Forgiveness Communication During End-of-Life: Perspectives From Surviving Loved Ones

Carmen Goman
Georgia State University

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ABSTRACT

This study investigated how surviving family members and their dying loved ones communicate about forgiveness during end-of-life conversations, and how that communication has affected the surviving family members individually, as well as in their relationships. Semi-structured interviews were conducted with a sample of 10 participants. The interviews were conversational and open-ended, and provided data through participants’ stories and memories of their forgiveness-communication. Data was analyzed using textual analysis and grounded theory. Findings revealed three major patterns related to the level of communication about forgiveness: explicit/implicit forgiveness-communication during EOL; explicit/intrapersonal forgiveness-communication after death; nonverbal forgiveness-communication. Additionally, a relevant pattern – family communication patterns contribute to forgiveness-communication during EOL – was related to how forgiveness-communication was initiated and how prior family
communication dynamics contributed to whether or how forgiveness was discussed (a sub-pattern included *deterrents of forgiveness-communication in the past*).

Data also revealed relevant themes and sub-themes related to: how death impacts forgiveness-communication, including *death creates urgency for forgiveness-communication* (sub-theme: *insincerity of EOL forgiveness-communication*) and *death makes forgiveness-communication difficult*; what functions forgiveness has for participants and their relationships (functions of forgiveness) (sub-theme: *forgiveness is selfish*); and why participants and their loved ones forgave or didn’t forgive (reasons for forgiveness) (sub-theme: *reasons for not forgiving*). Findings related to the effect of these conversations on participants and their relationships revealed three themes: *forgiveness-communication is meaningful*, *forgiveness-communication is not meaningful*, and *forgiveness-communication repairs and continues relationships after death*.

**INDEX WORDS:** Forgiveness, End-of-Life, Communication, Narrative, Hospice
FORGIVENESS COMMUNICATION DURING END-OF-LIFE: PERSPECTIVES FROM
SURVIVING LOVED ONES

by

CARMEN CORINA GOMAN

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of
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FORGIVENESS COMMUNICATION DURING END-OF-LIFE: PERSPECTIVES
FROM SURVIVING LOVED ONES

by

CARMEN CORINA GOMAN

Committee Chair: Marian Meyers
Committee: Douglas Kelley
Jaye Atkinson
Carrie Freeman

Electronic Version Approved:

Office of Graduate Studies
College of Arts and Sciences
Georgia State University
December 2018
DEDICATION

Claude, this is for you. For all the days and nights that I ignored you in order to stare at a computer screen instead. I hope one day you’ll come to understand the strange things humans do, and that (hopefully) they do it for the right reasons, in the end.
ACKNOWLEDGEMENTS

Many people (and animals) have had to put up with me during the years it took to complete this project. I want to extend both my apologies and my gratitude.

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Appendix A

Appendix B
1 CHAPTER 1: INTRODUCTION

In recent decades, there has been a significant surge in communication research focusing on forgiveness, end-of-life (EOL) communication, and forgiveness in the context of EOL communication. Literature consistently shows forgiveness to be an important and common task for end-of-life closure. For example, recent explorations of forgiveness and EOL include: how nurses respond to patients’ expression of the need for forgiveness (Ferrell, Otis-Green, Baird, & Garcia, 2014); the relationship between forgiveness communication and depressive symptoms during EOL (Exline, Prince-Paul, Root, Peereboom, & Worthington, 2012); facilitating forgiveness to provide peaceful closure at the end of life (Baker, 2006); and forgiveness therapy as an intervention for elderly terminally ill cancer patients receiving palliative care (Hansen, Enright, Baskin, & Klatt, 2009; Prince-Paul, 2008a; Prince-Paul, 2008b).

In the end-of-life context, Ferrell et al. (2014) investigated how nurses responded to requests for forgiveness made by dying patients. Their findings reveal that forgiveness can play a prominent role during EOL, and highlight how nurses perceive the role of forgiveness in the dying process. They write:

Patients who seemed to be “lingering” were struggling with unresolved relational issues that could be resolved through acts of forgiveness and result in a “peaceful death.” Numerous accounts offered examples of this belief, with detailed descriptions of estranged relationships being resolved followed by a peaceful death. This perception that a dying person can “wait” until “unfinished business” is appropriately settled occurred from nurses across many settings and cultures and was tied to a belief that forgiveness “helps” all involved (patients, family, and staff). Those who were “unforgiven” were believed to struggle with more pain or anger and experience a delayed death. (Ferrell, et al., 2014, p. 638)

Not only is forgiveness noted as important for dying people, but it can also have significant meaning for surviving family members. Writing from more than two decades of experience as a hospice and palliative care physician, Byock (2014) notes that in the face of
death, many patients and their surviving family report benefits in “saying the four things that matter most: ‘Please forgive me. I forgive you. Thank you. I love you’” (p. 3). Because our core relationships “do not end with death,” Byock argues, people want to “come current” with their relationships and “say what needs to be said before it’s too late – to clear away hurt feelings, to connect in profound ways” with their dying loved ones (2014, p. 4). And yet, though granting and seeking forgiveness are two of the four things that seem to matter most, forgiveness seems to be very difficult to seek, grant, and communicate about in the EOL setting. For example, Exline et al. (2012) posit that people may find it “socially undesirable to mention or endorse forgiveness issues because such issues imply the presence of interpersonal offenses. Love and gratitude, which are more uniformly positive, may seem more socially acceptable to report” (p. 1117). Thus, research that looks at how dying patients and their loved ones communicatively experience forgiveness during EOL is critically important. Further, as noted by Keeley and Yingling (2007), “the majority of research on death and dying has been done using the Dying’s perspective…[t]he Living partner is the forgotten component of the death process” (Keeley & Yingling, 2007, p. 8). This study is concerned more specifically with the surviving family’s perspective and experience, given that there is a significant gap in literature that addresses EOL forgiveness communication from the family members’ perspective.

As sociologist and social worker Baker (2006) argues, “the importance of addressing psychosocial concerns with dying patients is pivotal to facilitating peaceful closure in end-of-life care” (p. 83). Her study reveals that EOL conversations are a critical need for surviving members’ sense of closure as well. Baker’s (2006) qualitative work on facilitating forgiveness at the end of life not only provides rich understanding of forgiveness in the EOL context, but also points to the disheartening lack of similar qualitative approaches that explore forgiveness at this
life stage. Baker (2006) uses a case study involving a “profoundly memorable experience” to explain her interest in the emotional and psychosocial realm of end-of-life care (p. 83). Her case study chronicles her experience as a medical social worker providing care and support to Mr. Smith, a 71-year-old hospice patient, and his family.

After weeks of observing daily visits from the patient’s wife and two children, Baker (2006) learns during a private conversation with Mr. Smith that there is a third child – a 28-year-old daughter named Lori who had been estranged from the family for over three years. Mr. Smith shared with Baker that “his dying wish was to be reunited with his youngest daughter and to let her know that he loved her and forgave her for everything” (2006, p. 90). The following is an excerpt from this case study that details what Baker calls “the deathbed reunion:”

With all family members in agreement, Lori had a chance to spend about half an hour alone with her father before the rest of the family was led in to also be at his bedside during his final seconds. The entire family formed a circle around Mr. Smith’s bed, all holding hands, with Lori holding one of her father’s hands and Mrs. Smith, on the opposite side of the bed in which her husband lay dying, holding the other. Mr. Smith took his last breath with his face radiating peacefully. His eyes, which were gently fixed directly on Lori’s, seemed to offer her the comfort of forgiveness as they slowly and peacefully lowered shut for the last time. (p. 93)

This poignant story demonstrates that death ends life, but not relationships, and how we leave those relationships matters (Bochner, 2012). It also discloses the great responsibility that healthcare providers have for the dying and their surviving family – to foster a communicative space where the dying experience is not seen as (just) a medical event, but as an all-too-human event that can provide existential healing through authentic engagement at the end of life. Mr. Smith’s story presents the seeming contradiction of existentially healing – through forgiveness – while physically dying. Yet while physical death might come effortlessly, existential healing requires the work of authentic engagement with loved ones, and living well while dying.
In the context of impending death, anticipatory grief can augment peoples’ need for closeness with their dying loved ones, and this closeness is often expressed and achieved through communication. Yet, as argued by Keeley (2007), “these conversations may be hampered by awkwardness, discomfort, and a lack of modeling regarding final conversations (FCs)… [because] FCs often take place within the context of social and cultural trends to deny death, grief, and mourning” (p. 227). Keeley adds, “with this kind of cultural perspective of death, it is no surprise that when a loved one is diagnosed with a terminal illness, people generally don’t know what to say or do” (p. 227). Thus, it seems that communication is a core dynamic in the EOL setting, but while patients often express a need to communicate about forgiveness, they – as well as their family members – are often unfamiliar and uncomfortable with this relational and communicative territory. There is a general lack of research on final conversations and how they occur, and, to my knowledge, no research at all that looks at how family members of dying patients communicate about and are affected by forgiveness communication.

1.1 Statement of the Problem

Despite our growing knowledge of forgiveness’ prominent role during EOL communication, little is known about how forgiveness is communicated about during EOL, nor about how to effectively have forgiveness conversations during EOL. This applies whether the forgiveness-communication is between patients and healthcare providers, patients and their family members and loved ones, or families of patients and healthcare providers. Further, little is known about how forgiveness-communication in the EOL context affects living family members.

What is known, however, is that we face significant communication challenges with respect to forgiveness during EOL. One challenge is healthcare professionals’ lack of knowledge about how to encounter, let alone foster or encourage, dying patients’ communication about
socioemotional concerns such as forgiveness. Ferrell et al. (2014) state, “the National Consensus Project Guidelines for palliative care include attention to social, psychological, cultural, and spiritual care as essential to the provision of quality palliative care, yet few professionals are adequately prepared to address common existential concerns such as forgiveness” (p. 635). Their study investigating how nurses respond to terminally ill older adults’ requests for forgiveness reveals that while patients often engaged in discussions of forgiveness, nurses were often unsure of how to respond to patients when these conversations or requests surfaced. For example, the authors note:

One of the striking observations in review of the data was how frequently nurses seemed to offer a “quick fix,” for example, a patient would share a very intense experience of having caused harm and the well-intentioned nurse would offer simple assurances of “It’s ok,” “I’m sure he forgives you.” (Ferrell et al., 2014, p. 639)

While such communicative responses might be comforting to some patients or in certain situations, forgiveness literature suggests that more complex and nuanced ways of communicating are needed for an effective resolution to a conversation about forgiveness. Thus, it is important for healthcare workers not only to anticipate and facilitate communicative contexts for forgiveness processes, but also to be knowledgeable and skilled regarding how to effectively navigate and facilitate this communicative space.

Another challenge of forgiveness in the end-of-life context is reflected in the incongruous relationship between wanting to communicate about forgiveness, yet feeling or being unable to. One nurse participant in Ferrell et al.’s (2014) study asked, “Why do we wait until dying to resolve these issues [of forgiveness]?” (p. 638). Perhaps one reason is that people are simply unfamiliar with such an emotionally laden terrain, especially given our culture’s proclivity to avoid conversations about death in general. As communication and EOL researchers Yingling and Keeley (2007) state, “most people have little or no experience with death, so they are
hesitant to talk for fear they will make things worse for the dying or themselves” (p. 95). This communication barrier can impede important conversations – such as conversations about forgiveness – that provide “both the living and the dying person a rare opportunity to build, maintain, and reaffirm their relationships with one another” (Keeley & Generous, 2014, p. 309). Further, research has consistently found that “forgiveness-related communications are seen as extremely important by many family members of hospice patients. If family members see forgiveness (granting or seeking) as important but have not completed the process, these unresolved issues are associated with depressive symptoms” (Exline, et al., 2012, p. 1113). In sum, the topic of forgiveness communication during EOL warrants clinical as well as academic attention, and this study aims to contribute to this significant research need.

Medical professionals need to hone communicative skills that effectively address psychosocial concerns during EOL, and patients and their families need careful and sensitive guidance into this unfamiliar, emotionally precarious communicative terrain of forgiveness and death. Writing for an audience of healthcare professionals in the *American Journal of Hospice and Palliative Medicine*, communication scholars Yingling & Keeley (2007) urge healthcare professionals to:

Go beyond the general advice of “communication is good and necessary for the dying” to sharing the specifics of what kind of communication may occur and how it functions positively for the survivor. Knowing the details about end-of-life communication is likely to encourage final conversations between the dying and their survivors. To get past their fears, survivors need to see communication models and to learn about potential outcomes of final conversations. (p. 95)

Yet even healthcare professionals themselves need to learn the details about EOL communication. To do so requires communication scholars’ attention to the topic of forgiveness communication during EOL, particularly how forgiveness is communicated during EOL.
1.2 Purpose of the Study and Research Questions

The goal of this research project is to increase the knowledge base on forgiveness and communication in the end-of-life setting. More specifically, this project hopes to learn, from the surviving family members, the specifics of how forgiveness was or is communicated about during end-of-life conversations, and how that communication has affected the surviving family members. Not only might this project increase communication scholars’ knowledge about forgiveness communication during EOL, but it has the potential to also empower medical professionals, as well as dying patients and their families, to overcome this communication impasse and successfully engage in important final conversations about forgiveness. To reiterate Yingling and Keeley’s (2007) argument, “to get past their fears, survivors need to see communication models and to learn about potential outcomes of final conversations” (p. 95). As stated aptly by Exline et al. (2012), interpersonal hurts can impede and intensify the difficulty of end-of-life communication. Yet, “by drawing from research on forgiveness, interdisciplinary team members, patients, and family members can gain knowledge to facilitate effective communication and emotional healing in end-of-life contexts” (Exline, et al., 2012, p. 1118).

This dissertation thus situates forgiveness in the context of end-of-life communication and asks the following research questions:

RQ(1) “How do family members of dying people communicate about forgiveness during EOL?”

RQ(2) “What have been the outcomes of this communication?”

To answer these questions, this project applied a qualitative interview methodology that sought personal accounts from surviving family members. To date and to my knowledge, no research has aimed to explore survivors’ forgiveness communication with their dying loved ones
during EOL through a qualitative, narrative paradigm. Ragan, Mindt and Wittenberg-Lyles (2005) posit that “narratives highlight how individuals feel and experience their reality… they provide a more visual representation of the emotions and cognitions involved, increasing both comprehension and retention” (p. 262). Particularly in the contexts of EOL and forgiveness, both separately and together, a person’s existential experiences cannot be authentically encountered without allowing that experience to be revealed through the person’s own words, their own narrative. Given the latent nature of forgiveness, narratives provide information about experiences which cannot be observed through other means. To this point, Kleinman, Stenross and McMahon (1994) refer to interviewing as “a good way to learn about physically unbounded social realities…[and] identities and meanings that cut across, lie outside, or transcend settings” (p. 43). Thus, this study not only contributes to knowledge about forgiveness communication during EOL, but it does so via a novel methodology that, I argue, is the best fit for such exploration.

1.3 Health Communication: What’s Missing

While research on forgiveness in the context of health has been increasingly published in a variety of fields, such studies are almost non-existent in published health communication (HC) journals. Indeed, a complete search of four major HC journals, ii using the term forgiveness in a search of all titles and abstracts, uncovered only one published article and one in-press article on the topic of forgiveness (let alone forgiveness in the EOL context). While this dissertation will contribute to cross-disciplinary research on EOL and forgiveness, it will also contribute more significantly and specifically to health communication for these reasons: (1) the EOL context is inherently a health issue, as well as a communication issue; (2) while EOL research has greatly increased in health communication literature over the years, and while such research consistently
shows psychosocial concerns to be of great importance in this context, a health communication perspective has not yet been taken on EOL forgiveness communication of surviving family members; and lastly, (3) given the general consensus that forgiveness is related to various modalities of health, health communication scholars are in a particularly advantageous position to situate forgiveness, communication, health and EOL in context with one another. This is not to say that other disciplines are not as relevant in this regard. In fact, much of the extant forgiveness and EOL literature comes from fields such as psychology, sociology, counseling and religion. Thus, health communication scholars can draw on such research to conceptualize forgiveness as a health communication construct specifically, in the EOL context; further, they can pay more attention to surviving family members’ accounts of forgiveness.

A potential contributing factor to the literature gap in HC is the relatively recent emergence of the health communication field,iii in addition to the fact that forgiveness-health studies are sometimes published in more general communication journals (and not health communication journals specifically).iv Yet, while forgiveness-health studies are hardly published in HC journals as of yet, such literature is certainly available in journals of different fields (and make up the majority of citations in this dissertation) as well as in books authored by health communication scholars, though not specifically in academic journals. It is important, however, to note the almost complete lack of forgiveness-health articles in some of the field’s major and longest-running journals.

In addition to the relative paucity of forgiveness-health research within the field, what is also troubling is “the dominance of postpositivistic research methodologies in health communication inquiry” (Hannawa, Garcia-Jimenez, Candrian, Rossmann, & Schulz, 2015, p. 523). Hannawa and colleagues’ (2015) analyses of the field shows that about two-thirds of health
communication articles are empirically based, involving mostly cross-sectional study designs and quantitative data analysis (p. 527). Additionally, though HC journals are generally interdisciplinary in nature, Hannawa et al.’s (2015) analyses shows that “the first authors predominantly [stem] from the area of medicine and related fields (56.9%)” and only 27.4% from the communication discipline (p. 524). And despite the field’s interdisciplinary nature, scholars “tend to publish exclusively in collaboration with colleagues from their own disciplinary backgrounds” (p. 526).

Addressing this gap is critical because, as argued in the following sections, forgiveness is not only a frequent topic of final conversations among the dying, but this gap in research only intensifies the conspicuous silence around end-of-life within a medical culture that already keeps “death safely out of sight” (Keeley, 2007, p. 4). As Tibetan teacher Sogyal Rinpoche (2012) argues in *The Tibetan Book of Living and Dying*, forgiveness is powerful, “and this power is never more necessary, nor more deeply felt, than when someone is dying. Through forgiving and being forgiven, we purify ourselves of the darkness of what we have done, and prepare ourselves most completely for the journey through death” (p. 27).

### 1.4 Final Conversations: Forgiveness Matters

Scholars working within the biopsychosocial framework of health have noted that a critical need for the dying is the need for forgiveness and reconciliation (Baker, 2006). And among those few health communication scholars who examine the role of forgiveness at the end of life, the argument is made that EOL conversations, or final conversations (FC), play an important role in end-of-life care, as they facilitate the communication through which forgiveness and reconciliation may be enacted (Keeley & Yingling, 2007). Keeley & Yingling (2007) define “final conversations, or FC-talk, [as] all the moments of talking, touching, and
spending time with the Dying” (p. 2). Such “talk” may begin at the time of someone’s terminal
diagnosis and continue until the person’s death; “FC-talk is not necessarily the ‘last’
conversation” between the living and the dying (Keeley & Yingling, 2007, p. 3). Further,
because final conversations take place within the awareness of a person’s terminal diagnosis,
you can be “planned or can occur spontaneously because you have slowed down your life long
enough to sit quietly and patiently with the Dying” (Keeley & Yingling, 2007, p. 3).

While research has spotlighted the role of forgiveness communication for the dying, it is
important to also understand the role that forgiveness plays for survivors. Though very little
research has focused on this, some researchers have mentioned (usually in passing) that FCs can:
be a last opportunity for survivors to resolve conflicts and express love to the dying (Doyle,
1994), provide closure to relationships which may otherwise have not happened (Fieweger &
Smilowitz, 1984), and help survivors to release anger and resentment (Keeley, 2007).

During final conversations, dying patients and their loved ones often discuss difficult
relationship issues that were previously ignored and too emotionally painful and difficult to
discuss, to reconcile with and forgive one another (Nussbaum, Pecchioni, Robinson, &
Thompson, 2000; Keeley & Kellas, 2005; Keeley, 2007). Psychology researchers Allemand,
Steiner, and Hill (2013) believe that “from a narrative perspective, forgiveness may be helpful in
the reconstruction and storied understanding of past transgressions, and it may help to master
challenges that are associated with the last stage of life” (p. 280). Further, Amati and Hannawa
(2015) argue that “patients need to be cared for, even more than cured, at this difficult time of
their lives, and communication is the vehicle through which such care is optimized and
maintained” (p. 248-249). To facilitate this optimal EOL environment, it seems that patients need
to interact and communicate meaningfully with their families and loved ones; thus, surviving
family members are also inevitably and deeply affected by, as well as critical components to, EOL communication. Through final conversations about forgiveness, the desire for forgiveness and reconciliation is augmented both for the dying person, as well as for those who survive her (Callanan & Kelley, 2012; Keeley, 2007; Exline, et al., 2012).

In her study of the functions of final conversations (FCs), communication scholar Keeley (2007) found that forgiveness and reconciliation play an important role in the context of FCs, as FCs “helped survivors let go of pent up anger towards their dying loved ones” (p. 234; see also Exline et al., 2012). Survivors who reported having difficult relationships with their dying loved ones “focused their final conversations primarily on “cleaning up” their relationships so that they would not be left with any regrets” (p. 234). Further, Keeley’s (2007) study found that survivors often use FCs as an “explicit (even if at times only nonverbal) forgiveness strategy” (p. 245) to heal and mend relationships with the dying. Conversely, palliative care researchers Exline et al. (2012) found that if forgiveness was considered an important topic for EOL conversations with dying family members but was not fully expressed, surviving family members reported greater depressive symptoms. Interestingly, Keeley states that of all the participants who reported the topic of forgiveness as a central component of their FCs, not one actually said the words “I forgive you,” or “Please forgive me” (personal communication, April 1st, 2017). Instead, communication shaping that interaction was more indirect and nonverbal, yet still signaled an attempt to clean up, understand, and set things right with one another.

Perhaps the absence of direct phrases such as “I forgive you” suggests the difficulty – and even awkwardness – of communicating around this issue during EOL. And yet, as Lannamann, Harris, Bakos and Baker (2008) argue, end-of-life caregivers are tasked with creating a space where people – both the dying and their families – can overcome this communication impasse.
They argue, “hospitals and hospices are not the bricks and mortar that make up their structure. They are the conversations and relational contexts that reinforce each other in shaping what can and cannot be discussed without awkwardness or sanction” (Lannamann, et al., 2008, p. 11). If so, then we are tasked with understanding those relational contexts and how to facilitate them for the dying and their families. This study hopes to do just that by specifically interviewing surviving family members about their forgiveness communication with their dying loved ones.

1.5 Methodological Approach

Despite growing research on forgiveness and end-of-life care by communication scholars, and despite the slow paradigm shift from a curative to a humanistic model of healthcare and medical perspectives on dying, this project takes issue with the post-positivistic paradigms that have overwhelmingly shaped how forgiveness and dying are conceptualized, and as a result, how they are studied. Regarding forgiveness, it is often understood as a health construct by quantifying, objectifying, and abstracting it from a very human, lived experience that transcends such measures. For example, a recent study that explored the quality of life at the end of life (QOLEOL) for hospice patients found that “communicative acts of love and gratitude [were] not statistically significant” and “the communicative act of forgiveness did not perform well” in contributing to overall QOLEOL (Prince-Paul, 2008a, p. 20). In this study, the existential experiences of love, gratitude and forgiveness are abstracted from human experience as mere “acts” measured with four quantitative scales. Overwhelmingly, forgiveness and health communication scholarship, and the health communication field in general, is dominated by such quantitative and statistical inquiry.

Likewise, in contemporary medicine, dying often is stripped of its existential and spiritual meaning, taking place in medical facilities “where physical illness and disease are often the focus
of treatment and where the dying process itself is frequently viewed as a medical event” (Baker, 2006, p. 87), and the dying person is often objectified as “just a body in physiological decline” (Kaufman, 2006, p. 69; see also Hovey & Paul, 2007). In the same way that the medical humanities and the hospice movement have attempted to change perceptions of death and dying in medicine, so too might the medical humanities and hospice philosophy inform the way communication scholars typically frame the relationship between the forgiveness process, health/healing, and dying. Rather than seeing the “benefits” of forgiveness as quantifiable physiological improvements, perhaps scholars might come to see the more ineffable and transformative power of forgiveness, especially in the EOL context. To do this, a more humanistic and phenomenological approach to understanding forgiveness – and EOL – is warranted.

While empirically grounded studies contribute valuable scientific and empirical knowledge of forgiveness, and while such approaches are important towards future pursuits of understanding the forgiveness-health relationship, quantifiable measures reach an unavoidable threshold and stop short of fully capturing the essence and phenomenological experience of forgiveness. Subjecting the process of forgiveness to measurement scales and inventories abstracts it from human lived experience, from the narratives that give it existential meaning.

Thus, in an EOL context, health communication scholars have an opportunity to use alternative methodologies to examine forgiveness, communication and health, and this study attempts to do so.

Health communication research grounded in a qualitative, interpretive approach to understanding forgiveness at the end-of-life is almost non-existent. This project addresses this gap and offers a qualitative, interpretive approach in which forgiveness is not restricted to
measurable phenomena, but is given voice through the rich stories of those who have survived their dying loved ones. Taking cues from medical humanities and hospice care, this dissertation shifts away from an “objective,” positivistic approach to forgiveness, which has dominated forgiveness and health research by communication scholars, towards an interpretive narrative approach that allows forgiveness to be disclosed and given meaning through language and story. This is especially important in the end-of-life setting because many dying patients have psychosocial needs such as communicating about forgiveness and reconciliation – with both loved ones and caregivers – that are left unattended, and “one of the guiding principles in palliative care is to enable patients to come full circle, to say goodbye, resolve issues and forgive” (Kannai & Alon, 2017, p. 1620). Some of the palliative care/hospice literature shows us that the best way to uncover and address those concerns is by creating a narrative-space for patients and their families to express and share their stories with medical professionals and their families (Hovey & Paul, 2007). In this way, health communication research on forgiveness can be both informative for scholars and existentially therapeutic for patients and their surviving family.

Rather than seeking to understand forgiveness by developing or applying theory, or by developing objective and measurable conceptual criteria, forgiveness should be studied for what it is – a lived experience. Bowyer (2014) makes this argument well:

In order to be faithful to our human condition it is necessary to remain attentive and responsive to our concrete, lived situation and not substitute for our practices theoretical accounts that abstract from the way we do things in-the-world and then assume that it is an abstract theory that should underlie our practices. (p. 148)

This study applies methodology rooted in an interpretive, phenomenological tradition by interviewing the family members of patients who have died about forgiveness-communication during end-of-life. The goal is to come to a deeper understanding of how the complex process of
forgiveness unfolds and is communicated about between dying patients and their family. Further, this study hopes to discover what factors may facilitate or inhibit processes of forgiveness in the end-of-life setting, as well as the personal and relational meaning and impact of forgiveness in this setting.

2 CHAPTER 2: LITERATURE REVIEW

The field of communication has contributed tremendously to our understanding of forgiveness and its positive health effects – from psychological, emotional, and physical benefits, to spiritual, relational, and biopsychosocial. In part because communication scholars noted the lack of research on forgiveness at the turn of the 21st century, the past decade has seen an unprecedented increase in studies on forgiveness, particularly in the context of health communication (Kelley, Wolf, & Broberg, 2016). New technologies, surveys, and various scientific tools have been employed to study the relationship between forgiveness and well-being. With an amassed amount of abstract knowledge about what forgiveness is, including its relation to human communication and what effect forgiveness has on health, the academic field of communication seems to offer much to the contemporary practice of medicine that is simultaneously attempting to outgrow its dominant positivistic and depersonalized approach to care and shift to a more humanistic and holistic ethic of care. Indeed, as the fields of communication, hospice/end-of-life studies, and medical humanities have grown exponentially in the past three decades, each have meaningfully informed medicine, and they have the potential to meaningfully inform each other.

In their review of the current state of the field of health communication (HC), researchers Hannawa et al. (2015) point out that the field is young, fragmented and undefined with relation
to its “potential parent discipline” (p. 522). They add that HC scholars came second to psychologists, physicians, and medical sociologists in exploring health communication.

Acknowledging the broad scope – as well as the varying contributing disciplines – of HC, Hannawa et al. (2015) propose a conceptualization of the field’s general object of study as:

Containing one or more humans (operating outside or within hierarchical systems), who communicate with one or more other persons about some health-related topic or in some health-related context, and need evidence to better understand or to arrive at a solution regarding the health-related topic, or context, that can be made available through translated health communication research. (p. 523)

This chapter will provide a cross-disciplinary introductory overview of forgiveness communication, particularly as it’s been discussed across psychological and counseling research, and forgiveness as conceptualized within health communication scholarship. Further, this chapter will explore how the hospice movement and the humanistic turn in medical culture has helped to emphasize the importance of psychosocial and interpersonal matters, such as forgiveness, during end-of-life care. While research shows forgiveness to be a significant topic of communication during EOL, very little research in general – and no research at all in health communication journal publications – explores this intersection through a qualitative, interpretive lens. Finally, a significant research gap – namely, the lack of qualitative forgiveness-health research in the EOL context – will be highlighted by examining health communication publications since the inception of the field as a recognized academic discipline. I will then present cross-disciplinary scholarship on interpretive/narrative methodology in the medical and end-of-life fields to highlight methodological approaches that would be useful to health communication scholars interested in exploring the role of forgiveness during EOL.
2.1 Interpersonal Forgiveness and Communication

The social sciences – and, specifically, the field of communication – have followed disciplines such as psychology, religion, counseling, and philosophy, which have pioneered forgiveness-health research, illuminating an additional critical avenue for exploring forgiveness as a communicative process (Kelley, et al., 2016). A scientific approach has been particularly helpful in extricating forgiveness from the religious discourse that too often guided (and sometimes deterred) researchers’ exploration of forgiveness. As Berecz (2001) argues:

If researchers are to assist in quantifying and clarifying the elusive elixir of forgiveness they will need to maintain a clear distinction between religious concepts of divine forgiveness and the more empirically accessible scientific concepts of interpersonal forgiveness which are being studied intensely in such practical settings as counseling sessions, AIDS clinics, etc. (p. 255-256)

Nonetheless, definitional and methodological approaches to forgiveness have varied across disciplinary boundaries and have thus impeded a unified, transdisciplinary conceptualization of forgiveness. While one might criticize academia’s failure to agree upon a specific conceptualization of a process it often explores, a defense of this apparent failure is that forgiveness is a very personal process that eludes – and rightfully so – a consensus of what forgiveness should look and feel like. Forgiveness is a complex concept that, even for those who experience it, does not easily lend itself to verbal explanation.

Despite this murky conceptual territory, with few exceptions, forgiveness is generally regarded as a positive human experience, one that benefits both individuals and their relationships. Psychologist Enright and colleagues define forgiveness as “the casting off of deserved punishments, the abandonment of negative reactions, the imparting of love toward the other person, self-sacrificial nature, the potential restoration of the relationship, and positive

Communication scholars Waldron and Kelley (2008) define forgiveness as:

A relational process whereby harmful conduct is acknowledged by one or both partners; the harmed partner extends undeserved mercy to the perceived transgressor; one or both partners experience a transformation from negative to positive psychological states, and the meaning of the relationship is renegotiated, with the possibility of reconciliation. (p. 5)

From a counseling and therapy perspective, Wade, Johnson and Meyer (2008) note that as a therapy goal, forgiveness “is often understood as an emotional, cognitive, and behavioral process” that includes both the reduction or elimination of negative or uncomfortable feelings, thoughts and behaviors tied to a specific hurt, as well as an “increase in positive, prosocial feelings, thoughts, and behaviors” (p. 89). Thus, they point out, the goal of forgiveness is both the reduction of the negative or uncomfortable reactions to a harm or injury and the increase in positive reactions.

While these definitions reflect a common theme among most definitions (an emphasis on a transition from negative to positive psychological states), Waldron and Kelley’s (2008) definition highlights some additional important elements of forgiveness: “It is relationally based, a wrong is identified, and the relationship’s meaning is renegotiated (even if this means terminating the relationship)” (as cited in Kelley, et al., 2016, p. 5).

Noting the lack of research on forgiveness as a communicative and relational concept – rather than only a psychological phenomenon – communication scholar Douglas Kelley’s pioneering study employed a qualitative/interpretive methodology to: (1) examine personal narratives about forgiveness; and (2) understand the communicative and relational nature of forgiveness (Kelley, 2009). In related work, communication scholars Waldron and Kelley (2008) developed a communication model of forgiveness that conceptualizes it as a six-step process:
“(1) revealing and detecting transgressions, (2) managing emotions, (3) sense-making, (4) seeking forgiveness, (5) granting forgiveness, and (6) negotiating the relationship” (p. 93). This process is embedded in the history of a relationship and through much communication over time, as opposed to a decision that takes place immediately. Waldron and Kelley (2008) add that “communication across all six processes is multidimensional. It is verbal and nonverbal, intended and unintended, individual and relational, and/or explicit and implicit” (p. 93). Thus, the communicative process of forgiveness is not predictable, universal, and static.

The conceptualization of forgiveness as a communicative process also highlights the interactional and social dynamics of forgiveness. Unlike a psychological approach that generally highlights the intrapersonal nature of forgiveness – an individual, personal process focused on the reduction of negative feelings – a psychosocial approach frames forgiveness as an interpersonal process that happens within a social context. Summarizing intrapersonal models of forgiveness, Kelley et al. (2016) write, “these models primarily offer perspectives regarding intrapsychic, forgiveness-based transformations of behavior, cognition, and affect from negative to positive states” (p. 3). In contrast, interpersonal forgiveness focuses on both the forgiver and the forgiven, and on preserving the relationship in addition to shifting individual emotional and psychological states (Worthington, 2005). Enright and Fitzgibbons (2000) conceptualize the relational/interpersonal manifestation of forgiveness as a “transformation” in these three domains:

(a) The forgiver changes previous responses toward the offender, (b) the forgiver’s emotional state may change for the better, and (c) relationships may improve. Forgiveness is a developmental variable that shifts perspectives, feelings, attitudes, behaviors, and interactions. To transform in this case is to begin moving in a new direction – from judgmental to understanding, from resentful to loving, from anxious to relaxed, from conflicted to cooperative. (p. 24)
Research generally approaches forgiveness from either of these two frameworks – the interpersonal or intrapersonal. However, this study argues that in the health context, particularly during end-of-life, forgiveness should be examined as both an intrapersonal and interpersonal process, especially given that, as communication scholars Lawler-Row, Scott, Raines, Edlis-Matityahou, and Moore (2007) found, laypersons’ conceptualizations oftentimes reflect the two dimensions simultaneously at play. It seems important, then, for health communication researchers to acknowledge both pathways of forgiveness, as both can play a part in how forgiveness is enacted and how it affects both the victim and transgressor. This dissertation examines how forgiveness is enacted and communicated about – both interpersonally and intrapersonally – during end-of-life communication.

2.2 What Forgiveness is Not

As has become custom with many studies attempting to conceptualize and operationalize forgiveness, it is necessary to clarify important distinctions between forgiveness and related concepts which have typically become confused with forgiveness, especially by laypersons. Numerous researchers argue for what forgiveness is not: “pardoning, forgetting, condoning, excusing, denying, or reconciliation” (Waldron & Kelley, 2008, p. 14; see also McCullough, Pargament, & Thoresen, 2001). Similarly, Exline, Worthington, Hill, and McCullough (2003) contend that forgiveness “does not imply forgetting, condoning, or excusing offenses, nor does it necessarily imply reconciliation, trust, or release from legal accountability” (p. 339).

