articulated a sense of both sadness and helplessness in their inability to take away their child's pain surrounding the loss. Every grandparent talked about how difficult it was to watch his or her own child suffer. One grandmother, Jean, explained: "Grandparent grief is unique in that you not only grieve yourself, but I am grieving for the loss my daughter is suffering." For some, the intensity of this grief was deeper than any other loss they had experienced. Kim shared her experience in talking with fellow grandparents who had also lost a grandchild: "They all have agreed that watching their child suffer was worse than any personal loss they had suffered like losing a spouse, because it is so unnatural, you feel and know it's the wrong order for death."

Along with a deep sense of sadness, grandparents also expressed feelings of helplessness in not being able to remedy the pain and suffering their child was feeling. For example, Penny and Jackie both talked about this struggle: "Just watching my son

and his wife be in so much pain, emotional pain. That was something they had to work through, but at the same time, it's not like oh put a band-aid on it and make it better, because I couldn't." Jackie echoed similar feelings:

> I do not want to see them hurting. I think that is the worst for me. When they are little you worry about them, but when they get older and you know the depth of depression and the types of emotional things that can happen to somebody over something like this. That is what I worry about.

Similar to previous research, this study confirmed that grandparents struggle with grief in multiple ways. They not only mourned the loss of their grandchild, but grieved for the pain and suffering their own child was experiencing.

Dialectics of Parent/Adult Child Interaction Following the Loss

The primary goal of this study was to understand the phenomenon of grandparent grief, and how their experiences were different from those of other members of the family. The intricacies of the parent/adult child relationship seemed to have the most notable impact on the grief process for grandparents. Directly following the loss, grandparents were faced with multiple tensions, especially in their relationship with their adult child—the parent of the deceased child. Grandparents experienced multiple roles including protector, supporter, and griever. Although at face value these roles were not opposing and contradictory, in the context of grief, almost all grandparents in this study framed them in that way. Two separate dialectics continually arose throughout the data in regard to the nature of the parent/child relationship following the loss.

<u>Stable Supporter versus Griever</u>

The first dialectic in the parent/adult child relationship was that of stable

supporter versus griever. As shown in earlier findings, grandparents experienced intense grief surrounding the loss of their grandchild, visceral feelings of anger and incredible sadness. Despite their feelings of grief, grandparents felt it was their duty to remain stable and "keep it together" or "to not let them see me fall apart." Many grandparents did not want to feel they had "burdened" their child by sharing their own feelings of sorrow. Their role as supportive parent took precedence over their need to grieve.

Many grandparents expressed they felt they did not have the "luxury to grieve," because their main concern became taking care of their own child. When asked if he felt like he had grieved the loss of his granddaughter, Tyler responded: "Grieve myself? I didn't feel like I should, because afterwards we needed to have somebody that was keeping it together. It was my role to keep it together, to help my son keep it together." A grandmother stated: "I always felt a responsibility to be there for her. So I couldn't simply commiserate and suffer in my own grief, maybe because I needed to support her." Dana felt the need to be strong for her daughter:

> Afterwards it was—I have to be there for her. I can't, as the parent; I can't be the one that's uncontrolled with the crying, with the emotions. I have to be the strong one. You know, you have to step up in your life at some point, and you have to say, hey, now I'm the pedestal, she has to stand on me. Both my husband and I, we both had to be a little strong; we had to be her rock.

Although supporting the grieving child became the primary concern over grieving, it was still experienced as a tension for grandparents in this role. Even though grandparents made the choice to focus more on the needs of their adult child, they still struggled with their own personal grief that they often chose to put on hold. Melody felt her motherly instinct kicked in, and her role was to make sure everyone else was okay:

I think that being the parent and trying to support your child and all the other children and how they are feeling—I think that is what happens. Helping your child grieve and cope with the situation, getting them through the day and getting them through the process. Grandparents can't fall apart; they have to be the responsible ones. I think that or hope that I was able to do that. I did feel that I had to put grieving on hold or grieve at a different time. Like my role was to make sure everybody else was okay. And then the times that I grieved was when nobody else was around, or I tried to make it that way.

As illustrated in the preceding monologue, many grandparents negotiated this tension by making the choice to grieve in private or with friends outside the home. Many grandparents felt that their children were so deep in grief, that to share with them in the early stages would only exacerbate the process and make their children feel more overwhelmed, thus defeating their attempts to support their child through the loss. In talking about grieving Julie recalled: "It did not seem like it was something that I needed to have the luxury of stepping back to do. I mean sure, you do, you have your moments where you go in the bedroom and you cry and then hope that dinner does not burn while you are doing it." Anna also talked about how she grieved privately: "I let it hit me and hit me full force when I walked into the mortuary and saw her laying there, and there was no denying that she was gone. That was really difficult. I said goodbye. Then when I walked out of the mortuary that was it; I went back to my daughter." Melody talked about a release of emotion once everyone else had left and gone home for the evening. This again illustrates grief as a tension; even though the needs of the adult child were the primary concern, grandparents still struggled with their own emotions over the loss:

When we would get through a day and, frankly, when my son would go home— then I could let all the things I was feeling come out and come through and that kind of stuff. I think that on a daily basis, then and even now, I want to know how he is feeling and how he is doing.

Some grandparents felt they could only share their grief with certain people outside of the home and did not want to worsen the grief of family members by openly sharing their own grief. For example, Linda recalled her experience:

> Within my own family system, if I were to unleash some of that stuff on them, I would then feel a responsibility to shift and be their caretaker. I have traumatized them now. I do not think that is an unusual thing for grandparents to protect their children in that way.

Another grandmother, Jan, shared a similar experience:

> I felt that I could share with them [my friends], but I lost my professionalism. When I shared it with my friends, I would absolutely lose it and burst into tears when I talked about it with them. They realized it was a very hard time for me, and they relieved me of my responsibility.

Along with grieving privately, grandparents also negotiated this tension by choosing to share their grief with a select number of people who were able to empathize and provide support. As discussed in more detail later in this section, these passages also exemplified the presence of an openness/closedness dialectic, which has been identified in previous grief research (e.g., Toller, 2005). Interestingly, within the grandparent/adult child relational context, this dialectic appeared to be more part of a coping mechanism or strategy for addressing the overarching tension of the stable supporter/griever.

Another interesting component of this dialectic was its transformation within the relationship over time. The tension between being a stable supporter and a griever persisted throughout every interview, but for most, it was only in the initial stages of the grieving process. As more time went by after the death, and the initial stages of grief passed for the adult child, many grandparents, especially grandmothers, felt they were then able to share their own grief with their child and grieve together. Crystal spoke about the time directly after the loss when she took great strides to make sure her daughter did

not see her fall apart. She went on to talk about her experience as time passed: "It was about three or four months after the death; we would sit in the kitchen and break down together in each other's arms. We still do that when the opportunity arises." Andrea expressed similar feelings in the relationship with her daughter: "We shared together equally and grieved together equally." Cara felt that the opportunities to share also grew over time. Although they did not talk about her grandson's death, she and her daughter shared dreams about who the grandson might have been or what he would have looked like as he aged.