The distinction between forgiveness and pardoning lies in the designation of who offers forgiveness and who offers pardoning. Typically, a pardon is a juridical term that is offered by a judge or someone of a higher power; conversely, forgiveness is offered from the transgressed to the transgressor (Goman & Kelley, 2016). Coyle (2002) observes, “pardoning suggests that the
offender is spared legal consequences for his/her offense…[but] in the case of abuse, a victim may choose to forgive his/her abuser yet still allow legal penalties to be enforced” (p. 96). In some cases, the victim has both forgiven and pardoned her offender: she has chosen to forgive her perpetrator and not take legal action. In sum, there are different pathways between forgiveness and pardoning which create a clear distinction between the two concepts.\textsuperscript{vi}

Condoning, excusing, and denying are also problematic ways to understand forgiveness in that all three de-emphasize the significance of the transgression. Enright and Fitzgibbons (2000) define condoning as an acceptance of a moral infringement, often because of circumstantial pressure. Those who confuse forgiveness with condoning may choose not to forgive their offender because they feel that forgiving implies their approval or acceptance of the transgression (Goman & Kelley, 2016). Similarly, excusing relieves the offender of responsibility for his act because it offers a reason that reframes the act in a non-threatening way and causes one to “no longer perceive [the act] as a moral infraction” (Waldron & Kelley, 2008, p. 15). If a victim accepts an offender’s excuse, then the forgiver shifts blame from the offender to the reason/excuse itself.

Forgiveness is also not denying because denying simply claims that “no transgression took place” (Waldron & Kelley, 2008, p. 15). Although denial is a mechanism used to avoid the pain of an injury, the same mechanism avoids the necessary process of forgiveness, what Smedes (1984) calls “the inner surgery of the heart” (p. 60). To avoid unwanted pain, many convince themselves that they have forgiven their perpetrator but “their pain and anger have not been consciously recognized” (Coyle, 2002, p. 96). Another conceptual mix-up of forgiveness and denying is the belief that forgiving denies the reality of the transgression. Those that relate forgiveness to denying may have a very hard time forgiving because they fear that what
happened to them will no longer be acknowledged and their feelings of hurt will be invalidated. In Simon Wiesenthal’s book *The Sunflower* (1998), Wiesenthal solicits many writers, thinkers, and philosophers (among them Jews) to give their stance on forgiving the Nazis, and many responses reflect this understanding of forgiveness as a form of denying. For example, one respondent, Alan A. Berger argues that “to have forgiven…would have been a desecration both of the memory of the Jewish victims and of the sanctity of forgiveness” (Wiesenthal, 1998, p. 118). But forgiving is a process that, rather than denying, intentionally remembers what happened so that it can be dealt with, lessons can be learned from it, and relational negotiations can be made based upon the recognition of the transgression (Waldron & Kelley, 2008).

The concept of forgetting is also distinguishable from forgiving. In opposition to the maxim ‘forgive and forget’, Waldron and Kelley (2008) argue that even when victims want to, they most likely will not be able to forget a transgression, because “forgetting is not a simple act of will” (p. 15). In most cases, mere forgetting is psychologically impossible. In some extremely abusive relationships, however, victims may be unequipped to deal with the harshness of their reality. In these cases, forgetting is a survival mechanism. Yet this automatic mechanism of forgetting is very different from an intentional forgiving of the perpetrator.

Forgiveness also differs from forgetting in that “forgetting implies that moral violations have been overlooked” (Waldron & Kelley, 2008, p. 15), that the injury is trivial, and that any lessons learned from the experience can also go forgotten. Additionally, if one forgets a transgression, there will be nothing left to actually forgive, and the process becomes an avoidance of the transgression as opposed to an intentional process of dealing with the transgression. As such, this common understanding (specifically among laypersons) about forgiveness, ‘forgive and forget’, may lead to feelings of invalidation and impede the choice to
forgive. Similarly, Olio (1992) states that forgiveness might symbolically deny and validate the transgression while invalidating the victim’s hurt.

Perhaps one of the greatest misunderstandings of forgiveness is when it is confounded with reconciliation. Although reconciliation may be an outcome (or even a goal) of forgiveness, the concepts are very different. In a study focusing on differentiating forgiveness from reconciliation, Freedman (1998) notes that “as a result of the existing conflation of forgiveness with reconciliation, individuals may dismiss forgiveness inappropriately” (p. 200). In her argument for separating forgiveness from reconciliation, Freedman (1998) states:

Forgiving, as the overcoming of resentment, does not necessarily restore relationships, although that may be the first step. A primary characteristic of the forgiveness definition emphasized here is that forgiving is something the injured person can do on his or her own without the offender's involvement or knowledge. (p. 202)

Smedes (1996) also points out that a person will very likely be convinced to not forgive their offender if they are told or believe that the outcome means they must reconcile with the offender. Coyle (2002) outlines a similar argument:

An abused person who believes that forgiveness and reconciliation must occur together may arrive at two very different conclusions…On the one hand, the abused may conclude that he/she has not truly forgiven if reconciliation does not occur. If the abused questions his/her ability or sincerity in terms of forgiveness, he/she may suffer self-condemnation in addition to the very real damage done by the offender. On the other hand, an abused victim may hesitate to forgive in order to avoid a perceived need to reconcile. If an abused person fears reconciliation, he/she may avoid the issue of forgiveness altogether and bypass an opportunity for healing. (p. 97-98)

Although the victim may work at forgiving the person, part of which means to “abandon resentment and to adopt friendlier attitudes toward a wrongdoer” (Enright & Fitzgibbons, 2000, p. 41), they may want to remain cut off from the unhealthy relationship (Davenport, 1991). For example, Berecz (2001) notes that from a counseling perspective, “in cases of sexual abuse,
physical abuse, chronic marital infidelity, or other persistent problems such as alcoholism, it may not be wise to encourage reconciliation” (p. 264).

Freedman (1998) conducted a study on such a case of family incest and revealed how a survivor of incest chose to forgive her father for his behavior, yet because of his denial of his behavior, she did not choose to reconcile with him. Freedman warns that “when forgiveness and reconciliation are equated, one may assume that when one forgives, he or she resumes the relationship with the offender…and this is potentially unbeneﬁcial for the forgiver if the offender has not changed his or her injurious behavior” (1998, p. 200). Smedes (1996) also agrees that forgiving is an intrapersonal process (that is, internal) before it is interpersonal (social), and the forgiver is not obligated through forgiveness to restore his or her relationship with the transgressor.

In clear distinction from forgiveness then, reconciliation means that the offender and victim remain or re-enter into a relationship with each other, and although it is not a definite outcome of forgiveness, it may be the ideal state after forgiveness (Freedman, 1998; Smedes, 1996). A crucial reason why reconciliation doesn’t always follow forgiveness is because the offender’s destructive behavior or attitude does not always change, and for reconciliation to occur, a change in behavior or attitude must occur (Freedman, 1998). This reflects that forgiving is under the control of the victim, whereas reconciliation would require cooperation of both the victim and offender; therefore, reconciliation between a victim and their transgressor is not always possible even for a victim who desires it (Stoop & Masteller, 1991).

Conclusively, Freedman (1998) lays out four different possible pathways existing between the two concepts: forgive and reconcile, forgive and not reconcile, not forgive and
interact, and not forgive and not reconcile. For example, in a situation where one does “not forgive [but] interact[s]:”

Reconciliation may be a matter of obligation or necessity, as in relationships between parents and children or employer and employee. The injured person may consciously decide to interact with the offender on a superficial level even though he or she has not forgiven. This form of interaction must not be confused with reconciliation that results from true forgiveness. (p. 205)

It is evident in a review of forgiveness literature that the most common focus is on forgiveness and reconciliation, and the other three permutations are often overlooked and not understood by laypersons (and researchers/scholars). Consequently, “most people automatically assume that reconciliation will occur when one forgives. They may believe that reconciliation must follow after forgiveness, and because of that, they may view forgiveness as having negative consequences” (Freedman, 1998, p. 206).

When forgiveness and reconciliation are confused as one and the same, the underlying issue is that the interpersonal and the intrapersonal processes of forgiveness are not separated. Worthington (2005) postulates that intrapersonal forgiveness focuses on the self, whereas interpersonal forgiveness focuses on the relationship, usually with the intention of reconciling. Intrapersonal forgiveness is a process that one goes through on one’s own, and that is reflected by “acceptance, dealing with the event, or getting over it…reduction in negative feelings, [and] letting go of grudges” (Worthington, 2005, p. 841). This process does not involve the transgressor or any other party, it is simply a process the victim goes through themselves. Smedes (1996) supports this view and argues that “we do forgiving alone inside our hearts and minds; what happens to the people we forgive depends on them” (p. 177). Luskin (2002) also contends that “forgiveness is for you and no one else. You can forgive and rejoin a relationship or forgive and never speak to the person again” (p. 69). Thus, intrapersonal forgiveness is a
psychological process that does not necessarily depend on or determine one’s relationship with their offender.

In contrast, interpersonal forgiveness focuses on the other and on preserving the relationship. This view regards the forgiveness process as a dialogue rather than a monologue (Jankelevitch, 1967/2005); that is, it is something that happens between two (or more) individuals, and not just within the victim herself. This implies that forgiveness transcends the merely emotional realm and functions as a behavioral, social component and reconciliatory agent. Interpersonal forgiveness reflects an attitude of the victim towards the transgressor and can motivate reconciliatory behavior (Worthington, 2005).

Regarding the differences in these conceptualizations of forgiveness, Lawler-Row et al. (2007) note that there is great disparity among different schools of thought as to which is the correct conceptualization:

[While] the majority of psychological research and clinical definitions have focused on the intrapersonal aspects of forgiveness (Luskin, 2002; Peterson & Seligman, 2004), the philosophical and theological literatures, that provide the historical foundation for this theoretical work, consistently emphasize the interpersonal aspect of forgiveness. (p. 234)

There is substantial disagreement among psychologists, as well as between psychologists, philosophers and theologians on the focus of forgiveness, whether it is within or between individuals. However, it must be noted that one can experience both intrapersonal and interpersonal forgiveness. For example, Lawler-Row et al. (2007) conducted a study to discover whether lay definitions of forgiveness view forgiveness as an intrapersonal or interpersonal process. They found that despite the tendency of research definitions to define forgiveness on opposite poles of the intra/interpersonal processes of forgiveness, laypersons’ conceptualizations oftentimes reflect the two dimensions simultaneously at play (see also Goman & Kelley, 2016).
As noted earlier, it is critical that researchers acknowledge and validate both pathways of forgiveness, as both can play a part in how forgiveness is enacted and how it affects both the victim and transgressor. Further, it can become problematic when forgiveness is limited to an interpersonal/reconciliatory process, as it can impede one from being motivated to forgive at all (Freedman, 1998). If a person believes that forgiveness must give way to reconciliation, “[she] may view forgiveness as having negative consequences” (Freedman, 1998, p. 206). Part of these negative consequences involves the personal benefits one foregoes by continuing to store negative feelings, which is induced not only by the transgression but by the refusal to “let go” of those feelings (since forgiveness has not been enacted).

There is ample evidence that (mis)understandings of forgiveness have reign over laypersons who do not know how to approach it (Goman & Kelley, 2016). Those who go through therapy may be lucky enough to understand that they can forgive without feeling invalidated, forced to reconcile unwanted and unhealthy relationships, or feeling un-avenged. However, there are even those therapists influenced by the view that forgiveness is a harmful choice (Haber, 1991), so therapy is not the ultimate solution for resolving this misunderstanding. I don’t propose that we undertake an attempt to eradicate all universal misunderstandings of forgiveness, but it is a step in the right direction to repeat in research the clarification of what forgiveness is not.

### 2.3 Forgiveness and Health

In a recent review of forgiveness and health literature, communication scholars Kelley, Wolf and Broberg (2016) note the growing transdisciplinary forgiveness-health literature, most of which demonstrates a positive relationship between forgiveness and health. As mentioned above, the field of psychology – especially positive psychology – has largely influenced research
that examines “how forgiveness may function in relation to optimal human experience” (Fincham & Kashdan, 2004, p. 623). As forgiveness has become a more popular concern in research and academia in recent decades, countless studies have revealed the health benefits/effects of un/forgiveness, covering such areas as physical well-being (Whited, Wheat & Larkin, 2010), emotional well-being (Toussaint, Williams, Musick, & Everson-Rose, 2008), psychological and mental well-being (Sansone, Kelley, & Forbis, 2013; Berecz, 2001), social/relational well-being (Webb, Hirsch, Visser, & Brewer, 2013), and existential well-being (Lawler-Row & Piferi, 2006). Berecz (2001) notes that “even the process of investigating forgiveness has had a healing effect, bringing together researchers from such diverse fields as philosophy, theology, education, sociology, and psychology – disciplines which historically have not always maintained the most cordial relationships” (p. 254).

Sansone et al. (2013) note that from a psychological perspective, “forgiveness has frequently been theorized to be associated with decreased psychological distress” (p. 31). As an example of forgiveness’s effect on individuals, Burnette, Davis, Green, Worthington and Bradfield (2009) applied attachment theory to examine the relationship between attachment style and forgiveness, finding that forgiveness is negatively related to anxious and insecure attachment styles. Sansone et. al (2013) explored the potential relation between forgiveness and suicide attempts, supporting their hypothesis that there is an inverse relationship between the two variables. Forgiveness has also been found to have positive effects on physical health. In many health and social science studies, forgiveness has “been found to reduce anger and hostility” and thus positively impact physical health (Worthington & Scherer, 2004). Studies have also correlated forgiveness with improved mental, psychological, and existential health. In a review of literature concerning the correlation between forgiveness and mental, psychological, and
existential health, Rye, Folck, Heim, Olszewski, and Traina, (2004) found that forgiveness is frequently associated with reduced anxiety, anger, and depression, and increased self-esteem, hopefulness and well-being.

Psychological literature has shown that forgiveness is often beneficial for individuals as well as their relational functioning. Exploring the relational role of forgiveness, Aysta (2010) linked higher forgiveness scores with more successful relational adjustment between couples after divorce, highlighting the role that forgiveness can play even in relationships that perhaps are no longer actively maintained or reconciled. Forgiveness has been especially relied upon as a therapeutic approach in the therapy/counseling community. Clinical studies have found that forgiveness can heal relationships between adult children and their neglectful/abusive parents, in families affected by alcoholism, and between spouses in unhappy and stressed marriages (Coyle, 2002). Further, pro-relational behaviors such as the willingness to sacrifice, less relational aggression, and overall greater relational satisfaction have been positively correlated with forgiveness (Pronk, Karremans, Overbeek, Vermulst, & Wigboldus, 2010; McCullough, Worthington, & Rachal, 1997). To illustrate the relational effects of forgiveness, McCullough et al (1997) contend:

When people forgive, they become motivated to pursue relationship-constructive, rather than relationship-destructive, actions toward an offending relationship partner. This set of motivational changes is facilitated by the development of empathy for the offender which leads to an increased caring for the offending partner that overshadows the salience of the offender's hurtful actions. Forgiving disinclines offended people from pursuing self-protective but relationship-destructive responses to interpersonal hurts (i.e., vengeance and maintenance of estrangement) and inclines them instead to pursue relationship constructive responses (e.g., attempts at conciliation). (p.333)

Forgiveness can also play a role in relationships that are no longer intact but which have left the members with residual emotional and psychological damage. Some victims can experience this hurt even decades after the relationship has been terminated. For example, Reed
and Enright (2006) developed a study testing the effects of FT (forgiveness therapy) on female victims of spousal abuse, demonstrating “that FT is efficacious as a therapeutic strategy for the amelioration of…long-term negative psychological outcomes of spousal psychological abuse” (p. 926).

Recent clinical approaches aiming to end substance abuse also focus on forgiveness therapy. Lin, Mack, Enright, Krahn, and Baskin (2004) investigated the efficacy of FT for substance abusers and found that “the levels of anger and violence observed among alcohol and other substance abusers are far higher than the levels found in the general population” (p. 1114). Thus, FT which targets the reduction of anger/violence can in turn reduce inclinations towards substance abuse. Lin et al. (2004) believe “substance use…is a symptom of underlying resentments and related emotional disruptions. If we fail to realize this, we may end up treating only symptoms rather than underlying causes” (p. 1120). Accordingly, they have found in their study that FT does play a significant role in treating anger and resentment (the symptoms of which are substance-abuse behaviors) and consequently in drastically reducing substance abuse itself.

An abundance of research has confirmed the positive health effects of forgiveness. Theoretical findings have been adapted into practical therapeutic and counseling programs and have, in many cases, reinforced the validity of those findings. Kelley et al. (2016) note that the non-uniform approaches across disciplines that look at varying health modalities (e.g. “physical measures; mental, psychological, and emotional states; and relational and social implications”) can make it difficult to understand “the forgiveness-health relationship” (p. 7). Thus, given the latent nature of any forgiveness operationalization, forgiveness as a health construct has often
been studied via its relationship to negative proxy variables such as unforgiveness, resentment, bitterness, depressiveness, and rumination.

2.4 Unforgiveness and Health

In addition to finding connections between forgiveness and health benefits, research has also aimed to discover the relationship between unforgiveness – and related constructs such as revenge, vengefulness, rumination, and hatred – and negative health outcomes. According to Ingersoll-Dayton, Torges and Krause (2010), unforgiveness is “the inability to forgive others who have committed a transgression” and “involves feelings of resentment, bitterness, and even hatred” (p. 440). Ample research attention has been given to the positive relationship between unforgiveness and negative health outcomes. As Murray (2002) argues, “deficits in forgiveness may contribute to increased levels of psychopathology and difficulties in maintaining and restoring mental health” (p. 315).

Worthington and Scherer (2004) conceptualize unforgiveness as a stress reaction and forgiveness as one of the many ways to reduce the stress of unforgiveness. They state that unforgiveness produces negative emotions which may produce ill health, and that the positive emotions related to forgiveness – such as empathy, sympathy, compassion, and love – can counter and reduce the health risks of unforgiveness (p. 385). Worthington and Scherer (2004) refer to several studies which have found hostility to be “a central part of unforgiveness…[and] part of Type A behavior that seems to have the most pernicious health effects” (p. 394). Hostility is directly associated with negative health effects, particularly with cardiovascular health (Worthington & Scherer, 2004).

Enright and Fitzgibbons (2000) believe that although anger is an expected and valid initial response to a transgression, it can eventually turn into rumination and resentment, which
“can compromise a person’s emotional health and decision making” (as cited in Reed & Enright, 2006, p. 921). Thus, “forgiveness therapy directly targets ongoing resentment, which can lead to depression, anxiety, and other negative psychological outcomes” (Enright & Fitzgibbons, 2000, as cited in Reed & Enright, 2006, p. 921).

Revenge has been of particular concern for researchers exploring the negative effects of unforgiveness. Fincham and Kashdan (2004) note that there is a difference between retaliatory impulses and actual reciprocated harm (or revenge), and suggest that reciprocated harm is considerably corrosive in relationships. They contend, “responding to a partner transgression with negative behavior is the most reliable overt signature of marital dysfunction” (Fincham & Kashdan, 2004, p. 2). Further, retaliation often is perceived by the original transgressor as greater than their own original transgression, which is likely to lead them to retaliate to “even the score” (Fincham & Kashdan, 2004). The authors conclude, “given such escalating cycles of vengeance it is not surprising that revenge is implicated in many of our most ignominious acts as a species, including homicide, suicide, terrorism, and genocide” (Fincham & Kashdan, 2004, p. 2).

Psychology, counseling and health literature have generally pitted revenge and forgiveness as diametrically opposed health constructs, whereby forgiveness is proffered as a “cure” for the “disease” of revenge. As psychologist McCullough (2008) writes, “most people view the desire for revenge as something decidedly abnormal – something like a disease that invades a hapless host, replicates, and then infects other poor souls” (p. 4). From a counseling perspective, Berecz (2001) argues that lack of forgiveness may impede autonomy and self-actualization because it psychologically binds the victim to the transgressor via:

[An] emotional umbilical cord through which flow all manner of negative nutrients such as fantasies of revenge and retaliation; hopes that evil and misfortune will visit the unforgiven frequently and that after a life permeated with pain, distress, and dire diseases,
the perpetrator will die a slow, excruciating death before passing on to certain perdition. (p. 263)

Conceptualizing forgiveness as a positive experience juxtaposed against its theoretical opposite – revenge – has promoted the disease/cure model of revenge and forgiveness. This disease model of revenge has much empirical support from studies revealing the destructive physiological and psychological effects of non-forgiving emotions related to revenge and its symptoms, such as anger, rumination, and hatred (for example, see Ingersoll-Dayton, Torges, & Krause, 2010; Nolen-Hoeksema, 1996; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Tangney, Boone, & Dearing, 2005). Worthington, Witvliet, Lerner and Scherer (2005) explain:

If people are unforgiving or angry at someone for causing an accident, at someone for spreading a contagious disease, at parents for passing on genetic risks, at care providers for lack of cure or perceived failures in care provision, or at God for allowing such hurts to happen, then that unforgiveness and anger can produce rumination, which interferes with mental health. Forgiveness can directly reduce rumination and stress. Thus, forgiveness can affect mental health, which not only has its own benefits but also can affect health behaviors and physical health directly. (p. 172)

Health communication scholars Kelley et al. (2016) similarly note a “light-dark framing of health and forgiveness scholarship” that links unforgiveness and vengefulness with “compromised subjective well-being” (p. 9). For example, in their review of forgiveness-health literature, they note the consensus that being “well” requires one to “relinquish negative or unhealthy stressors, processes, and behaviors (e.g., unforgiveness) in lieu of positive processes (e.g., forgiveness) by which one can achieve satisfactory life conditions, be those physical, psychological, or relational” (Kelley, et al., 2016, p. 7).

Research has also highlighted rumination as a frequent result of unforgiveness that contributes to depressive symptoms. Ingersoll-Dayton et al. (2010) state that rumination involves persistently dwelling on and going over transgressions when a person is “unable to make peace with themselves” (p. 442). They add, “obsessive rumination is alienating to others and leads to a
loss of social support…thereby contributing to greater depressive symptoms” (p. 442). Similarly, Nolen-Hoeksema et al. (2008) conceptualize rumination as a response that is maladaptive to distress (e.g., transgressions) and a repetitive thought process that offers no resolution. For Nolen-Hoeksema et al. (2008), rumination involves obsessive focus on negative aspects of a stressor (e.g. a transgression) which can impede not only adaptive responses, but any response at all. Ingersoll-Dayton et. al (2010) conclude, when people respond to distressing situations by ruminating, “they are likely to experience increased negativity and hopelessness” (p. 442).

Regret is another theme that appears often in forgiveness literature, and which also plays a prominent role in the end-of-life context. Marsh and Briggs (2009) define regret as “a form of cognitive dissonance that an actor feels when what is done is in dissonance with what the actor feels should have been done” (p. 15). Choi and Jun (2009) found that older adults who have regrets about transgressions against others are likely to experience increased depressive symptoms. Similarly, Butler (1963) associates regret and remorse to geriatric mental health given the propensity for older adults to reminisce over their lives as they approach death. Ingersoll-Dayton et al. (2010) add, “Confronting painful memories associated with their own transgressions can result in deep-seated feelings of remorse, an inability to accept themselves, and ultimately lead to despair” (p. 439). Ferrell et al. (2014) note that “patients facing serious illness or the end of life may review their lives, reflecting on critical life events, relationships, missed opportunities, or actions now seen as regretful” (p. 631). In their study looking at how nurses responded to requests for forgiveness expressed by their dying patients, they found accounts of “regret over affairs; histories of sexual, emotional, and physical abuse (including the murder of a parent); abortions; alcohol and drug addictions and lack of acceptance for a child’s sexual orientation” (p. 639). Nuland (1994) also argues:
We bear more than pain and sorrow when we depart life. Among the heaviest burdens is apt to be regret… conflicts unresolved, breached relationships not healed, potential unfulfilled, promises not kept, and years that will never be lived. For virtually every one of us, there will be unfinished business. (p. 261)

Clearly, forgiveness has implications to health via a multitude of pathways. While forgiveness is generally shown to be a positive experience for individuals, their relationships, and their EOL experiences, the topic itself brings with it related themes which highlight the negative possibilities of unforgiveness.

2.5 Shifting Perspective: From Positivistic to Humanistic Inquiry

While communication scholars have expanded what were initially psychological conceptualizations of forgiveness-health (since the field of psychology preceded that of communication in examining the relationship between forgiveness and health), this perspective on forgiveness is overwhelmingly grounded in and continues to promote a quantitative methodological structure. Specifically, framing forgiveness as a benefit to one’s health has often led communication scholars to view forgiveness as a measurable, quantifiable experience that complies with the dominant positivistic, social scientific paradigm that demands certainty and conceptual clarity (for example, see Prince-Paul, 2008a & 2008b).

Kelley et al. (2016) write that “much of the work that attempts to directly connect forgiveness to physical health relies on physiological reactive measures to hypothetical and/or recall forgiveness scenarios” (p. 13). They highlight research that uses physical, objective and observable measures such as blood pressure, cholesterol, and heart rate to understand what effect forgiveness has on one’s physical health. For example, forgiveness scholars Worthington and Scherer (2004) conceptualize forgiveness as an antidote to the bodily “stress-reaction” that unforgiveness produces. They refer to several studies that have found hostility to be “a central part of unforgiveness…[and] part of Type A behavior that seems to have the most pernicious
health effects,” particularly related to cardiovascular health (Worthington & Scherer, 2004, p. 394). Likewise, Seybold, Hill, Neumann, and Chi (2001) found that forgiveness is positively correlated with fewer negative health habits, like smoking and drinking.

Without a doubt, these contributions are valuable in understanding the body-experience of un/forgiveness; such research can meaningfully inform recently popularized “forgiveness interventions” and perhaps motivate people to grant or seek forgiveness for the sake of their physical health (for examples, see Baker, 2006; Chochinov, Hack, Hassard, Kristjanson, McClement, & Harlos, 2005; Ingersoll-Dayton & Krause, 2005; Ferrell, et al., 2014). Yet too often the focus of forgiveness benefits is on the physical body and biological well-being, and this is a very limited understanding of forgiveness. Surely, there are people in good bodily health who carry the burden of unforgiveness in other dimensions of their being, not to mention those who are at the end of life, whose bodies are inevitably failing and for whom seeking or granting forgiveness may have little – if anything – to do with a desire to improve the integrity and health of their dying bodies. Thus, for the dying and their family members, the significance of forgiveness takes on new meaning that is best examined via explorative, qualitative methods, and there is much progress to be made in this respect.

Before outlining this study’s methodological framework, the following sections will outline the progress that has been made with respect to situating forgiveness and other psychosocial concerns as key concepts to be addressed during end-of-life. These sections will also highlight that, while much attention has been given to the dying and their psychosocial concerns, there is scant attention being given to surviving family members who, I argue, are inextricable from a true attempt to understand forgiveness communication at the end-of-life. Further, because there is almost no literature that takes a qualitative interpretive approach to
forgiveness and EOL, highlighting the value of research that takes such an approach to end-of-life care is an important step towards recognizing how this work can inform health communication research in this area. Such research helps give a voice to dying patients and their loved ones, and it discloses the meaningful role that narrative plays in the dying experience.

Much of the research on EOL care from an interpretive perspective does, in fact, show that forgiveness often presents itself as a narrative topic. For example, Keeley (2004, 2007) has frequently examined end-of-life communication from a qualitative standpoint, and while her research does not directly ask questions about forgiveness, the topic of forgiveness has often emerged as a conversational topic between family members and their loved ones. Similarly, Byock (2014) and Kübler-Ross (1969) have both foregone quantitative, positivistic methods to encounter their dying patients and their families in conversational, natural settings – settings which allowed them to learn much about what families talk about or want to talk about with their dying family members. Thus, it is evident that studying forgiveness through an interpretive lens is a rich research opportunity for health communication scholars, and recent end-of-life care literature that has taken a narrative approach is a fruitful place to look for guidance (for example, see Towers, Boston, & Lambrinidou, 2000).

2.6 Hospice and Medical Humanities: Discovering What Matters at the End-of-Life

End-of-life (EOL) care has changed drastically as a result, in part, of the hospice movement, which began over four decades ago. Cicely Saunders (2000), a British physician and founder of the hospice movement, criticized the technical culture surrounding death – a culture that employed scientific and technical means to delay death, as well as technical language (such as “brain death” and “cardiac death”) to define death and substitute authentic signs of life with vital signs. Saunders (2000) challenged the use of futile technology to extend life by merely
maintaining vital signs and urged a shift in focus from the biological to the social, emotional, spiritual, and psychological needs of the dying in order to ensure a “good death.” Saunders opened the first hospice in 1967 in the United Kingdom, and after being invited by Florence Wald, dean of the Yale University School of Nursing, to teach hospice philosophy to Yale medical students during the 1960s, Wald founded the first hospice in the United States in 1974. The common aim of all early hospices was not only to “let people die peacefully,” but to help meet the needs and realize the potential of each person so that they might “live until they die” (Saunders, 2000, p. 8).

Psychiatrist and early hospice advocate Elizabeth Kübler-Ross’s (1969) research in the 1960s with dying patients, which led to her groundbreaking book, *On Death and Dying*, echoed Saunders’s concern that the medical field was ill-prepared to attend to the needs of dying patients. Kübler-Ross argued that within the constraints of a biomedical approach that frames death as a failure of medicine and thus works to stave-off death through all possible means, doctors and medical personnel were not equipped to respond appropriately to those who were dying. A testament to this is that less than two percent of medical textbooks address EOL care issues (Block, 2002), leading many healthcare practitioners to feel “ill-prepared to address cultural issues and spiritual issues pertinent to this care and to managing their own emotions or those of the family during the death process” (Ragan, et al., 2005, p. 260-261). Further, Kübler-Ross (1969) notes the culture of silence surrounding death. Through her ethnographic work with dying patients, she found that patients often desire to openly discuss their impending deaths with their doctors, yet doctors usually transferred this responsibility to hospital chaplains or social workers.
While the hospice movement emphasized individual patient care outside of mainstream medicine, the early medical humanities movement, which began in the late 1960s, was concerned with making structural changes within mainstream healthcare by infusing the humanities into medical education. Though the medical humanities and hospice movements were spurred by similar concerns about EOL care in mainstream medicine, early pioneers of the medical humanities movement were focused more generally on medical education (not only in the end-of-life sphere) and shared three primary concerns about medical education: depersonalization in medicine, the centrality of molecular biology in medical education, and the teaching of “mechanistic medicine” (Fox, 1985). The Committee on Medical Education and Theology (currently the American Society for Bioethics and Humanities), established in the 1960s, criticized medical education’s narrow epistemological and pedagogical focus on biological processes and pathophysiology. Medical humanists argued that this mechanistic approach to medicine framed death as solely a medical event, and something to be resisted, thus foreclosing the opportunity to confront patients’ non-biological health concerns at the end of life, including psychological, social, spiritual, and existential concerns (Ragan, et al., 2005; see also Kübler-Ross, 1969; Saunders, 2000). The humanistic turn in medical school curricula has since focused on situating death within a broader biopsychosocial model of medicine that attends to the patients’ needs, which go beyond the biological, as they face their imminent death (Engel, 1981; Borrell-Carrió, Suchman, & Epstein, 2005). As argued by Olthuis and Dekkers (2003), “it is important that the judgements made by a health care professional are not just the product of a technical, scientific mind, but also of a humane and compassionate spirit” (p. 930).

In his 1980 pioneering study, psychiatrist George Engel developed the biopsychosocial medical model to challenge the mainstream biomedical paradigm which, he argued, privileged
technical methods for diagnosing patients and ignored the human elements of suffering not amenable to scientific observation. Engel criticized the separation of mind and body implicit in the “dualistic” biomedical model. Borrell-Carrió et al. (2005) write, “Engel rejected this view for encouraging physicians to maintain a strict separation between the body-as-machine and the narrative biography and emotions of the person – to focus on the disease to the exclusion of the person who was suffering – without building bridges between the two realms” (p. 577). The biopsychosocial model speaks to this project’s argument that psychosocial needs, such as forgiveness, are relevant and meaningful during end-of-life. Further, a biopsychosocial model would necessarily implicate surviving family members as critical players during EOL. As Baker (2006) argues, “addressing concerns involving family relationships, interpersonal forgiveness issues, and other related matters of the heart are critical psychosocial components to effective, holistic care at the end of life” (p. 85).

Although the hospice and medical humanities movements have contributed to the progress made in EOL practice and pedagogy, research that situates forgiveness in the context of end-of-life care has the potential to offer even more insight into the lived experience of dying for patients, their families, and healthcare professionals. This is especially the case since research suggests that while it is common for patients and their families to express the need for forgiveness to their healthcare practitioners, it is just as common for those practitioners to feel uncomfortable or unprepared to address these concerns (Byock, 2014; Baker, 2006). Hospice and palliative care experts Ferrell et al. (2014) argue, “professionals, including nurses as the prominent discipline at the bedside, witness these expressions of regret or needs for forgiveness but may not be adequately prepared to optimally address patient concerns regarding forgiveness” (p. 631). Even as physicians and nurses are aware that some of their dying patients want to
discuss spiritual or psychosocial matters with their professional caretakers, they report low engagement in such conversations and feel ill-equipped to deal with the emotions of their patients (Baker, 2006; see also Hart Jr., Kohlwes, Deyo, Rhodes, & Bowen, 2003; Sullivan, Lakoma, & Block, 2003).

Researchers believe a contributing factor to this EOL communication impasse is providers’ perception “that their options for managing end of life conversations are limited by the curative and technological context the medical setting has become” (Lannamann, et al., 2008, p. 298). This perception is shaped by a medical education environment that overemphasizes “the mechanics of the body and biological disease” (Piemonte, 2015). As poignantly argued by medical humanist Piemonte (2015):

The hidden curriculum of medical education sends a very clear message: medicine is a science that is concerned with the efficient amelioration of disease states, and as such, doctors are not required to attend to existential issues or suffering and should maintain a healthy distance from them in order to do their job well. This sentiment is paradoxical in that it acknowledges that suffering and trauma are inherent to the practice of medicine yet simultaneously encourages a response that renders this trauma innocuous or inconsequential. (p. 383)

Thus, while the humanistic turn in medicine has contributed to a better understanding of what matters at the end-of-life, what is often missing is effective teaching related to facilitating conversations about these matters in the curative healthcare context. Two arguments opposing such teaching are: 1) doctors do not have time to attend to psychosocial needs of patients, and 2) even if doctors do have time, it’s not their job to listen to patients’ personal problems. Evident in such statements is that the limited time doctors have with their patients has become a reified understanding of what healthcare ought to be: that is, we have come to accept a biomedical model of health from within which we cannot make judgments about and question the accepted reality of how doctors ought to treat patients, how much time the doctor has with a patient, what
is a doctor’s job, etc. Further, such statements ignore that a healthcare practitioner’s job – particularly a palliative doctor’s job – goes beyond diagnosing and treating biological disease. According to the World Health Organization’s (2015) definition:

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Addressing suffering involves taking care of issues beyond physical symptoms.

It is important to note that the WHO’s definition of palliative care explicitly includes surviving family members’ need for care as well. Research shows that not only patients, but also their families, while seeking pain and symptom management, “realize that there are other, equally important concerns at the end of life and that PC [palliative care], ideally, should address these meaning of life issues as well as pain control” (Ragan, Wittenberg & Hall, 2003, p. 221).

The tasks of hospice and palliative care are inherently communicative, and thus, communication research has much to offer healthcare and medical education in this regard. However, this scholarship has at times similarly suffered from the same narrow, reductionist conceptions of communication and health – and communication scholarship situating forgiveness in the healthcare context is no exception.

As recent EOL research is taking a more humanistic, interpretive turn, in tandem with the more general attempt to re-orient the dominant curative model of medicine to a holistic ethic of care at the end-of-life (for example, see Baker, 2006; Keeley, 2007), this specific work related to end-of-life care can inform the broader study of and methodological approach to forgiveness in the context of health communication. The following section provides a brief review of the health
communication field – in relation to research on forgiveness, specifically – and highlights the specific literature gap that this study aims to amend.

2.7 Learning from research on the dying

Hovey and Paul (2007) argue that “the researcher… is ethically responsible, through the act of interpretation, to unconceal the person’s experiences making them available to the world and, certainly, to the teller herself” (p. 56). They privilege an interpretive/narrative approach, which invites patients to tell a “narrative-story,” because such communication “has the power to inform, heal, and reveal important personal and health considerations that could be helpful in terms of emotional, social, and psychological wellness” (Hovey & Paul, 2007, p. 61).

The push towards narrative within the biopsychosocial medical model is a call to understand patients by turning toward them with our ears and hearts, going beyond the observable, measurable, and visible, and bearing witness to the invisible, ineffable and complex meanings of illness and suffering. Narrative is especially important during significant health crises because a patient diagnosed with a chronic or terminal illness, as well as their surviving family members, may be rendered inarticulate in the face of his feared finitude, thus hiding his deep suffering behind the impenetrable impasse of this existential silence. Such suffering can only be called upon, disclosed and perhaps tended to by giving it language. As Hovey and Paul (2007) argue:

When confronted with uncertainty, trauma, or adversity, a person’s previously held and lived story requires another chapter, but people seldom leap to a new story unassisted. Writers need readers; tellers need listeners. Usually a person who is experiencing a life-shattering pronouncement associated with a chronic illness requires assistance if she is to begin to reconstruct a sense of a different identity. (p. 58)

Stories reveal the phenomenological experiences of the dying and their loved ones, as well as the communicative acts that constitute this relational setting. Hovey and Paul (2007) further contend:
Sometimes we have an opportunity to tell of that something that has gnawed at us or hurt us or confused us or invited us, but now, as it is revealed or unconcealed, we use a story, often outwardly and often beautifully, to ask for meaning-making assistance with what were previously internalized feelings and thinking. (p. 58) Sunwolf, Frey and Keränen (2005) note, “the pain of holding onto stories with no audience to listen to them is acute for those who are ill” (p. 247). What is more, clinician and medical anthropologist Susan Kaufman (2006) contends that even when dying, we are fully human and still have much to express. “In fact,” says Kaufman, “nearness to death can be a catalyst for expressing some of our most human qualities, such as compassion, forgiveness, and the review of one’s life course” (p. 69). If true, then, as physician and author Atul Gawande (2014) recognizes, “understanding the finitude of one’s time could be a gift” – and an immeasurable one at that (p. 209).

Understanding the potential gifts that facing our finitude can uncover, hospice care is beginning to involve professional storytellers and storylisteners in the dying process to facilitate and ease the transition from life to death. Sunwolf et al. (2005) provide an anecdote in which a professional storyteller encounters a hospice patient who, during the six months he had been in hospice, never received any visitors, mail, or phone calls. “By all medical standards, this person should have been dead,” they explain (Sunwolf, et al., 2005, p. 247). As the storyteller introduced herself to the patient and began telling him a story, the patient interrupted her and said, “If you don’t mind, I’d like to tell you my story, my life’s story. I’m dying, you know. AIDS. There isn’t anyone to tell it all to, and I can’t die until I’ve told the whole thing. Will you listen?” (p. 247). The storyteller became a storylistener for the next few hours, and later that night, the patient finally released his hold on life and peacefully died in his sleep. The storylistener was so moved by this experience that she evolved from being a professional storyteller to a professional storyteller/listener, realizing that “those who are dying often have a
need to tell their own stories, to be heard and accepted by other human beings before they can let go of life” (Sunwolf, et al., 2005, p. 247).

Studying nurses’ responses to patients’ requests for and stories of forgiveness, Ferrell et al. (2014) also provide several anecdotal examples – through nurses’ narrative accounts – of patients “dying peacefully” shortly after making amends with loved ones. They noted that “it was a common theme for nurses to assume that patients who seemed to be ‘lingering’ were struggling with unresolved relational issues that could be resolved through acts of forgiveness and result in a ‘peaceful death’” (Ferrell et al., 2014, p. 638).

Approaching illness and particularly end-of-life care from this interpretive, narrative perspective discloses the potential for stories of forgiveness and reconciliation to occur. In the face of death, one must re-create her story and perhaps draft the concluding chapter. In attempting to weave her ongoing story into her final chapter, the need to re-write, re-remember, and peacefully conclude a painful past often becomes a priority (Keeley, 2007). Philosopher and bioethicist Lynne Bowyer (2014) argues that when we confront our own mortality, we can awake to “the ethical significance of our past interactions, which leads us to assume responsibility and seek forgiveness for past transgressions…Asking for forgiveness enables a past situation to be brought forth, opened up, and attended to, in order to let it be” (p. 144). But as Ferrell and colleagues (2014) argue, people often need assistance in re-writing their story: “It is often within the intimacy of a home visit or the darkness of a hospital room on the night shift when a patient who is alone expresses regrets or need for forgiveness to the clinical nurse” (p. 633).

Thus far, this section highlights valuable research that has taken a qualitative approach to understanding communication in the EOL setting. Thankfully, narrative approaches to a patient’s EOL experience have become more common and accepted in the literature. Such research has
shown that mending relationships is a significant health and communicative need for people who are dying. Yet, though attending to this need necessarily implicates loved ones and family members, most of the focus has been on patients and their perspectives. It is heartening that the biopsychosocial model of healthcare is shaping more and more how patients experience their own death. However, this model situates the dying patient in a larger social context in which the patients’ quality-of-life at the end-of-life is inextricable from the patient’s social relations, and as referenced earlier, most research on death and dying has taken the perspective of the dying, and the surviving loved ones are “the forgotten components of the death process” (Keeley & Yingling, 2007, p. 8). Thus, if the medical field hopes to truly implement a holistic model of healthcare at the end-of-life, the dying person’s family and loved ones need to be part of this venture. To attend to the communication needs of the dying, we need to understand the dying person in their social context, and we can gain knowledge of that context by interviewing family members’ about their experience with forgiveness communication in end-of-life setting.

3 CHAPTER 3: METHODOLOGY

This chapter provides the specific methodological steps that were implemented in order to address these research questions:

RQ(1) “How do family members of dying people communicate about forgiveness during EOL?”

RQ(2) “What have been the outcomes of this communication?”

The study design and procedures were decided on after the researcher consulted with a number of parties, including dissertation committee members, qualitative researchers, health communication researchers, and various healthcare professionals including doctors and hospice
consultants and caregivers. Because communication about forgiveness during EOL is inherently a personal, unique and complex process – one that is not amenable to scientific observation – getting at the core of this human experience is best approached with a qualitative method aimed at preserving subjective, individual realities. Qualitative researchers Lindlof & Taylor (2002) note that “the ability of the qualitative interview to go deeply and broadly into subjective realities has earned it a place as one of the preeminent methods in communication studies” (p. 172). Interviews “can provide insight into individual differences and may help to produce a feeling for ambiguity” (Olthuis & Dekker, 2003, p. 931), thus preserving the personal experience of forgiveness. Therefore, to answer this study’s research questions, qualitative methodology was deemed most appropriate as it can generate rich descriptions. Specifically, in-depth semi-structured interview methodology was best suited for such exploratory and descriptive research.

3.1 Interview Methodology and Data Analysis: Listening to What We Cannot See

“To die is to be no longer human, to be dehumanized – and I think that language, speech, stories, or narratives are the most effective ways to keep our humanity alive. To remain silent is literally to close down the shop of one’s humanity” (Broyard, 1992)

Applying an interpretive interview methodology means that we make “an inquiry with an attempt to be interpretively open to a topic at hand” (Hovey & Paul, 2007, p. 55). Interview methodology allows researchers to identify patterns of meaning in self-reported personal narratives, which, according to forgiveness researcher Kelley (2009), is “a productive and valid means of obtaining information about behaviors that are generally not accessible through direct observation, e.g., occurrences of forgiveness in daily interactions” (p. 259). According to Kreuter et al. (2007), a narrative is “a representation of connected events and characters that has an
identifiable structure, is bounded in space and time, and contains implicit or explicit messages about the topic being addressed” (p. 222). Narratives – or stories – give meaning to existential suffering in the face of illness and death (Paley & Eva, 2005), both for the dying and the living. As physician, ethicist, and medical humanist Howard Brody (2003) states, “suffering is produced, and alleviated, primarily by the meaning that one attaches to one’s experience… [and] the primary human mechanism for attaching meaning to particular experiences is to tell stories about them” (p. 5; see also Frank, 2013).

Lindlof and Taylor (2002), who refer to interviews as “the ‘digging tool’ of social science” (p. 171), explain that “interviews can tap a wider field of voices . . . [and] thus help inscribe a more nuanced understanding of past events” (p. 175). Interview methodology allows for a participant’s world to be revealed in their own words. For example, Brenner (1985) posits that interviews “quite literally… develop a view of something between (inter) people” (p. 148, italics in original). Lindlof and Taylor (2002) outline these central goals of qualitative interviewing:

1. Understanding the social actor’s experience and perspective through stories, accounts, and explanations;
2. Eliciting the language forms used by social actors;
3. Gathering information about things or processes that cannot be observed effectively by other means;
4. Inquiring about the past;
5. Verifying, validating, or commenting on information obtained from other sources; and
6. Achieving efficiency in data collection. (p. 173)

Further, in-depth interviewing allows for what Stage and Mattson (2003) refer to as ‘tell me a story’ or ‘grand-tour’ questions which preserve the participants’ personal meanings and interpretation, and a semi-structured interview guide can ensure that specific key questions are asked while also allowing for an organic conversation to take place. Paget (1983) notes the significance of allowing this ‘reflexivity’ to shape an interview as it occurs, rather than pre-determining the data by pre-determining the interview protocol. She argues, “the answers given
continually inform the evolving conversation. Knowledge thus accumulates with many turns at
talk. It collects in stories, asides, hesitations, expressions of feeling, and spontaneous
associations” (Paget, 1983, p. 78). Shiner and Newburn (1997) similarly note that semi-
structured interviews allow respondents to respond on their own terms and “raise issues that [are]
important to them” (p. 520).

Qualitative interviews inherently present opposing demands: the demand to collect data
that the study seeks, and the demand to respond with sensitivity to “a here-and-now interactional
event in which these data are collected in and through talk-in-interaction” (Rapley, 2001, p. 310).
Balancing these demands is important not only from a research standpoint, but from an ethical
one. For example, because of the sensitive nature of this project and interview questions, a semi-
structured in-depth interview methodology can anticipate participants’ need to guide the
interview in a direction that is comfortable and safe for them. In his experience of interviewing
bereaved parents to understand narratives of recovery, Giannini (2011) highlights ethical
considerations that are best attended to by a semi-structured in-depth interview format. Giannini
(2011) writes:

[R]eflexivity was taken to address the context of the interview, a nonbereaved parent
[me] questioning bereaved parents. This was necessary to construct an interview guide
that used nonabrasive, empathetic, and thoughtful words that made parents feel at ease,
unthreatened, and safe to tell their stories. It made me cognizant of the power dynamics at
play throughout the interview, after it concluded, and in writing their words to accurately
represent the narrative described. (p. 548)

In-depth semi-structured interviews give way to data in narrative form. It is important to
note here that while I sometimes refer to this project’s data as ‘narrative’ or ‘stories’ (which I
conceptualize interchangeably), the interview procedure itself is not narrative interviewing.
Lindlof and Taylor (2002) explain that “narrative inquiry is concerned with the study of entire
stories, whereas other types of inquiry, such as informant and respondent interviewing, often
extract certain kinds of material— for example, opinions, themes, references to people and places— from stories for analytic purposes” (p. 180). While my methodology produced some data as potential ‘narratives,’ this data was not analyzed as a narrative form. Rather, I apply a grounded theory approach to analyze data via qualitative textual analysis, to look for themes and patterns that emerge from the data. Thus, my analysis looks at “the component parts of a phenomenon” (in this case, interview data) to derive meaning (Kramer, Boelk, & Auer, 2006, p. 794).

Grounded theory, developed by Glaser and Strauss (1967), is an inductive process of finding themes and patterns that emerge in the data and developing those findings into codes and categories. Open-coding analysis is used to label or designate data into categories or codes. “Coding can...help analysts locate cultural and interpersonal patterns in talk, stories, media content, and other narrative texts” (Lindlof & Taylor, 2002, p. 249). Coding also involves “isolating the key moments” in the text and “attributing special meaning to them” (Goodall, 2000, p. 108). Coding then gives way to categorization of data: “Categories develop through an ongoing process of comparing units of data with each other” (Lindlof & Taylor, 2002, p. 250), also referred to as the constant-comparative method. Repeating this analytic process of re-categorizing data by collapsing related categories into larger and broader categories was done until category sets became theoretically saturated. Theoretical saturation is “achieved when a consistent level of repetition regarding concepts and their relationships [become] evident” (Kramer, et al., 2006, p. 294).

A qualitative thematic analysis organized and analysed data to identify patterns and themes that reflected a general structure of communication processes of forgiveness in the end-of-life context. These themes were arrived at by identifying relevant words, phrases or quotes in the data, comparing those relevant data units across each interview in order to collapse/combine
themes, and ultimately arriving at a final set of themes that represents how the study participants spoke about forgiveness in the end-of-life context, and how that forgiveness-communication affected them.

3.2 Sample/Participants

This study recruited a total of ten (10) participants and the researcher conducted 10 interviews between January 2018 and August 2018. Six (n=6) participants were recruited through network/snowball sampling (n=8), two (n=2) participants responded to fliers that were disseminated at a grief group, and two participants responded to fliers posted on Facebook pages for hospice organizations. Eight (8) interviews were conducted in-person, and two (2) interviews were conducted via video call due to geographical distance. Six (n=6) participants were female, between the ages of 28 and 72, and four (n=4) participants were male, between the ages of 30 and 69. All participants indicated their race as White/Caucasian.

Participants were related to dying loved ones in various ways: they were children (n=5) of dying loved ones, parents (n=1), siblings (n=1), grandchildren (n=1), former lovers (n=1), and a friend (n=1). Most dying loved ones in this study experienced either prolonged or anticipated deaths (n=8), from between days to months of anticipation (with some participants explaining that while death was ‘anticipated,’ it was still sudden in that death still came sooner than expected). In two cases (n=2), death was unexpected and sudden. The ages of the dying loved ones ranged from 29 years and 97 years of age, and the years of death ranged from 2005 until the most recent in April, 2018, with most loved ones (n=8) having died more recently, since 2016. Four participants (n=4) passed away from various forms of cancer, one participant (n=1) died of “old age,” as her son explained, two (n=2) died suddenly (from a heart attack, and as a result of a
motorcycle accident), and three (n=3) died from either unknown illnesses or illnesses that participants did not specify.

3.3 Treatment of the Data

A total of 14 hours of interviews were conducted and recorded, and all interviews were transcribed manually, yielding a total of 210 single-spaced pages of transcriptions. After transcription, an initial analysis of each interview was conducted by reading and tentatively categorizing data into a spreadsheet. As each interview was read, notes and themes were entered systematically into a separate spreadsheet for each participant. This was done by copying and pasting the participants’ responses under categories/themes created tentatively by the researcher. This process was conducted twice for each transcription/interview, until the researcher was satisfied that all potential themes and/or categories were noted.

Next, each individual spreadsheet was reviewed in order to combine and collapse themes and create a more systematic coding system. This process reduced the number of themes for each interview, though all data points (quotes) were maintained in order to keep them available for further analysis and comparison with other interviews, and for use as direct quotes in the findings and discussion sections of the dissertation.

The following chapter (Chapter 4) presents each individual participants’ story and unique experience with communicating about forgiveness with a dying loved one, as constructed based on the interview process. For analysis purposes, participants were given a numerical label (e.g. FP_1 (female participant 1), MP_1 (male participant 1), etc.), and each participants’ name has been changed to preserve anonymity and privacy. The data presented is intended to provide a rich narrative account of each participant’s unique forgiveness story. Chapter 5 will analyze these individual stories to present themes about forgiveness and end-of-life communication that
appeared across all interviews.

3.4 Human Subjects Protections: Ethical Considerations for Methodology

The subject matter of this dissertation is undeniably sensitive and personal in nature. As such, much attention and care was given to the development of all study procedures, including recruitment practices, timing of recruitment and interviews (e.g. how long ago did the participants’ family member pass?), wording and framing of interview questions, and awareness of participants’ communication (verbal and non-verbal) during interviews, to determine the most appropriate and ethical ways to conduct interviews. The study protocol was submitted to Georgia State University’s Institutional Review Board (IRB) and was approved after a series of minor changes – such as clarifying wording related to the locations and time-length of interviews in the informed consent form – was completed.

Following IRB approval, the researcher recruited family members or loved ones of persons who have died. Participants were recruited through purposive, convenience, and snowball sampling. While random sampling may provide more generalizable results, the qualitative methodology underscoring this project values descriptive, rich data that can be accessed through an interpretive, narrative lens. Nonrandom sampling was also a better fit, given the overall nature of this project. This project anticipated that recruiting participants who are willing to be interviewed about their final conversations about forgiveness may be difficult and take a long time.

Guided by projects with similar topics and pools of participants, the researcher implemented several methods for recruitment. First, a recruitment flier (Appendix B) was created and posted on the Georgia State University campus. Further, this recruitment flier was also sent to and posted by support groups (such as bereavement and grief groups) either in physical
meeting spaces, or on social media platforms. Lastly, this flier was sent out to local health organizations, such as hospice facilities, counseling and therapy organizations, either via hard-copy at their physical locations, or via e-mail or social media platforms. When sent electronically to groups and organizations, a tailored message was added to the communication, in which the researcher provided greater detail regarding the study’s purpose, participation criteria, and contact information available for potential participants or the groups/organization that were contacted.

To participate in this study, three criteria had to be met by participants: 1) they must have had a conversation (or other communicative experience, such as a letter, nonverbal communication, etc.) about forgiveness with a family member (or loved one) who is or was in the EOL stage; 2) participants must also be able to recall the conversation(s); and 3) participants must be at least 18 years old.

Participants were provided an informed consent form that explained the purpose of the study and the nature of their involvement (including the approximate length and location of the interview). The location of the interview was not pre-determined and was instead determined based on each participant’s preferences, as well as on various circumstances, such as geographical distance. Participants were informed, in person and in writing, that their participation in the interview and overall study is voluntary and can be terminated by them at any point, and that confidentiality and privacy will be strictly kept. While interviews were audio-recorded for transcription and analysis purposes, to maintain anonymity of participants’ identities, no personal and identifying information were included in the transcripts, and audio recordings were destroyed once interviews were transcribed.
Given the sensitive nature of this study’s topic, much thought was put into how to construct an interview protocol that accesses rich participant narratives while allowing participants to feel safe, comfortable and supported. As noted by Exline et al. (2012), “although communication is at the core of end-of-life care, interpersonal hurts and offenses can be challenging to address” (p. 1118), and the research interview is not exempt from this challenge. I sought the counsel of Maureen Keeley, a leading researcher on final conversations who also coined the term “final conversations” (FCs and FC-talk) in the communication field. Following suggestions made by Keeley, who also implemented a version of the following protocol in her own study exploring messages of love during FCs, the interview protocol was segmented into four stages, beginning with: (1) creating rapport and establishing a comfortable and safe environment (e.g. introducing myself, explaining the purpose of my research, etc.), and then (2) providing the participant with the consent form (though some participants also received this electronically before the actual interview). Next (3), the semi-structured interview took place, followed by (4) a debriefing session in which I allowed time for the participant to ask any final questions or raise any concerns.

Through personal communication with Keeley and material shared from her own studies and interview guides on the topic, as well as research into similar methodologies and topics, a semi-structured interview protocol was developed. Some of the interview questions come directly from Keeley’s (2007) study examining the functions of FC messages in close relationships, while others are guided by FC research but tailored to specifically address forgiveness in the EOL context. (See Appendix A for interview protocol.)

As Keeley (2004) notes, “Retrospective interviews give people an opportunity to reconstruct their experience and examine perceptions in a new light. This new perspective may
be more revealing than it could have been earlier when shrouded in the pain and stress accompanying a loved one’s death” (p. 92). Yet, because the researcher did not exclude the possibility that some participants’ loved ones may have only recently passed, or perhaps are still in the EOL stage, their memory recall may also lead to powerful and emotional responses (Keeley, 2004). In fact, this may be the case even for participants whose loved ones may have died a long time ago.

To illustrate, in her study of survivors’ memory of FCs about faith and spirituality, Keeley (2004) notes that “28 of 30 participants have cried while recalling their private FC with their loved ones” (p. 102). Not only did these interviews explore the sensitive topic of death, but they also explored potentially hurtful experiences and conversations about forgiveness that participants had with their family members. Thus, while being open to authentic expression of experience, memory, and emotion, the interviewer was also attuned and sensitive to the participant’s needs. The intention in using an interpretive, narrative approach to studying this topic is to understand and preserve the participant’s own reality and unique interpretation of experience. To this end, I attempted to maintain an empathic engagement with the study participants as they entrusted me with their personal stories.

4 CHAPTER 4: THE INTERVIEWS

4.1 FP_1: Heather

Heather, who is 43 years-old, grew up in a happy, Christian family, the youngest of four children. When her mother was diagnosed with ovarian cancer in 2003, she felt a need to talk to her mother about a conflict they had gone through over two decades earlier. When Heather was 17 years-old and still in high school, she and her boyfriend, with whom she was in a loving and
supportive relationship, had accidentally gotten pregnant. She explained, “We didn’t know what
to do; we were devastated and afraid to have a child. The idea of actually going through the
pregnancy was just terrifying, I felt this physical dread, this terror. I was just terrified.” Believing
that going through the pregnancy was not an option for them, they decided to tell Heather’s
mother and seek her support and advice. She recalled:

In all, it was a very emotional conversation and I remember crying in the fetal position on
my bed… and… I don't want to say she was not supportive because you know she…she
was. She was sitting there, she was listening to me, but I guess the way I remember it is,
um… she was kind of stoic. Like she didn’t say much, she just sat there on the edge of the
bed and listened to me cry about it, and I swear we maybe said like…I don’t know… um,
fifty words for the whole conversation. You know, I felt a sense of disappointment
coming from her... and maybe that’s why she didn’t have so many words to share or
maybe it was because I myself, you know, I think I felt ashamed, so I also didn’t speak a
lot.

While her mother provided material and “logistical” support during this time, the event
hurt them both deeply, and had carved a wedge in their relationship that they had never directly
discussed, for more than 20 years. Though the event “defined [their] lives and daily
interactions,” as Heather noted, they never talked about it until her mother was dying. This
“culture of silence,” as Heather described it, was present during the conflict itself, as well as in
the aftermath of the conflict. She believed that the overall silence around the conflict created:

[A] heavy, quiet sense of disappointment and, maybe not judgment, but I just feel like…
she definitely was not happy, and I knew it. And in the way that everything was
communicated, that was made clear, whether she wanted to or not.

As Heather and her mom drove to the abortion clinic, they “literally didn’t say one word
to each other in the car ride there.” Yet in that particular case, she was grateful for the silence.
She stated that although her mother’s silence tended to communicate disappointment, she sensed
that in this situation, silence communicated support: “Like she was just, you know, there, she was there, you know, to support me and let me do what I needed to do.” However, for the most part, her mother’s lack of communication during and about the abortion created a hurt in Heather that she struggled for years to forgive. She explained:

I needed or I wanted to, or rather I didn't want to, for the longest time, I didn't want to forgive her for this. It's not that I didn't want to, it's just that I didn't. And it's crazy how something so big and heavy can really define your life and yet we never really, like, you know, really talked about it. We both knew it was there, and we both were aware of how much this affected our lives and our relationship, and even our relationship with the family, but we never very openly, directly, you know, said words about it. And that was another really hurtful thing, was that to this day, I still do not know, I mean I literally have no idea if my dad knows.

Heather did not talk to any of her other family members about her pregnancy and abortion, and she always assumed that her mother did not tell her father, despite her parents having a generally open and very good relationship. She explained needing to leave it up to her mother whether her father should know, saying: “She got to make that choice of whether he should know or not. And if I had to guess, I would say that she never told him.” Heather explained why she was hurt by her mother not telling her father about the abortion:

It was hurtful I think in the grand scheme of my mom’s take on everything, like the way she dealt with it. I guess because I thought her not telling him, to me, was another sort of nail in the coffin. Like, “Wow I am so disappointed in you that, you know, I’m, I’m ashamed and I’m not even going to tell my own husband. Let’s just, you know, deal with this and move on and don’t ever talk about it again.” Like I just wished that there was less shame and guilt and um, and, and more support. Verbal support.

Another painful aspect of the conflict for Heather was the sense that her mother’s support was – or at least felt – conditional. Heather felt an implicit pressure to break up with her boyfriend, whom she loved very much, to appease her mother. She explained:

I guess, see, I guess this is the part that was hard for me to forgive my mom for. Because it kind of felt like this is what I can now do for her to make her, I guess, happy? Or not
happy, but just to make up for what I did. Really, the break up felt more about pleasing other people than anything else. It was like my mom kind of silently said, “OK, I will be here for you, I will support you and get this done with you, and we can move on, but you have to move on from Josh.” That was the hardest thing for me I think, was that her support was sort of conditional on that.

Though this alleged condition was not directly communicated by her mother, Heather had strong “sense” of it, and this conditionality was a major cause of pain. As Heather explained, in terms of what she felt she had to work on forgiving her mother for:

It was more about how [my mother] dealt with it and what she needed to have happened in order to kind of, I don’t know…like it’s not that she ever stopped loving me obviously, but in order for me to even feel, like, loved and even forgiven by her, I felt like I had to jump through all these hoops and um, do all these things that, you know, made her happy and that obviously weren’t my own choice.

Religion also contributed to how the conflict between her and her mother played out. Heather grew up in a religious family, went to church regularly throughout her childhood and adolescence, and considered herself a Christian. Yet she felt that religion was such a core aspect of her mother’s life, identity and personality, that it shaped her mother’s response and general lack of emotional support during the pregnancy and abortion. She said:

I felt like her disappointment wasn’t even about the abortion. Like if it was about that, you know, this moral “I’m a Christian, I think this is wrong,” I would be so much more, I guess, like humbled by that. And then like, would carry that sort of shame, you know, because I’m making her support me through something that she’s very principled against. But it didn’t feel like it was about that. It was more about, “You had sex outside of marriage and now this is what you get.” It was very, you know, there was like a moralizing about that rather than about, you know, having an abortion.

Interestingly, though her mother’s faith engendered a pro-life stance, Heather believed this stance was not the main reason driving her mother’s lack of support. Rather, she said, it was her mother’s identity in and connection to the Christian community that motivated her response. She explained:
She was more concerned about her image or the image of her family in the community or whatever. My parents are really embedded in the community, and it could be very good because they have friends and just, it’s part of their life, it’s great. But at the same time, they really care about how others perceive them, and so whatever it is that I do or my siblings do or even our great uncle and aunt and third cousin twice removed, like all that matters, because what will the people in the church say when they know this or that or whatever? So, in a way, I guess I could say that it was the fact that she sort of made it about her and her image and these people who, you know, were irrelevant to me, but to her just really determined how she treated her own daughter. And I guess I always felt like she chose them over me. Like, who the hell are they? Why are you thinking about them when your own freaking daughter is in this situation?

Heather explained that this enmeshment of her mother’s identity with the religious community was a very difficult thing for her to forgive. Though at the time she was not even aware of this anger, as she processed what happened over the years, Heather understood how much this identity contributed to how her mother dealt with the conflict and, in turn, how her mother treated her.

Throughout the interview, Heather consistently circled back to the topic of silence, and what it meant to her that her mother did not confront or openly communicate about the abortion. She interpreted her mother’s unwillingness to discuss the conflict as a sign of disappointment, explaining:

Oh, it was the worst. It’s like that joke you hear, where a parent says, “I’m not mad, I’m just disappointed,” you know? I mean, it’s true. It really is way worse. Like, I wish you would have just yelled at me, you know, and slammed things and threw things and said things, you know? The main thing is, I wish you would’ve freaking said something. That silence was just suffocating.

Though she has forgiven her mother for the silence that hurt her, she describes the hurt caused by that silence as a “very, very visceral experience” that she can still now feel if she lets herself remember the past. Despite such memory of pain, she adds that it is not indicative of whether or not she forgave her mother, because she “truly did forgive” her mother.
Heather also sees herself as a player in this culture of silence, explaining:

With regards to the whole silence around it, it wouldn’t be fair of me to say, “Well she was silent, she didn’t say anything,” because I also didn’t. I mean… I guess I kind of… felt like it was her decision to create this, you know, culture of silence around it. And so I felt like I wasn’t really allowed to break the silence. But you know, I mean, maybe that was the excuse I made up or told myself to sort of relieve me of the responsibility of talking about it.

There was also a perspective of silence being a kind of relief, or a positive thing in general, as she explained:

From a different perspective, I guess I should be or I could be grateful, because, you know, she could’ve gone about it the opposite way where she’s always throwing it in my face and, you know, bringing it up and talking about it in order to maybe make me feel a certain way. And sure, I’m really glad that she didn’t do that. But um, it’s um, it’s funny how silence can have a pretty similar effect you know? Like, like we’re not talking about it, we’re not mentioning it, but it’s still kind of being, you know, thrown in my face, because that silence is there for that reason, you know? It’s there to say, “Wow, this thing you did is so bad that we are not even going to talk about it,” you know?

Over time, the silence cemented into an implicit boundary that kept the two family members from talking at all about the abortion, and it took more than twenty years for mother and daughter to finally openly and candidly talk about what had, for so long, defined their relationship and daily interactions. Heather repeatedly talked about how it was her mother’s diagnosis that acted as a catalyst for the break in silence:

When my mom was dying, when she was initially diagnosed with cancer, at some point close to that diagnosis, I started thinking about this thing that was not being spoken openly about but that was still there. And I felt like the silence needs to end. Or maybe not end, but we do at least need to take a break from the silence and talk about what happened. Or maybe not so much what happened but just our feelings. We never really talked about how we felt during that time, you know, how her actions affected me, how my actions affected her. It was all done through this kind of hurtful silence. And I felt like, “Wow, you know, we may run out of time soon and I don’t want my mom to die without this thing ever being talked about.” And it wasn't even about dealing with it so much as just making it OK to talk about. It's like death kind of gave us permission, or at least I wanted it to give us permission, to talk about this past thing.
The actual conversation about the conflict, and about forgiveness, took place once, though there were a few more subsequent interactions that involved brief discussion about the topic. During her mother’s first chemotherapy session, at the hospital, Heather and her mother were alone, in the same physical space, for the first time since her mother’s diagnosis. Heather explained that she initiated the conversation and topic, and that she wasn’t as scared as she always imagined she would be if she ever brought up the past. She recalled:

There were times in the past where I would have wanted to bring it up, but it was always fear that kept me back. You know, fear of how she would react, or of upsetting her, or maybe her upsetting me. Or just that she wouldn’t want to talk about it, and shut me down, you know? But this time, just no fear. It felt natural. And almost like I knew she’d be open to discussing it. It’s like we both sort of knew this would happen, now that she had this diagnosis and there was just no more time to waste about it. So, I just brought it up. I said, um, I said, “Mom, can I ask you about something?” And she just looked at me and I don’t think she said a word, just like consented with how she looked at me. She…she knew what I was going to say. I said, “Mom, I don’t want to upset you, and I don’t think we need to be upset about this, but I just want to ask you about the abortion. You know, we never talked about it. It’s been what…20 years about? What do you think about that time Mom?” You know, I just sort of asked her to start.

Although her mother didn’t respond with words at first, Heather described her mother as consenting and as having a “calm peace about it, her whole demeanor was just so peaceful.” Heather began by asking her mother what she felt during that time, and what her thoughts had been while they were going through the abortion. Her mother explained that it had been hard for her to know what the right thing to do was, and that she struggled with knowing how to support her:

She said that she was disappointed in herself from the very beginning, for not knowing how to be the best mother she could be through all this. From the very beginning she didn’t know what to do and so she had decided that all she would do was just support me and whatever I decided to do…that she wouldn’t place herself in the position of making any of the decisions.
Heather was moved by her mother’s words and sincerely thanked her for “the way she decided to just support what [she] needed or decided to do.” Heather had started this conversation by inviting her mother to share her thoughts and feelings, and after her mother did so, she invited Heather to do the same:

I don’t remember a lot of things that were said or exactly how they were said, but this one thing she said, I remember to the T. I remember what she looked like, she looked at me and said, “Sweetheart, tell me what you think and feel about it.” It was just, it was beautiful. I mean like this physical release, like a knot just got taken out of my shoulders. She was so open and allowed me to just pour myself out. I think she knew that it wasn’t easy for me, with regards to her, and that I had some hurt feelings. And the way she just asked me to tell her all of that, I mean it brought tears to my eyes.

In responding to her mother’s question, Heather wanted to choose her words carefully so as not to her hurt mother. She said:

I told her it was really hard for me, and that I knew that she did her best to support me. I didn’t want to say, you know, I didn’t want to say what she did to hurt me. I just didn’t have it in me to, to um, to come right out and say I was so hurt or so mad. I just wanted to make it more about the whole experience overall that we shared, to like, to know that we could finally now talk about this thing. So, I guess it didn’t really come out as a conversation about how we hurt each other.

Heather stated that they both understood the underlying motives of the conversation, and that while not explicitly stated, this need to be heard, understood, and forgiven is what drove their conversation. She explained how forgiveness was implicitly both sought and given, and how she understood this to be the case based on other things that were said, or how they were said. She explained:

We talked about the whole thing, you know, I think that was what we both wanted to do. To just be out in the open and breathe a sigh of relief, and stop ignoring the elephant in the room. And even though it was more than just about what happened, like it was about how we hurt each other. Like we knew that. And thinking back, I can say, I think I can say pretty, pretty certain that we didn't use the word “forgive” or “forgiveness.” But I can also say pretty certain that it happened. You know, that we forgave each other. You
know, there were other things said, or like how we said it or looked at each other or responded.

Heather also highlighted various nonverbal gestures or short phrases that she could specifically remember, as she related them to forgiveness being implicitly communicated about:

I remember she put her hand on mine, like on the armchair – you know, on the arm rest part – she put her hand on mine and said, “I’m sorry, honey.” Like, I knew that she was apologizing not just for how I felt, but for her role in that. And I said… I didn’t say the words I forgive you, I’m pretty sure I never did. But when she said that, I said, “Thanks Mom, it’s OK.” Like, something like that. You know, that I’m OK.

Heather explained that because nonverbal gestures were not common in the way her family usually communicated, these gestures stuck out to her during the entire time her mother was sick. She noted that there was a “very marked difference in a lot of the ways that [they] did things, and one of those things was how physical [they] were, like how much [they] hugged or just touched.”

It was so evident to her that she had even talked to her husband about it at the time, telling him how much she enjoyed that there was more affection being shown in tangible, physical ways. Though she always believed her parents to be loving and supportive, she considers herself a more affectionate person who likes to hug, hold, and say phrases like “I love you,” and her parents were not as communicatively or physically affectionate. Because of how this changed during the time her mother was sick, Heather said the nonverbal affection really stood out to her. She recalled:

I mean I remember, when, like every time in the hospital, especially towards the end, and in hospice, someone was always holding or touching Mom. Whether it was sitting next to her bed, holding her hand, caressing her hair, or like we would lay in the bed next to her. I did that a lot. And I could tell Mom just really, really appreciated it. We just got like physically closer, you know. And when she touched me when she said she was sorry, remember that was like towards the beginning of the diagnosis, so it was definitely very new to me. To us. So yeah, I would definitely say it stands out. I mean, here I am years later, remembering it exactly, telling you about it.
Even though this happened most frequently in the hospital and hospice setting, the physical expression of affection took place at home too and “spilled over to other relationships,” with her siblings and father. She added, “I felt like we were all also very, you know like we hugged more, we just showed love and support through hugs and talking more and seeing each other more. I think you know, we were all brought closer together.”

Acknowledging how difficult end-of-life interactions can be, Heather considers herself lucky and believes that her family’s experience with cancer and end-of-life “couldn’t have gone any better.” She said:

You know it’s, it’s horrible, cancer is just a horrible thing, it brings such a terrible death, it’s just awful. But I think that somehow, our family just did it all right. Like everything just sort of fell into place, in terms of how we were with each other, with Mom especially, like how we all talked about it or to each other. Like, there isn’t anything that I regret, or that, that I think should have been done or said differently…somehow, we just all knew how to be.