The tension for grandparents between being a supporter for their child as well as a griever in their own right was interesting simply because it was predominant throughout every interview except one. The parental role of support took precedence over the need to grieve and share their grief with their child, although some grandparents negotiated this tension by finding alternative outlets for their grief, such as talking with friends or colleagues. The need grandparents felt to express their grief to spouses and friends, as explored later in this section, speaks to their internal sense of sorrow that they were unable to express in the role as supporter to their adult child. The phenomenon was also intriguing in that it seemed to transform over time for many grandparents, as they felt they could eventually share their feelings as time passed after the death.

Protection versus Privacy

Grandparents experienced multiple tensions in their relationship with their adult child following the loss. They not only struggled with the tension between supporting and grieving, but also in balancing the desire to protect or shield their child in the experience and allowing them the space to negotiate the process independently. Many grandparents

expressed this tension as a "balancing act." In this context, protection was characterized by the grandparents' desire to continuously remain physically present or to do whatever they could to help their child, whether that was sharing advice, asking questions, or providing information. Grandparents often wanted to share advice regarding the importance of attending counseling or talking through their grief. Encouraging these activities was ideally a way of protecting their child through the process. On the other hand, grandparents acknowledged that their grieving adult child needed to eventually make these decisions independently in order to work through the process. The protection role and support role of the grandparent were similar in nature, and in some cases, the characteristics of these two roles were slightly overlapping. Despite their similarity, these two themes deserve independent attention in order to more clearly understand the complexities that grandparents faced in the grieving process. From the protector standpoint, the essential goal was to help one's child avoid injury, further harm and/or grief, and often supportive mechanisms, such as providing assistance, were used to that end. The essence of this particular tension was eloquently stated by Jackie:

> We would do anything if we could help them, but it is a process. And I am concerned because I can see there is nothing I can do but be here, when and if needed, and be very careful what I say. When people say, well, they have to this or that, I do not think you can tell them how they should feel.

There was a struggle between wanting to help and shield one's child but also knowing that they must go through their own process to come to terms with their grief and how they feel. In Crystal's thoughts on how she would advise other grandparents in this situation, she also illuminated this contradiction:

> Don't try to help them figure out how they're going to get over it; just don't do that. Let them do what they need to do, short of anything that's going to injure themselves. If they're getting too overwrought emotionally, you have to redirect that. Step in when you know there is stuff that needs to be done; don't expect them to ask you to do it; just go get it done for them.

The preceding passage also communicates a sense of tension as well. There was a careful balancing act on the part of the parent to let the child work through things on his or her own, but also to protect the adult child and provide guidance when necessary. One grandfather, Jake, also talked about this struggle as an ongoing process, first guiding his daughter to get the professional help she needed, then providing the space to continue the process independently, and then needing to step back in at a later time:

> We took time off to be with them, to make sure they were fed, to help them get the funeral arrangements done, to make sure they were taking their medicine. After the funeral, we started going to grief counseling with them. We were trying to help them find a counselor to keep doing it on their own. And it seemed like as long as we were there holding their hand everything seemed to be moving forward. When we finally got to the point that we felt like they were able to move on their own, then things did not, it seemed like they could not do it on their own. So we started trying to intervene to help them make the choice to go.

The tension between protecting one's children and providing them privacy to grieve is a multifaceted phenomenon that was experienced slightly differently for each family, often depending of the circumstances of the death. For some families, this tension was a primary concern. Linda talked about her experience in helping her son, who was so angry she was worried he may hurt himself or others. This tension was particularly poignant directly following the loss:

> I was dealing with triage; we had to have an intervention; he was ready to kill somebody. Afterwards, I was hyper-vigilant with him, and knowing that his wife was already fragile, we did not let him out of our sight. We removed any potential weapons that he could obtain. Those boundaries were difficult to negotiate in giving privacy.

Grandparents negotiated this contradiction through different communicative choices. Many participants made conscious decisions about their physical presence, providing both physical and mental space or monitoring their communication. For some grandparents, finding that balance between protection and privacy meant they would be physically present, but would try to allow for privacy by letting their child make the first move. Anna shared her experience in talking with her daughter after the loss: "It is all on her level; she always takes the lead." Melody also talked about her efforts in letting her son grieve as he needed to, whether that meant dealing with his grief internally or externally: "It seems to me that he went in spurts, he would be very raw and open, and then he would be very closed. And then I felt it was my job to listen to him either way and respect the way he was feeling about either not wanting to talk or about talking." This statement reflects a respect, as well as a means of balancing the tension between protection and privacy. Melody remained physically present, in the case that some form of protection or assistance may have been required, but she also created a space for her son to grieve and reflect privately if he needed to. Penny talked about not only being present, but also providing physical privacy for her children: "We tried to help them as much as we could, and sometimes you just do the little things; maybe it's answering the phone. We also tried to give them some alone time so they could work through their emotions."

Along with sensitivity to their child's need for mental space, grandparents monitored their communication in terms of providing information, asking questions, or giving advice. Andrea shared how she became very cognizant about the information or

ideas she shared with her daughter, because she did not want to impinge on the space and

privacy needed for grieving:

> I had to be careful not to get in the way of my daughter's grieving. I would try to make suggestions at first. I learned to really watch what I would ask her or bring her attention to or anything, she did not have enough space for those thoughts. I tried to be very careful not to do that.

Tyler talked about keeping many interactions with his son somewhat surface level and

not pushing heavily for information by asking too many questions, as a means of

allowing for space and privacy:

> I do worry about him [my son] and care about him, and I hope things are going better. We say things like 'how are you' but we don't talk much, and I wouldn't sort of probe past that—like 'how was it when you had to clean out the closet of your daughter's things.'

Jackie talked about negotiating this tension by using a few different strategies including

presence, as well as monitoring communication with her daughter:

> I am concerned because I see there is nothing I can do but be there when and if needed, and be very careful what I say. Tread lightly. I do not think you can tell them how they should feel, now she has lost total absolute control, but I cannot really say 'Now this is what you need to do, honey. Maybe you should talk to somebody.' So we just tread lightly and I listen.

The tension for grandparents in balancing both protection and privacy was a

continuous struggle. The nature of their role as a parent was to provide protection and

help, and they often struggled with finding the proper balance between the desire to

invoke that role and to provide the necessary space for their children to journey through

the process and heal. These two elements were not inherently dialectical, but they were

experienced as such by grandparents in this particular role. The primary desire was to

remain present in order to provide guidance, advice, and information, but grandparents

also acknowledged the need to let their child grieve privately. These roles were experienced as a tension, because grandparents often had to overcome their need to protect in order to allow for privacy. Grandparents tried to make sense of this tension through many conscious communicative efforts, whether it was providing the physical or mental space to grieve and reflect, remaining present so they were always there when needed, or monitoring/censoring their communication based on the child's needs or state of mind. This tension was also the cause of considerable grief for grandparents, because they wanted to do all they could to protect and help their child, but there was nothing they really could do to take the pain away, and they didn't want to hinder their son or daughter's ability or opportunity to grieve the way they wanted to.

<u>The Consistency of the Openness-Closedness Dialectic</u>

In analyzing these dialectics within the parent/adult child relationship, a secondary theme of open/closedness continually showed up within these prior two themes. In negotiating the stable supporter/griever tension, grandparents adopted closedness and often chose to limit self-disclosure about their personal grief, in order to best support their grieving child. For example, Charles talked about how it was difficult to talk to his daughter about the loss: "It was just so hard to even say his name. You know you feel bad again, or at least that's what goes through your mind—it is so hard to speak about it, and why make her feel worse?" Grandparents repeatedly expressed they didn't talk about their emotions, because they did not want to "burden" their child with more grief and/or they did not want to exacerbate the grieving process.