### 4.2 MP_1: Sam

Sam, a 65 year-old Jewish man, began our interview by offering to show a picture of his daughter, Violet, who passed away in 2016 at the age of 29. He explained that he had been having a particularly difficult and emotional time lately, and he believed this was because it would soon be the two-year anniversary since his daughter’s death. And although it had been almost two years since Violet passed, Sam explained, “I’m still um, in the middle of it. But I feel like I’m in the beginning of it.” In addition to Jewish rituals that Sam has performed after his daughter’s death, he goes on weekly visits to the cemetery where she is buried, as part of his ongoing grief process.

Sam described Violet as someone who had a very hard start in life, managing various illnesses throughout her life, but nonetheless lived a full, independent and relatively normal life. He explained:
Violet was really something. You know, they told us when she was born that she’d be institutionalized. She had a rough time in school, had learning disabilities and everything. And, you know she went to Israel, without us, she went on something called a Birthright tour. And, you know, she traveled to New York to visit my folks without us, you know. She had a rough start. She had a heart defect. She had liver cancer. Those things are part of the syndrome. She had like four major operations before she was 18 months-old. But she lived in the dorms, her whole college life. She had a Hope Scholarship the whole time. You know, she had a lot of friends and, you know, just her accomplishments were really amazing.

During the 10 weeks before Violet died, Sam and his wife teamed up with a home-hospice team to care for Violet at their home apartment. Though Violet had been born with Noonan’s Syndrome, Sam noted that the doctors had been unclear about why she got suddenly sick in the last 6 months of her life, and why she ultimately passed. He said:

All of a sudden, something happened, she went, she needed oxygen and, and she uh, just was declining. And, you know, the doctors really weren’t paying attention to it. So they were giving us statistics about her lung capacity and what was going on with her heart, but they weren’t doing anything. They just put her on oxygen and, and uh, she ended up in the hospital like, December 29th, 2014. And then uh, she was in for 5 weeks. And then they put her in hospice.

Sam volunteered for this project because he wanted to talk about his end-of-life experience with his daughter Violet, but he expressed some hesitation towards the beginning of the interview because he felt that maybe he didn’t have much to talk about regarding forgiveness. He considered his relationship with his daughter to have been a very good one, and there was no major conflict to resolve during the end of her life. However, as the interview progressed, it became clear that although previous issues did not exist, they seemed to arise during – and as a result of – Violet’s end-of-life process.

During the time that Violet was sick and in home-hospice, Sam did not have a lot of conversations with her, explaining that he “just wanted to be with her and listen. Listen to what she had to say.” Though he felt that she did not speak to him a lot, he explained: “It wasn’t about
[not] confiding, it was just, I think she was kind of protecting herself.” Violet was seeing a therapist as well as Sam’s rabbi, and early on during hospice, she had planned her funeral with the rabbi, “and then she stopped really talking about it.” Though she met often with the rabbi and therapist, and spent a lot of time around her parents, Sam explained: “There were people she would see, and other people she wouldn’t see, and I didn’t try to talk her into anything. She had friends that she would meet with to kind of say goodbye.” Although he felt that she had shut him out during the end of her life, and this hurt him, he explained that he has come to accept and understand this:

You know, this isn’t, it’s not forgiveness. It’s acceptance. But, you know I, I just feel certain people when they’re going through a dying process, they withdraw from life, you know. And uh, Violet, you know, she was distant. Especially, you know, she was in hospice for 10 weeks and I would say the last month she was pretty distant from me. And uh, and I accepted that. I mean it’s just, whatever she did was OK.

Although she was mostly distant, Violet spoke a lot about regrets with Sam: “What regrets she had. You know, she, she never had a boyfriend, she never got married. You know, she didn’t have sex,” Sam said. Violet was a film student at a local university and working a part-time, minimum-wage job at a movie theater, but her parents connected her to a career counselor to help her eventually get a full-time job in the area of her interest. Sam said:

So here’s a regret that she had. When she found out she was going to die, she wouldn’t see the career counselor because she said, this is a quote, that “it was about the future,” and she didn’t have a future. So… So, that was pretty clear. A regret she had.

It was difficult for Sam to confront this issue of regret with his daughter because he explained that his wife, Eva, “didn’t like that Violet had any regrets” and was angry with Sam that he talked about regrets with their daughter. He said, “I think Eva wanted [Violet] to feel a certain way, before the end.”
How Sam and his family communicated with one another and with the doctors following Violet’s prognosis was a topic he continually touched on. He explained that though they all talked about the prognosis and impending death, “I think we did it separately. Like, Eva talked to her and I, I talked to her.” He felt alienated from his wife and daughter because they not only accepted what the doctors were telling them, but they formed a “pact” that excluded Sam from having a say in the medical decisions that were made – decisions that he often disagreed with. He referred to their pact as a “collusion between Eva and Violet about the medical thing.” He added:

They had pushed me out. Whatever the doctors were saying was ok. They trusted the doctors. Eva was siding with the doctors. You know they both had relationships with the doctors. And so did I, but the condition trumped [it].

Further, Sam spoke frequently about his interactions with the doctors and his disappointment with their lack of communication, as well as their methods in dealing with Violet’s sickness. Sam felt strongly that the doctors were “really arrogant and horrible, and they were lying to us.” He explained:

They were lying to me. They would tell me, especially her cardiologist, that he knew about the syndrome, and he actually didn’t know that much about it. The doctors were really pussyfooting around with the information. And they were also premature. They gave up really when we got to the hospital. They were ready to send her to hospice right away. And my rabbi actually said to us, it’s too soon to do that.

Although Sam consistently pushed back against the doctors’ claims and decisions, and although he frequently voiced his concerns and disagreement to his wife and daughter, he still claimed: “If I have any regrets, it’s about not being tougher with the doctors.” Sam had expressed his disagreements with his wife and daughter, but he had never spoken to either of them about the “meta-communication” issue, which was that he felt excluded from their implicit pact with one another, and with the doctors.
Interestingly, although Sam didn’t have forgiveness-related issues to resolve with his daughter during her end-of-life care, the EOL experience itself actually created some conflict and hurt, especially between Sam and his wife. He explained:

I didn’t think I was going to have anything to say about forgiveness but I, I, I’m angry. But I, I’ve forgiven her about it. I mean it’s, you know it’s, it’s over. I just don’t, I don’t really see any… It’s not gonna bring Violet back. I’m not gonna grieve the way [Eva’s] grieving, and I’m not gonna feel guilty about it. And this is who she is, and, and I, I forgive her…if we really had this conversation, and I was bringing up that there might have been a different outcome if we switched doctors and all that other stuff, if we really had a conversation about it, boy that’s gonna be really hard for her. Cuz she’s gonna get it right away. I mean she’s gonna get it where I’m coming from.

Another issue that seemed to arise because of his particular experience with Violet’s EOL process was conflict related to how Sam and Eva grieved. Their different grieving styles seemed to exacerbate not only their post-death grief, but the anticipatory grief, as they confronted their daughter’s impending death. Sam’s grief process involved (and still involves) going to the cemetery weekly, while Eva declines his invitations to join him, instead “focusing on the joy of Violet being in her life.” Eva has an “introverted way of dealing with the world,” choosing not to talk about her grief, and she is critical of Sam’s weekly visits to the cemetery and daily visits to the synagogue, believing that Sam is “prolonging the grief. Wallowing in it.” But for Sam, his grief is a way to continue his relationship and be present with Violet. He explained:

I’ve had a lot of death in my life. My father died when I was 26. And I really never cried about it. I never felt about it. You know, I was raised in the 50s and 60s, and the whole John Wayne thing. So, I really was present.

As the interview came to a close, Sam wanted to share another “forgiveness story” related to how his mother treated Violet when she was born:

My mother was really rough for us because, you know, we inter-married. You know, I didn’t marry a Jewish girl. And uh, and she was abominable. Yeah, my mother was really
tough. And then when Violet was born, she had all these issues. She wasn’t a perfect, beautiful – she was beautiful, but she wasn’t a perfect kid, and you know? Jews traditionally prize the intellect and all this stuff. And Violet had learning disabilities and, and my mother was very cold to her at the beginning. Like the beginning, meaning around 10 years. And uh, and Violet knew it. I mean, we all knew it and, and for a while I, I just kept my mother away from her. And until the cancer operation actually, my mother wasn’t allowed near us for about two, three months. Just because we were told Violet was gonna die, then. When she was 18 months, I let my mother come back just so she can say goodbye. But I, I’ve forgiven my mother about that. She’s, you know she’s 93, she doesn’t even remember. And, what difference does it make? You know it’s…that’s the big question. What difference does it make? So, you know it’s water under the bridge.

This story highlights the meaning that death has in the context of relationships and conflict – that is, when confronted with death, families try to either resolve conflict, or put it aside temporarily, so that loved ones can experience a certain kind of “goodbye.” In Sam’s case, the conflict was temporarily suspended so that his mother could say goodbye to her granddaughter, and over time, the conflict dissolved as Sam chose to forgive his mother.

While Sam continues to feel the pain of how he and his family communicated during Violet’s EOL care, as well as how he and his wife process grief differently, he has chosen to forgive his wife and daughter, working through his grief through therapy and poetry. He said:

I forgive them both. And uh, and I, I…I don’t think I’m avoiding not talking about it. If I do talk about it, it’ll be for a good reason, because it’ll be a costly conversation. And I don’t, I’m not sure what the benefit would be to inflict that on Eva. You know I’m getting it out, talking to you about it, and I’m, you know, I have a therapist. And you know there are poems that I write that no one’s ever gonna read. Lincoln wrote a lot of letters that he never sent. I’m writing a lot of poems and I’m never gonna, you know, I’m gonna keep to myself. Throw my laptop in the Hudson River, you know.

Just as he began the interview by sharing a picture of Violet, Sam ended the interview by offering to read a poem he had written about his daughter Violet. He read:

The last month was hard.
You made it harder.
You were too quiet.
Or you chattered with nothing to say. 
You didn’t notice I didn’t want to hear the news of the world outside my room. 
I watched TV, 
the food channel, 
to meditate, 
to gather strength, 
for decisions, 
to take my pills, 
or just to turn over. 
The morphine dulled the pain of the wounds on my nose and on my hips. 
It stifled the fear. 
I wasn’t ready to slip away. 
I needed to make it to my birthday. Send out those Thank You’s. 
What did I have control over? 
Not much. 
Mom was more attentive. She knew what I needed before I knew. 
When her back went out and she said I had to go to the hospice center, you came through. 
Lifting me. As best you could. 
Giving me those few days to be with the two of you.

4.3  FP_2: Sarah

Sarah is 35 years-old and identifies as non-religious. She spoke about her EOL conversation with her older brother, Johnny, who died in January 2017 in his early 40s. Johnny lived in a different state than Sarah, and while their adult relationship was not turbulent, the siblings were not very close and did not keep in touch very often throughout their adult life. As she put it, they had the kind of relationship where “you love someone but you don’t like them.” Noting their age difference of 7 years, Sarah explained that they did not have much in common, and their personalities were very different. She explained:

He had this, um, like this just possessive personality, like controlling. He was not shy about telling everyone what to do, but then he was super, super sensitive to anyone telling him what do to. And, you know, I think this really alienated him from people, not just family. I had a lot of arguments with him over this part of his personality, and I started to kind of hate that about him.

Sarah believed Johnny to be controlling, overbearing, always needing to be right, and “so narrow-minded that he doesn’t even know he’s being narrow-minded.” As she tried to create a
picture of who her brother was, Sarah expressed feeling guilty for saying negative things about him, especially since he died. But she explained that in the same way, his death has encouraged her to be more real and honest about her relationships:

I love him… But I don’t think the fact that he died should change my memory, or like the truth about who I think he is, you know? I think it’s important to be real and if anything, him dying has really encouraged me more and more to be real and honest with people. Not like to argue, but to just get shit out in the open, you know? Hash it out. Like, if you really care about someone, or if you care about your relationship with them, you gotta deal with shit you know?

The forgiveness issue that Sarah discussed was about her brother molesting her when she was a child. She recalled: “I remember every time. Or maybe there were even more times, that I don’t remember, you know. Maybe when I was even younger. But this was when I was between 5 and 6 years old.” Though Sarah remembered all the “gritty details” of these encounters with her brother, throughout her entire life, she had never spoken to him about what happened. It wasn’t until Johnny was dying that she talked to him about it.

Sarah always believed Johnny wasn’t aware that she even knew or remembered what happened, given her young age at the time of the transgressions. She explained:

You know I think he hid behind that. Like, he felt protected thinking that I just didn’t know or didn’t remember because you know, it’s hard to remember things, or specific things, when you’re so young. But over the years, I’ve wondered how he can really think that a 5 or 6 year-old would forget something so….you know, something so traumatic.

Sarah told several stories to explain why she believed her brother didn’t know she was aware of what he had done to her. She described a time when she told her family members a story from her childhood:

We were all in the living room of my other brother’s home, and I gave this very specific explanation of a memory that no one else apparently remembered. But Johnny didn’t just say, “Wow, I don’t remember that,” the way my other siblings did. He made a comment like, “You’re making that stuff up, or your mind is totally tricking you, because there’s
no way a little kid can remember something in such detail.” Or like people don’t remember anything from like 5 years or younger. That comment and others like it always made me think that he had no clue that I actually remembered, you know, what he did to me.

That comment also created in Sarah a fear that Johnny would use such a “rebuttal” if she ever revealed to him that she remembered he had molested her. Sarah was afraid of how she herself would react if Johnny responded to her in that way. She said:

I guess I was kind of expecting, or I was afraid, that he would deny it, and then you know, what’s the point? What’s the point of telling him? I always knew that if I told him and he either denied it or responded in a non-apologetic way, I would feel just awful. In fact, I felt like if that happened, I would never want to see or speak to him again. So maybe, you know, maybe I was protecting our relationship from that possibility.

Even though Sarah “always kind of knew, deep down, that at some point in the far, far future, [she] would bring it up to him,” she imagined that doing so would “put him on the spot” or make him feel bad and embarrassed, and thus avoided the issue altogether. She explained:

As much as I didn’t like his personality and his way of dealing with people, like I said, I mean I love him deeply. And um, a huge part of me just...like I felt sorry for him. I didn’t want to, you know, like threaten his face.

Sarah stated that it’s likely she and her brother would have never talked about this conflict even if Johnny was aware that she remembered what happened, explaining that her family rarely confronted conflict and often “just moved on from things implicitly.” Given this family communication style, as well as Sarah’s reticence to hurt or embarrass her brother, it did not surprise Sarah that she never talked about this conflict with her brother until he was dying.

It was difficult for Sarah to imagine that she and Johnny would have ever talked about the past had it not been for him dying. Seeing him actually dying “before [her] eyes” was perhaps the only situation that could finally compel Sarah to confront her brother. She explained:
I hate to imagine this, but maybe if we were fighting or arguing, I guess I could have, you know, thrown it in his face? But I’m really not sure I would because, like I said, we had plenty of arguments and I had plenty of bad feelings and overall resentment of him, but I just, so like the opportunity was there, you know? And I never did.

Sarah poignantly illustrated the emotional context of death that can make any encounter so heavy and difficult, let alone an encounter about a deeply hurtful past:

You know, death is hard...it’s hard, no matter who it’s with... No matter if you like your family or not, you know, love just overwhelms...your heart just breaks, no matter who it is or what your relationship is. At least for me, I know that’s true for me. So it was hard for me to...to imagine bringing up anything when he was, you know, in that, when he was in that state. Dying. You know, you don’t want to make death harder you know?

In this context, Sarah was suddenly overcome by a powerful need to confront her brother, on his deathbed, for having molested her as a child. She provided a vivid illustration of the moment she suddenly decided to confront her brother a few days before he passed, recalling:

I remember having this incredible, like an incredibly strong body reaction. Like, a fast heartbeat. Like a bad one. Like anxiety. I just felt like I was standing on the edge of a cliff because I suddenly knew I was about to bring it up to him. I didn’t think about it for very long before I just blurted it out. I remember saying, “I wanted to talk to you about when we were kids.” He looked at me, and almost immediately I think I interpreted his eyes, like, he knew what I was about to say. But shock, like shocked. He was shocked. You know, he turned toward me, he looked right at me, we held eye contact, and I said something like, “I don’t know if you know this, but I’ve always remembered that you did things with me when I was little.”

While Sarah told him how he hurt her, Johnny “literally did not say a word,” looking at her with tears in his eyes, and eventually tears falling down his face. She described him as looking shocked – “a deer in headlights.” Although Johnny didn’t provide any verbal response during that initial conversation, and although Sarah didn’t plan on talking about it anymore, the next morning when the two were alone again in his hospital room, Johnny brought up the abuse and asked Sarah to forgive him. She recalled:
I sat down next to his bed on the chair, and he looked at me and placed his hand on mine. He said, his first words were just, “I’m sorry.” Like that. Just, “I’m sorry.” I...I uh...I immediately started crying, and he cried, and he continued talking and apologized for a lot of things. For what he did when we were young. He said, I remember he said how ashamed he felt and that the shame was so heavy that it stopped him from ever wanting to apologize. And that even though he never apologized or talked to me about it, that it was something he thought about constantly, and he always felt disgusted with himself. And that he truly did believe that I didn’t remember, and that made him even weaker in terms of having the will to, you know, to like tell me, or apologize. He uh, he was...I mean, he was very apologetic. And I do believe it was genuine. It was hard for him, it was visibly like a difficult thing for him to talk about.

Sarah listened to him for a long time, sensing his need to unburden and apologize. She believed Johnny’s apology was genuine, adding that it’s not easy for her family members “to utter certain words like ‘I’m sorry’ or ‘Will you forgive me?’” She explained: “It’s not really the way we talk to each other. We usually say things implicitly, whether its affection or apology or conflict.” She was also surprised that Johnny expressed affection and remorse by reaching out and “touching [her] hand.” Despite her family rarely communicating explicitly about conflict and forgiveness, Johnny asked for forgiveness directly. Sarah said:

He asked directly. He said, he didn’t ask, I remember his exact words, at some point he said, “I hope you can forgive me, but I can’t expect it.” I um, I remember really feeling good that he said that, about not expecting it. It was just different from who he normally was or came across as. He wasn’t like self-righteous just because he apologized, you know. He had no expectations, and to me, that seemed to me that he was really accepting responsibility.

Sarah highlighted nonverbal communication gestures that really stood out in her memory. This too was not a part of the usual repertoire of how her family members communicated with one another. She recalled:

I remember just touching, like grabbing his hand with my other hand too, you know? It was this very intense, like, I was very aware of how we were holding hands because it’s just not what our family does. And I felt almost this, this strange excitement. I was just feeling good, kind of thinking that this really was the best way that this could go. And I told him that of course I forgive him, and that I didn’t want him to feel ashamed anymore
or worried about how he hurt me. We cried, a lot. I remember hugging him, and we both just cried for a long time and just didn’t say anything, for a while.

After years of fearfully imagining the negative possibilities of how this conversation could go, especially fearing that her brother would deny the past, Sarah was more than relieved and felt that the conversation could not have gone any better than it did. She added that “maybe it’s the fact that he was dying that made it happen like this,” and that without the circumstance of death, the conversation “would just not have happened, period.” She felt that in his apology, he did his best to convey his remorse, guilt, and sorrow, and she remembers “immediately feeling free, like [she] had already forgiven him before he asked.”

4.4 **FP_3: Betsy**

Betsy is 44 years-old and identifies as non-religious. She spoke about her relationship with her mother, who died suddenly in May 2016. Betsy and her mother had not talked for the last 8 years of her mother’s life – the last time they had spoken was in 2008. Betsy explained that she had stopped talking to her mother “for [her] own sanity,” but she had a conversation about forgiveness with her mother after her mother died, which made this particular interviewee and interview unique.

Leading up to her mother’s death, Betsy had a broken relationship with most of her family members, including her siblings and father, but especially her mother. Although she had cut off her relationship with her mother in 2008, she said: “In the back of my head, I guess I always thought that she would come and apologize for what they had done. Because we were really close before.” But this never happened before her mother passed. When her mother died suddenly, Betsy had to travel from out of state for her mother’s viewing, and she “had asked if [she] could have some time along with [her mother] before the whole viewing started.” It was
during this time alone with her mother that Betsy had what she describes as a final conversation with her mother about the past, and about forgiveness.

The conflict that ripped apart their relationship happened 2006, when Betsy was going through a messy divorce while mothering two children, 12 and 13 years old. Throughout the divorce, her parents initially supported her and got along well with her. They decided to put her house – which she paid for through a mortgage – in their name so that her ex-husband wouldn’t be able to “come after [her] for the house.” However, because of financial hardships they were going through, her parents decided to sell her house, which was now in their name. Instead of selling it, Betsy asked that they put it back in her name, which they refused to do because they wanted to sell it for a profit. Without Betsy knowing it, her parents had put the house up for sale, and about five days before Christmas Eve, Betsy was suddenly served a notice to leave the home because it had been sold. She explained:

On Christmas Eve I had 24 hours to vacate my house and I had, at that time, you know, I had custody of my kids. I had no idea where I was gonna live. I mean, 24 hours to move my entire home. And this was when I lived in Utah, actually, at the time. And it snows a lot. And in fact, that day, literally all I had time to do was just get three U-Haul trucks and just pack everything in them. And then try to figure out what to do next, you know. And this is Christmas Eve, so where are you gonna go? I didn’t know where to live. And I guess in a sense I was, I was homeless.

With tears in her eyes, Betsy explained how suddenly, she had lost everything, including some of her most important relationships: “And so I let [my kids] go live with their dad that day. Then overnight I lost everything. I lost my kids, I lost my house.” As a mother herself, Betsy said, she felt particularly hurt by how her parents were treating her, because she couldn’t imagine treating her own kids in the way her parents were treating her.
After the Christmas Eve court battle, Betsy didn’t see or talk to her parents for several months, and during this time, her house sold. After seeing online that the house sold, and how much it sold for, Betsy was compelled to call her parents:

And so I called and I said, “You know that that home loan was not even half of that. And you didn’t let me take my fridge, you didn’t, I mean, things that you had not even purchased that I had, and you made this profit.” I felt like it was only fair. “It was a crappy thing that you did, but I think that you should probably, at the very least” – I mean I didn’t think they shouldn’t have anything over what the mortgage was for.

Though Betsy asked that they share some profit with her, especially considering the financial straits they had put her in by evicting her, they refused to help her. In her mind, they didn’t realize how deeply they had affected her – not only financially, but emotionally and psychologically. She said:

I was trying to put my life back together, you know, and they had asked how the kids were, you know? Um, are they liking their new place, you know and, and kind of asked me where my address was and stuff. I said “You really have no idea what you did, do you? They don’t live with me full-time now. I have them every other weekend and one weeknight.” But when I had this conversation with my mom and dad, um, I said, you really have no idea what, what you did. And, it, the conversation didn’t go well.

Over the years, Betsy and her parents did not see each other, and the only form of communication they engaged in was a few text messages, all of which were initiated by her mother. While Betsy maintained a communication boundary, she was always open to re-establishing a relationship with them if or when her parents chose to apologize to her. She explained: “I kept thinking that you know, [my mom] would apologize for what she did. And that nothing would be OK again, or you know, fixed, but that maybe there would be conversation.” However, her parents never apologized, and the rip in their relationship affected Betsy’s relationships with her entire family. She explained:

I would see other people and the closeness of their family, and getting together for holidays, and that was gone. You know? Um, aunts, uncles, cousins, because you know, once in a while, I would hear stories of how they justified what they did. And I just
wasn’t, I didn’t want to get involved in that and try to battle that, because it was already taking so much to heal from what they did. My mom’s sister called me and, long story short, she said, you know, “Everyone would be better off if you were dead.” And that one was, that one was pretty hard. And I wasn’t, um, I mean I couldn’t talk about any of it without just completely breaking down in tears.

Shortly after that conversation with her aunt, Betsy was offered a job in another state, and she decided to take it and “start fresh,” as it was becoming too difficult for her to live in a city where she would often run into other family members whom she had cut out of her life.

After eight years of not seeing her mother, and sharing only a handful of text messages, Betsy got an unexpected call from her uncle who informed her that her mother had passed. At this news, she said: “It just kind of hit me. She’s never gonna come and apologize. I’m never, I guess I just always thought that there would come a day when we would talk again.” Though she felt her family wouldn’t care or even want her to attend the funeral services, she attended, deciding beforehand that she “had to go have that conversation with her.” She had asked for some time alone with her mother in the viewing room, where she spoke with her mother. She recalled:

I remember standing over her and just, I said, “I was so angry at you. You were supposed to come and say you were sorry”…and I said that “I’m not happy with what happened, and I’m not happy that we’re never gonna have this conversation with both of us here. But I gotta believe that you know now how much you hurt me and that I, I forgive you.” And I think I had to do a lot of that for myself, um, because I think up until that time I kept questioning myself, why wasn’t I good enough for them? And…I don’t think I questioned myself since that time.

Though her mother couldn’t respond, Betsy felt “a peace feeling” when talking to her, explaining: “It took a little bit to recognize it but I took it as that she was saying that she was sorry, and that if she had to do it over again, she wouldn’t do it.”

Betsy is in a unique position to situate and understand her own experience in the context of family communication during end-of-life care because she herself is a hospice worker. Prior to
her mom passing, Betsy had experience in hospice and always had an understanding that there could be family dynamics indicative of estranged relationships, but it was only after her own mother passed that she felt compelled to encourage her own hospice patients, by telling her own story, to have “that last conversation” with their estranged loved ones. While encouraging others to have final conversations that confront past conflict, Betsy understands that “this doesn't mean that that last conversation is going to solve everything.” Further, she explained that even though forgiveness might not happen right away, or even at all, it’s important to at least have that conversation and avoid the regret of not sharing a final conversation with someone you love.

Again, she was able to use her work knowledge and experience to explain that grieving after an anticipated death which provides opportunities to have final conversations can create “better coping abilities and skills to deal with death” than grieving a traumatic, sudden death. As a hospice worker, she explained:

> I look more for those opportunities that maybe we can provide some support or, you know, suggestions or looking at a bigger picture. And for some of them, I mean they may be completely justified in how they feel, but letting them know that I guess it’s more, you know, you do it for yourself so that you can heal from it.

She also highlighted that forgiveness doesn’t mean you forget what happened, and that it can be a “selfish” act that can “help my heart mend a bit.”

When asked about whether she imagined she could forgive her mom if she had asked for forgiveness while she was still alive, she responded that she would “go back and forth” on it. Betsy explained:

> I’ve come to the realization that for myself, forgiving her, that we may have some relationship after she apologized. It would, I didn’t ever think that it would go back to the way it used to be, but that there would be maybe some more open communication, you know? And, and just for my own well-being, you know?
Betsy repeatedly stressed the importance of being open to having final conversations with someone you love, though they have deeply hurt you, because the regret of not having those final words together can be overwhelming, as it has been for her at times. She acknowledged that forgiveness may not happen, but it’s the opportunity for conversation itself that is critical. Further, she stressed that if one can bring themselves to forgive, it can be a “selfish act” that, though un-deserved for the transgressor, can be critical to one’s own healing process, as it has been for her.

4.5 FP_4: Claudine

Claudine is 28 years-old and describes herself as “loosely Christian.” She agreed to be interviewed about her relationship with her paternal grandmother, “Nana,” who passed away in July 2017. For most of her life, Claudine’s relationship with her grandmother was a long-distance one, where they stayed in touch mostly through phone or when visiting family during holidays. Before her grandmother passed, Claudine had last seen her at a family wedding in 2011, about six years prior, and only kept in touch occasionally over the phone. However, though they were not particularly close, Claudine only realized and re-framed their relationship as “not close” after her grandmother died. She said:

I didn’t realize what was missing in the relationship because she was far away and I’d never known anything different, personally. And then as the process started with her being sick, and all of the changes that came along with that, I realized the gap in the relationship.

Claudine noted that the “gap in their relationship” was evident because of how infrequently she and her grandmother communicated, especially during EOL: “Just realizing how little I knew about her day-in and day-out, um, and how hard it would be to communicate, then you realize how infrequently the communication was.”
Before her passing, her grandmother had been sick for a few years, having beaten cancer twice already, and dealing with age-related illnesses. Ultimately, however, she died from pancreatic cancer just a week after being given that diagnosis and a two-week prognosis. Thus, her death was un-anticipated and came rather suddenly, and she passed before Claudine and her immediate family were able to fly out and see her.

A couple of years before she passed, Claudine’s grandmother moved from Salt Lake City, where she lived her whole life, to California to live with her son (Claudine’s uncle) and daughter-in-law. This move was against the wishes of most of Claudine’s immediate and extended family, both for practical and financial reasons, and because the rest of the family felt “robbed” of being with their mother/grandmother. Claudine stated, “To us it was like, why aren’t you coming to live with us? Everybody wanted her, it wasn’t like a pass-off kind of situation.” But this move solidified what in Claudine’s mind was a preference her grandmother had for her other children and grandchildren. Claudine also didn’t understand why her grandmother, who was considering her age and health, would choose to live with a son and daughter-in-law who did not do a good job of taking care of her. She explained:

When she was living there, she had a lot of health issues, a lot of dietary restrictions, a lot of things that she had to take care of, day-in and day-out, and they weren’t doing them. In fact, they were doing opposite. My aunt Caron and uncle Mitch would make dinner, and it would be things that in her diet she can’t have. And she’d been there for quite some time when she finally called my dad and my uncle Richard and said, “They’re yelling at me,” like, because she wouldn’t eat what they made. But she couldn’t. And basically, it sounded like in the end, she wasn’t eating at all because it would just always start drama. So, she was someone that has always been like that prim and proper lady cooking dinner every night, and now is like eating frozen meals in her room alone. And just very unhappy. She was just very unhappy They drank and partied a lot and kept her up all night.

A week before passing, and before having the chance to make the move back to Utah and be with Claudine and her family, as she planned, her grandmother was hospitalized as a result of
family drama. Claudine described a vivid and traumatic scene where her grandmother finally decided to leave her surroundings, but it was too late:

She finally calls my dad and my uncle Richard and she says, “Come get me in a U-Haul, I want to move back.” And they tried, but when my aunt Caron found out, her and Mark yelled at her and they went to the street and they were yelling in the street, and my grandmother was so embarrassed that it got her so worked up that she passed out, and they took her to the hospital, and that’s how we found out that she had pancreatic cancer.

Claudine was also upset that her aunt Caron monitored and controlled how her grandmother communicated with the rest of the family. For example, she said: “My last birthday when my grandmother called me, half-way through the conversation I found out I was on speaker phone. Yeah, it sucked. She was our Nana’s gatekeeper at that point.” Further, when the family found out Nana was sick and hospitalized, though many of them wanted to reach out to her and talk to her, Claudine’s aunt Caron sent a Facebook group message to the family asking them not to call their grandmother because she was too sick to talk, and instead, to send Facebook messages if they wish to communicate with Nana. Claudine explained: “Which was, aka, ‘Message me on Facebook, and if I approve it, I’ll read it to her,’ is what everyone took it as.”

The way her grandmother’s EOL unfolded seemed to have affected Claudine’s relationship with her aunt and other family members as well. She explained, “I feel like she’s a big contributor to why things are the way they are.” She added:

Everytime I talk about it, about her death in particular, I always think back to my aunt and it’s just, like, for lack of better words, it’s annoying. And how another person can affect your experience and your relationship with another person.

Despite the gatekeeper aunt asking family members not to call Nana, a couple of days into her grandmother’s hospitalization, Claudine decided to call anyway, feeling that time was limited. Though her grandmother answered the phone, she explained: “She answered because she
thought I was my mom. Our phone numbers are very similar. I don’t think she would have answered if she realized it was me. She literally answered the phone and said ‘Betty.’ Which is my mom.”

Claudine explained that leading up to the call, she felt a “social pressure” to call but struggled with not wanting to call, and not knowing what to say, because she didn’t want to have “a fake conversation.” She added, “not that it would have been a fake conversation, but it kind of was. At the end of the day, it kind of was.” She considered it an “obligation” driven by social customs, as opposed to being emotionally compelled to call her. She explained:

I had been sad, obviously, and I remember crying in the shower – that’s where I go to cry – and I remember thinking, “I don’t want to call her.” And like, that broke my heart and made me feel all kinds of things, because who thinks that? And then that kind of opened up this whole thing that I never realized my whole life that I had, of the non-relationship. And that’s when I realized that I was angry with her and didn’t know. Because I thought, “what am I gonna say when I call her?” And then it opened up a whole book of, I don’t know her. We don’t have a relationship. And that’s how I realized that I’m angry.

As she realized she was angry and resentful for the lack of relationship with her grandmother, Claudine imagined what she could or should say to her grandmother if she had a final conversation with her. She recalled:

So I’m sitting here just like, my grandma’s gonna die and I don’t want to talk to her. But essentially, you can’t not call her. And so, I’m trying to process through all of that, and that’s when I call my mom. And I was beating around the bush because how, like I, I didn’t know how to say that out loud. I was just like, “I don’t want to call Nana,” and [my mom] was like, “That’s ok.” And she was just like, “You know, you need to weigh your today now, and if in the future you’re gonna regret it, if, like how you’ll feel down the road” – and I was like honestly, I don’t think I would care. Because you’re talking about a lifetime of a non-relationship. What’s calling her today and being like… “Hey, sorry, hope you feel better even though you’re not going to.” Like what do you, like literally, what do you say? Um, so that’s when I, it might have been the same day that I talked to my mom. Um, well in that conversation, that’s when I realized all the resentment that I had towards my Nana that I never knew I had. And how angry with her that I was for how she basically raised Caron’s kids.
As she processed these new feelings and thoughts in the wake of her grandmother’s nearing death, Claudine started to think back on the times her grandmother flew out “all over the country” for family’s/grandchildren’s graduations and life events, but never to hers or her sisters’ graduations. She also felt hurt that her grandmother chose to live with other uncles and cousins, even though her own family had offered to take her in, and it made more sense geographically and financially for her grandmother to accept that offer. But she had finally come to the decision to call her grandmother and have that final conversation. She said:

I never wanted to do it, and it’s not that I felt like I had to do it. I just felt like, what am I gonna lose here? Which is awful, but I still kind of feel that way. I don’t regret calling her, and I don’t feel like I would regret it if I didn’t call her. Because like, where that forgiveness conversation comes in, I kind of had it with myself, um, before she died. I kind of had it with myself. Like, this is kind of how it is. I didn’t realize I was looking at it with rose colored lenses, or however you want to say it – that I just didn’t ever think about it. Um, so, I just thought, how will she feel if I don’t call?

Though she wasn’t sure what she would say or how her grandmother would respond in that final conversation, she explained:

It was exactly what I thought it would be. It was awkward. For sure she thought I was my mom, and I knew I was on speakerphone. She asked me how my boyfriend was and I was like, “Oh, we broke up months ago.” Which made it even more awkward and like made the gap even more apparent. And then we spent the rest of the time talking about my cousin Jason, Caron’s son. Because we have nothing else to talk about. Um, and then that was pretty much it. The conversation was very short. I don’t regret calling her but I could have just as easily not.

Though it went the way she imagined it would, based on the lack of relationship she felt with her grandmother, Claudine did have hope that their final conversation would have gone differently. While she “didn’t think that [they] were going to have some major breakthrough,” she hoped her grandmother “would take the initiative to talk about something other than Jason” (her cousin). She hoped to talk about her grandmother’s impending death, or maybe even hear her grandmother acknowledge her failure in maintaining a relationship with her and apologizing
for it. But while they “said a few things about, like, I love you so much,” she explained: “We never said this is, we never addressed that this was our last conversation,” and forgiveness was never explicitly discussed. Instead, Claudine felt that “forgiveness was internal,” because even though she felt that she forgave her grandmother in the end, they didn’t have “the kind of relationship for me to actually talk to her about it.”

But Claudine did forgive her grandmother. She explained:

I forgive the situation, as in I accept it. I’m not angry about it, it doesn’t make me sad when I think about it because I don’t know any different. I don’t know what it would have been like if we were closer. I don’t know what it would have been like to have that bond with her, or to have had that bond with her and then her pass. Like, I just don’t know any different. Um...So I forgive her as, in a sense, that I’m not mad at her. I don’t, when I think of her I don’t, the first thing I think is not, how could you have done this to me my whole life?

Although Claudine seemed lukewarm about having the conversation overall, she did state that she was glad she had the conversation and that it was meaningful in some sense:

It made the gap in our relationship more real, but it also empowered me to be like, I’m OK. It’s hard to tie that into forgiveness, because ultimately I’m OK and at peace with the situation. But that conversation made me realize I do still love her. It wasn’t like I went in that conversation dry and with no tears in my eyes and just hung up the phone and was like “OK, what’s for dinner?” It still was a hard conversation to have. It was still, I mean, at the end of the day it was still good to talk to her, hear her voice, even if it’s ultimately awkward. Um, and even though I got off the phone and felt more upset then when I got on the phone, it also gave me the tools or the, whatever, to kind of just give me that acceptance of, this is how things are, and it really is how things are, like here, in your face, here it is. That I’m still OK, that I still do love her. I don’t – do I wish we had a stronger relationship? Yes, but how? I don’t even know how that would have happened. Um, and to feel a little bit sorry for her.

Claudine started this interview by informing me that she may not have any valuable information for me, since she never actually talked to her grandmother about forgiveness. But, as with other interviewees, it’s evident that there are processes of forgiveness at work, in both explicit and implicit ways, when people face death together. As in her case, forgiveness was not spoken about, nor was the transgression itself, but forgiveness occurred internally and in
nuanced, silent ways that still affect our lives in deep and meaningful ways. Interestingly, Claudine did not even sense the transgression until her grandmother’s final days, and it was in those very short days that she scrambled to make sense of newly arising feelings and memories of being neglected while attempting to have what she felt was a necessary final conversation with her dying grandmother.

4.6 FP_5: Pearl

Pearl, 55 years-old, identifies as Christian and agreed to be interviewed about her relationship with her father, who passed away a year before this interview. Conflict with her father started when Pearl was about 10 years-old, when her parents divorced. Her father was “very good at the support part” of parenting but “not so good at the emotional part of it.” She explained that throughout childhood and adolescence, he failed at providing basic parenting to her and her siblings:

We lived in Utah and he moved to California and he tried to do that two-weeks-a-year dad thing, but he didn’t really have the skills to be able to do that, or to know how we were actually being raised. So it created a lot of issues, especially when I got into my teenage years. Um, lots of conflict, a lot of distrust. He was also very manipulative in making us want to appreciate the support that he gave and the monetary support that he gave. It was very important for him to know that – for us to know that he did that. And that wasn’t, when you’re that age, that wasn’t the important part. And it was hard for him to understand that.

Between the ages of 14 and 21, she and her father did not speak at all. After giving birth to her oldest daughter when she was 21 years-old, Pearl reached out to her father to let him know he had a grandchild. “He was very receptive of it and wanted to start a new relationship to get to know his grandchild, and I was very open to that,” she explained. Pearl, her husband and her new daughter began visiting and vacationing with her father and his new wife, whom Pearl got along with very well. But after her father and step-mother got divorced, she explained, “[My father] moved in with us, which I knew was probably a mistake to begin with because our relationship
was rocky at best, but it was there, it was a relationship.” She described how she, along with her husband Matt, made sincere efforts to help her father at the time, helping him get connected to community activities around town and trying to find his own house in the area. She said, “I thought we really went above and beyond for the relationship that I had with him. We were really trying to help him out and to get him in a good place.” But despite their efforts, their relationship remained rocky and, in retrospect, Pearl realized that her father had “a lot of mental issues” that were interfering with his ability to build and maintain relationships. “He just didn’t have that capability to have a true relationship,” she said.

Eventually, her father met another woman, Sylvie, who had never been married nor had children, and who, according to Matt and others in the community who purportedly knew her, only was “dating or looking for a husband at this particular point in her life to get a retirement account.” Pearl and her husband sensed that Sylvie felt threatened by Pearl and her family because they “jeopardized that retirement account.” She added: “There was some competition there, and we saw her for what she was.” Thus, after marrying Sylvie, “the conflicts began again.” Pearl explained:

I tried to establish a relationship with him without her – let’s just not have her in the picture and let’s keep our relationship the way it was. Well, that didn’t work out. Um, a whole variety of other things happened, with my brother, they moved to Tennessee, built a house in Knoxville, they brought my brother out there who was, um, mentally disabled, and, just did a whole shit show on him and...so I ended that relationship for another few years.

While Pearl cut off contact with her father for another two and a half years, he had gotten divorced and lost his house and bank accounts to Sylvie, who had “connived and put everything into her name.” Being desolate again, her father tried to re-establish a relationship with Pearl, and it was at this point in their lives that he became sick and started seeking forgiveness from her. Pearl recalled:
He got very sick and he would call and say, “Forgive me for these things, forgive me for those things that I did. Forgive me for not taking better care of you as a teenager, for, you know, not understanding these things, for marrying a woman and not understanding your feelings about it.” But at the same time, I knew that they were just self-gratifying. They weren’t sincere. There was no sincerity to it.

Conversations about forgiveness happened frequently around this time, and Pearl explained that they were very hard for her to handle, especially in the beginning. The conversations often centered around her brother, who passed away and whose funeral arrangements and expenses had fallen on Pearl and her siblings, because her father refused to take any responsibility in the process. She stated:

Primarily, after my brother passed, [the conversations] were about him doing the right thing and paying us back, and it was not the monetary issue as it was the moral issue and the principle of it. You know, this is what a parent does for their child, to say goodbye, and the right thing for you to do would be – because my other brother and I paid for everything – so the right thing for you to do would be to pay us back. And then we had to, I had to come to terms with, it was not going to change, no matter how much I yelled and screamed and cried and threw temper tantrums like a little child. It wasn’t gonna change his mind. So we had to come back to that “If we’re going to have a conversation, it can be about no more than the weather, and what you did today.”

As much as she was emotionally and negatively affected by these conversations, Pearl explained that her father also had a hard time. She said:

He did get much more, um, weepy, I think is the only thing I can say, you know. I think he felt a lot of, um, I don’t know if it was sincere regret or if it just – he knew he was dying and wanted to have a better legacy than how I felt about him now, you know?

Pearl recalled various specific words or phrases that were used in these conversations: “‘I made a mistake.’ That was his favorite one. ‘I made mistakes, I’ve made mistakes.’ He liked to say that a lot. ‘I’ve made mistakes.’” She felt that he was expecting her to respond with: “That’s ok, I understand, I forgive you. 100%.” She also felt that he didn’t have a hard time saying words like “I made mistakes” or “Please forgive me,” explaining that “he would say whatever he
needed to say to help himself.” She added, “I don’t think any words were off limits to him, as far as trying to get us to understand him.”

Pearl interpreted his forgiveness-seeking in the context of “who he was” – a mentally ill man who was incapable of maintaining relationships or of understanding other peoples’ needs. Thus, she didn’t believe he was sincere and authentic in his seeking of forgiveness. She explained:

That was part of the mental illness that he had. That was part of just who he was as a person. He was very egocentrical. His needs were more important. So, he passed up everybody that was no longer of use to him to go on to the next thing that was of use to him, or that would fulfill the needs that he had.

Pearl stated bluntly that his motivation for seeking forgiveness was that “he thought he was going to need help.” He suggested moving back to the state Pearl lived in, and moving in with one of Pearl’s daughters to be closer to the family. But Pearl interpreted this as “self-motivating – he knew that there was going to come a point in the very near future where he wouldn’t be able to take care of himself any longer.”

Pearl said that she “never accepted his apology totally,” but forgave him for some things that she felt she could “understand.” Specifically, she “forgave him for things from [her] childhood because he was young.” She explained:

It was that era when divorce was new and people were going out on their own and they, people had ideas of what things should be like. And I think that he fell into that. And I think that he did, in retrospect, truly think that he could have been a better father. That he could have stayed closer, kept in better touch, tried a little bit harder. But you know, actually, I think that’s probably the only thing that I could truly say that I one hundred percent forgave him for. The other things seemed quite shallow.

Pearl provided a list of transgressions for which she could not forgive her father, focusing mostly on how her father had treated her mentally ill brother, and subsequently allowed her and her other brother to take responsibility for the funeral and death arraignments. She explained:
When my brother needed any sort of medical treatment or anything done, he’d just defer it back to us to take care of. Which, I, you know, which I found very hard. I had my own children to take care of. I just felt like that was his responsibility. My mother had already passed, many years before that. And then when my brother died, the same thing happened. He put that whole responsibility on us, for the arrangements, for the financial parts, for the funeral, you know, everything. But those were the things that I specifically said to him that I would never forgive him for. You know, to put that sort of responsibility on us. And to not have enough respect for my brother to take care of him in the very end.

For Pearl, what was more important than her father seeking forgiveness is him understanding his actions and how they affected and hurt those around him. Yet she felt that though her father may have felt some “true regrets in the beginning” and expressed that remorse when seeking forgiveness, over time she came to believe that he was just being selfish and not actually remorseful. “He just was saying the words to appease us,” she said, adding:

I truly think that he had a narcissistic mental illness that just did not allow him anything beyond what his little circle was. The farther in the relationship as an adult that we got, the more that I understood that.

When her father first sought forgiveness while also stating that he wanted to live with her family, Pearl firmly set and kept a boundary, telling him he’s welcome to move wherever he wants, adding: “But at this point, none of us can offer you the help and support that you’re looking for because you’ve drained us all emotionally. We can’t do it anymore.” Despite setting that physical boundary, Pearl was still open to maintaining some relationship with him, but stated that “it needed to be non-emotional.” She explained:

He’s the only person in my life that’s ever made me not be able to control my emotions. I’m very in control of my emotions all the time – you know, I know when to back down and things like that. When, when to just smile and turn away and all that. But not with him. He was the one that could just get a reaction every time. And it wasn’t worth it to me anymore to try to have anything more than that.

Pearl and her father maintained this non-emotional, cordial relationship for the two years between her father’s second divorce and the time he died, keeping in touch rarely and only over
the phone. During those two years, her father was suffering from heart failure, asthma, and emphysema, and had also gotten married for the third time. Pearl received a call from his third wife one day, who let her know that her father had collapsed and died on the way to the hospital. Though he had a funeral, Pearl chose not to attend.

Ultimately, Pearl did not feel that her conversations about forgiveness with her father were meaningful. She explained:

I think I wanted them to be meaningful. I wanted very much for them to be meaningful. But I don’t really, deep down I don’t think they really were. Like I said, he spoke the words, but I just don’t feel that they were, I never – I didn’t at the moment, and I don’t now, ever felt that they were truly sincere to try to help me, not help him.

Despite this, she stated that she was at peace with her own decision to not forgive him fully, to set boundaries in their relationship and communication, and to ultimately not attend his funeral when he passed. They spoke rarely, about once a week for 5-10 minutes, and he would always initiate the calls. She said, “I didn’t have the need to call him. I didn’t have the need to share my life with him, to share any accomplishments or downfalls. I didn’t have that, like you should with a parent.”

As for any regrets she has about their final conversations or interactions, Pearl stated:

Well, I wish for myself that I had not let him get under my skin, to get me so emotional, to let him affect my life for days. And I know that I’m the one that let that happen. He didn’t control that. I let those emotions come through and I hung on to those emotions. And so I wish that I had handled that better. I wish I could have been more of an adult towards him instead of a little three year-old temper tantrum girl, which is what I felt like I was sometimes. I wish I could have conveyed my feelings or my thoughts in a way to him that he could have understood. Apparently that wasn’t, you know, there just wasn’t a way to do that.

Pearl also explained that though their communication was merely cordial and surface-level, she was glad that towards the end, she at least kept in contact with her father. She believes she avoided any potential regrets by doing so, explaining:
I’m glad we talked in the end, even if it was just friendly chatter, so that I personally didn’t have any regrets. Because I’m not sure if I would have or not. And that left that so that I didn’t have that problem or, you know, that to worry about. So, I’m glad that happened. I’m glad that we could have some sort of dialogue in the end.

4.7 MP_2: Simon

Simon is a 69 year-old Swiss-American who identifies as atheist and is a psychology professor at a university. He agreed to be interviewed about his relationship with his mother, who passed away in July 2017, at 97 years of age. Up until her death, Simon kept in touch with his mother, who lived in Geneva, very frequently, usually by phone or through Skype, adding that “we even had lunch on Skype” often. Simon is the youngest of four children, and while he and his older brother had a great relationship with his mother, his two sisters had a conflict with her that kept them from speaking to one another for 20 years. But for him and his brother, their relationship with their mother was mostly a good one, and at the end of her life, he explained that they tried “to alleviate any kind of possible conflict or tension, because [they] knew it would be, it would be more painful.”

He explained that towards the end of his mother’s life, “it was very strange because she kept asking for pardon, you know? Forgive me, forgive me.” When asked to explain why he considered her pardon-seeking strange, Simon explained:

It’s always been very intriguing to me and my siblings. I mean, we had some guesses, but we tried to dismiss it and again, in front of her, we would try to alleviate whatever guilt she has. It was probably driven by guilt, you know. And so, we could speculate why, but before that, you know, she was forgiven, I mean in our head. We ended up asking constantly, “Why, why, why are you asking forgiveness? I mean, you know, you’ve been an excellent mother!” I mean, we’re giving like loving feedback to her so she could spend her last days and year, you know, with peace of mind. So, we always tried to make things contented and harmonious. We loved our mother with all her flaws and all that. We always managed to maintain a very, very close relationship. She was a very lovable person, you know, so, so we, we were able to bypass all the flaws that she recognized and she felt horrible about. We couldn’t take that very seriously because it would poison our relationship.
Given that their relationship was generally a healthy one, Simon explained that his mother’s consistent seeking for pardon “might have been a religious thing,” explaining that her Orthodoxy “resonated with her own psychology” of guilt. He explained:

She had reason to feel guilty because she had a lot of lovers and uh, she maybe thought that she neglected us and...uh, she certainly neglected my father, but my father neglected her, too. But for me, there was no reason to blame her about anything. Actually, we got mileage out of her lovers, you know. They had great sport cars, and uh, and they would spoil us, you know. I mean, you know, we were pretty opportunistic with her men.

Even though Simon’s mother frequently brought up the topic of pardon or forgiveness towards the end of her life, “the conversation stayed there, it was never resolved.” Simon explained that she usually brought up the topic when there was already a conflict happening between family members: “She would fall apart and ask for pardon. When there was a conflict between us and her husband or something, she would falter and uh, ask pardon, thinking, ‘It’s my fault, pardon.’” Simon’s understanding of this behavior is that she was “trying to pacify” because she felt responsible for any conflict between her husband and her children since she “created this situation” by marrying a new man, even though this happened 50 years ago.

Though Simon believed his mother felt guilt and remorse, he also interpreted her pardon-seeking as selfish, explaining:

It was more selfish I think. It was more like uh, you know, she was trying to escape the situation. The pardon is an escape also. You ask for pardon, you, “Oof!” and you relieve your, your crap. You know? I think it was more an escape. I didn’t like that. This is something I really didn’t like about my mother. She was very weak.

He also believed that her pardon-seeking was partially induced by the dementia she experienced at the end of her life. He explained:

So there was a lot of delirium with the pardon, you know? But some of that “Pardon! Pardon!” is, you know, really weird at the end of the road. You don’t know where it’s coming from. Maybe they are, you know, daydreaming or maybe they are dreaming.
Another interpretation Simon had of her constant pardon-seeking was that her need to apologize was “amplified” because death was approaching.

Simon described the general conflict with his mother as “a classical story of a re-marriage of my mother with someone who, who took some steps within the family circle that raised suspicion, and my sisters reacted.” Though his mother’s new marriage (for which she left her previous marriage) created tension and conflict in the family in general (though mostly with his sisters), he and his brother tried to befriend their stepfather and even “took great advantage of that because for almost 50 years we had really pleasant exchanges.” While he understood why his sisters were upset enough about the situation to cut off contact with his mother, for him, compromising and “forgiving and forgetting” were necessary modes of operating in order to have a happy life. He explained:

And so we were very quick to forget, which was very hedonistic in fact. To avoid tension and you know, turmoil, stress, which had no priority in our life. Whatsoever. Because we are hedonist hippies and you know, uh, enjoying freedom and, and, and traveling, and trying all kind of different things.

Though he considers the story of his mother’s re-marriage and the ensuing family drama a “classic boring story that [he] wouldn’t write a book about,” he was intrigued about how it related to the topic of this project because “it seems that some people who go, die with a lot of remorse.” From his hedonistic, hippy perspective, he explains, “I find that horrifying, frankly. This is the ultimate torture. I mean, regret and guilt are really two things that are, one, useless, and two, poison people’s lives. Period.” This philosophy on life really informed his responses throughout the interview as he explained his understanding of and need for forgiveness. Though he admitted that guilt and remorse are sometimes “justified,” he argued:

But we need to apply forgiveness to ourselves. Quickly. As quickly as possible, because life is too precious. So, when you don’t apply forgiveness to yourself, you know, you, you cook. I mean you, you’re, you basically, you dedicate your life to misery.
Simon explained that feeling guilty is inevitable, but that “part of living with symptoms is that at one point you say ‘OK, I did it, right? Can we move on?’” He added: “I mean, it’s like in a relationship, you do something bad. And you know you apologize and say ‘OK, I apologize, OK? Can we move on?’” He was surprised that his mother could not adopt this same thinking at the end of her life, and he was bothered that she allowed herself to be stuck and “rigidified” in feelings of guilt and remorse. Further, he explained that it was easy to forgive his mother for whatever she did because: “I mean, it was our mother. The thing is that when someone really unconditionally loves you, I mean really, you know they care. And if they do something wrong, it’s, I don’t know, it’s secondary.” In relation to this, he explained that he himself would be a “horrible jury member” because he has a problem with “being categorical in relation to someone” and he “could never put someone in jail.” He added, “I mean even Hitler you know, uh, he was a vegetarian, he cared about his dog.” Simon said he’s always been interested in reading about “morally ambiguous” situations and provided this illustration:

You know a suicide bomber, uh, you know before he does this atrocious thing, puts his kid to sleep, kisses them on the forehead and you know is being a really good, tender father. And then go kill, roll over people.

Simon spoke a lot about not only his philosophy on forgiveness, but about what it means to him to forgive. For him, forgiveness does not mean “you’ll forget about it. But somehow, you have to turn down the flame. But you cannot erase, there’s nothing that you can erase.” When asked what it means to him to forgive his mother, for whom he felt forgiveness wasn’t even really necessary, he explained:

With my mother, I don’t think I can give you an answer. But I can give you what I think it means to forgive. For me. What it means to forgive is not to forget. It’s to move on. It’s a bruise. The bruise is there, it’s always gonna be there. Is it ugly, is it, you know, can I continue to move my arm? Yes, things function, it’s there. So, let’s forget about it. You
know. That’s what it is. So, forgiveness is very instrumental to not to poison any further.
Existence. That’s what, for me what it is. There’s nothing mystical.

He explained that forgiveness can fulfill a selfish need so that you can “free yourself,” because “you deserve the alleviation of all the pain and anything that can help you,” while the other individual “has to live with their guilt, with what they’ve done.” While his understanding and application of forgiveness is a very “instrumental” and “functional” one, he said that for his mother, “forgiveness didn’t have the same meaning at all.” He explained:

She was into the religious forgiveness. Which is, you know, “God forgive me” or “Jesus forgive me.” Uh, you know, with no answer. And no uh, no closure! It’s never resolved. It’s, what it does in this case, it puts you in check towards the invisible. But it puts you in check and you constantly, you know, remind yourself that you’re doing wrong. It’s awful!

Though religion permeated his mother’s existence and way of being in the world, Simon himself was never religious, stating: “I’m presumptive, much too rebellious, and much more intelligent than she was. I mean she would have been incapable of trying to convert us in any way.” He equated a religious sense of forgiveness with being “too serious,” arguing that “people who take pardon and forgiveness seriously lack humor.”

Simon also expressed hating that his mother wallowed in guilt, adding that forgiveness is necessary so that we can rid ourselves of that “horrible feeling” of guilt. He explained that guilt serves as its own “natural punishment,” and as a “poison:”

One of the functions of guilt, which I said was useless, it’s actually kind of useful as a punishment. If you have a DUI and you roll over a kid, for your own little indulgence because, you know, “Ahh, I’m not gonna Uber home!” You’re stupid, and you have to live for the rest of your life with this thing. It’s horrible, you know, in itself. And that’s a natural justice. Now if the guy’s a sociopath and doesn’t give a crap about what he’s done, that’s a different story. That’s, in a way, it failed. But I think for most people, they would feel naturally guilty. And so, it’s a natural punishment. Guilt is real poison. You poison yourself with guilt.

Despite his idea that forgiveness is a way of attaining peace for oneself and relieving guilt, Simon believed that for his mother, forgiveness or pardon did not provide her with the
peace that she was seeking because, as he said: “She would keep asking. It had no impact on her.
I really think that my mother was not really asking pardon, she was expressing herself. She was
in dialect with God, not us.” He didn’t believe that she was even expecting a response from them
but that she simply did it to express herself, which was “very selfish, very selfish.” He felt
repulsed by this method of seeking forgiveness and instead, he said, he prefers “redemption from
acknowledgment. Not to ask for pardon, just recognizing. The justice is honesty.” For him,
recognizing you’re wrong is important and all that is necessary in seeking forgiveness.

Simon also doesn’t like the idea of asking for forgiveness because when asking for
forgiveness, “you’re looking for absolution, so you treat the other as God, [and] you give a lot of
power to the other.” He argued:

To ask for forgiveness is to bestow power to others. I would not bestow power to
anybody. I have a problem with authority, that’s the hippy movement, you know.
Rebellious, individualistic, allergic to any dictation, like jails. I’d rather die than be in jail
because I don’t want someone tell me to, uh, to be up and when to eat, what to do, when
to sleep. So I think it’s the bestowing of power, you have to bestow power.

He linked this sense of submissiveness to his mother’s constant begging for pardon, and while he
loved and forgave his mother, he despised the way she continued to beg and allow herself to feel
guilt and shame, especially when it was not necessary. He said guilt is a “curse” that “is the most
common social emotion characterizing our humanity, and it’s also a source of great stress.” In
this context, he explained “the ontological core of forgiveness is [that] it’s a mechanism that we
have evolved to alleviate the stress of guilt.” Further, forgiveness “alleviates sorrow for the
victim to move on and to be able to continue and function.” But for his mother at the end of her
life, though she sought and was granted forgiveness, she did not allow it to alleviate any sorrow
or stress, and she continued to wallow in unnecessary guilt and shame.
Throughout the interview, Simon focused mostly on the topic of forgiveness as it relates to guilt, and he consistently referred to guilt as a “poison” that ruins lives and must be alleviated quickly by applying forgiveness. He loved his mother and felt very accepting and forgiving of her, yet ironically, the thing he could not seem to accept about her was her asking for forgiveness and pardon. This continues to bother Simon, and he feels as if she wasted her final days pointlessly feeling guilt and seeking forgiveness, which was not only unnecessary, but already granted. Though pardon was frequently a topic of conversation in her final weeks and days, whatever conflict she felt needed resolving didn’t seem resolved, as she continued to ask for pardon even in her final moments.

4.8 MP_3: Jack

Jack is a 33 year-old White man who identifies as non-religious and agreed to be interviewed about his relationship with his father, who died in 2008. His father had been in the military since he was old enough to enroll, and his military background spanned back two generations in his father’s family. Jack grew up an only child to parents whom he described as “quiet and calm” and having “a solid relationship between the two of them, [though] they didn’t really put that out there on display.”

Before describing the conflict at the end of his father’s life, Jack provided a descriptive family history, highlighting his “lonely childhood” as an only child in a family that lacked intimacy and was “not very communicative.” He said: “I guess overall the theme is that my dad and I didn’t really have a relationship. Didn’t really talk. He was just quiet.” The lack of communication made Jack feel like his parents, especially his dad, didn’t really know him, and that he didn’t know them. He explained:

We functioned as a family, really got along well, but didn’t have very deep or meaningful interactions. You know, I guess the best way I could put it is that my dad, probably even
my mom partially, but definitely my dad, he didn’t know my heart. And I didn’t know his. And uh, you asked what our relationship was like, and that’s it, but, you know, the issue of forgiveness was just that lack of relationship, of knowing or involvement with one another. It took a toll and eventually came to a head when I was in high school. I mean, there are like events that set it all on fire, but those events were not the real issue—they were just like indicators of the issue underneath, which is that I, like it was hard to feel loved, to feel like he loved me. I mean, I really never, ever doubted and still don’t doubt that he absolutely loved me. But knowing it, and feeling it, are very different things.

When Jack was a sophomore in high school, he began to experience “really, really dark feelings” of dread, depression and anxiety – what he called “a disease of emotions” – and he didn’t feel like he had the type of relationship with his parents that would allow him to seek their help. He stated that his father did not support him during this time:

My dad, I guess I could say, he wasn’t really there for me, through that. I mean, this is when our relationship actually became like, real, in a sense. Like there was actually something there, even though it was bad. Because before that, it’s like we had nothing.

As his depression began affecting his school work and his participation on the football team, his football coach, to whom Jack “looked up to like a dad,” referred him to the school counselor. When meeting with the counselor, he felt “weird” talking about his emotions, explaining:

I didn’t know how to talk about my feelings. I never had my parents model that for me, obviously, and while I had friends and was you know, well liked or whatever at school, I never had a type of friendship or relationship where anyone talked to me about their feelings, or I talked to them about mine.

After a few sessions, the counselor requested that Jack’s parents come to a meeting to discuss putting Jack on medication. At that meeting, Jack’s father expressed an “intense aversion” to the idea of medication, and that was the first time he and his dad “overtly engaged in this conflict that then became ongoing.” Jack described his father as having “a very old-school mentality, you know, kind of like ‘Man up, son!’” He explained:

[My dad] grew up in another century, basically, and on top of that, he was a military man his whole life, all macho and whatever, and I think that besides the obvious reasons he hated the idea of medicating me, his identity was threatened. I think he had this idea of
me as a man, especially at that age, and playing football and you know, being a son and what not. His only son.

Following this meeting with his counselor, Jack and his father were “in a worse place,” as Jack explained:

I was mad. I was hurt. And before, we just didn’t really talk or, whatever, have a relationship. But, as a result of that time, there was more meaning in that lack of communication. Like on my part, it was intentional, because I was hurt, and on his part, I think he just didn’t know how to approach me.

After laying out this family history, with a focus on his relationship with his dad, Jack disclosed that the main conflict that he wished to talk about, and which related to forgiveness, was about events that transpired surrounding his mother’s death and funeral. When Jack was a freshman in college, his mother became terminally ill, and his dad shut down even further. His mother died in home-hospice from aggressive ovarian cancer, four months after diagnosis. Jack recalled how his parents told him about the diagnosis, framing the interaction in the overall context of his family’s lack of communication and intimacy. He described how, on a visit home from college, his mom revealed her diagnosis while she made him dinner: “And then she literally handed me a sandwich and said ‘Jack, I have cancer.’ Just like that. Here’s a sandwich, I have cancer.” He also had a very detailed memory of his mother’s body language and nonverbal communication during that interaction, remembering that she came close to grabbing his hand: “I had the sense that she wanted to reach out, and I wanted her to, but I didn’t do it myself. And she didn’t.” He explained that he has such a clear memory of the incident because it was very out of the ordinary:

It was such a big deal. Not just the topic, but the way she almost touched me. I mean we had normal hugs or whatever, but we were not very touchy, or like physical, as a family. You know, just in general a very sort of rigid, closed-off family. My dad more so than my mom, but even with my mom, it just kind of felt awkward to get emotional and touch hands or whatever.
While his mother was dying, Jack sensed “her need to be more open, closer to [him] and to have a good relationship,” and believed this was a result of her impending death; but to him, her efforts felt forced. He said: “You know, it’s like a deathbed conversion, so what are you going to do with it? People aren’t really changing, they’re just adapting to their, to the circumstances.” Even though Jack didn’t have a close relationship with his mother either, he explained that it was not as salient of an issue with her and that she never sought his forgiveness for it. He described their relationship as being even less close when she was sick, because, he said, “we just still never really connected, yet we were both suffering and probably lonely, and scared.”

Though he and his father spent time with his mother as she was dying, they did it separately and were rarely in the room with her at the same time. Jack sensed that even when his mother died, his father didn’t want Jack to be there. This really upset him, and he explained:

I think he could have or would have expressed himself to her differently if he was alone with her. I resented that. I always resented him for it. For making me feel like I didn’t belong there, while my mother was dying.

While he forgave his father in general, Jack doesn’t feel like he can forgive him for this specific thing yet.

After his mother died, Jack described his father as shutting down completely and dealing “in his own way, and alone.” He added: “We never talked about my mother, about her dying, about us. Nothing.” He rarely saw his father, who left Jack and his mother’s sister in charge of planning the memorial. Jack started to get angry at his father’s physical and emotional absence, feeling like his own suffering was forgotten. He explained that shortly after his mother died, he started sensing anger:

I had time to let shit sink in, and to grieve. I started seeing a counselor, something I hadn’t done since high school. And through talking to him, I kind of let myself see, or
feel, that I was truly angry. You know, I was a grieving son, and I know my dad was a grieving husband, but it just hurt to not have him to at least grieve with, you know. We only had each other, but we didn’t even have that, you know.

For Jack, the final straw was his father not attending his mother’s memorial. He recalled:

“He actually didn’t tell anyone, but he hadn’t been planning all along on coming. I didn’t even find out until the day of. That night, just before.” Jack vividly described how he reacted emotionally upon finding out, while at his mother’s memorial, that his father wasn’t going to attend:

It was like he stabbed me, I felt betrayed. I don’t know why betrayed was the feeling I felt, but overwhelmingly, that’s what I felt. Like he owed it to me to be there – and he did. He owed it to my mother. And he didn’t come, he selfishly did his own thing. On top of that, it was a very public action. Now everyone could see how he was, and what kind of relationship we had. It just put our lonely family on display, for everyone to see and gossip about…I felt like I could kill my dad. I hated him. Felt pure hatred. Wanted him, wanted to never see him again.

Jack and his father never talked about what happened until years later. While he grieved his mother’s death and wished that he could do so with his father, he “never saw him grieve or knew how he grieved.” After Jack went back to college, he and his father drifted further apart and hardly ever kept in touch, their interactions mostly limited to extended family events and holidays. As time passed, his intense anger subsided. He explained:

My old anger, that fury I had since my mom died, that wasn’t the way it was anymore. I was past that. I guess I didn’t think it would make any difference one way or another, how I felt, or whether he knew it.

During his senior year of college, Jack’s father was diagnosed with cancer and was given a prognosis of one to two years. When his father told Jack about the diagnosis, Jack sensed “a tiny new opening” – a sense that his father wanted to connect and “be let in.” He said:

I could tell he was afraid, and he didn't want to be alone through that, you know? It was hard for me because, you know, it's really awkward to try to connect with someone who, for your whole life, never really did that with you. And now they're kind of needing you, and it's your dad, and it's just like a very, very uncomfortable and strange territory. It's
not at all that I didn't want to open-up and connect and just be there for him. I really, really wanted that, but how do you do that? Like genuinely, how can you forge something that should be so deep and strong, just now? You know? “Oh I'm going to die so now let's go ahead and do the things that we should have done 20 years now,” you know? So, I was definitely willing to be there for him, but I didn't really know how, other than to just actually like literally be there.

Being with his father was hard because, as Jack described it, there was a “difficult quiet” in the sense that “there was a lot that was underneath and that was not being talked about.” After his father’s diagnosis, Jack started to really sense the “lack of relationship,” and how he felt about it “was threatening to come to the surface.”

During the last three weeks of his father’s life, Jack had a conversation about forgiveness with his father, and though it was only one conversation, he believed all their future interactions were in some way affected by it. He said:

At some point when it was just the two of us, I was helping him get comfortable in his bed one night. He was in a lot of pain and he was having an enormous amount of trouble just laying there. I’m trying to figure out, you know, where to put a pillow and how high to recline the bed. He was just really in a lot of discomfort. So we finally get him to a place where he’s comfortable, and the whole thing has been such an ordeal that we kind of just started laughing at how ridiculous it all was. And it was like a special moment, I don't really understand why or know how to explain it, but it was just a really cool bonding moment over something so tragic but also hilarious, you know? So, I know that it was right then when he looked at me and he reached over and grabbed my hand and he said, “Jack, I don't know how to say I'm sorry, but I am.”

Jack recalls, to this day, that “those were his exact words. He described feeling like “a ton of bricks hit” him, “but in a good way,” and that he was so shocked by his father’s behavior that he was shaking. He recalled: “I was just completely stopped in my tracks, and totally mesmerized by what he said. I was so incredibly aware of the touch of his hand. It was like, electric, like palpable.” His initial verbal reaction was to tell his father that “he didn’t need to apologize,” though he added, “I don't know why I said that because he did need to apologize. But
I think I just felt bad for him, like I didn't want him to carry this weight of guilt or anything.” But his father insisted and asked Jack to listen.

Jack’s father asked him to “forgive him, for everything:”

The big things were, you know, not being there for me or supporting me after my mom died, and coping out of the memorial service. And not understanding me or knowing how to support me in high school during that strong bout of depression. And just in general, not being a good or close father. That he didn’t know how to do it right, and that it may never have looked like it, but he was trying his best – how he knew, based on who he was and how he was raised. Not that he was excusing himself, but just explaining why he was that way.

Jack recalled listening, and not saying a word, while his father talked for about half an hour. He said: “Just to hear the man talk was a beautiful thing because he was so closed-off and private and quiet.” His father held his hand and cried, and Jack felt “mesmerized,” explaining that “it was more like he was telling a story, and I was listening.” He explained that it “felt like a story:”

Because he kind of jumped from thing to thing, like, “Oh and I remember when you were going through this, and I was just such an ass, I didn’t know how to help you, and I really, really wanted to, but I just didn’t know how, and so I just shut down and watched you suffer from a distance. I am so sorry for that. I wish that I could have been better, could have known better, and could have had the courage to find out what I needed to know to help you.” And then he’d say, “Oh and that time when you, you know, this, and that,” and he’d like list things. Not like list, but he’d like weave it all together. It’s almost as if, and probably it is what happened, that he had mentally already planned out what he wanted to tell me. Not like scripted, it was spontaneous and genuine, but like he had put a lot of thought and heart into it. He even said he was failing as a father, and that he was hating himself for it.

For Jack, this interaction was a very positive one, and he forgave his father. Though he is still processing the incident where his father didn’t attend his mother’s memorial, he said:

The overwhelming sense is that I forgave him, my father, for who he was. And I don’t focus anymore on whether I forgave this thing or that thing, things that happened, but just like, I forgive him. Who he is, you know.

Interestingly, though Jack seemed put off by his mother’s “deathbed conversion” (his description of her attempt to get closer to him when she was dying), he felt immensely affected and changed
when his father did the same. He described being surprised by how much a simple conversation could mend a relationship:

It’s crazy how such a short interaction can just really alter the way you think and feel about a person. I would have never imagined that like years of being hurt and alone, apart from him, and building up these feelings of resentment, that years of that could be like fixed – not fixed, but just, you know, like somehow mended, through a conversation. You know? But it was not just what was said. It was like, he just made me understand him better. Like who he was as a person…I was able to re-frame how and who he was, and understand his actions, or his lack of actions, from a different perspective.

Because of this new way of understanding his father, Jack re-framed his hurt and no longer considered that his father’s motive was to not have a relationship with him. Jack used to feel like he was “an accident” and un-wanted because he believed his father didn’t think or care about developing a bond with him. But after his father asked for forgiveness, he said: “I had it all wrong. He was constantly thinking about this, constantly struggling, but not knowing how to do it right. And again, that’s no excuse, but I was just sympathetic.”