The openness/closedness dialectic was also reflected in the protection/privacy contradiction. As part of their role in protecting their child, grandparents wanted to

maintain an open relationship, where they were doing whatever they could to assist their children and protect them. As part of this openness, most grandparents chose to stay present and share as much information and advice as possible to help aid in the process. Grandparents also expressed an internal struggle between their desire to create a space for openness and the need for balance in allowing their child to grieve independently. In attempts to provide privacy, grandparents adopted characteristics of closedness, by offering space and censoring their communication. In analyzing the data, it appears that within the grandparent/adult child relationship, communicative choices about openness and closedness became a means of negotiating the more predominant, overarching themes of stable supporter/griever and protection/privacy. Interestingly, this phenomenon did not hold true in all relationships, only within the parent/adult child roles.

Dialectics in Other Relationships

Grandparents also experienced tension in their relationships with spouses and friends following the loss. Within these relationships, openness/closedness was the primary theme. In this relational context, contradictions between openness and closedness stood independently, rather than as a mechanism and technique for addressing other tensions within the relationship. For example, in the parent/adult child relationship, choices about openness and closedness of communication were used to negotiate the dialectics of supporter/griever and protection/privacy. In other relationships, such as with a spouse or friend, openness/closedness was the primary tension rather than a means of addressing larger contradictions, as they were not present in these relational contexts.

The Spousal Relationship Following the Loss

Struggles between openness and closedness proved to be a dominate theme, when

grandparents were asked to talk about their communication with spouses following the

loss. Some couples felt free to share with each other, and they found sharing therapeutic

to the healing process. Other couples struggled in negotiating their differences in grieving

and found it a trying experience to make sense of this tension.

Andrea spoke of the healing that came from the opportunity to share grief and

emotions with one's spouse:

> I could talk to him; you know men want to fix stuff, but I could talk to him. I just
> told him right off sometimes I would like to talk, and he understood. So I would
> just talk about how I was feeling on a particular day. We were free to talk. I think
> all that helped; it was not good to just keep it inside. We loved our granddaughter,
> so we shared in that, and then of course we shared and grieved, and that really
> helped.

The chance to grieve together and communicate openly assisted these grandparents in

coming to terms with the loss, and may have brought the couple closer as they shared

their intimate experiences and feelings of bereavement. Cara also provided a similar

account:

> I think that he and I were both able to communicate. Now, I really do believe that
> is one reason why we never had problems between the two of us in regards to
> that, because we could talk to each other, and we did frequently talk about it. If
> anything, I think that it made us closer. He would try to communicate to me the
> pain he was feeling, and I would do the same. He would always have a different
> approach to it or insight into his feelings that actually helped me a great deal.

Linda talked about the importance of openness in the healing process; she claimed that

openness with her spouse was extremely helpful in developing a team mentality where

they could work together to keep the family intact. For Linda, openness was important

not only with her spouse, but with the family as a whole:

> There cannot be any secrets, you know? If someone is having difficulty, and if
> you need professional help, you get professional help. You let the others know
> that you are getting it so the caring fatigue does not happen. I think in a way it

ended up being a tool, an event that became another way for us to learn, 'this is what you do when bad things happen.'

Many other couples felt there were significant differences in the way each of them grieved; this also created some tension about what to share and the depth of self-disclosure, as well as uncertainty about the needs and feelings of the other person. Melody talked about new difficulties that came about in communicating with her spouse, following the death of her granddaughter: "It is hard for me; we grieve differently. I have to say that sometimes I feel like I cannot communicate how I am feeling about losing her, because I do not want to make him feel bad. Then sometimes I get angry that I cannot communicate about it with him." Some grandparents felt they could communicate with a degree of openness to their spouse, but they also felt there was some unspoken closedness. Ben spoke about the uncertainties he had regarding where his wife was in the bereavement process and his reluctance to talk openly:

> We share our feelings, but we do not talk about it a lot. I know that she is not ready. I guess I need to just open that door and see where she is at, instead of assuming that she is still touchy or tender. So I do not know; that would be a good idea if I just took the initiative to sit down and talk about it with her.

Tyler also had a similar experience dealing with his own internal dialogue about the appropriate time to talk with his wife about their experience: "You're not sure the other person is ready, or am I ready? So you're not sure if it's the right time to talk about it. These things are so tough to talk about, and it is difficult." The dichotomy seemed to elicit two distinct characteristics within the data. Some couples consciously worked at creating an open environment where they could share, grieve, and heal together, while other couples struggled with making sense of their personal differences and needs within

the grief process. This seemed to lead to some confusion and a certain degree of closedness on the part of each person.

Relationships with Friends and Family

Just as spouses struggled with appropriate amounts of self-disclosure, data showed that grandparents experienced this dialectic of openness/closedness in their relationships with friends and acquaintances. A select few depended on their friends and found them highly supportive in the process. Most grandparents felt the need to tread lightly in talking about their grief with friends, as it often felt awkward and uncomfortable. Those who did confide in friends were very diligent and purposeful in whom they chose to share with; their main concern was often finding a confidant who they felt could empathize with their situation to some degree, and who had also experienced the trials and tribulations that life often provides.

Grandparents who felt open to share their experience with friends garnered a significant amount of help and support through that opportunity. Penny talked about how she knew her friends would always be there, whenever she needed assistance:

> We were able to talk with our friends very easily. Most of our friends we've had for quite a while. Most people knew how we felt, because they knew us a while. There was no explanation needed, none at all. They all said, 'anytime, we are right here for you.' There were many times I took them up on it.

For Jan, openness with friends allowed her to grieve for her granddaughter and daughter in a way that she was not able to at home: "I felt as though I could share [my grief] with them. I would absolutely lose it and burst into tears when I would talk about it with them. With my own friends, I could love my child and just grieve."

The majority of grandparents felt they had to be careful in who they chose to share their loss with, because they felt most people had trouble in knowing how to address that type of situation. Thus, they were open with some friends and intentionally closed with others. Andrea talked about her awkward experiences with friends and acquaintances:

> Unless you have a really, really close friend, people just—if you're in the middle of grieving and they say, 'Well how are you doing?' I would just say, 'Oh, I am doing fine.' One time someone asked me that, and I got into how I was feeling; I felt like I was really bothering her. She did not want to talk about all that, so I just cut it short, and I did not do that again.

Dana also shared a similar encounter, and to this day, there are friends she still chooses not to share her grief with: "With friends, it depended how close they were. My best friend she was all over me, but with other friends, just never really talked about it, still really don't." For most grandparents, there were only a select few with whom they felt comfortable being open and vulnerable. They consistently spoke of the desire to have someone who was not judgmental and who they felt could empathize with their situation. Jackie talked about how she often felt her friends could not relate to the experiences in her life:

> I have never been one to go and tell anybody my feelings that much; I cannot explain why because I have some dear, wonderful friends, but some of them— they live a more perfect life, and we have had more challenges. So they do not understand, until they walk in my moccasins, how I feel.

Crystal felt there were many people who could not handle or understand her trials. There were only two friends she felt comfortable confiding in:

> I felt open to a certain degree. Most people can not handle death, period, anyway. Let alone this weird thing about a grandkid—I mean most people can at least understand to a certain degree, mothers or fathers, grandparents—but the grandkids, I know that most people cannot deal with that. So the close intimate

friends cried a little bit, shared the circumstances surrounding the death. Some knew how I was feeling. I think there are two people, two women that especially I could share my heart with.

Andrea also felt conflicted over whether or not to share her emotions with others, because it could often be quite awkward:

That's interesting, because it is hard to talk about losing someone and losing a child— or really losing anybody. There is that awkward, for them, 'What do I say or what do I do, how do I react?' Then for me it is like how much do I say? How much do I reveal about what I am feeling? I know a lot of that has to go to the level of relationship that you have with the person. I have one friend here in town who I think maybe was the most empathetic. I felt more able to share with her how I was feeling, probably because she didn't put that judgment on it.

Repeatedly, grandparents expressed this contradiction between wanting to share but feeling they often could not share with most people. As part of addressing this contradiction, grandparents often chose to avoid certain people, censor their self-disclosure, or simply grieve alone. The data indicated the majority of grandparents found it extremely helpful and cathartic to their grieving process to be able to talk and share their feelings. Charles recalled the opportunities he had to talk about his loss: "We have all been through the family heartaches, and it really did feel good to discuss it because they can tell me their problems too. So I can realize, you know, I am not the only one that is sad." Tyler recommended creating a space where it is safe to talk:

From my own personal experience, you should seek out a place where it is safe to talk. You cannot keep extreme emotions bottled up. It comes out in other ways, so either deal with it up front, or be prepared to have all sorts of things break down around you. This is really critical, just having a chance to talk to you today is a little therapeutic.

Cara shared the importance of talking and openness through the grieving process. Not having the opportunity to release that grief and garner support from others may cause the grief to worsen rather than heal:

> If you do not talk about it, it never goes away; it stays in your heart, and it festers. But if you talk about it and talk about it frequently, it is almost like you have this giant piece of ice, and every time you talk about it, you chip a little bit of the ice off. Finally it is just a warm glow that you can look back at with fondness, and the pain is not there. You have lost someone you love, but over time, because you have talked about it, your memory goes to the good times and the good things. Eventually, the pain is not there, but you have fond memories.

The Importance of Rituals in Healing

Rituals continually showed up in the data in multiple ways. Most grandparents explained the importance of rituals in the healing process. Rituals were different for everyone, from something as simple as continually sharing positive memories of their grandchild with family or friends to "remembering them peacefully." Andrea recalled the healing nature of talking with family about her granddaughter: "I think what helped me the most was that we would start sharing in her life, and that was really helpful. Instead of talking about the awful part, which we did sometimes, but it always ended up all the funny things she did. It always ended up happy, and that was a good thing."

For other grandparents, helpful rituals included keeping pictures or flowers and always including their deceased grandchild when they talked to others about them. Jan shared about the importance of always including her deceased grandson: "I keep his photograph, and I count him among my grandchildren. So, he is still a member of our family, even though we lost him." Anna also shared a similar sentiment about always remembering her granddaughter: "I have another friend who lost a grandchild, and she doesn't count her. And I never—I have twenty-three grandchildren, one is passed away."

Along with sharing memories and keeping pictures, many grandparents took part in an annual celebration of some kind, either on a holiday or birthday, as part of keeping their grandchild's memory alive. Visiting the child's gravesite was a helpful ritual for some grandparents. Cara talked about visiting her granddaughter:

> I always have fresh flowers by her picture. I change the water everyday; that's my way to tell her I love her and miss her. I go up to the cemetery once a month to bring her flowers. It's a one and a half hour drive, and I've only missed two times in all these years.

Melody also talked about the importance of visiting her granddaughter regularly:

> I go to the cemetery and always kiss my fingers and then touch her picture every time I leave. I grow flowers so that I can put them on her grave; I don't really grow them for much of any other reason anymore. I tried at least last year to put little things on her grave for the season.

Taking part in rituals as a family was also a major part of the healing process. Andrea shared that her family takes part in a ritual every year on her granddaughter's birthday and on the anniversary of her death: The family leaves a specific, special flower for her at her gravesite. Anna also recalled a special family event where everyone in the family will gather during Memorial Day weekend in remembrance of her granddaughter, share stories, and celebrate her life. No matter the nature of the ritual, grandparents found that taking part in a ritual either individually or as a family played a major role in the healing process.

Grandparents were faced with several tensions in the grieving process. There was a constant dichotomy between needing to grieve and share openly, but not having the space or opportunity to do so, whether it was to support others or protect them from more pain and sorrow. Grandparents were also faced with the balancing act of trying to protect their children and shield them from pain, while also allowing them the space and privacy

needed to grieve and work through the process independently. These contradictions were negotiated through a multitude of communicative choices including: providing mental privacy, censoring self-disclosure and advice, grieving alone, and staying physically present. The chance for grandparents to share their grief, grieve together with family members, and take part in remembrance rituals was an essential piece of the healing process. The act of communicating about the grieving experience and maintaining dialogue was an integral element of making sense of the process and moving forward.

CHAPTER FOUR: DISCUSSION

The findings of this study support previous research claims regarding the nature of the grandparent/grandchild relationship, as well as the depth of grandparent grief following the death of a grandchild (Fry, 1997). Grandparents talked a lot about the intimacy they felt with their grandchildren. For those living nearby, visits were frequent and largely positive. Most grandparents made great efforts to spend time with their grandchildren, attending sporting events, or taking part in activities together such as fishing, biking, or shopping. Even grandparents who lived hours away made the most of the time they spent with their grandchildren and felt very close bonds despite the physical distance. Grandparents expressed a sense of fulfillment in the opportunity to share their love and knowledge with a younger generation.

Prior claims related to the nature of grandparent grief were also supported: Grandparents experienced immense amounts of grief stemming both from their sorrow over the loss of their grandchild, as well as their feeling of pain and helplessness in relationship to their adult child who was also grieving. Grandparents addressed grief on many levels, from the sorrow they felt over the loss of their grandchild, to the grief they felt on behalf of their own child.

Grandparent grief is a multifaceted phenomenon. Grandparents grieve on several levels and adopt multiple, often contradictory roles within the grieving family. Grandparents took on the role of both stable supporter and griever. Although these roles may not appear as inherently contradictory and dialectical in nature, for grandparents

they were experienced this way in relationship to other members of the family, particularly with the parent of the deceased child. This tension was significant in the early stages of grief and seemed to lessen over time. The main focus for a grandparent following the death of a grandchild was to support their adult child through the process by being a "rock" or stable figure to rely on. For grandparents, an integral characteristic of remaining stable and supportive was "keeping it together" and not allowing emotions to control the process. In this sense, these two roles as supporter and griever became dialectical in nature, because for grandparents, especially in the early stages of grief, supporting their child and grieving for their grandchild could not occupy the same space. By grieving, they were unable to maintain focus on what they saw as their primary role, stable supporter. A major ramification was that grandparents often put their grief on hold, in order to fulfill the needs of their grieving child. The choice of grandparents to push their own grief aside was characterized by several different actions including, deciding not to share, monitoring self-disclosure with others, or making the decision to grief privately. Considering the severity of grandparent grief as supported in this study, as well as in previous research, many grandparents did not create the opportunity to work through their own grieving process. Not taking the time to properly grieve may lead to negative personal outcomes for the grandparent. This claim would need to be explored in further research.