While Jack said it took him a long time to process the conversation, and that he’s still processing it, he did forgive his father, although his father did not explicitly ask for forgiveness. He explained:

He didn’t ask. Not like, “Will you forgive me?” But he expressed that he really wanted me to. It was not really in his character. Well, I mean this was all already very much out of character for him, but even so, like going so far as to ask the words, “Will you forgive me?” No.

The forgiveness conversation affected Jack and his relationship with his father very much. He explained: “Unfortunately, it was just a few days before he died, but it definitely changed everything. I felt more comfortable being around him, and like touching him, you know, just being affectionate and caring for him.” He remarked that the timing was just right, that it was “like he knew that he was going to die soon, and he wanted to make sure it happened. Almost like he didn’t want to let go, until that happened.” He explained further:
Who knows? Maybe, sometimes I think maybe he would have died sooner. Maybe he was gathering up the courage, trying to think of what to say, waiting until he felt comfortable enough to say all this, and then finally he did. And if that happened like a week before, then maybe he would have died the week before.

He interpreted his father’s forgiveness-communication as “a huge sigh of relief, a release off his shoulders, and now he can go in peace.”

Finally, Jack marveled at how much just one conversation can change a relationship, explaining:

Just that one conversation. I mean, I guess that’s really all we needed. You know, just to communicate. To do so in a way that let me know who he was. I mean, that was all it really came down to. Like I think he could have even just told me all those stories, and told me he felt bad, but he could have not asked for forgiveness and it wouldn’t have mattered because I would have had enough just from hearing him speak, telling me things, to know who he was, and understand things better and not feel so hurt by things. I felt he didn’t know my heart, and I didn’t know his. And it’s crazy but… how communication can, you know, just like really change that. Just talk. Communicate. It’s not that hard. Or I guess it is.

4.9 FP_6: Angela

Angela, who is 72 years-old and Jewish, spoke to me about her former partner, Helen, with whom she had been in a relationship for 14 years, more than 30 years ago. Helen died of cancer in April 2018. Though there was a long stretch of time during which they were no longer a part of each other’s lives, during the end of Helen’s life, they were back in touch, and Angela did her best “to be there for Helen.” She explained: “I probably still was one of the closest people to her. So she would call me and talk to me” during the last few weeks of Helen’s life.

Angela and Helen started dating when Angela was only 23, but after 14 years of a healthy and happy relationship, the two separated because of infidelity on Helen’s part. Angela described the experience as very painful:

I remember that was one of the most painful times of my life. I mean, it really, really hurt. And I’ve worked on it a lot. Even at the times I was supporting her and talking to her. I kept my distance. I didn’t trust her like I would have 30 years ago, you know what
I’m saying? So, we had that issue, but I didn’t let her know that I particularly had that issue because we already had talked about it. It was like, what more can you say about it?

In retrospect, Angela makes sense of Helen’s cheating as “mid-life crisis,” adding: “She wasn’t good at dealing with those kind of feelings, and she probably should’ve been in therapy. But she chose to do her own kind of therapy, her sexual therapy.”

After their relationship ended, Helen moved to a different state, and they didn’t keep in touch or talk about what happened for long time. Angela explained: “I would have talked to her but when she left, she just left with her partner at the time. So, I didn’t have any interaction much with her at all for those years.” Despite not being in communication much over the years, when Helen got sick, Angela felt like she had to be there for her because she still cared about her, as a friend. She explained:

When she got sick, I remember that I was really like one of the few family\(^1\) members she had. And so it was important for me to support her through whatever this illness was. Not only her but for me. Because that’s who I am.

Angela used a metaphor to describe that what really hurt her was how Helen “left through the back door.” She explained: “If she’d gone through the front door, it wouldn’t have bothered me. If she’d said, ‘This is what I need to do, I’m gonna do it,’ but not sneak around for a few months and then go.” After their breakup, Angela started to see her former partner in a different, more honest light, explaining: “It’s when sometimes you get away from a person that you really look at their good, their bad and their ugly.” But she made active attempts to not let that whole picture overwhelm her overall view of Helen. Thus, about a year after they separated, when Helen reached out to Angela and apologized, she accepted Helen’s apology. She said, “I did of course accept her apology. What can you do? It’s over, it’s done. You know.” Though she

\(^1\) Not related family, but “family by choice”
attempted to remain aware of Helen’s character as a whole, she added: “But when I’m in relationship, I really try to look at the good and grow, you know?”

When Helen apologized, Angela expressed to her that she wished Helen had shown “much more maturity and kindness” in how she left her, but she added that beyond that, there “was nothing else to say,” and that she chose to forgive her. She explained:

I didn’t want to beat a dead horse, you know. I mean there comes a point, like, you either just accept it and you forgive it as fast as you can, or you don’t, and you have that bitterness your whole life, which isn’t healthy. And I didn’t want to have that.

In addition to choosing to not live in unhealthy bitterness, Angela wanted to avoid exacerbating any guilt that Helen was feeling. She explained: “I didn’t want her to feel any more guilty than I know she did. Because one of the friends in Jacksonville told me that she said the biggest regret of her life was leaving me.”

Although she forgave Helen, forgiveness was a difficult process for Angela. She explained:

Well I obviously am like everybody else at first. You don’t, I don’t like say, “Oh I forgive!” I don’t. I have to process it. I have to think about the hurt for a while to get through the hurt. Um, then I get through the hurt – I mean the bad hurt. And then I start thinking of, um, what to do to help myself get through this. And I usually will think about how it doesn’t help anybody for me to be mad, especially me. I’m the one I’m hurting the most. Um, and so I, I do, I have a tendency to go back and think about the good things about a person, not the bad things about a person. And before I know it, it’s healed, it’s healed enough where it doesn’t bother me anymore. You know? I mean, what I think, if I think about it, I can go, I can always go back, like any pain. If you want to go back to it, you can, but it’s too hurtful, so I choose not to go back to that particular pain, you know?

Angela also described how she no longer felt the same level of trust for Helen. She explained that “when someone cheats on you, you don’t have the same trust. You don’t. Matter of fact, it’s the trust that dies, more than anything else.” The amount of time it took for Helen to come around and apologize also affected her level of trust for her. She explained:
Once you hit that distrust, you can’t go back to that kind of trust. Not for me – I couldn’t go back to that kind of relationship. And if she’d gone back maybe within a couple months, but it was like a year she did all this.

Although she lost trust for her Helen, forgiveness is very important to Angela, and is a part of her “philosophy of life.” She argued that she doesn’t want to withhold forgiveness because she doesn’t “want to be that kind of person.” She added: “It’s more about me, and somewhat about the other person so they could die more peacefully, than me being angry at them.” Angela felt it was important to forgive and show compassion, especially when Helen was dying. She explained:

So I’ve never let her back in as much as she was for 14 years, but I was compassionate as a long-term friend and I didn’t, you know, it wasn’t even about her being my partner, but like her being a friend. And me like being a member of her family. You know, that’s how I looked at it. Like, so, I mean we have family members and we’re not as close to some as others, and yet when there’s a need, you’re there for them. And that’s how I felt with her. You know, I knew I was one of the few people she could trust.

After their breakup, Angela and Helen lived in different states, and although they made amends over the past, Angela believes that their relationship could have been “fixed even more” if they lived close to one another. She explained:

Maybe if she lived here I would have felt more inclined to have forgiven maybe more? But because she was so far away and didn’t contact me for a while, didn’t even know where she lived, um, I just went on with my life and wished her well, you know.

Though they did talk about the past when Helen apologized to her, Angela believes they “would have talked about it more,” and “it would have been more of a conversation until it was all totally worked out,” if they lived near one another. She explained:

But when you call someone a few years later and you talk about it, it isn’t like the pain wasn’t there, but it loses some of its importance. Not importance, but significance to try to iron it out at that point. I had my own life, she had her own life, you know? So, I think it would have happened maybe in a little bit healthier way if she’d been here.
Further, Angela explained that because of the timing, their forgiveness conversation didn’t affect her relationship with Helen in a very meaningful way. She explained:

“I don’t know that it was as meaningful for me at the point because I was already living happily in, um, I’m more, I more let her out of, let her go. I let, I gave her permission to let go of it, sort of, you know? Um, I didn’t want her suffering anymore than she’d already suffered. And by the time she really got back to me, her partner had left her.

Angela recalled specific words or phrases that were used during their conversations about forgiveness: “I’m so sorry for that, for the pain I caused you, and you know, that was about it.”

While Angela believes she herself “probably would have been more verbal” in how she apologized, Helen “wasn’t a person who did that so easily.” Thus, she thought that Helen “did the best she could have.” While she felt that Helen’s apology and forgiveness-seeking was “authentic,” Angela differentiated between forgiveness and forgetting, saying that she could forgive her but “couldn’t always forget.” She explained how she actively tries not to think about the past, because she can’t forget some of the things Helen had done:

I could forgive, but I couldn’t forget some of the ugly things she did to get herself away from the, our relationship, so she could play in the other one. It was pretty ugly. So I don’t even try to go back there. So that’s why when, when she was sick, I felt like it was more important for me to talk about good things with her.

She added that she is glad she forgave Helen, and that she tries “not to think about some of the ugly things, because that’s stupid.” And because of that, she added, she is able to “enjoy the fact that [they] had 14 good years.”

Angela also believed that Helen truly suffered, with guilt and remorse, for how she cheated on and left her. She explained:

I know it caused her a lot of pain and anguish, as much as me, just differently because she had the guilt. I didn’t have the guilt, I just had the pain. She had the pain and the guilt. Just because she was in an exciting new relationship that didn’t mean she didn’t suffer for leaving me.
Angela had known Helen was sick for about a year, and when she was moved to hospice, she started to call Helen and speak to her every day. While Helen was dying, it was very important to Angela that they don’t bring up the past, and instead, “only think of fun times [they] had.” She described how their frequent conversations would go:

Every time I would talk, they’d put the phone down so I could talk to her, and there was one time that they said she actually had a little smile on her face, and she hadn’t smiled for a couple days, when I was telling her some of the, remembering the good times, the fun times. And I wanted her to go out remembering fun times, because there’s so much heaviness in her life.

Angela painted a vivid scene of one of her final conversations with Helen:

When it was time for her, I knew she was dying, and they put the phone by her. You could hear her rasping – the death rasp. I told her to go, my mom and dad would be there for her, and that her mom and dad would be there for her. You know, I tried to, I tried to be kind. Even though she wasn’t kind to me. I don’t care. That’s my philosophy of life. You don’t have to hurt people more. They’re already hurt for whatever reason they’re hurt. Why do I have to make it harder?

While it’s been difficult to forget the pain and hurt that was caused, Angela explained that since Helen passed away, she’s been often remembering “a lot of the good things that happened” between them, adding:

It seems like I’ve been more sentimental about her. I’ve allowed that sentimentality to come back and remember all the good things she taught me, because I was just 23 when I got in that relationship. And it’s been good. I’ve been sadder. Because there were a lot of years that we didn’t interact and, um, there was just a lot of hurt there. Disappointment, maybe. She taught me things about human beings I didn’t want to know, you know? Through her actions, and how she ended it.

Angela claimed that making the effort “to remember good times” helps her to “remember [Helen] with grace.” She reiterated her philosophy on forgiveness and her belief that Helen “did the best she could,” adding: “I couldn’t ask for more than for her to say ‘I’m sorry.’ So I let it go.” She concluded by saying that while the past will always linger, she didn’t let that affect her final conversations with Helen, focusing instead on communicating positive messages. She said:
“I think she went knowing I loved her…The last three days when I had the phone near her…I would say I love you and, you know, that was important to me.”

4.10 MP_4: Cole

Cole is 30 years-old and identifies as non-religious. He spoke about his friend Jay, who died suddenly in a motorcycle accident in February 2016. Cole and Jay had been best friends since childhood, and Cole considered Jay his brother. But when they were 25 years old, Cole and Jay had a falling out after Jay “drunkenly fooled around” with Cole’s ex-girlfriend, shortly after the two had broken up. He said:

The breakup was sudden and it just tore me up. It ruined me at the time. I mean I just think that without Jay and a few close family members, I just would have been a mess, like way worse. He really was there for me, in a lot of different ways. So, when it happened, when he fooled around with her, I mean it was shattering. Like a betrayal I never knew I could feel.

Because Jay had been part of a such crucial support system during his difficult break-up, Cole explained that his hurt was caused more than by “just the hook-up,” and that it was “about the fact that [he] lost the person [he] trusted with [his] pain the most.”

The day after “the hook-up,” Jay called Cole to tell him what happened and express his shame and remorse. Cole said: “He called because he wanted to make sure I didn’t find out some other way. I mean, he was a good guy, and he messed up, and I guess he did the right thing by immediately feeling so bad and wanting to tell me.” But Cole’s initial reaction was to see his friend’s immediate action as “selfish – a way to immediately seek forgiveness so he wouldn’t have to feel bad about it.” At the time, Cole didn’t forgive Jay, explaining: “In so many words, I told him to screw off. To leave me alone. And then I ignored him for years.”

In the years following the event, Jay had reached out to Cole a few times, once through a Facebook message, asking Cole if he was “ready to talk about it again,” and a few other times
via phone call. But each time, Cole was not ready to talk about what happened, let alone forgive
Jay. He described having to “re-organize [his] life” because he had lost his best friend, and along
with that, the social circle that they had shared. He said:

I went through a really, really hard few months. Even a couple years. On top of dealing
with the break-up with my longtime girlfriend, I lost my best friend, and I became really
lonely and isolated for two reasons. One, because I kind of chose it, most of the time. But
two, because naturally, people were like uncomfortable and kind of had to choose who to
invite to this, to that, you know. Like everyone knew Jay and I had a falling out, so it just
became too cumbersome to do social events, and basically my social life was just gone. I
mean, it was, I was really suffering.

The last time Jay had tried to speak with Cole was just a few months before Jay died. On
Cole’s 30th birthday, Jay sent Cole a text message to wish him a happy birthday, and Cole
thanked him, through text. Cole said, “I guess he took that as a hint that maybe I would actually
talk to him because right after I said thanks, I get a call from him.” During this call, Jay and Cole
had an extended conversation about the past; though Jay had tried to talk to Cole before, they
“never talked more for than just a couple minutes” before Cole stopped the conversation and
hung up on Jay. Cole described this last call and conversation:

He said “I hate to beat a dead horse, but man, I still feel really bad about how I hurt you,
and I just want you to know that I’m so, so sorry.” He um, I mean, he was really
remorseful, kind of said he’s still suffering about it. And I remember that I kind of let him
talk, because I really wanted to hear all that. I hadn’t let him really talk before, I almost
felt like if he had a chance to talk about it and relieve himself, I would be robbing him of
the guilt he needed to and should have felt. I don’t know why, but it’s like, because this
was the first time I was actually hearing him out and talking about it, it was just like raw
still. And I couldn’t forgive him. I remember feeling really emotional, I think I told him I
was still hurt and I wasn’t ready yet to let that go.

Even though Cole finally confronted the topic with Jay, he didn’t forgive him when his friend
asked for forgiveness. His response to Jay was “driven by sadness and anger,” and he “kindly”
told Jay that he didn’t forgive him. He recalled:
I wasn’t mean or vicious about it the way I was before. I mean, we were both really emotional. I felt like I needed to be honest with him, and with myself, and not prematurely tell him I forgive him, when I didn’t.

Cole said he wasn’t sure why he didn’t feel ready to forgive, and he wasn’t sure what needed to happen in order for him to get to a point of feeling forgiving. He said, “A big part of me wanted to forgive, but I didn’t know how. I equated it with the way I felt, and because I still felt so hurt, I figured I didn’t or couldn’t forgive.” He explained that “forgiveness was a new territory” for him, and even though he’s had to forgive a whole lot throughout his life, “it isn’t something that was really part of [his] vocabulary or relationships.”

The conversation with Jay had been on Cole’s mind for a few weeks, and he was beginning to think “forgiveness was slowly coming,” when one day, Cole received a call from a mutual friend who told him that Jay had been in a bad motorcycle accident and he wasn’t expected to make it. Over the following couple of days, Cole spent hours at Jay’s bedside as he lay in a coma. During times when they were alone, Cole spoke to Jay, offering forgiveness, and asking for forgiveness for his own stubbornness. He recalled:

It was incredibly hard, I really wished he was able to talk to me. Although I felt like he could hear me, and maybe he knew I forgave him, I felt ashamed myself now because it had to take this for me to let go of my pride and try to fix our friendship. And now it was too late. I just had so much regret. I told him over and over, I was so sorry for holding back so long. But I also wanted to make sure he knew that he didn’t need to feel bad, no shame, any longer. I wanted him to be at peace about the past and not have any worries about it. Of course, it was like I was speaking to myself, but I just needed to hear myself saying it out loud to him. I wanted him to be at peace.

Jay passed away after four days in a coma. As Cole prepared himself mentally for the memorial service, he decided to write a letter to Jay as a way to process his feelings and decision to forgive. In this letter, he wrote a detailed account of why he felt so hurt, and why he chose, for years, to not forgive Jay. He explained that he wanted to feel justified about his reasons, but that
death has now given him “a new perspective on life and relationships: that it’s not worth it to hold on to hurt.” He added:

The letter was for me as much as it was for him, even though of course he couldn’t read it, and I could never give it to him. I still have it actually. But I wrote about death a lot, and how Jay dying was a real motivation to work on my own relationships and work harder to maintain relationships, despite hurt. It actually motivated me to reach out to my ex too and just tell her that the past is water under the bridge, that I wish her the best. Of course, I have regrets that, you know, that someone I love had to die in order for me to learn and accept these things, but yeah, I mean his death made me see the value in peace, and in overcoming hurt to keep important relationships.

As Cole wondered if death was the catalyst for his decision to forgive, or if he was already on the path to forgiveness before Jay’s accident, he explained that since Jay had obviously been so remorseful, he knew that he was coming close to “processing that enough to come, pretty soon actually, to a decision to forgive.” For Cole, it was important that Jay not only accept responsibility, but that he really understood how he had hurt Cole. He said:

When Jay asked me to forgive him years ago, he talked a lot about shame. How he felt so ashamed, so bad. I think he more often said that he felt bad, like more than he asked for actual forgiveness. He really wanted me to know he knew what he did was wrong, and it’s like he wanted to make sure I knew he was suffering. He was, and I knew it. And I guess back then I wasn’t ready to let him off the hook. Not that I enjoyed his suffering, but in a sense I was glad, because it meant he understood, and my own suffering was being acknowledged.

While he believes this remorse and shame would have motivated him to forgive sooner or later, he does think that Jay’s death not only sped up that forgiveness, but that “it made it more sincere and real.” He added:

I think forgiveness may have been harder, maybe messier, if Jay hadn’t died. Maybe we would have talked about it more, maybe I would have gone back and forth and felt unforgiving at times. And maybe we wouldn’t have even really been friends again. But it’s like his death just made it clear-cut. I don’t feel any uncertainty whatsoever, I don’t ever feel like going back and dwelling and thinking, well maybe I’m still hurt about this, maybe I don’t forgive him entirely. Nothing like that. I think the fact that he’s dead makes it simple. Like I said, I just really have this new approach, at least with regards to Jay, that forgiveness is ultimately worth it, and having my mind set on that just kind of
brings my feelings along. Like, it’s not hard to feel that yes, I have and will continue to forgive and I’m no longer dwelling on the past. It’s really not a big deal anymore.

Cole concluded by giving some examples of how he still feels connected to Jay. In addition to imagining him in various scenarios, he sometimes thinks: “I wonder what advice Jay would give me. He was always so good with advice, and he was a good listener. So I often think, well, Jay would say or do this, and that helps me sometimes in tough situations.” Cole also keeps a journal in which he often writes to Jay. He said: “I sometimes write to him about past memories, but a lot of the times I kind of tell him what’s been going on and I tell him I miss him and I wish he was here to give me his advice.” He stated that “it’s definitely the fact that I forgave him that makes it possible for me to feel like he’s still around, like in my heart, and that we will have a lifelong friendship.”

5 CHAPTER 5: ANALYSIS AND DISCUSSION

This project aimed to understand the specific communication, including words/phrases and nonverbal communication, used by dying people and their loved ones as forgiveness was discussed, sought, and/or granted, or even denied. The research questions this study aimed to address are:

*RQ1: How do family members of dying people communicate about forgiveness during EOL?*

*RQ2: What have been the outcomes of this communication?*

The interviews, which were conversational and open-ended, were designed to uncover this data through participants’ stories and memories of their forgiveness-communication. This chapter will highlight major patterns of communication and themes discovered through textual analysis of the
interviews, and these findings will be compared to the extant and relevant literature on forgiveness and end-of-life communication.

Regarding how people communicate about forgiveness during EOL, three major patterns related to the level of communication about forgiveness were evident: explicit/implicit forgiveness-communication during EOL; explicit/intrapersonal forgiveness-communication after death; nonverbal forgiveness-communication. Additionally, a relevant pattern – family communication patterns contribute to forgiveness-communication during EOL – was related to how forgiveness-communication was initiated and how prior family communication dynamics contributed to whether or how forgiveness was discussed (a sub-pattern included deterrents of forgiveness-communication in the past).

As participants spoke about how they engaged in forgiveness-communication during EOL, their stories also revealed relevant themes and sub-themes related to: how death impacts forgiveness-communication, including death creates urgency for forgiveness-communication (sub-theme: insincerity of EOL forgiveness-communication) and death makes forgiveness-communication difficult; what functions forgiveness has for participants and their relationships (functions of forgiveness) (sub-theme: forgiveness is selfish); and why participants and their loved ones forgave or didn’t forgive (reasons for forgiveness) (sub-theme: reasons for not forgiving). Regarding the second research question, three themes will be discussed: forgiveness-communication is meaningful, forgiveness-communication is not meaningful, and forgiveness-communication repairs and continues relationships after death.

5.1 Explicit/Implicit Forgiveness-Communication During EOL

As participants were faced with the impending death of their loved ones, many spoke about needing to explicitly confront various topics or conflicts, and death gave them the context
(and sometimes the courage) to do so in an explicit way. For Sarah, Heather, and Jack, death made them confront a conflict that happened many years ago – even decades. These conflicts were either never confronted before, or at least were never resolved. Simon and Pearl, while having explicit communication about forgiveness during EOL, either didn’t forgive (Pearl) or felt that forgiveness was unnecessary (Simon). This pattern of how people communicated during EOL will also highlight the contrast between explicit and implicit ways of communicating, as participants also described how forgiveness – and other positive messages – were communicated implicitly at times. As Keeley and Yingling (2007) state, “a long-time intimate couple are so familiar with each other than they can frame their love messages to be easily received and understood” (p. 14).

In Sarah’s (FP_2) case, for most of her life – more than 25 years – she and her brother never once spoke about what he did to her, until her brother was on his deathbed. Their story highlights how death can function as a context for explicit communication about forgiveness. As Sarah explained, she was “compelled [to confront him] because of the situation. Because I saw him actually dying before my eyes.” Sarah said that when faced with death, “it’s important to be real,” and that her brother’s death encouraged her “more and more to be real and honest with people. Not like to argue, but to just get shit, get stuff out in the open you know, hash it out.” Sarah directly brought up the past to her brother a few days before he died, and his initial reaction to her confrontation was to cry and not give any verbal response. However, the next day, he asked for forgiveness directly and explicitly. Sarah recalled: “He asked directly. He said, he didn’t ask, I remember his exact words at some point, at some point he said, ‘I hope you can forgive me, but I can’t expect it.’”

Sarah felt that her brother was especially genuine because she knew how hard it was for
him (or anyone in her family) to explicitly say certain words like “I’m sorry” or “Will you forgive me?” She said: “That’s just not, it’s not really the way we talk to each other. We usually say things implicitly, whether it’s affection or apology or conflict.” But when her brother explicitly asked for her forgiveness, she explicitly granted forgiveness, saying: “I told him that of course I forgive him.” After avoiding this topic her whole life, her brother’s nearing death catalyzed direct communication about it, and ultimately, she was able to forgive her brother, and noted the significance of explicit forgiveness-communication as a sign of genuine remorse.

Heather (FP_1) and her mother also explicitly spoke about forgiveness more than 20 years after their relational issue occurred. She said they both wanted “to just be out in the open and breathe this sigh of relief, and stop ignoring the elephant in the room.” When she sat with her dying mother during a chemotherapy session, Heather directly confronted the topic of the past, and of forgiveness. She recalled her mother’s response: “I remember what she looked like, she looked at me and said, ‘Sweetheart, tell me what you think and feel about it’…she was so open and allowed me to just pour myself out.” For Heather and her mother, what seemed to really work was the way they both explicitly asked each other how they felt, and invited the other to speak. When they finally gave each other permission to talk about the past, they were able to also express forgiveness. As Keeley and Yingling (2007) argue, EOL conversations are critical because they can facilitate the communication through which forgiveness and reconciliation may be enacted.

Interestingly, though they were very open and explicit about their past conflict, Heather said that forgiveness itself was communicated in a more implicit way, though she knows now and knew for certain at the time that “forgiveness happened.” She explained:

I don’t remember ever saying the words, “Will you forgive me?” It’s almost like, that’s not part of...our human language, really, right? So that’s why I’m trying to figure out-
people obviously communicate that, without actually saying the words “Please forgive me.” Like, who does that? “Please forgive me!” Who does that?

As is evident from Heather’s experience, forgiveness is often communicated and understood implicitly, even in the absence of such explicit statements as “I forgive you.” As Heather stated, “it was there, but not in so many words.”

Jack (MP_3) and his father also spoke explicitly about conflict and forgiveness at the end of his father’s life – a way of communication that was very different than usual for them. Jack described the conversation as a “special moment” that happened while he was helping his father get comfortable in his hospital bed, just days before he passed. He recalled and emphasized his father’s “exact words”: “He looked at me and he reached over and grabbed my hand and he said, ‘Jack, I don’t know how to say I’m sorry, but I am.’” Jack initially reacted by explicitly telling his father that “he didn’t need to apologize,” because he didn’t want his father to feel guilty or stressed. Nonetheless, his father insisted, asking Jack to “forgive him, for everything.” Jack summarized his father’s explicit communication:

I was just such an ass, I didn’t know how to help you, and I really, really wanted to, but I just didn’t know how, and so I just shut down and watched you suffer from a distance. I am so sorry for that. I wish that I could have been better, could have known better, and could have had the courage to find out what I needed to know to help you.

As his father explicitly listed specific transgressions he wanted Jack to forgive him for, Jack explained that “it was more like he was telling a story, and I was listening.” Researchers Hovey and Paul (2007) argue that during EOL, people often use stories to explicitly make meaning:

Sometimes we have an opportunity to tell of that something that has gnawed at us or hurt us or confused us or invited us, but now, as it is revealed or un/concealed, we use a story, often outwardly and often beautifully, to ask for meaning-making assistance with what were previously internalized feelings and thinking. (p. 58)
Similarly, Keeley (2007) argues that peacefully concluding a painful past often becomes a priority during the EOL, and in this context, stories create the possibility for forgiveness and reconciliation to occur. As was the case with Jack and his father:

> Storytelling holds the possibility for a person to review his actions or inactions, considerations or non-considerations, joy or pain, what has happened as well as what has or could have been. At the core of narrating storied experiences is a way to get at the meaning of that “something” that has been held as a promise of a release. (Hovey & Paul, 2007, p. 58)

Hovey and Paul (2007) add that attending to a dying person’s story creates the “possibility of co-understanding” (p. 58), and Jack experienced this as he explained that his father’s story helped him understand his father – and who he was as a person – better. He explained: “I was able to re-frame how and who he was, and understand his actions, or his lack of actions, from a different perspective.” Jack remarked how surprised he was that one simple conversation – and explicit communication about the past – could have such a profound effect on him and his relationship with his father. He said:

> Just that one conversation. I mean, I guess that’s really all we needed. You know, just to communicate. To do so in a way that let me know who he was. I mean, that was all it really came down to. Like I think he could have even just told me all those stories, and told me he felt bad, but he could have not asked for forgiveness and it wouldn’t have mattered because I would have had enough just from hearing him speak, telling me things, to know who he was, and understand things better and not feel so hurt by things. I felt he didn’t know my heart, and I didn’t know his. And it’s crazy but… how communication can, you know, just like really change that. Just talk. Communicate. It’s not that hard. Or I guess it is.

Jack (MP_3) also explained that while his father’s forgiveness-communication was clear, it was not necessarily explicit. He said:

> He didn’t ask. Not like, ‘Will you forgive me?’ But he expressed that he really wanted me to. It was not really in his character. Well, I mean this was all already very much out of character for him, but even so, like going so far as to ask the words, “Will you forgive me?” No.
Thus, even though his father didn’t directly ask, “Will you forgive me?” Jack knew his father was sorry and was implicitly seeking forgiveness by saying he was sorry.

5.2 Explicit/Intrapersonal Forgiveness-Communication After Death

While some participants explicitly communicated about and experienced forgiveness, their experiences were unique in that explicit forgiveness-communication happened after death, or it happened intrapersonally. Intrapersonal forgiveness is a process that one goes through on their own, and is reflected by “acceptance, dealing with the event, or getting over it…[a] reduction in negative feelings, [and] letting go of grudges,” (Worthington, 2005, p. 841). While ample research has examined intrapersonal forgiveness, the concept has not yet been researched in the EOL context, and how people forgive after someone has passed. Betsy, Cole, Claudine and Sam all experienced forgiveness after their loved one’s death, and each had a unique way of either communicating explicitly to their loved one, or intrapersonally experiencing forgiveness without directly talking to their loved one about it.

Although Betsy (FP_3) didn’t explicitly communicate about forgiveness with her mother while her mother was alive, Betsy spoke to her mother after her death, explicitly telling her how she had hurt her, how she had always wished her mother could understand the depth of the damage and pain she caused, and how she wished that her mother had come to her and apologized. But as Betsy said these things to her mother, while sitting next to her coffin, she described feeling “a peace feeling” that she interpreted as her mother implicitly apologizing to her. She said: “It took a little bit to recognize it but I took it as that she was saying that she was sorry, and that if she had to do it over again, she wouldn’t do it.” Betsy forgave her mother, intrapersonally, even though they never engaged in forgiveness-communication while her mother was alive.
Betsy also spoke about needing to forgive “for herself” – regardless of whether she was able to communicate with her mother about it, and regardless of whether her mother apologized or not. It was important for her to forgive internally so that she could be at peace and heal her wounds. She explained that while she didn’t think forgiveness would ever make their relationship “go back to the way it used to be,” it would be good “for [her] own well-being.” Betsy also believed that had they engaged in forgiveness-communication, “that there would be maybe some more open communication, you know?” But they didn’t have that open communication or repair their relationship. Even so, Betsy chose to forgive her mother, internally, explaining: “You do it for yourself so that you can heal from it.” Betsy stressed that while forgiveness doesn’t make you forget past hurts, it’s a “selfish” act that can mend your heart and be critical to your own healing process.

Cole (MP_4) had a forgiveness conversation with his friend Jay while Jay was in a coma, days before dying. Cole spoke to Jay privately, and both granted him forgiveness and asked for forgiveness in return, for being too stubborn to offer forgiveness before. Cole described the difficulty in not being able to have a two-sided conversation: “It was incredibly hard, I really wished he was able to talk to me.” But, he added, “I felt like he could hear me, and maybe he knew I forgave him.” Cole desperately hoped that Jay could hear him so that he could “be at peace about the past and not have any worries about it.” He explained: “Of course, it was like I was speaking to myself, but I just needed to hear myself saying it out loud to him. I wanted him to be at peace.” Cole also wrote a letter to Jay after Jay’s death, which was another venue for him to internally express his forgiveness, and his own desire to be forgiven by Jay. He explained that “the letter was for [him] as much as it was for [Jay],” even though he could never give it to Jay.
While Cole communicated explicitly to Jay – through speaking to him at his deathbed, and through writing him a letter – he experienced forgiveness intrapersonally.

Claudine (FP_4) never got to communicate explicitly with her grandmother about forgiveness before her grandmother passed. In fact, it wasn’t until her grandmother was dying that Claudine even realized how hurt and angry she was that her grandmother never made the effort to maintain a relationship with Claudine, the way she did with her other grandchildren. Claudine reached out to her grandmother and had a final conversation with her, but it was mundane and insignificant – they didn’t discuss any conflict and didn’t even acknowledge that ‘Nana’ was dying, nor the fact that this would be their final conversation. Nonetheless, Claudine eventually forgave her grandmother, and she said that “forgiveness was internal.” She explained that she and her grandmother didn’t have “the kind of relationship for [her] to actually talk to her about [forgiveness].” Even though their final conversation did not explicitly involve meaningful communication about their relationship or forgiveness, she said, “that conversation made me realize I do still love her.”

As noted in the previous chapter, Claudine was worried at the start of the interview that she didn’t have anything valuable to say about forgiveness, given that she never actually talked to her grandmother about forgiveness. But as the interview progressed, she explained how forgiveness occurred intrapersonally – a process that was personal and meaningful for her, even though she never got to communicate it to her grandmother.

Sam (MP_1) also expressed hesitation at the start of his interview, noting that because he had a good relationship with his daughter and no major conflict at the end of her life (or prior), he didn’t “have much to say about forgiveness.” However, as with Claudine’s interview, Sam’s interview process revealed to him that there were still issues that he needs to work on forgiving,
not only with regards to his daughter Violet, but with his wife Eva and her alleged “pact” with Violet that left Sam feeling like he was left out of major EOL decisions. While Sam discussed issues that arose during Violet’s EOL, he spoke both of having forgiven Violet and Eva, as well as needing to still work on forgiving certain things. He said: “I didn’t think I was going to have anything to say about forgiveness but I, I, I’m angry. But I, I’ve forgiven her about it. I mean it’s, you know it’s, it’s over.”

Sam added that his forgiveness process was internal and that he hasn’t spoken to his wife Eva about it, explaining that he’s not “avoiding not talking about it,” and that should they eventually confront this issue, “it’ll be for a good reason, because it’ll be a costly conversation.” Interestingly, he situated forgiveness-communication within a ‘cost-benefit’ framework, explaining that considering the cost, he’s “not sure what the benefit would be to inflict that on Eva.”

Although Sam claims to have “forgiven them both,” it seems that he either hasn’t forgiven some things, or that he is still in the process of working through forgiveness, especially as the process is complicated by having to work through grief as well. As he explained, even remembering little arguments with Violet near the end of her life made him “feel funny,” given that she has passed. Thus, it’s possible that grief may halt the willingness or ability to confront issues, let alone forgive people who have hurt you.

As Wade, Johnson and Meyer (2008) argue, forgiveness is a process that can happen internally – or implicitly – without there being any communication about it between the people involved. They frame forgiveness “as an emotional, cognitive, and behavioral process” that includes both the reduction or elimination of negative or uncomfortable feelings, thoughts and behaviors tied to a specific hurt, as well as an “increase in positive, prosocial feelings, thoughts,
and behaviors” (Wade, et al., 2008, p. 89). Smedes (1996) also argues that “we do forgiving alone inside our hearts and minds” (p. 177). While research has looked at both pathways of forgiveness – intrapersonal and interpersonal – it’s especially important to note that people who have experienced forgiveness in the EOL context, or even after someone has passed, are likely to think about and understand forgiveness as an intrapersonal process, given that interpersonal communicative processes of forgiveness may not even be an option. Thus, it is critical that researchers acknowledge and validate both pathways of forgiveness, as both can play a part in how forgiveness is enacted and understood, especially in the EOL context.