A question posed within this research was whether grandparents felt disenfranchised in their grieving. Doka (1989) defines disenfranchised grief as, "A person who experiences a sense of loss but does not have the socially recognized right,

role or capacity to grieve. The person suffers a loss but has little or no opportunity to grieve publically" (p. 3). At least in the early stages of the grieving process, feelings of disenfranchisement did align with the experiences shared by grandparents in this study. With the main focus on the needs of the grieving adult child and their role as supporter, grandparents felt they did not have the right or luxury of expressing their own feelings of sorrow over the loss. Grandparents did suffer severe feelings of bereavement over the death of their grandchild and often were not afforded the opportunity to express their grief in a public manner. Not only did grandparents not give themselves the right or luxury to grieve, but they also expressed some disenfranchisement on a social level in that often others "do not realize how grandparents feel."

In relation to this dialectic between supporter and griever is the interesting connection to prior research on self-disclosure. As part of the negation of this tension in the parent/adult child relationship, grandparents chose either not to disclose their feelings or to grieve in private. Previous studies found self-disclosure as an essential part of the grieving process (Hastings, 2000). In the opportunity to share emotions and grieve with others, bereaved individuals are able to heal and make sense of the process. This connection may lead to implications about how grandparents are able to work through and come to terms with the loss, since they often do not have similar resources to address their bereavement. As indicated by this study, grandparents often rely on a friend or spouse, or they may choose to "table" their grief for a later time, after they have helped their child through the initial stages of grieving.

Greater awareness and acknowledgement of this struggle for grandparents may be helpful for care providers and friends who are trying to give support and comfort for

grandparents in this situation. For caregivers, intentionally creating a safe space where grandparents feel they can grieve and share openly may be extremely helpful in providing the opportunity to work through the complexities of their grief. The contradictions grandparents experience also speak to the need for support groups and services that specifically address the unique role of the grandparent in the family structure and in the grieving process.

Beyond the role of stable supporter, grandparents took on a position of protector, especially for their grieving adult child. The need to protect was not surprising, as it has been supported in prior research. Often in the family, not exclusive to grieving families, grandparents become the "watchdog," providing protection and assistance whenever needed (Troll, 1983). It makes sense that this task became even more pronounced and significant in times of bereavement. What is interesting in the findings of this research is the nature of this protective role as it specifically relates to grieving.

Along with the tension between supporter and griever, grieving grandparents also struggled to balance their role as protector with the need to provide a certain level of privacy for the grieving adult child. Grandparents expressed a visceral need to protect and help their adult child in any way they could. Protection encompassed many things, including actual physical protection, knowledge sharing, or giving advice. Despite the overwhelming desire to protect and shield their child from the sorrows of grief, grandparents also acknowledged the need to provide a certain level of privacy in the grieving process, to allow their adult children to grieve the way they needed. These two aspects of grief often came across as contradictory for grandparents. A significant part of

their position as protector was to constantly be present and available for their child whenever needed. Grandparents expressed this tension as a "balancing act," remaining present for their child, but also providing the necessary space for them to grieve privately.

The contradiction between protection and privacy was negotiated through several conscious choices on the part of the grandparent. Grandparents tried to create mental space for their child to allow them to grieve in private. The initiation of conversation was often left up to the adult child, whether or not they wanted to share how they were feeling from moment to moment. Many attempts were made not to probe or pry beyond the information provided by their child. These choices helped to maintain a boundary that allowed for a certain amount of privacy, but the grandparent could still remain physically present to be there as needed, based on the wishes of the adult child.

Along with creating mental space for their child, grandparents also censored the amount of advice they shared. The contradiction between protection and privacy showed up in the data as a continuous struggle and balancing act for grandparents. Grandparents often wanted to get their child in touch with a counselor or other services and would attend meetings or sessions along with their child in order to encourage them to continue attending. Regardless of attempts to protect their child through grieving, grandparents had to come to terms with grief as a process and allow their child to take their own journey, while still supporting their child along the path.

In the two tensions explored in the grieving relationship between parent and adult child, there seemed to be one common thread: openness and closedness. What is interesting about this finding is that within the context of the parent/child relationship, openness and closedness were more accurately described as techniques for negotiating

tension, rather than a contradiction in and of themselves. For example, in making sense of their role as supporter and griever, grandparents remained closed with their own feelings of grief and emotion in order to focus on supporting their child. In their role as protector, grandparents monitored their openness in sharing advice or allowed their child to take the lead in deciding levels of openness and closedness in talking about their own experience. Decisions about openness and closedness appeared to be a way to negotiate the overarching tensions of stable supporter/griever and protection/privacy.

This relationship of openness and closedness only held true within the parent/adult child relationship. In the context of other relationships, openness/closedness was experienced as an independent contradiction. For example, in the parent/adult child relationship choices about openness and closedness were used to negotiate the other tensions of supporter/griever and protection/privacy, while in other relationships, such as with a spouse or friend, openness versus closedness was the primary tension. Many grandparents struggled in both spousal relationships and friendships in negotiating levels of self-disclosure. Spouses often grieved differently, so part of the process was figuring out when to talk, if the other person was ready to talk, or exactly what they should talk about. Spouses often worried about bringing up feelings of grief in front of their partner, so they were careful about what and when they chose to share.

The tension between openness and closedness was also a major part of relationships with friends and acquaintances following the loss. Grandparents felt that many friends just didn't know how to deal with the death of a grandchild. Conversations surrounding the loss often led to palpable feelings of discomfort on the part of the friend or cohort. Consequently, grandparents were particularly selective in choosing to whom

they would open up about their experience. They would physically avoid certain people or choose to bypass the conversation about how "they were really doing" that day. The friends who grandparents chose to open up to were almost always people who had also been through hard times and could empathize with their pain.

Despite the ubiquitous nature of the openness/closedness tension and the struggle to share their grief experience, grandparents placed immense value on the opportunity to talk about their loss. Conversing with others and taking part in rituals to remember their grandchild were important methods of coming to terms with and making sense of the loss in order to move forward in the process. Most grandparents were able to share more openly with their adult child as time passed after the death, and they were even able to take part in rituals together. Many talked about sharing memories and grieving together with their child and as a family. The opportunity to share, talk, and reminisce together was a significant part of the healing experience for both parent and child.

Few studies have focused on the dialectical and communicative aspects of grief, which seems pertinent since we are constantly in communication with others, and previous research has indicated the importance of communicating with others about our loss (Hastings, 2000; Toller, 2005; Toller, 2008). This research provides more insight into the phenomenon of grandparent grief as a complex and dialectical experience that is often negotiated through conscious communicative choices. This study expands the minimal work on grandparent grief, helps increase understanding of how grandparents make sense of their loss through communication, and describes the complexities and tensions of the grief experience. Beyond benefits to scholarly work, having more information about the struggle of grandparents as grievers, supporters and protectors

provides the opportunity for improved health care and mental health services for bereaved grandparents. Family members and healthcare providers also benefit from increased awareness of the needs and experiences of grieving grandparents.

Limitations and Implications for Future Research

For this study, participants included eleven grandmothers and five grandfathers. Despite the limited number of male participants, the study still provides a good representation of how grandparents experience grief and their role in the family following the death of a grandchild. The sample was also limited in racial and ethnic diversity, as all respondents were Caucasian American. The sample did include a variety of participants who had experienced their loss recently, as well as many years ago. It would be interesting to increase this diversity in future studies, including grandparents from every stage of the grief process, because there seemed to be a difference in how grandparents expressed their loss depending on the amount of time since the death.

Many grandparents did not create the opportunity to work through their own grieving process. Not taking the time to properly grieve may lead to negative personal outcomes for the grandparent. This claim would need to be explored in further studies. Consequently, in future research, it may be useful to explore this topic longitudinally, to provide indications as to how grandparents progress through and address their grief over time. Within the data there also seemed to be some differences in coming to terms with and making sense of the loss depending on how the grandchild died, for example if they died due to chronic illness, an accident or homicide. It may also be enlightening in future work to explore how grandparents in each of these categories experienced their loss and came to terms with their grief. In future studies, it may be interesting to interview an

equal number of both grandmothers and grandfathers to shed more light on how each party may experience the loss differently. Lastly, as the majority of the participants were Caucasian Americans, it would be interesting to explore the differences in grief and bereavement from culture to culture. It would be particularly intriguing to investigate the experience of individuals both from individualistic and collectivist cultures.

REFERENCES

Anderson, J. A. (1996). *Communication theory: Epistemological foundations.* The Guilford Press: New York.

Antonucci, T. C., Jackson, J. S. & Biggs, S. (2007). Intergenerational relations: Theory, research and policy. *Journal of Social Issues, 63*(4), 679-693.

Attias-Donfut, C. & Segalen, M. (2002). The construction of grandparenthood. *Current Sociology, 50*(2), 281-294.

Bakhtin, M. M. (1981). M. Holquist (Ed.), *The dialogic imagination: Four essays.* University of Texas press: Austin.

Barr, P & Cacciatore, J. (2007-2008). Problematic emotions and maternal grief. *OMEGA. 56*(4), 331-348.

Barrera, M., Mammone D' Agostino, N., Schneiderman, G., Tallett, S., Spencer, L. & Jovcevska, V. (2007). Patterns of parental bereavement following the loss of a child and related factors. *OMEGA. 55*(2), 145-167.

Baxter, L. A. & Babbie, E. (2004). *The basics of communication research.* Thomson Wadsworth: Belmont, CA.

Baxter, L. A., Braithwaite D. O., Bryant, L. & Wagner, A. (2004). Stepchildren's perceptions of the contradictions in communication with stepparents. *Journal of Social and Personal Relationships, 21*(4), 447-467.

Baxter, L. A. & Montgomery, B. M. (1996). *Relating: Dialogues and dialectics.* New York: Guilford Press.

Baxter, L. A. & Montgomery, B. M. (1997). Rethinking communication in personal relationships from a dialectical perspective. In S. Duck (Ed.), *Handbook of personal relationships: Theory, research and interventions.* (pp. 325-349). John Wiley and Sons: Chichester.

Baxter, L. A. & West, L. (2003). Couple perceptions of their similarities and differences: A dialectical perspective. *Journal of Social and Personal Relationships, 20*(4), 491-514.

Bengtson, V. L. & Kuypers, J. A. (1999). Generational differences and the developmental stake. In M. R. Lerner (Ed). *Adolescence: Development, diversity and context* (pp. 159-168), Garland Series: New York. Retrieved April 13, 2010 from http://books.google.com/books.

Bradbury, M. (2001). Classics revisited: Freud's mourning and melancholia, *Mortality, 6*(2), 212-219.

Braithwaite, D. O., Toller, P. W., Daas, K. L., Durham, W. T. & Jones, A. C. (2008). Centered but not caught in the middle: Stepchildren's perceptions of dialectical contradictions in the communication of co-parents. *Journal of Applied Communication Research, 36*(1), 33-55.

Cherlin, A. J. & Furstenburg Jr., F. F. (1986). *The new American grandparent: A place in the family, a life apart.* Basic Books Inc.: New York.

Corbin, J. & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* Sage Publications: Thousand Oaks, CA.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Sage Publications: Thousand Oaks, CA.

De Frain, J. D., Jakub, D. K. & Mendoza, B. L. (1991-1992). The psychological effects of sudden infant death on grandmothers and grandfathers. *Omega, 24*(3), 165-182.

Denzin, N. K. & Lincoln, Y. S. (1994). *Handbook of qualitative research.* Sage Publications: Thousand Oaks, CA.

Doka, K. J. (1989). Disenfranchised grief. In K. J. Doka (Ed). *Disenfranchised grief: Recognizing hidden sorrow* (pp. 3-11), Lexington Books: Lexington, Massachusetts.

Engel, G. L. (1961). Is grief a disease: A challenge for medical research. *Psychosomatic Medicine, 23*(1), 18-22.

Engel, G. L. (1962). Anxiety and depression-withdrawal: The primary affects of unpleasure. *International Journal of Psychoanalysis, 43,* 89-97.

Engel, G. L. (1972). Grief and grieving. In L. Schwartz & S. Schwartz (Eds.), *The psychodynamics of patient care.* New Jersey: Prentice Hall.

Feigelman, W., Jordan, J. R. & Gorman, B. S. (2008-2009). How they died, time since loss, and bereavement outcomes. *OMEGA*, *58*(4), 251-273.

Fry, P. S. (1997). Grandparents' reactions to the death of a grandchild: An exploratory analysis study. *Omega, 35*(1), 119-140.

Furman, E. (1974). *A child's parent dies: Studies in childhood bereavement.* Yale University Press: New Haven.

Gauthier, A. (2002). The role of grandparents. *Current Sociology, 50*(2), 295-307.

Hagestad, G. O. (1985). Continuity and connectedness. In V. L. Bengtson & J. F. Robertson (Eds.). *Grandparenthood* (pp. 31-48), Sage Publications: Beverly Hills, CA.

Hastings, S. O. (2000). Self-disclosure and identity management by bereaved parents. *Communication Studies, 51*(4), 352-371.

Hayslip, B. & White, D. L. (2008). The grief of grandparents. In M. S. Stroebe et al (Ed.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 441-460). American Psychological Association: Washington DC.

Higgins, M. P. (2002). Parental bereavement and religious factors. *OMEGA, 45*(2), 187-207.

Keesee, N. J., Currier, J. M. & Neimeyer, R. A. (2008). Predictors of grief following the death of one's child: The contribution of finding meaning. *Journal of Clinical Psychology. 64*(10), 1145-1163.

Kivnick, H. Q. (1983). Dimensions of grandparenthood meaning: Deductive conceptualization and empirical derivation. *Journal of Personality and Social Psychology, 44*(5), 1056-1068.

Knapp, R. J. (1986). *Beyond endurance: When a child dies.* Schocken Books: New York, NY.

Laakso, H. & Paunonen-Ilmonen, M. (2002). Mothers' experience of social support following the death of a child. *Journal of Clinical Nursing, 11,* 176-185.