5.3 Nonverbal Forgiveness-Communication

Another pattern of communication revealed in the analysis of interviews was nonverbal communication – particularly touch – and how it was enacted during forgiveness-communication. Several participants (Heather, Jack, and Sarah) spoke about their memories of how their loved ones increased their touch during EOL, especially during forgiveness-communication. This topic of touch/nonverbal communication during forgiveness-communication at the end-of-life has not yet been investigated by communication researchers or health scholars. An interesting note is that, aside from one participant (Simon), all other participants who did not speak about nonverbal communication or touch during their forgiveness-communication were not physically present with their loved ones during their conversations (Claudine, Pearl, and Angela), or their loved ones had already passed (Cole and Betsy). Instead, they communicated either over the phone, or they communicated to their loved one after their loved one already passed. But for those who were physically present with their loved ones, forgiveness-communication was always accompanied – and bolstered – by nonverbal
communication, like touch, which seemed to make the interactions and conversations more memorable and meaningful.

When Heather (FP_1) and her dying mother were confronting a conflict from 20 years ago, Heather was very aware of her mother’s nonverbal gestures. She recalled: “I remember she put her hand on mine, like on the armchair, she put her hand on mine and said, ‘I’m sorry, honey.’ Like I knew that she was apologizing not just for how I felt, but for her role in that.” For Heather, affectionate nonverbal gestures were not common in her family style of communication, so they really stood out to her when they happened. She noticed “a very marked difference in a lot of the ways [they] did things,” and one of those things was “how much [they] hugged or just touched.” Heather explained:

I mean my parents were always loving, supportive, you know, like they were just, they were very good parents to me. But I am more of an affectionate person, um, I like, I like to hug, to say I love you, to just hold, you know. And my parents were not as much like that. I guess they communicated affection in other ways but not through like touch or nonverbals or whatever.

Because the uncommon nonverbal gestures were present during their forgiveness-communication, they were especially memorable and meaningful for Heather. As Ferch (2000) argues, “touch can be viewed as a symbolic representation of the enduring relational connection that forgiveness fortifies” (p. 159).

Jack (MP_3) also relayed how his family generally communicated in a “rigid” way, and because they became more open during EOL, he has a very good memory of nonverbal gestures. He recalled:

I remember it, I can see it like a painting in my mind. Because it was such a big deal. Not just the topic, but like the way she almost touched me. I mean we had normal hugs or whatever, but we were not very touchy, or like physical, as a family. You know, just in general a very sort of rigid, closed-off family. My dad more so than my mom, but even with my mom, it just kind of felt awkward to like get emotional and touch hands or whatever.
He also recalled vividly how, from his deathbed, his father communicated verbally and nonverbally: “He looked at me and he reached over and grabbed my hand and he said, ‘Jack, I don't know how to say I'm sorry, but I am.’” In addition to the unexpected verbal apology, the nonverbal gesture “shocked” Jack; he felt “like a ton of bricks hit” him, “but in a good way.” He added: “I was just completely stopped in my tracks, and totally mesmerized by what he said. I was so incredibly aware of the touch of his hand. It was like, electric, like palpable.” His experience speaks to Ferch’s (2000) argument that “the organ through which we most clearly communicate deep internal meanings may be found in the physical contact that occurs between two people” (p. 167).

Jack said he and his father had a “non-relationship” throughout his entire life, one that he felt was finally replaced by a real relationship in his father’s final days. He explained that although the changed happened just a few days before his father passed, “it definitely changed everything.” He added: “I felt more comfortable being around him, and like touching him, you know, just being affectionate and caring for him.” As argued by Ferch (2000), “in the forgiving touch, the emotional distance between us and our loved one seems to be dissolved” (p. 167). For both Heather and Jack, whose final conversations were with their parents, the experience of nonverbal and touch-communication being present during their final conversations with their parents reflect the experiences of Ferch’s (2000) participants: “In the touch, [they] felt not only the giving and receiving of forgiveness, but the renewal of the nurturance so integral to their parent-child bond” (p. 161).

Sarah (FP_2) described how her brother apologized to her, days before he died: “I sat down next to his bed on the chair, and he looked at me and placed his hand on mine. He said, his first words were just, ‘I’m sorry.’ Like that. Just, ‘I’m sorry.’” She added that “it was hard for
him, it was visibly like a difficult thing for him to talk about.” Because of their general lack of
relationship throughout their lives, she was caught off guard not only by his apology, but by the
way he expressed affection and remorse by reaching out and “touching [her] hand.” In her
family, “affection or apology or conflict” were usually expressed implicitly, if at all. Sarah
described the nonverbal gestures, and how they affected her, in detail:

I remember just touching, like grabbing his hand with my other hand too, you know, it
was this very intense, like I was very aware of how we were holding hands because it’s
just not what our family does. And I felt almost this, this strange excitement. I was just
feeling good, kind of thinking that this really was the best way that this could go. And I
told him that of course I forgive him, and that I didn’t want him to feel ashamed anymore
or worried about how he hurt me. We cried, a lot. I remember hugging him, and we both
just cried for a long time and just didn’t say anything, for a while.

Despite being siblings, Sarah described how she never felt close to her brother, until after
they had this conversation about forgiveness. She believed “it made [them] as close as possible
when he was dying.” As Ferch (2000) argues, “the forgiving touch may open a place in which
the original bond can once more be acknowledged” (p. 164).

Although multiple participants in this study noted the significance of nonverbal
communication – particularly touch – during their final conversations about forgiveness, no
research to date has linked these three areas of study (touch/nonverbal communication,
forgiveness, and EOL). In their study of final conversations, Keeley and Yingling (2007) found
that “many of the verbal statements of love by the Living were accompanied by nonverbal
expressions of affection” (p. 15), but their findings were limited to nonverbal communication
related to messages of love, not of forgiveness. Ferch (2000) also studied the personal meanings
people “ascribed to the experience of touch in the context of forgiveness” (p. 155), and noted that
“forgiveness can be affirmed by a forgiving touch” (p. 170). Ferch argues:

Touch is an experience fundamental to humanity. From the enfolding touch experienced
in the womb, to the touch of another’s hand before death, touch accompanies, reflects,
and speaks to the reality of our lives. Touch is among the most meaningful ways we come to experience and know our world, and in the context of relationships touch can be a potent reflection of connection. (2000, p. 155)

Ferch’s study was also limited in that participants spoke about touch and forgiveness, but not in the EOL context. Evidently, how nonverbal communication accompanies verbal statements of forgiveness during EOL is an avenue of research that needs further investigation.

5.4 Family Communication Patterns Contribute to Forgiveness-Communication During EOL

Apart from two participants who did not directly communicate about forgiveness during EOL (Claudine and Sam), all other participants spoke about how their forgiveness-communication was initiated, and who did the initiating. Four participants (Heather, Sarah, Betsy, and Cole) initiated forgiveness-communication, and for four other participants (Pearl, Simon, Jack and Angela), forgiveness-communication was initiated by their loved ones. While forgiveness happened for all but one participant, interestingly, multiple participants spoke about how it wasn’t the norm for their family (or friend/partner) to communicate about forgiveness prior to the EOL event. Particularly, Sarah, Jack, Heather, Angela and Cole stressed that in their families or relationships, conflicts were generally resolved implicitly (if at all), and verbal messages like “please forgive me” or “I forgive you” were not things their family communicated. Nonetheless, this changed during EOL, and it seemed that impending death was powerful enough to trump and change prior styles of communication that didn’t foster forgiveness-communication.

Sarah spoke of how their overall family communication style was “closed-off,” and this created a difficulty in communicating explicitly about difficult relational issues. Sarah said, “It’s not really the way we talk to each other. Like I said, we usually say things implicitly, whether its
affection or apology or conflict.” She added that her family rarely communicated about conflicts, explaining: “Even when we all know what’s there, we often just move on from things, like implicitly.” But this changed in the face of death, when Sarah and her mother had a very open and candid conversation about the past and about forgiving one another.

Jack (MP_3) also described how his family’s “rigid” and “closed-off” style of communication not only was the conflict that emotionally separated him from his father, but was also the reason that his father never apologized for that lack of relationship. His family “didn’t have very deep or meaningful interactions,” he said, adding that his parents “didn’t know [his] heart” and he didn’t know theirs. Thus, when his father asked for forgiveness when he was dying, Jack was shocked at how open and vulnerable his father became, explaining: “Just to hear the man talk was a beautiful thing because he was so closed-off and private and quiet.” As his father spoke about past issues, he apologized for not knowing how to help or talk to Jack, saying: “I wish that I could have been better, could have known better, and could have had the courage to find out what I needed to know to help you.” His father’s apology helped Jack understand who his father was, and after this conversation, he was able to “re-frame” his father’s actions (or lack thereof).

For Heather (FP_1) and her mother, a “culture of silence” was also a contributing factor to not only how her mother hurt her, but to the lack of communication about their issue and about forgiveness. She explained that it wasn’t just her mother who didn’t communicate about their issue, but that she herself contributed to the culture of silence. But when her mother was diagnosed with cancer, Heather strongly desired to end that silence and “make it OK” to talk about the past. She said, “it's like death kind of gave us permission, or at least I wanted it to give us permission, to talk about this past thing.”
As Angela explained how her ex-partner, Helen, asked for forgiveness, she recalled: “I’m so sorry for that, for the pain I caused you, and you know, that was about it.” Angela herself “would have been more verbal” in her own apologies, but she described Helen as a person who didn’t “communicate so easily” in that way, and therefore, she interpreted her rather taciturn apology as “the best she could have” done. Similarly, Cole explained that in general, “forgiveness was a new territory” for him, and “it isn’t something that was really part of [his] vocabulary or relationships.” This made it both difficult as well as meaningful for him when he was finally able to communicate in that way with his dying friend.

As prior research indicates, people often wait until death to confront past conflicts that were difficult to address, and that perhaps even severed important relationships. Ferrell et al.’s (2014) study asked, “Why do we wait until dying to resolve these issues [of forgiveness]?” (p. 638). One reason seems to be that as people become cemented in their family communication patterns, they become closed-off to possibilities of new and different ways of communicating. It seems that oftentimes, different communication styles need to be triggered or catalyzed by major life events, such as an impending death.

5.4.1 Deterrents of forgiveness-communication in the past

In addition to family communication patterns restricting them from speaking about forgiveness in the past, some participants (Heather, Sarah, and Betsy) also noted other deterrents of forgiveness-communication prior to EOL, including fear of such conversations not going well, fear of hurting their loved one, and waiting for the other person to initiate or apologize.

Heather (FP_1) talked to her mother about a conflict which she had avoided for a couple of decades, saying, “it was always fear that kept me back. You know, fear of how she would react, or of upsetting her, or maybe her upsetting me. Or just that she wouldn’t want to talk about
it, and shut me down.” Exline et al. (2012) note how interpersonal hurts can intensify the difficulty of end-of-life communication. But in the context of death, Heather explained, “it felt natural.” She added that she knew her mother would be open to discussing it, saying, “it’s like we both sort of knew this would happen, now that she had this diagnosis and there was just no more time to waste about it.”

People are sometimes deterred from engaging in forgiveness-communication because they often have “inability to imagine that any healthy resolution is possible” (Byock, 2014, p. 8). As Sarah (FP_2) noted, her own imagining of how terribly such a conversation might go is a major reason for her never confronting her brother about how he hurt her. Explaining that she was afraid he would deny the past and tell her she can’t possibly remember anything that happened at such a young age, Sarah said:

> I always knew that if I told him and he either denied it or like responded in a non-apologetic way, I would feel just awful. In fact, I felt like if that happened, I would never want to see or speak to him again. So maybe, you know maybe I was protecting our relationship from that possibility.

Sarah explained that she would often “play out scenarios in [her] head and it never went well.” She added: “I mean my mind never allowed me, or I guess I never even could conceive of how this could go well.” Yet when Sarah had a forgiveness conversation with her dying brother, to her surprise, it went very well, “as well as it could possibly go,” and her brother sought her forgiveness. He explained to her his own reasons for not seeking forgiveness in the past, saying:

> Even though he never apologized or talked to me about it, [it] was something he thought about constantly, and he always felt disgusted with himself. And that he truly did believe that I didn’t remember and that made him even weaker in terms of having the will to, you know, to like tell me, or apologize.

Ferch (2000) argues that “to be without shame, we sense we must reveal ourselves” (p. 165), and in Sarah’s brother’s case, finally verbalizing his shame required that he reveal his own memory
of the past and ask forgiveness of his sister. As Ferch contends, then, “perhaps the role of shame is to point us toward the opportunity for forgiveness” (p. 165).

Betsy (FP_3) avoided talking about conflict and forgiveness with her mother because she kept waiting for her mother to bring up the topic, and to apologize. Keeley and Yingling (2007) note that there are lots of factors that can determine who initiates the topic of conflict and forgiveness, and for Betsy, one of those factors was that she felt it was her mother’s place, as the transgressor, to reach out to her and apologize. Just as her mom never apologized, her father, who is still alive, “still has never apologized,” and Betsy attributes this to her family’s general communication style of being closed-off and non-emotional in how they relate to one another.

In addition to patterns of communication about forgiveness during EOL, analysis revealed important themes and sub-themes about forgiveness-communication during EOL that were frequently brought up by participants, and these themes will be discussed in the following sections. These themes both affirm prior research and highlight potential new areas of research about forgiveness during EOL.

5.5 Death Creates Urgency for Communication About Forgiveness

Another prevalent theme revealed in the analysis of interviews is that death created a new context and immediacy for not only relationships, but for resolving conflict in relationships. As noted by Keeley and Yingling (2007), “the Dying often choose to shut out all but their immediate family and closest friends” (p. 7). As the author herself (Keeley) noted, for her own relationship with her mother, “terminal time created a context in which our relationship became the priority” (Keeley & Yingling, 2007, p. xii).

Claudine (FP_4) felt unsure about what she wanted to talk about with her dying grandmother, but she called her in hopes that her grandmother “would take the initiative” to talk
to her about something important – mainly, their lack of relationship. Though a significant
conversation didn’t happen, let alone explicit talk about forgiveness, Claudine explained that she
doesn’t regret calling her grandmother because her desire to make sure some communication was
had before her grandmother died was very strong.

Simon (MP_2) believed that his 97 year-old dying mother was motivated by death to seek
forgiveness for “all her sins” because “as you age, you have less exchanges, less things going on,
right? Less things to hold on to in relationships. I mean, you enjoy the company, the comfort,
you know, it’s going to bed together, holding a hand, watching TV, waking up, doing the
routine.” Carstensen (1992) proposed the socioemotional selectivity theory to explain that as
people age, they “strategically and adaptively cultivate their social networks to maximize social
and emotional gains and minimize social and emotional risks” (p. 333), and part of this process
involves letting go of peripheral relationships and focusing on close, family relationships that
provide the most rewards at the end-of-life. Keeley and Yingling (2007) also illustrated this
theory through the author’s (Keeley’s) own experience: “My mother’s terminal illness gave me
permission to say no to less important activities…and to stop the mad rush of the rat race that
most of us call life – even if just temporarily” (p. xiii).

For Betsy (FP_3), death came suddenly for her mom, and this excluded the possibility of
forgiveness and reconciliation while her mother was alive. Betsy said: “In the back of my head I
guess I always thought that she would come and apologize for what they had done.” When her
mother died, she knew “she’s never gonna come and apologize.” But Betsy took her death as an
opportunity to have a private conversation with her dead mother at her mother’s
viewing/memorial service. She said:

I remember standing over her and just, I said, “I was so angry at you. You were supposed
to come and say you were sorry”…and I said that “I’m not happy with what happened,
and I’m not happy that we’re never gonna have this conversation with both of us here.”

After her experience, Betsy, as a hospice worker, reminded her own patients and their families that they “have this gift that you know what’s coming, so that you can make whatever that time is matter and be able to have that last conversation. Because I would do anything to have that last conversation now.”

Cole (MP_4) also sought and granted forgiveness when his friend died suddenly from a motorcycle accident. While his friend was in a coma immediately following the accident, Cole spoke privately to him and granted him forgiveness that he previously had denied his friend, and he also asked for forgiveness for not being able to do this before. As found in Keeley’s (2007) study of final conversations, survivors who reported having difficult relationships with their dying loved ones “focused their final conversations primarily on ‘cleaning up’ their relationships so that they would not be left with any regrets” (p. 234). As with participants in Keeley’s (2007) study, Cole used his final conversation as an “explicit forgiveness strategy” (p. 245) to heal and mend his relationship with Jay.

Cole also wrote his friend a letter, after his friend died, in which he explained his feelings of hurt that kept him from forgiving when his friend sought forgiveness years ago, and which contributed to his decision to cut-off his friend from his life for several years. In this letter, Cole wrote to his friend that he forgave him, and he explained that death gave him a new perspective on life and relationships: that it’s not worth it to hold on to hurt. He also told his friend that his death has motivated him to seek to repair and improve his other relationships. Cole wrote that he regretted he had to experience his friend’s death to finally seek peace, and he regretted that death now forced him to seek forgiveness from his friend, who had to suffer the guilt and shame that Cole could not forgive him for while his friend was alive.
From a different perspective, Claudine (FP_4) spoke of feeling an urgency to talk to her grandmother when she found out her grandmother was dying, but the urgency was driven by a sense of social obligation. She remembered thinking: “My grandma’s gonna die and I don’t want to talk to her. But essentially, you can’t not call her.” She explained feeling very guilty about this, saying: “I thought to myself, I don’t want to call her. And like, that like broke my heart and made me feel all kinds of things because who thinks that?” Though she ultimately called her dying grandmother, she did it out of a sense of obligation, explaining:

That’s exactly what it was, an obligation. Um, and it, and it felt like, not a chore but something along those lines. It didn’t feel like, I’m so sad, I feel emotionally compelled to call her. It was like I had, I should, this is the right thing to do, this is what a normal person would do. The main reason I called was probably because it’s socially acceptable.

For Simon (MP_2), death created the urgency for forgiveness for a different reason – because he wanted his mother to die peacefully and without the burden of guilt. His mother consistently asked for pardon, and every time, Simon tried to make sure she knew she was not only forgiven, but that there wasn’t anything she needed to worry about and ask pardon for. He said, “I mean we’re giving loving feedback to her so she could spend her last days and year with a peace of mind, you know? So, we always tried to make things contented and harmonious.” He and his brother “always tried to just alleviate any kind of possible conflict or tension, because we knew it would be, it would be more painful, you know?” and they made active attempts to “not confront” any conflict during his mother’s EOL. Simon was particularly concerned that his mother was wallowing in feelings of guilt and remorse at the end of her life, finding this “horrifying, frankly,” and he was intent on changing the overall feelings and dynamics present at the end of her life.

These examples reflect what Keeley and Yingling (2007) also discovered in their own studies of EOL communication: “When asked, almost everyone wants an opportunity to talk with
the Dying at least one more time before it is too late” (p. 5). Parkes & Weiss (1983) also argue that as people experience anticipatory grief (grief experienced as a result of knowing someone will die soon), they seek meaningful interactions and conversations with their loved ones. As evident in multiple interviewees’ accounts, “without FC-talk, the Living feel greater loss and experience regret” (Keeley & Yingling, 2007, p. 11), and knowledge of this tends to place a sense of immediacy surrounding death and final conversations. Keeley and Yingling (2007) add: “The relational partner’s desire for closeness, combined with the dying person’s wish to cocoon with their closest family and friends, creates a time and space for conversations” (p. 227).

5.5.1 Insincerity of EOL forgiveness-communication

An interesting subtheme related to death-urgency is that some (Pearl, Jack, and Simon) participants felt that forgiveness-seeking motivated by death was insincere. Pearl (FP_5) spoke of death creating urgency, but on the part of the dying person who was the one seeking forgiveness from her. When her father got very sick, he would call her frequently and ask for forgiveness for a long list of transgressions. She said: “He became desolate again. He had two ex-wives now, in a short amount of time, so of course, he needed to establish a relationship back with us again.” Pearl believed his attempts were “self-gratifying” and “insincere,” and that death motivated him to seek forgiveness not for the sake of forgiveness, but because “he knew that there was going to come a point in the very near future where he wouldn’t be able to take care of himself any longer.” She added: “He didn’t think that he was gonna be able to take care of himself any longer…I think that’s where it came from.” Additionally, she believed his imminent death motivated him to seek forgiveness because “he knew he was dying and wanted to have a better legacy than how [she] felt about him now.”

Similarly, Jack (MP_3) spoke about his mom’s desire to be more open and close to him
when she was dying, saying: “I know this was directly as a result of her knowing she’s going to
die. But it was forced. Not like in a bad way, but you know it’s like a deathbed conversion, so
what are you going to do with it? People aren’t really changing, they’re just adapting to their
circumstances.” Ingersoll-Dayton et al. (2010) contend that “during later life, individuals often
begin to review their lives,” and this process sometimes involves “trying to come to terms with
the ways in which they have hurt others” (p. 439-440). While these memories “can result in
deep-seated feelings of remorse” (Ingersoll-Dayton et al., 2010, p. 440), it’s evident that people
may not receive the forgiveness they are seeking because their remorse is considered inauthentic
by their loved ones.

While Simon (MP_1) believed his mother’s pardon-seeking involved genuine remorse, he sensed insincerity in her motivation because she “was in conversation with God” and not with those with whom she was speaking (Simon and his brother). He believed that she was afraid of “meeting her maker” and wanted to be absolved of her guilt, but given that she can’t get a response from God, she directed her efforts towards her children, and Simon did not appreciate this. Interestingly, while Simon was concerned about relieving her guilt and suffering, he seemed to show little compassion for her need to express herself to her children, because he viewed her efforts as insincere and mis-directed. His explicitly stated disdain for religion and its tendency to cause undue suffering and guilt informed his opinion of her need to express remorse yet be to unable to actually accept the forgiveness being granted to her.

5.6 Death Makes Forgiveness-Seeking Difficult

Another evident theme was that, while death created an urgency for meaningful communication
and interaction, some participants (Sarah, Heather, Sam, and Simon) also pointed out that death
made it harder to talk about past conflict with their loved ones. Keeley and Yingling (2007)
argue that final conversations “may be hampered by awkwardness, discomfort, and a lack of modeling regarding FCs” (p. 227), and “people generally don’t know what to say or do” in the face of death. One reason for this, as participants noted, was that they didn’t want to make the end-of-life process even more painful and difficult for their dying loved ones. As argued by Exline et al. (2012), “people may also find it socially undesirable to mention or endorse forgiveness issues because such issues imply the presence of interpersonal offenses.” Instead, they argue, people attempt to communicate more positive and “socially acceptable” messages of “love and gratitude, which are more uniformly positive” (p. 1117). For example, Sarah (FP_2) said:

You know, death is hard...it’s hard, no matter who it’s with. No matter if you like your family or not, you know, love just overwhelsms...your heart just breaks, no matter who it is or what your relationship is. At least for me, I know that’s true for me you know. So it was hard for me to...to imagine bringing up anything when he was, you know, in that, when he was in that state. Dying. You know, you don’t want to make death harder you know?’”

Sarah said she always knew that “at some point in the far, far future, [she] would bring it up to him,” but she didn’t want to bring it up because she “didn’t want to embarrass him or make him feel bad.” She added that she felt sorry for him and didn’t want to “threaten his face.” This disinclination to make her brother feel bad kept her from confronting him until he was dying, and when she did confront him, she regretted going into specific details, explaining:

I shouldn’t have, or I really didn’t plan on telling him that. You know, what’s the point? Like, the details, you know, they hurt. I had always thought about that fact, and I just always knew that even if we talked about what happened, that was one thing I would never tell him.

She explained that while she didn’t want to hurt him “there isn’t any way you can talk about this topic without people being hurt, you know?” She had trouble afterwards, imagining his face, his crying, and feeling bothered that she had caused him that pain, especially as he lay dying.
Heather (FP_1) also chose her words carefully when talking about forgiveness with her dying mother. She said, “I wanted to be careful, I didn’t want to hurt her,” so when talking about the past conflict with her mother, Heather spoke in more general terms, making sure that she didn’t come across as accusatory towards her mother. She explained:

I didn’t want to say, you know, like I didn’t want to say what she did to hurt me. I just didn’t have it in me to, to um, to come right out and say I was so hurt or so mad. Like I just wanted to make it more about the whole experience overall that we shared, to like, to know that we could finally now talk about this thing. So, I guess it didn’t really come out as a conversation about how we hurt each other.

Similarly, Sam (MP_1) explained that the fact that his daughter died made him “feel funny” about having been angry with her about even a minor conflict, explaining: “It (the conflict) just has a certain color, because she died. And it wasn’t the last interaction we ever had, but it sticks out, somehow.” For Simon (MP_2), it was important for him to not make the death process more difficult by talking about past transgressions – he attempted to make things “contended and harmonious” – so interestingly, when his dying mother repeatedly brought up the topic and need for forgiveness or pardon, it was difficult for him to maintain that harmonious EOL environment.

5.7 **Forgiveness—Communication is Functional**

For many participants, forgiveness was considered a function towards some end, including acceptance/moving-on (Simon and Claudine), achieving peace and healing (Betsy), and allowing a peaceful death free from guilt, shame, and suffering (Simon, Sarah, Jack, Angela, and Cole). As Goman and Kelley (2016) found, people often conceptualize forgiveness as “serving a particular function, whether to heal, liberate, eliminate guilt, or serve as a means to something else” (p. 91).

Simon and Claudine spoke about “accepting” past transgressions, or accepting their loved one, in order to feel peace – whether that was inner peace, peace about the past, the future, or
about their relationship. Citing Fortune (1988), Ferch (2000) argues that “the human desire to forgive is related to the hope that forgiveness will heal and resolve the pain of what we have experienced” (p. 158). Simon (MP_2) explained that his “practical and functional approach to forgiveness” frames forgiveness as a way to “try to free yourself.” He added: “Move on. You deserve the alleviation of all the pain and anything that can help you.” For him, not forgiving is “foreclosing the possibilities of a different future,” and to forgive opens you to a future that is not formed or constrained by the past. Simon also spoke of accepting his mother, saying: “We were able to bypass all the flaws that she recognized and felt horrible about. We couldn’t take that very seriously because it would poison out relationship.”

When asked how and why she forgave her grandmother, Claudine (FP_4) responded: “I forgive the situation as in I accept it. So I forgive her as, in a sense that I’m not mad at her.” As argued by Ferch (2000), forgiveness can function as a “decision for resolution in wounded relationships” (p. 158) and in Claudine’s case, she attempted to resolve her wounded relationship by accepting her grandmother and not remaining angry with her.

Betsy (FP_3) experienced “a peace feeling” after talking to and forgiving her mother, and she attributes the current peace she has about the situation to having that final conversation about forgiveness with her mother. In their own study on final conversations, Keeley and Yingling (2007) found that “in the years that followed the deaths, recalling their FC-talk with their loved ones continued to bring them peace” (p. 12). They added:

These survivors were able to release some anger, resentment, and find some acceptance for their loved ones’ flaws, through their difficult relationship talk during their FC, thereby allowing the survivor to begin healing and to give them an opportunity to come to terms with their difficult relationship. (Keeley & Yingling, 2007, p. 245)
Betsy also told her hospice patients and their family members her own story of forgiveness after death, and encouraged them to, “even though they may be completely justified in how they feel…to [forgive] for yourself, so that you can heal from it.”

Five participants also spoke frequently about how forgiveness-communication served to relieve negative feelings that can easily permeate the EOL environment – specifically, feelings of guilt, shame, remorse, and overall suffering – because dying patients often review their lives and “actions now seen as regretful” (Ferrell, et al., 2004, p. 631). These participants believed that it was necessary to eliminate or minimize these feelings in order for their loved ones to experience a peaceful death.

Berecz (2001) argues that “shame and guilt are of almost epidemic proportions in clinical populations” (p. 258), and they seem to be especially prevalent in EOL settings where, as Ingersoll-Dayton et al. (2010) note, “some older adults experience suffering due to pain that they have inflicted on others” (p. 439). In the months and weeks before her death, Simon’s (MP_2) mother repeatedly and “obsessively” expressed her need for forgiveness, saying, “Pardon! Pardon!” but no matter how often and sincerely Simon told her that she was forgiven and didn’t need to even think about the past or feel bad about it, she seemed to ruminate and was unable to accept the forgiveness that she sought and which was ultimately given to her. Simon believed that her incessant apologies and inability to accept forgiveness was a result of his mother being unable to forgive herself; as Ingersoll-Dayton et al. (2010) argue, “older adults’ inability to forgive themselves for their own actions may result in enduring ruminations that lead to and exacerbate depressive symptoms,” (p. 439). They add, “confronting painful memories associated with their own transgressions can result in deep-seated feelings of remorse, an inability to accept themselves, and ultimately lead to despair” (Ingersoll-Dayton et al., 2010, p. 439-440). Tangney,
Boone and Dearing (2005) also note that when people are unable to forgive themselves, they experience persistent feelings of guilt, shame, embarrassment and regret.

Sarah (MP_2) didn’t want to confront her dying brother and “put him on the spot” because she didn’t want to embarrass him or “threaten his face.” When Jack’s (MP_3) dying father asked him for forgiveness, Jack immediately forgave him, explaining: “I think I just felt bad for him, like I didn't want him to carry this weight of guilt or anything.” Similarly, Angela (FP_7) also didn’t want to bring up the past to her dying friend and former partner, saying: “You know, I didn’t want her to have, [to] feel any more guilty than I know she did. Because one of the friends in Jacksonville told me that she said the biggest regret of her life was leaving me.”

As a hospice nurse, Betsy (FP_3) provided rich insight into the guilt, shame and regret that seeps through EOL interactions, using the phrase “terminal agitation” to describe how dying people – especially war veterans – experience deep-seated guilt, shame and regret. She said, “towards the end of life, that terminal agitation is, their body knows something's wrong but they can't quite get comfortable, and so [they’re] real fidgety and there's no medication that will help alleviate those symptoms.” Coleman (1999) points out that it is common for former soldiers to be unable to forgive themselves and feel chronically guilty for their wartime violence, and Betsy added that this guilt applies further to how veterans then treat their loved ones as a result of their own suffering (see also Ingersoll-Dayton & Krause, 2005; Ingersoll-Dayton, et al., 2010).

Cole (MP_4) also expressed his own regret that he could not forgive his friend sooner, knowing that his friend felt ashamed and guilty about how he had hurt Cole, and he died without Cole ever offering him forgiveness. Interestingly, Cole noted that initially, Jay’s suffering was a good thing because it reflected the necessary process of acknowledging wrongdoing. He said, “[it’s] not that I enjoyed his suffering, but in a sense I was glad, because it meant he understood,
and my own suffering was being acknowledged.” However, in the context of death, Cole was no longer comfortable with Jay’s suffering, and he expressed regret that he allowed Jay’s suffering to continue for years, and up to his death.

5.7.1 Forgiveness is selfish

An interesting sub-theme related to functions of forgiveness was evident in how some participants considered forgiveness to be selfish – either in a positive sense (forgiveness makes the forgiver feel better) or in a negative sense (forgiveness is an attempt for the transgressor to feel better and not bear responsibility for their actions). For participants like Betsy, Simon, Claudine, and Cole, forgiveness was a way to heal themselves, regardless of whether it was deserved by the transgressor. However, Cole and Simon – as well as Pearl – also spoke of forgiveness being a selfish route for their loved ones to relieve their own suffering, either prematurely or un-deservedly.

Berecz (2001) writes that forgiveness contributes positively to mental health, explaining that without forgiveness, “people remain paradoxically isolated yet connected. They remain wrapped in their own bitterness, yet psychologically connected by an umbilical cord through which flow all manner of negative nutrients” (p. 263). Betsy (FP_3) spoke about forgiveness being a selfish but healthy and proactive way that can help you move on and gain peace for yourself. She said: “You don’t have to forget, you know? But I think forgiveness, and maybe it’s, it’s selfish, but forgiving helped my heart mend a bit.” Simon (MP_2) also said of forgiveness: “You do it for yourself so that you can move on. I mean and, and you deserve the alleviation of all the pain, and anything that can help you.” For Claudine (MP_4), she explained that forgiveness was an individual process she had to go through on her own, so that she herself could
be at peace and heal. These participants view forgiveness in the way that Ferch (2000) also found forgiveness to be selfishly helpful:

Forgiveness is not granted necessarily for the offender but for the one who was offended; that is, the offended one may release the pain and find a sense of self that lives and breathes free of the pathology of a severely broken relationship. (p. 163-164)

While Cole (MP_4) also saw forgiveness as a selfish way to make himself feel better, interestingly, he said that his friends’ seeking of forgiveness was “selfish – a way to immediately seek forgiveness so he wouldn’t have to feel bad about it.” This highlights a related theme of forgiveness being considered selfish – in a negative way – by the transgressor. Another example was offered by Simon (MP_2) who explained that his mother “had left a big fat mess and probably she was worried about that,” so she was seeking forgiveness selfishly in hopes of feeling better about the messy family dynamics she had created and was leaving her family to deal with after her death. He added that she probably truly felt guilty in the eyes of God – because she was very religious – and that “because God can’t give her a response,” she was “orienting towards [him].” He said: “Really, I don’t think that she was uh, expecting a response from us. She just did it to express herself to God. Very, very selfish.” He also believed that this was an attempt for her to forgive herself, saying: “She was asking pardon to herself, you know. She was in dialect with God, not us.”

Pearl, who chose not to forgive he father for most of what he was seeking forgiveness for, believed he was being selfish and only wanting relief from his guilty feelings, as well as attempting to seek help from her. She said: “He became desolate again. He had no, you know, that’s two ex-wives now, um, in a short amount of time so of course, he needed to establish a relationship back with us again.”
5.8 Reasons for Forgiveness

Some of the functions of forgiveness covered in the previous theme also served as reasons, but reasons warrant their own theme, as many reasons for forgiveness were not directly related to fulfilling a particular function. Participants spoke about forgiving for reasons such as the transgressor exhibiting genuine remorse and understanding of what they had done and how they had hurt their loved ones (Betsy, Cole, and Simon), receiving a sincere apology (Betsy, Cole, and Simon), and forgiveness being their philosophy on life (Simon, Angela, and Cole).

Interestingly, Betsy and Cole, who only forgave their loved one after they died (or while they were in a coma), noted that they sensed sincere remorse, and this was a reason for their forgiveness. When Betsy’s (FP_3) mother was alive and their conflict ongoing, she couldn’t forgive her mother, explaining: “When I had this conversation with my mom and dad... you really have no idea what you did.” But when Betsy spoke to her mother after her death, she said: “I gotta believe that you know now how much you hurt me and that I, I forgive you.” Similarly, although Cole (MP_4) couldn’t forgive his friend Jay before he was in a coma and near death, he chose to eventually forgive him because Jay was apologetic and remorseful.

Simon (MP_2) also believes in offering forgiveness when the transgressor merely acknowledges that what they did was wrong. He said:

I like people who assume themselves, you know. Like...yeah, I did stupid things and uh, you know, it’s not brilliant, I, I...rather than uh, forgiveness, pardon, and uh, uh...I, I like the redemption from acknowledgement. But not, not to ask for pardon, to, or to pardon. Just recognizing, be-you know, for me, the justice is honesty.

He added that for him, to be able to forgive, it’s very important that he senses “authenticity and acknowledgment” from the other person. He said, “I think recognizing you’re wrong, it’s very important.”
Pearl, who actually didn’t forgive her father for much of the hurt he caused her, chose to forgive him partially for some things he’d done – transgressions that she considered “understandable.” She said: “I told him, I never accepted his apology totally, some parts of it I did, um, different issues I could, um, understand.” As for what she specifically forgave and why, she said:

I forgave him for things from my childhood because he was young. Um, it was that era when divorce was new and people were going out on their own and they, people had ideas of what things should be like. And I think that he fell into that. And I think that he did, in retrospect, truly think that he could have been a better father. That he could have stayed closer um, kept in better touch, tried a little bit harder. But that I, I think, you know actually I think that’s probably the only thing that I could truly say that I 100% forgave him, um, in his apologies. The other things seemed quite shallow.

Simon and Angela spoke about their reason for forgiving being part of their “philosophy on life.” For example, Simon (MP_2) argued that it’s not worth it to live without forgiveness, and that what you experience as a result of non-forgiveness are guilt and remorse – what he considers “the ultimate torture.” He said: “I mean regret and guilt are really two things that are one, useless, and two, poison people’s lives. Period.” He frequently referred to himself as a “hedonistic hippy” who tries to maximize happiness and reduce suffering, and his beliefs about forgiveness are part of his general philosophy that life should be pain-free, carefree, and free from guilt and remorse.