Leigh, G. K. (1982). Kinship interaction over the family life span. *Journal of Marriage and the Family, 44,* 197-208.

Matthews, S. H. & Sprey, J. (1985). Adolescents' relationships with grandparents: An empirical contribution to conceptual clarification. *Journal of Gerontology, 40,* 621-626.

Metts, S., Sprecher, S. & Cupach, W. R. (1991). Retrospective self-reports. In B. M. Montgomery & S. Duck (Eds.), *Studying interpersonal interaction* (pp. 162-178). The Guilford Press: New York.

Miles, M. B. & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods.* Sage Publications: Newbury Park.

Moss, M. S. & Moss, S. Z. (1995). Death and bereavement. In R. Blieszner & V. Hilkevitch- Bedford (Eds.), *Handbook of aging and the family* (pp. 422-439). Greenwood Press: Westport, Connecticut.

Mueller, M. M. & Elder, G. H. (2003). Family contingencies across generations: Grandparent-grandchild relationships in holistic perspective. *Journal of Marriage and Family, 65*(2)*,* 404-417.

Nehari, M., Grebler, D. & Toren, A. (2007). A voice unheard: Grandparents' grief over children who died of cancer. *Mortality, 12*(1), 66-78.

Neugarten, B. L. & Weinstein, K. K. (1964). The changing American grandparent. *Journal of Marriage and Family, 25*(2), 199-204.

Owen, W. F. (1984). Interpretive themes in relational communication. *Quarterly Journal of Speech, 70,* 274-287.

Parkes, C. M. (1998). *Bereavement: Studies of grief in adult life.* 3ed Ed. International Universities Press: Madison.

Peterson, C. C. (1999). Grandfathers' and grandmothers' satisfaction with the grandparenting role: Seeking new answers to old questions. *Aging and Human Development, 49*(1), 61-78.

Ponzetti, P. P. (1992). Bereaved families: A comparison of parents' and grandparents reactions to the death of a child. *Omega, 25*(1), 63-71.

Prentice, C. (2009). Relational dialectics among in-laws. *Journal of Family Communication, 9,* 67-89.

Rack, J. J., Burleson, B. R., Bodie, G. D., Holmstrom, A. J. & Servaty-Seib, H. (2008). Bereaved adults' evaluations of grief management messages: Effects of message person centeredness, recipient individual differences and contextual factors. *Death Studies, 32,* 399-427.

Reed, M. L. (2000). *Grandparents cry twice: Help for bereaved grandparents*. Baywood Publishing Company: Amityville, NY.

Roberto, K. A. (1990). Grandparent and grandchild relationships. In T. H. Brubaker (Ed.), *Family relationships in later life* (pp. 100-112). Sage Publications: Newbury Park, CA.

Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenburg, J. & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology, 22*(2), 203-211.

Rosenblatt, P. C. (2000). *Parental grief: Narratives of loss and relationship*. Edwards Brothers: Lillington, NC.

Rossi, A. S. & Rossi, R. H. (1990). *Of human bonding: Parent child relations across the life course.* Aldine de Gruyter: New York.

Sahlstein, E. & Dun, T. (2008). "I wanted time to myself and he wanted to be together all the time": Constructing breakups as managing autonomy-connection. *Qualitative Research Reports in Communication, 9*(1), 37-45.

Sanders, C. M. (1999). *Grief the morning after: Dealing with adult bereavement.* 2nd Ed. John Wiley and Sons: New York.

Smith, J. A., Harre, R. & Langenhove, L. V. (1995). *Rethinking methods in psychology.* Sage Publications: London.

Somary, K. & Stricker, G. (1998). Becoming a grandparent: A longitudinal study of expectations and early experiences as a function of sex and lineage. *The Gerontologist, 38, 53-61.*

Spradley, J. P. (1979). *The ethnographic interview.* Wadsworth/Thompson Learning: Belmont, CA.

Suitor, J. J., Pillemer, K., Keeton, S. & Robison, J. (1995). Aged parents and aging children: Determinants of relationship quality. In R. Blieszner & V. Hilkevitch Bedford (Eds.), *Handbook of aging and the family* (pp. 223-242). Greenwood Press: Connecticut.

Szinovacz, M. (1998). Grandparents today: A demographic profile. *The Gerontologist, 38, 27-52.*

Tashakkori, A. & Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches.* Sage Publications: Thousand Oaks, CA.

Toller, P. W. (2005). Negotiation of dialectical contradictions by parents who have experienced the loss of a child. *Journal of Applied Communication Research, 33*(1), 46-66.

Toller, P. W. (2008). Bereaved parents' negotiation of identity following the death of a child. *Communication Studies, 59*(4), 306-321.

Toller, P. W. & Braithwaite, D. O. (2009). Grieving together and apart: Bereaved parents' contradictions of marital interaction. *Journal of Applied Communication Research, 37*(3), 257-277.

Troll, L. E. (1980). Grandparenting. In L. W. Poon (Ed). *Aging in the 1980's: Psychological issues* (pp. 475-481), American Psychological Association: Washington D. C.

Troll, L. E. & Bengtson, B. L. (1979). Generations in the family. In W.R. Burr, R. Hill, F. I. Nye & I. L. Reiss (Eds.), *Contemporary theories about the family* (pp. 127-161). Free Press: New York.

Troll, L. E. (1983). Grandparents: The family watchdogs. In T. Brubaker (Ed.), *Family relationships in later life* (pp. 63-74). Sage Publications: Beverly Hill, CA.

Uhlenberg, P. (1980). Death and the family. *Journal of Family History, 5,* 313-320.

Uhlenberg, P. (1996). Mortality decline in the twentieth century and supply of kin over the live course. *The Gerontologist, 36,* 681-685.

Uhlenberg, P. & Hammill, B. (1998). Frequency of grandparent contact with grandchild sets: Six factors that make a difference. *The Gerontologist, 38,* 276-285.

Wheeler, I. (2001). Parental bereavement: The crisis of meaning. *Death Studies, 25,* 51-66.

White, D. L. (1999). Grandparents' participation in times of family bereavement. In B. De Vries (Ed), *End of life issues: Interdisciplinary and multidimensional perspectives* (pp. 145-165). Springer Publishing Company: New York.

White, D. L. (2002). Intergenerational responses to the death of a child. (Doctoral dissertation, Oregon State University, 2002). *Proquest Dissertations and Theses.*

White, D. L., Walker, A. J. & Richards, L. N. (2008). Intergenerational family support following infant death. *Aging and Human Development, 67*(3), 187-208.

Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., Van Den Bout, J., Van Der Heijden, P., & Dijkstra, I. (2005). Couples at risk following the death of their child: Predictors of grief versus depression. *Journal of Consulting and Clinical Psychology, 73*(4), 617-623.

APPENDIX A

Interview Protocol/Script for In-Person Interviews

These questions are intended to prompt volunteer participants in sharing their communication experience following the death of their grandchild. All questions will be asked of the participants, unless they choose to bypass a specific question. Breaks and pauses will be included among the questions in addition to allowing time to confirm with the participant that he or she is still comfortable with the interview. The participant will be encouraged to share their experience at a pace that is comfortable for them, and not be required to answer any particular questions.

1. If you feel comfortable, could you tell me a little bit about your grandchild? 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 grieving adult child before _____ died?
   A. How would you describe your communication with your grieving adult child after _____ died?
   B. How would you describe your communication today?
4. How would you describe your communication with your other adult children or grandchildren before_____ died?
   A. How would you describe your communication with your other adult children or grandchildren after _____ died?
   B. How would you describe your communication today?
5. How would you describe your communication with extended family such as siblings before _____ died?
   A. How would you describe your communication with extended family after _____ died?
6. How would you describe your communication today?
7. How would you describe your communication with friends before _____ died?
   A. How would describe communication with friends after _____ died?
   B. How would you describe your communication with friends today?

8. Overall, what were some things that people said or did that were helpful at the time you lost your grandchild?
   A. What were some things that people did or said that were not helpful at the time you lost your grandchild?
9. How likely are you, today, to communicate about the loss of your grandchild?
   A. To whom do you communicate most often about your grandchild?
   B. Who are the people you would not share your loss with?

10. What are some of the most difficult things to talk about after losing your grandchild?

    A. What are some things that are easier to communicate about?

11. What, if any, are some rituals or activities that you do to remember your grandchild?

12. If you were to give advice to others who have a friend or family member who loses a grandchild, what if anything would you advise them to do or say?

Adapted from: Toller, P.G. (2005). Negotiation of dialectical contradictions by parents who have experienced the death of a child. Journal of Applied Communication Research, 33(1), 46-66.

APPENDIX B

Grandparent Interview Request

You are invited to participate in a research study being conducted by a graduate student in the Department of Communication at Boise State University. The purpose of the study is to better understand the unique grief experience and communication of grandparents following the death of their grandchild. This is an opportunity for you to share your story.

Participants will be biological or adoptive grandparents who have experienced the death of a grandchild 3 months of age or older. If you fit into this category, the researcher will appreciate the opportunity to hear your experience.

The research tool used is an interview where you will be asked to tell me about your experience communicating with your family and friends following the death of your grandchild. Estimated time to complete the interview is 1 to 1.5 hours. Interviews will be conducted and recorded at a mutually agreed upon public place of your choosing, or in my private office on the Boise State University campus (communication building-221), whichever location is more comfortable for you.

Risks of participating in this study include experiencing additional feelings of stress, depression, grief and sadness as you recall your experience. Although this may be a difficult topic to discuss, you may also experience benefits such as relief or comfort in the opportunity to share your story. The information that you provide will also help promote a better understanding of the grieving process and experiences of grandparents. Information gathered will be transcribed and analyzed for publication, but will be kept confidential by excluding any identifying information.

Your participation in this study is completely voluntary. You may stop the interview at any time. If you have any questions about the study, please contact the researcher involved. Contact information is listed below.

Thank you for your time and assistance. Your story is valued and appreciated. Please keep this sheet for your information.

If you are willing to participate, and are a biological or adoptive grandparent who has experienced the death of grandchild 3 months of age or older, please provide your contact information on the sign-up sheet provided.

Ashley Duchow-Moore, BSU Graduate Student   ashleyduchow@hotmail.com
(208)-755-1901

APPENDIX C

Consent to be a Research Participant

A.   PURPOSE AND BACKGROUND

Ashley Duchow-Moore in the Department of Communication at Boise State University is conducting a research study entitled "Exploring Dialectics in Grandparent Grief: Communication with Family and Friends Following the Death of a Grandchild." The purpose of this study is to help understand the unique grief process of grandparents who have experienced the death of a grandchild. Specifically the study will address the relationship between communication and grief, and your experience in communicating with others following your loss. You are being asked to participate in this study because you are a grandparent who has experienced the death of a biological or adoptive grandchild.

B.   PROCEDURES

If you agree to be in the study, the following will occur:

1. You will take part in a face-to-face or e-mail interview conducted by Ashley Duchow-Moore about your grief experience. Questions which may be asked include: How would you describe your communication with your spouse before and after your grandchild died? How is your communication now? How would you describe your communication with your grieving adult child before and after your grandchild died? How would you describe your communication with your friends? Questions about what you found helpful or unhelpful may also be asked. Questions about your willingness to share information about your grandchild now will also be asked.

2. Hand written notes, audio tape recordings, or e-mails will be used to record the interview process.

3. The interview process will take about 60-90 minutes, however you may take more time if you need it.

The interview will be done at a mutually agreed upon public location of the participants choosing or at Ashley Duchow-Moore's office (C-221) on the Boise State University Campus. Online interviews will take place via e-mail. The interview will take a total time of about one hour.

C. RISKS/DISCOMFORTS

Some feelings of grief and sadness may come up during the interview process due to the sensitive nature of the questions. You are free to stop the interview at any time if you feel uncomfortable and don't want to continue answering questions.

1. As part of this study, you may experience more than minimal risk. You may experience feelings of stress, depression, grief and sadness as you recall your

experience. If you feel uncomfortable you are free to stop the interview at any time.

2. I will be asking for some demographic information in this study, including age and sex. Due to the make-up of Idaho's population, the combined details in your interview may make an individual person identifiable. The researcher will make every effort to protect your privacy and confidentiality. However, if you are uncomfortable answering any questions or telling any part of your story, you may decline to answer or stop your participation at any time.

3. Confidentiality: Participation in research may involve a loss of privacy; however, your records will be handled as confidentially as possible. Only Ashley Duchow-Moore and her supervising professor will have access to the interview notes and tape recordings. No individual identities will be used in any reports or publications which may result from this study.

D.   BENEFITS

You will have the opportunity to share your unique experience in this interview process. Although this may be a difficult topic to discuss, you may experience benefits such as relief or comfort in the opportunity to share your story. The information that you provide will also help promote a better understanding of the grieving process and experiences of grandparents.

E.   COSTS

There will be no costs to you as a result of taking part in this study, other than the time spent to participate.

F.   PAYMENT

You will not receive any reimbursement for participating in this study, participation is strictly voluntary.

G.   QUESTIONS

If you have any questions or concerns about participation in this study, you should first talk with the interviewer [Ashley Duchow-Moore, Phone: 208-426-3365]. If for some reason you do not wish to do this, you may contact the Institutional Review Board, which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

Should you feel discomfort due to participation in this research you can contact your own health care provider or call the 211 Idaho CareLine. You may also refer to the attached list of counseling services.

H.   CONSENT

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline to be in this study, or to withdraw from it at any point. Your decision of whether or not to participate in this study will have no influence on your present or future status as a BSU student.

I give my consent to participate in this study:

_____   _____

Signature of Study Participant   Date

I give my consent to be audio taped in this study:

_____   _____

Signature of Study Participant   Date

_____   _____

Signature of Person Obtaining Consent   Date

THE BOISE STATE UNIVERSITY INTSTITUTIONAL REVIEW BOARD HAS REVIEWED THIS PROJECT FOR THE PROTECTION OF HUMAN PARTICPANTS IN RESEARCH.

Counseling Services

1. For referrals outside the Boise area dial 211 for the Idaho Care Line, or contact your personal health care provider.

2. Counseling and Psychological Services
    3350 W. Americana Terrace #300
    Boise, ID 83706
    (208) 343-1113

3. Central District Health Department
    707 N. Armstrong Place
    Boise, ID 83704
    (208) 375-5211