Similarly, Angela (FP_7) explained that forgiveness factors into the way she wants to live and treat others. She said:

You know, I tried to, I tried to be kind. Even though she wasn’t kind to me. I don’t care. That’s my philosophy of life. You don’t have to hurt people more. They’re already hurt, for whatever reason they’re hurt. Why do I have to make it harder?

Even though her friend had deeply hurt her by cheating on her and “leaving the relationship through the back door,” she believes that its important to forgive, even at her deathbed. She
explained this is her thinking “just because I don’t want to be that kind of person. It’s more about me, and somewhat about the other person so they could die more peacefully, than me being angry at them.”

For Cole (MP_4), forgiveness did not factor into his “philosophy on life” as his reasoning for forgiving his friend Jay. However, it was only after the fact that Cole changed his perspective on forgiveness and how it ought to function in his life and relationships. He explained that death has now given him “a new perspective on life and relationships: that it’s not worth it to hold on to hurt.” He explained that death “made it simple” to realize that forgiveness is worth giving, and pain is worth letting go. He added, “I just really have this new approach…that forgiveness is ultimately worth it, and having my mind set on that just kind of brings my feelings along.”

5.8.1 Reasons for not forgiving

In a few cases, forgiveness was either not granted, or it was granted after the loved one had already passed away (Betsy, Cole, and Pearl). Betsy (FP_3) forgave her mother after her mother passed, but while her mother was alive, she never sought forgiveness from or offered an apology to Betsy. Yet Betsy chose to forgive her, giving various reasons including a “selfish need to feel peace,” and sensing that now, her mother must know and understand how deeply she hurt her.

While Cole (MP_4) was asked for forgiveness from his friend Jay on several occasions, he only was able to forgive Jay once he was near death. Though he was already starting to feel “like forgiveness was coming,” he felt that it took Jay actually dying to finally “make that leap” and truly offer forgiveness to his friend. As he said, death gave him a different perspective on life and relationships, making him realize that pain and hurt are not worth holding onto if that means letting important relationships go. For both Betsy and Cole, it seems that it was death that
finally made forgiveness possible for them. Thus, rather than death foreclosing possibilities for them to have better relationships with their loved ones, it seems to have made it possible, given that they both now state that they have a good relationship and continue to communicate with their loved ones.

Pearl (FP_5) presented a unique story where she chose to not forgive her father for most of his transgressions, and set strict relational and communication boundaries, but Pearl’s experience of un-forgiveness runs contrary to much research that highlights negative effects of un-forgiveness. Shortly before her father died, he reached out to her again “for forgiveness,” but Pearl believed his request was insincere and motivated by his selfish need to use her resources since he was “alone and desolate.” To his request for forgiveness, she responded:

No. It was just no. I told him it’s a free world. You’re free to come and go where you want to come and go, but at this point, none of us can offer you the help and support that you’re looking for because you’ve drained us all emotionally. We can’t do it anymore, so, you know, and at that point, we had more, I had let him know that I was not opposed to having a relationship with him anymore, but it needed to be non-emotional. It needed to be “how’s the weather? What did you do today?” There needed to be no more emotion involved in it, because it got me emotional and I didn’t need that. He’s the only person in my life that’s ever made me not be able to control my emotions. I’m very in control of my emotions all the time – you know, I know when to back down and things like that. When, when to just smile and turn away and all that. But not with him. He was the one that could just get a reaction every time. And it wasn’t worth it to me anymore to try to have anything more than that.

While research frequently identifies such un-forgiving behavior as unhealthy on multiple levels, it’s important to point out benefits in Pearl’s response. Pearl set boundaries in order to protect her own health, rather than allowing herself to become a repeated victim of what she perceived as her father’s manipulative and parasitic behavior. In their research of victims of childhood abuse, Bass and Davis (1994) argue that it’s important to contextualize decisions to forgive in a larger context that considers the victim’s style of coping resulting from repeated
abuse or victimization, as well as the victim’s vulnerability to the transgressors repeated victimization. As stated by O’Leary (2007), “the majority of criticisms against forgiveness purport that forgiveness will in some way perpetuate further abuse (e.g., re-victimization at the hand of the perpetrator)” (p. 59), and this is the very pattern of un-productive behavior that Pearl was putting a stop to by choosing to not forgive her father and to set strict boundaries of interaction. Further, Donaldson-Pressman and Pressman (1994) purport that for survivors of various kinds of abuse, forgiveness is not necessary for recovery, arguing that forgiveness can impede necessary self-validation and expression of anger. This is also what Cole (MP_4) was referring to when he spoke about being careful to not pre-maturely forgive his friend, since it threatened to make Cole feel invalidated and his suffering un-recognized.

5.9 Forgiveness-Communication is Meaningful

The second research question this study asked was with regards to the outcomes of forgiveness-communication during EOL. Yingling and Keeley (2007) highlight that end-of-life communication can be very meaningful and valuable to the people involved. They write:

Final conversations demonstrate that the communication that occurs at the end of life involves more than pain, caregiving, dying and funeral arrangements. They tell us that communication at the end of life is as valuable to the surviving partner in the conversation as it is to the dying one. (p. 95)

They add, “The Living have a unique perspective on the death process and so can reveal not only what is meaningful about these conversations, but why it is meaningful” (Keeley & Yingling, 2007, p. 7).

Keeley and Yingling (2007) also found in their own study of final conversations that “in the years that followed the deaths, recalling their FC-talk with their loved ones continued to bring [participants] peace” (p. 12). The meaningfulness of forgiveness-communication at the end
of life was apparent as some participants (Heather, Betsy, Claudine, Sarah, and Cole) spoke about how their forgiveness-communication affected themselves, their loved ones, their relationship, and the overall family dynamics. At times, they were able to clearly articulate the ways in which forgiveness-communication was meaningful; at other times, participants expressed difficulty putting into words how these conversations affected them. As Mihalache (2008) found in her own study of forgiveness of traumatic events, “all participants have noticed how difficult it was to articulate the profound experiential depth of forgiveness” (p. 141).

Heather (FP_1) expressed that her conversation with her dying mother was very meaningful, explaining:

I really don’t think I’d be OK, like I think it would have really, really weighed on me if my mom had passed and we had never talked about this. So I guess it affected me like, um, like I, like in a good way? You know, like in an indirect way, for the long run, it will always make me feel better that we talked, as opposed to you know not talking.

In addition to how it affected her personally, Heather believes that forgiveness-communication affected her relationship with her mother. She said: “Because we talked about it, I think it really allowed us to have a certain kind of relationship, and certain kind of interactions throughout her last two years.” She explained that it was important for her to be there for her mom at the end without “some serious things in the way.” She added: “Like I think that had we not talked about it, you know, like we, we would have always remembered it, and then that gets in the way, you know, in the way of just being with each other.” Heather described how having that conversation about the past, and being able to forgive each other, was meaningful because it allowed “the best version of their relationship” to happen. The conversation was also meaningful because the past conflict had weighed on them for years, but being able to finally talk about it and “smooth it out” was freeing, and “really let [them] be so loving and affectionate.” Heather also believes that their conversation affected their family’s overall family dynamics. She explained:
I truly believe that you know, that we create like moods, or vibes or whatever, and that because we were like that with each other, it allowed my siblings to have a good relationship with her too. I mean, I’m not saying that they wouldn’t have otherwise, I’m just, I just, like that you know they would have definitely sensed it if my mom and I didn’t talk, and whatever they would have sensed would not have been good, and so it would have brought them down, you know. Our family has always been connected in that weird way, like what happens to one relationship affects all of us you know?

Betsy (FP_3) also stressed that forgiveness-communication with her mother was meaningful to her, to her relationship with her mother, and to her relationship with other family members. Because she was able to forgive her mother during her final conversation, she continues to maintain a relationship with her, even after she passed. She said that they still “do have a few conversations over the years since, well, past two years since she passed,” and she continues to send her mother text messages to her old phone numbers. As reflected Keeley and Yingling’s (2007) study, “many of the Living have told us vivid stories of their continued connection with the Dying long after they have passed away” (p. 28). What’s more, since Betsy’s mother died and she forgave her, she tries to have a relationship with her father and sisters, motivated by her final conversation with her mother. Betsy explained:

And since then, um, I try to have a bit of a relationship with my dad and my sisters, and each time they kind of do something….not very nice or, um, don’t try to show any effort in a relationship. And I get my feelings hurt again. But, that day that I had that conversation with my mom I, I told her that I would try. So every time that happens I just say you’re doing it because you did forgive her, and you told her you would try. Because I think that she would want that.

Claudine (FP_4) expressed that her final conversation with her grandmother was meaningful to her personally because it’s helped her “be more aware” of the lack of communication between her and her other family members, and encouraged her to fix that. Her final conversation also made her realize that she still does love her grandmother, despite her hurt over their lack of relationship. She explained:
It still was a hard conversation to have. It was still, I mean, at the end of the day it was still good to talk to her, hear her voice, even if it’s ultimately awkward. Um, and even though I got off the phone and felt more upset then when I got on the phone, it also gave me the tools or the, whatever, to kind of just give me that acceptance of, this is how things are, and it really is how things are, like here, in your face, here it is. That I’m still OK, that I still do love her. I don’t – do I wish we had a stronger relationship? Yes, but how? I don’t even know how that would have happened. Um, and to feel a little bit sorry for her.

Claudine also expressed that while her final conversation with her grandmother was awkward and did not explicitly resolve things, it helped her “internally” and implicitly accept and forgive her grandmother, and it’s affected her now by helping her to remember her grandmother in a positive light, when she thinks of her.

Sarah (FP_2) said that forgiveness-communication with her dying brother was very meaningful and affected her, her brother, and their relationship deeply. She described the interaction as “overall very good for our relationship.” She explained:

In some ways, I feel like the process of him dying would not have been as easy for us, or like as memorable, if we didn’t talk about this. You know, because we have never really been close or had much in common, I think it would have been maybe awkward. Or, I don’t, maybe awkward is not the right word. Um, maybe like we wouldn’t have had such close talk, you know? I think it made us as close as possible when he was dying. And of course, because he had asked for forgiveness and I forgave him, it kind of left a different lasting sense of our relationship. It’s not that I have forgotten the past, but I think his memory to me now is really affected by how we talked when he was dying.

In line with Allemand et al.’s (2013) argument, for Sarah, forgiving her dying brother “help[ed] to master challenges that are associated with the last stage of life” (p. 280); in this case, the challenge was that communication would have been awkward since they did not have a good or close relationship. Sarah added that she couldn’t imagine “how terrible it would be if [they] had never talked about” the conflict before he died, explaining: “I think I would have had a seriously hard time and maybe been very confused about how to think about him or remember him.”
Cole (MP_4) expressed that being able to forgive his friend affects him positively overall, and it shapes how he continues to think about his friend and the relationship. He said: “It’s definitely the fact that I forgave him that makes it possible for me to feel like he’s still around, like in my heart, and that we will have a lifelong friendship.”

5.10 Forgiveness-Communication is Not Meaningful

Interestingly, two participants (Pearl and Simon) expressed that forgiveness-communication with their dying loved one was not meaningful, for various reasons. Pearl (FP_5), who chose not to forgive her father – or who forgive him partially for just some things but not others – expressed that her father’s requests for forgiveness were not meaningful. She said:

I think I wanted them to be meaningful. I wanted very much for them to be meaningful. But I don’t really, no, I don’t, deep down I don’t think they really were. Like I said he, he spoke the words, um, but I just don’t feel that they were, I never, I didn’t at the moment and I don’t now ever felt that they were truly sincere to try to help me, not help him.

For Pearl, meaningfulness was absent because she did not sense that her father had sincerity, true remorse, or real understanding of how he hurt her. What’s more, Pearl expressed ambivalence about the face that he even asked for forgiveness at all, considering that she may have even preferred that he did not make attempts to make amends. She said, “I’m not sure how I’d feel if he had not asked for it. Um, I’m not sure if that would have bothered me or not. I, I was more concerned with him understanding what his actions had done, more than forgiving him for it.”

Simon’s (MP_2) mother continuously asked for pardon, even though he and his siblings expressly forgave her or told her that she didn’t need to apologize for anything. Thus, though they spoke frequently about the topic of forgiveness as she was dying, Simon believes these conversations were not meaningful or impactful. He said:
She would keep asking. So I, again, it had no impact. I never felt that I had any impact. It had no impact on her. I really think that my mother was not, she was not really asking pardon. She was expressing herself. She was asking pardon to herself, you know. She was in dialect with God, not us.

Thus, because they did not resolve the suffering that his mother was expressing, and because they were not meant to authentically engage with those from whom she was asking forgiveness, these conversations initiated by his dying mother were not experienced as meaningful by Simon.

5.11 Forgiveness-Communication Repairs and Continues Relationships After Death

Multiple participants (Heather, Sarah, Betsy, Jack, and Cole) noted not only that they still communicate and have a good relationship with their loved ones who passed, but that this was possible because of their forgiveness-communication during EOL. As aptly noted by Bochner (2012), death ends life, not relationships, and how we leave those relationships matters.

Heather’s (FP_1) mom passed away 13 years ago, in 2005, and even now, Heather believes that having had this important conversation with her mother made a big difference in how she remembers her mother and how, in her heart, she continues her relationship with her mother. She said:

I really don’t think I’d be OK, like I think it would have really, really weighed on me if my mom had passed and we had never talked about this. So I guess it affected me like, um, like I, like in a good way? You know, like in an indirect way, for the long run, it will always make me feel better that we talked, as opposed to, you know, not talking.

Heather also believes that her and her mother’s conversation about forgiveness, and subsequent granting/receiving of forgiveness, affected her whole family unit, even though her siblings and father were not aware of their conversation, nor of the abortion over 20 years go.

She explained:

The fact that my mother and I smoothed things over, that allowed us to be a certain way with one another, like the best version of our relationship happened, you know? And I sincerely believe it all started like that because I talked to her and we sort of ended that, um, that embargo. You know, that silence that didn’t allow us to talk. I think it weighed
on us, on both of us, for years. And it was just so freeing, it really let us be so loving and affectionate.

Heather’s relationship with her mother had always been a good one, she explained. But the elephant in the room had been there for years, and whether or not she forgave her mother or her mother forgave her, Heather always wanted to at least just talk about what happened. Her story illustrates not only the importance of forgiveness during end-of-life, but of simply creating an open space for honest conversation about past conflicts to occur. Without this conversation happening, Heather believes that her relationship with her mom would have been forever tainted by a past hurt that for so long defined the contours of their relationship. As she repeatedly claimed, she knows she would have felt great regret if her mother had passed without the two of them talking about the past and coming to some kind of resolution about past hurt.

Sarah (MP_2) also described how forgiveness-communication affected the overall dying process for her brother, and her eventual perception of him after he died. She explained that overall, the conversation was good for their relationship. In fact, she imagines that the dying process itself “would not have been as easy or memorable” because, given that they were not close and did not have much in common, it would have been awkward and distant. She explained:

I think it made us as close as possible when he was dying. And of course, because he had asked for forgiveness and I forgave him, it kind of left a different lasting sense of our relationship. It’s not that I have forgotten the past, but I think his memory to me now is really affected by how we talked when he was dying.

Without the conversation and without forgiveness, Sarah believes she would have a much harder time thinking about him and would feel “confused about how to think about him or remember him.” As she stated, her relationship with and memory of her brother continues even after he
died, and an important factor in how that relationship and memory plays out is the fact that they had a very difficult conversation about a painful past, and were able to forgive and heal. After that conversation, Betsy felt that her relationship with her mother had mended and started over, and since then, she continues to communicate with her through text messages. She said:

> I still have our last texts, you know on that Mother’s Day, on my phone. And if anyone ever gets, if my dad ever shuts my mom’s cell phone off and someone else gets that number, they’re probably gonna think some crazy woman is texting, because I’ll still once in a while have conversations with her. I’ll text her.

Betsy (FP_3) feels that because of his last conversation with her mother, she is not only able to keep up a relationship with her mother and continues to send her text messages, but she is also able to work on mending her relationships with her dad and sisters. Even though they continue to say or do hurtful things at times, she reminds herself that in her final conversation with her mom, she told her mother she would try, adding: “So every time that happens, I just say, ‘You’re doing it because you did forgive her, and you told her you would try.’ Because I think that she would want that.”

Jack (MP_3) also believes that the forgiveness conversation impacted his overall grief process, as well as his lasting memory of and relationship with his father. While there is still “deep sorrow” and he misses his father, he describes it as a “healthy grief.” He referred to his pain as “the pain of loss, not of suffering.” If this conversation didn’t happen, he believes that it would have been much harder on him. Interestingly, though they didn’t have a relationship while his father was alive, Jack now believes they have a relationship, explaining: “In the sense that I’m always thinking about him, sometimes I talk to him in my mind. Like I wonder ‘Oh, what would Dad say if he was here? What advice would he give me?’”

Similarly, for Cole (MP_4), having had a final forgiveness-conversation with and written a letter to his friend Cole, he experiences a “deep sense of being really close to Jay, even now.”
Cole thinks about Jay often and imagines him in many scenarios, saying: “I think, if Jay was here right now, he’d say this, or he’d do that. You know, I still feel connected to him, and I think he’ll always be a part of my life in that way.” Cole believes that their relationship is now even better than it was before, because they were able to overcome such a painful past. He added that “it’s definitely the fact that I forgave him that makes it possible for me to feel like he’s still around, like in my heart, and that we will have a lifelong friendship.”

5.12 Limitations

There are inherent limitations to any qualitative studies such as this one. Qualitative research results are not generalizable. However, “in qualitative inquiry, rich, concrete, descriptive data is purposely gathered with the understanding that results are more interpretive than generalizable to a larger population” (Ferch, 2000, p. 160). Interview responses provided a phenomenological, interpretative description of participants’ memories and experiences, and as Ferch (2000) argues, “an interpretation of a lived experience is just that – an interpretation. Therefore, in some respects it must necessarily fall short of a complete conveyance of the experience” (p. 160).

Further, as an extensive interview methodology, the number of participants was limited because of limited time, as well as access. Having more participants could have potentially broadened the findings. Additionally, as an interpretive methodology, interviewing allows for very unique responses that are contingent upon many uncontrollable factors, one of which includes specific interviewee-interviewer dynamics. It’s possible that a different interviewer altogether would have gathered data that differs greatly from the current findings. Thus, while this study provides access to rich, meaningful personal experiences, these subjective experiences
do no exhaust possibilities of how people communicate about forgiveness in the end of life context.

This study was also limited because of a lack of racial diversity – all participants were white, and the sample of this study is not representative of the larger population. There is ample research suggesting differences in forgiveness styles, willingness to forgive, dispositional forgiveness, etc. across groups, whether related to gender, race, socio-economic status, religion, age, country, etc. However, the particular sample in this study was homogenous enough across group categories that the findings cannot be defensibly extracted to larger and more diverse populations.

While these limitations are notable, they point to avenues for further investigation and research. To this end, this study proposes potential areas for future research, driven by questions such as (though not limited to): What differences (if any) are there across categories/groups such as religion, age, and gender (among others) and how (or whether) people within/across these groups communicate about forgiveness during EOL? If there are differences across these groups, what factors might explain these differences? Are there categorical/group differences related to who (the living or the dying) initiates conversations about forgiveness during EOL? Does age play a significant role in whether people choose to forgive during EOL? How does religion and culture foster or impede communication about forgiveness during EOL?

6 CHAPTER 6: CONCLUSION AND IMPLICATIONS

The goal of this research project is to increase the knowledge base on forgiveness and communication in the end-of-life setting. This project aimed to understand the specific communication, including words/phrases and nonverbal gestures, used by either dying patients or their loved ones as forgiveness was discussed, sought, and/or granted, or even denied. While
final conversations are becoming a more common topic of research for communication researchers, extant literature does not include exploration of how family members of dying patients communicate about and are affected by forgiveness communication.

This study contributes valuable content to research on forgiveness in the context of end-of-life communication, which is an under-explored area of research. While research on each separate topic abounds, the two topics are rarely investigated together. Further, research from the perspective of living loved ones is rare. This study acknowledges the significance of the point of view of the living who have had important end-of-life conversations about forgiveness, what that communication looks like, and how such communication has affected the living, the dying, and their relationships. Further, from a communication perspective, while we are understanding more and more how forgiveness functions in the end-of-life setting, particularly as a health indicator and even health promoter, little is known about how forgiveness is communicated about during EOL, nor about how to effectively have forgiveness conversations during EOL. This applies whether the forgiveness-communication is between patients and healthcare providers, patients and their family members and loved ones, or families of patients and healthcare providers. As argued by Goman (2017):

Forgiveness is a topic that is relevant and prominent in end of life conversations. However, while the process of forgiveness has become increasingly studied in health contexts by communication scholars, through various methodologies and across multiple contexts, research on forgiveness in the end of life context, particularly in the field of health communication, is lacking. (p. 164)

By conducting qualitative interviews with surviving family members, it was possible to engage participants in such a way as to allow the intended data to be accessed. Qualitative interviews “highlight how individuals feel and experience their reality… they provide a more visual representation of the emotions and cognitions involved, increasing both comprehension
and retention” (Ragan, et al., 2005, p. 262). Given the latent nature of forgiveness, narratives provide information about experiences which cannot be observed through other means. Thus, qualitative interviews are a way “to learn about physically unbounded social realities...[and] identities and meanings that cut across, lie outside, or transcend settings” (Kleinman, et al., 1994, p. 43).

To date, forgiveness research, particularly in the health communication field, has been dominated by a positivistic approach that inherently limits how we understand forgiveness communication. This project addresses this methodological gap by offering a qualitative, interpretive approach where forgiveness is understood not as a measurable, quantifiable and objective phenomenon, but rather, as a phenomenon understood through rich language and stories of those who have survived their dying loved ones. Further, while valuable research has developed applicable forgiveness theory and measurable conceptual criteria, this study offers an approach that attempts to understand forgiveness from more grounded and phenomenological approach. This approach is critical because, as Bowyer (2014) argues:

In order to be faithful to our human condition it is necessary to remain attentive and responsive to our concrete, lived situation and not substitute for our practices theoretical accounts that abstract from the way we do things in-the-world and then assume that it is an abstract theory that should underlie our practices. (p. 148)

Thus, this qualitative, phenomenological study provides a deeper understanding of a very human and complex process of forgiveness and communication, in the context of death.

While research shows that people have a hard time talking to the dying, and a hard time knowing how to bring up topics like past conflicts and forgiveness, in this study, death often functioned as a context for explicit communication about forgiveness. Keeley and Yingling (2007) note that “With the anticipation of death, there is time to think about what to say and how to say it” (p. 6). As people communicate during the EOL setting:
There is time to share stories, hugs, and the natural gestures that help to say goodbye. Communication is the vehicle for such exchange. Communication is a tangible way to connect with the Dying and to leave no doubt about the love that is shared in the relationship. Communication at the end of life is a way to give comfort to the Dying as well as to receive it from them. The frantic pace of life can provide an excuse for putting off the investment of time and energy to complete the unfinished business of a relationship with a terminally ill relative or friend. The false assumption underlying that excuse is that there will be time to do it later. But a death notice means that time has run out – putting death off is not an option. (Keeley & Yingling, 2007, p. 6).

From participants’ responses, it’s clear that death created such an urgency to communicate with their loved ones, and especially to confront past conflicts and mend relationships with the dying. Keeley and Yingling (2007) found that surviving family members often focus “their final conversations primarily on “cleaning up” their relationships so that they would not be left with any regrets” (p. 234). For some, this communication came more easily, naturally, and explicitly, while for others, it was difficult, painful, and fraught with uncertainty. But as previous research shows, communication with the dying allows for people:

(1) to resolve conflicts and to let go of past hurts, (2) to strengthen relationships by talking rather than by remaining silent, (3) to reach satisfactory closure with the Dying, (4) to confirm and affirm the Living’s identify, and (5) to clarify the Living’s life path. (Keeley & Yingling, 2007, p. 6).

Nonetheless, despite explicit forgiveness, it’s important to note that forgiveness often happens implicitly, and the words “I forgive you” are seldom said explicitly, in those terms.

This study also re-affirmed what previous research has discovered – that people often wait until death to confront past conflicts that were difficult to address, and that perhaps even severed important relationships. Ferrell et al.’s (2014) study asked, “Why do we wait until dying to resolve these issues [of forgiveness]?” (p. 638). This study finds that, among the several reasons people give for avoiding conflict resolution until someone is dying, is fear that these conversations won’t go well. But in most cases, with this study’s participants, end-of-life conversations about forgiveness were successful, meaningful, and provided healthy closure for
the living and the dying. As Yingling and Keeley’s (2007) argue, “to get past their fears, survivors need to see communication models and to learn about potential outcomes of final conversations” (p. 95), and this research is useful in providing examples of potential outcomes of final conversations.

Further, multiple participants noted that they were afraid of hurting their loved ones or making their dying process more difficult. As Yingling and Keeley (2007) state, “most people have little or no experience with death, so they are hesitant to talk for fear they will make things worse for the dying or themselves” (p. 95). But findings revealed that such talk is almost always welcome – and often initiated by – the dying. Thus, for a culture where we rarely feel comfortable speaking about dying or to the dying (Kaufman, 2006; Kübler-Ross, 1969; Byock, 2014), this study reveals that such fear is unwarranted, and communication about and with the dying is welcome, and often needed. In fact, Elizabeth Kübler-Ross’ ethnographic research in the 1960s with dying patients – a time when the hospice movement was just beginning to establish itself into medical culture – noted that “patients often desire to openly discuss their impending deaths” (Goman, 2017, p. 166). This study reveals that it’s not just their deaths that people are willing to speak about; they are willing to speak about personal hurts, to seek or grant forgiveness, and to fix broken relationships before it’s too late.

Further, forgiveness-communication can happen after death, or intrapersonally, yet the concept of intrapersonal forgiveness after EOL has not been researched. Related to interpersonal forgiveness and how it can happen without direct communication, some participants even noted that they hadn’t realized something had hurt them until they spoke about it in the interview. Further, they spoke of how the interview process itself helped them forgive and felt healing. A
number of participants remarked at the end of our interview that the interview felt like therapy, and that it felt good to talk about their experience.

Additionally, nonverbal communication – especially touch – was frequently highlighted by participants as a significant part of their memories and experiences with EOL communication, even without prompting the topic. Almost all participants who were physically present with their loved ones during EOL recalled specific memories about nonverbal communication and how it impacted (always positively) their forgiveness-communication. Yet this topic too, of nonverbal communication during EOL forgiveness-communication, has yet to be examined by communication or health scholars.

The theme of family communication dynamics and patterns was brought up a lot when participants highlighted how their family generally didn’t confront conflicts directly, and even more so, didn’t explicitly forgive. Yet, despite all we know about the difficulty in both changing family dynamics, family communication styles, and in confronting conflicts during death, findings showed that death can really change what we might normally expect in the EOL context. In other words, impending death was powerful enough to trump and change prior styles of communication that didn’t foster forgiveness-communication.

From the review of literature, we also know that negative feelings like guilt, remorse and overall suffering can easily permeate the EOL environment, and that this can deter people from wanting to engage in tough conversations about past hurts and conflicts. But multiple participants actually highlighted how forgiveness communication served to relieve these negative feelings and even created a more peaceful death process. For example, one participant imagines that they dying process itself “would not have been as easy or memorable” without their forgiveness conversation, given that they were not close and did not have much in common.
Rather, she believes, she and her brother would have been awkward and distant” without that conversation, as hard as it was.

Further, it wasn’t just forgiveness that made death easier. Death, too, seemed to make forgiveness easier, or at least possible. A few participants noted that death sort of un-complicated the process of forgiveness and made it easier to go through. For example, one participant thought that forgiveness may have been “harder and messier” if his friend hadn’t died. He added, “maybe we would have talked about it more, maybe I would have gone back and forth and felt unforgiving at times. And maybe we wouldn’t have even really been friends again. But it’s like death just made it clear-cut. I don’t feel any uncertainty whatsoever. I think the fact that he’s dead makes it simple.” Thus, for some participants, rather than death foreclosing possibilities for them to have better relationships with their loved ones, death made it possible. Some participants also spoke about how forgiveness-communication with their dying loved one subsequently positively affected their relationships with other family members. These positive outcomes are notable contrary to what research has shown in terms of the fears people have about how death and forgiveness-communication around death might go.

Research generally points to our culture of silence surrounding topics of death, claiming that people are hesitant to talk about death or about hard topics with the dying, for fear they will make things worse for the dying or themselves. But for a culture where we supposedly rarely feel comfortable speaking about dying or to the dying, this study reveals that such fear is often unwarranted, and communication about and with the dying is welcome, needed, and often initiated by the dying themselves.

As a health topic, and as a communication topic, this study also contributes to the field of health communication, which currently contains no publications about this specific topic, nor
from this methodological perspective. As noted at the start of this project, while EOL research has greatly increased in health communication literature over the years, and while such research consistently shows psychosocial concerns to be of great importance in this context, a health communication perspective has not yet been taken on EOL forgiveness communication of surviving family members.

This study is also useful for healthcare professionals who are often in the midst of family dramas that play out during EOL. As Ferrell et al. (2014), nurses and other medical professionals are, at times, the intended (or unintended) audience of patients’ stories about forgiveness, and by and large, healthcare professionals report feeling under-prepared to address “common existential concerns such as forgiveness” (p. 635; see also Baker, 2006; Hart Jr., et al., 2003; Sullivan, et al., 2003). This is despite the tenets of care put forth by the National Consensus Project Guidelines for palliative care, which include “attention to social, psychological, cultural, and spiritual care as essential to the provision of quality palliative care” (Ferrell, et al., 2014, p. 635). Knowing details about how families communicate about difficult issues during EOL, as well as details about how such communication can be successful, contributes valuable and useful information to healthcare professionals who are inextricable from the dying process, given that most deaths in our society occur in medical settings and among medical professionals.

The emphasis in much of the literature is on the importance of forgiveness-communication prior to death. But the evidence and prevalence of intrapersonal forgiveness after death highlights that perhaps research should not place so much emphasis on forgiveness when people aren’t ready to forgive. Not only is forgiveness possible at the EOL, when many people seem to gain the ability to finally engage in forgiveness-communication, but it is possible after death. Thus, hospice workers and other healthcare professionals who work with the dying can
communicate to families that, as relationships continue after death, it is never too late to forgive (their loved ones or themselves), if they are not ready to forgive prior to death.

Notably, participants also mentioned how, even years later, talking about or “debriefing” about a loved one’s death can be healing. The interview process itself was noted as healing, or “like therapy,” by all but two participants. While it may be standard practice for hospice workers to continue to debrief with family members of late loved ones, some of these participants spoke about their forgiveness-communication even many years later, and the process was still contributing to their healing and overall grief process. Thus, it would be important for healthcare workers to consider creating communicative spaces where people can continue to talk about their experiences years after the fact.

In conclusion, a critical lesson learned about forgiveness and how it can be studied in the context of end-of-life – from a theoretical and methodological standpoint – is worth noting, as it relates to significant findings about what we might call “the dark side of forgiveness.” Some themes related to this were that forgiveness is selfish, that forgiveness-communication during EOL was not meaningful, and that at times, it created the sense of a “deathbed conversion” that was not sincere or deserving of forgiveness. In some cases, forgiveness was not granted. Of course, most literature in the field points to detrimental effects of being unforgiving, and what dominates literature is conceptualization of forgiveness as meaningful and healthy. But this study’s findings revealed that such conceptualizations are limited and myopic, and don’t take into account valid reasons and positive outcomes of being unforgiving at times, or of considering forgiveness as selfish. For example, for one participant who did not forgive her father, she didn’t seem to suffer from all the supposed negative health, mental and emotional outcomes of unforgiveness. Instead, there were apparent benefits in her response. She set boundaries in order to
protect her own health, rather than allowing herself to become a repeat victim in a manipulative and parasitic relationship.

Ultimately, scholars can easily fall into paradigmatic structures when researching potentially normative concepts, such as forgiveness, and as a result, they limit their ability to access multi-faceted structures about a concept that might feel uncomfortably paradoxical. Theory and methodology contribute to these pre-determined paradigms that consequently close-off a broader, though paradoxical, conceptualization of phenomenon such as forgiveness. Thus, it’s crucial to be open to a more grounded theoretical approach, and an interpretive methodology that, though they may reveal findings that are daunting to analyze and conceptualize, they are more in-line with our true, human, lived experience, as paradoxical as it may be.
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APPENDICES

Appendix A

1. Would you share with me your recollection of your final conversation(s) with your loved one? (Keeley, 2007)

2. How was the topic of forgiveness introduced?

3. What was the conversation about?

4. How long ago did this conversation occur?

5. Where did this conversation take place?

6. How did the topic of forgiveness play a role in this conversation(s)?

7. Was forgiveness communicated about implicitly or explicitly?

8. Can you recall any specific words or phrases that were said, either by you or your family member, during this conversation(s)?

9. How did the conversation affect you?

10. How do you think it affected the other person involved?

11. Was this conversation(s) meaningful to you? Why or why not?

12. Do you recall any specific facial expressions or nonverbal gestures that occurred? How did that make you feel?

13. Do you think this conversation(s) has affected your relationship with your family member? If so, how?
Appendix B

Research study on Forgiveness and End-of-Life Participants Needed

Have you had concerns or conversations about forgiveness with a dying loved one?

This research project hopes to learn about such conversations and how they have affected people and their relationships.

If you would like to tell me your story of forgiveness, and are at least 18 years old, I invite you to take part in an interview. Your estimated time commitment is 1-2.5 hours. 15 participants will be recruited for this study.

1 In this study, I conceptualize family members as actual kin as well as close friends that can be considered as “chosen” family.
This included a search of what Hannawa et al. (2015) call “the two flagship journals” of the field, *Health Communication* and *Journal of Health Communication*, as well as two other major journals of the field, *Journal of Communication in Healthcare* and *Patient Education and Counseling*.

Hannawa et al. (2015) note that *Health Communication*, the field’s first peer-reviewed ‘flagship’ journal, was inaugurated in 1989.

Hannawa et al. analyses of health communication research revealed that “more than half of health communication scholarship appeared across 239 other journals,” (p. 527).

For a review of forgiveness and health literature in the communication field, see Kelley et al. (2016); for a review of the health communication literature, see Hannawa et al. (2015).

For example, one can forgive yet still pursue legal action; one can forgive and pardon; one can pursue legal action and not forgive; and one can refuse both to pardon and to forgive.

Though hospice care and palliative care both work towards improving quality of life and relieving symptoms and pain, the two are distinct in an important way. While hospice provides care to patients who have a prognosis of six months or less to live, palliative care can be provided at any point during an illness and is not limited to- though it is most common among- dying patients. Thus, in this essay, I conceptualize end-of-life care as whole-person care that can include both hospice and palliative care but not palliative care alone.

Hovey and Paul (2007) provide a useful explanation of contemporary biomedical discourses, which are rooted in postpositivistic empiricism and consequently delegitimize validity of data that is not measurable as mere “informational responses directed toward specific charted often yes-or-no check boxes or “briefly describe” responses to questions. The patient’s story is almost never asked for. If it is provided, then it is tolerated but not accepted as evidence to be calculated into the diagnosis/treatment regimens” (p. 6).

Though I use narratives and stories interchangeably in this project, it is worth noting that some interpretive, qualitative researchers find distinction between them. For example, Paley and Eva (2005) see narrative as “data” that is more acceptable in medicine because narrativity implies clarity, chronology, clear beginnings and endings, etc. In contrast, stories are perceived as less “controllable” and do not easily lend themselves to objective measurement criteria, given that they often contain “literary, indeed emotional, embellishment” (Hovey & Paul, 2007, p. 56).

Thus, Paley and Eva suggest, “all stories count as narratives but not all narratives count as stories” (2005, p. 86).