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Death and Dynasties: Using Family Communication Patterns Theory to Understand Individual Feelings Regarding the End of Life

An honors thesis presented to the Department of Communication,

University at Albany, State University of New York

in partial fulfillment of the requirements

for graduation with Honors in Communication & Rhetoric and

graduation from The Honors College.

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May 2023

Abstract

This research investigated how Family Communication Patterns Theory, one of the leading theories in the study of family communication, relates to parent-child communication regarding religion and outlook on the end of life. Using pairs of parent-child participants this research sought to connect the family type and style in which one was raised, with their likelihood to remain in the religion they were raised with, as well as their acceptance or fear regarding the end of life. This research seeks to close the gap between parenting styles/family dynamics and adult feelings, thoughts, and beliefs regarding religion and death.

This research was based on two research questions: Do dyads agree on their Family Communication Patterns Theory Family Type and which family type is most common amongst dyads who do agree? And to what extent can Family Communication Patterns Theory be used to understand and predict an individual's feelings regarding death, as well as their conformity to the religion they were raised with, and the ways in which they self-evaluate their understanding and feelings of death?

Overall, this research found that sixty-six out of 106 dyads agreed on family type while forty disagreed. This research also found that children were far more fearful as a whole than their parents/guardians who thought death was a natural part of life and accepted it. The majority of participants also fell within the Consensual or Pluralistic Family Types.

Regarding the children who participated in this research found that children of the Consensual Family Type are accepting of the end of life, children of the Protective Family Type and the Pluralistic Family Type are fearful of the end of life, and children of the Laissez-Faire Family Type avoid thinking about the end of life. Children of the Consensual and Pluralistic

Family Type have primarily high religious self-evaluation and low religious conformity. Children of the Protective and Laissez-Faire Family Type have primarily low religious self-evaluation and low religious conformity.

Regarding the parents/guardians who participated in this research found that parents/guardians of the Consensual Family Type, Pluralistic Family Type, and Laissez-Faire Family Type thought death was a natural part of life, while parents/guardians of the Protective Family Type accepted the end of life. Parents/guardians of the Consensual and Pluralistic Family Type have primarily high religious self-evaluation and high religious conformity. Parents/guardians of the Protective Family Type have either high religious self-evaluation and high religious conformity or low religious self-evaluation and low religious conformity. Parents/guardians of the Laissez-Faire Family Type have primarily low religious self-evaluation and low religious conformity.

Acknowledgments

I would like to first thank my mother, for the sacrifices she has made throughout my life to make it possible for me to be here today, and for her love and support in pursuit of all of my goals, no matter how large or small.

My father, my guardian angel, and my inspiration. Although I am not where we thought I would be, I hope to make you proud in all that I do. Always, your Brown Bear Button.

Dr. Lauren Bryant, for agreeing to take on this project, keeping me sane, and working not only through this project with me, but also through all of the various twists and turns it has taken.

My sisters, Emily and Megan, my brother-in-law, Will, my best friend, Chrislyne, the most supportive partner I could ever ask for, Nick, and my dearest, Kit. The team that has kept me well-loved, supported, and encouraged throughout this process.

And finally, you, dear reader, for in reading my research you have shown me that I still have much to add to the ever-growing fields of research that I love so very much.

Thank you.

List of Figures

Figure 1: Child Participants Family Types and Overall Outlook on EOL....................................25

Figure 2: Child Participants of the Consensual Family Type.. 26

Figure 3: Child Participants of the Pluralistic Family Type... 27

Figure 4: Child Participants of the Protective Family Type... 28

Figure 5: Child Participants of the Laissez-Faire Family Type.. 29

Figure 6: Parent/Guardian Family Types and Overall Outlook on EOL...................................... 30

Figure 7: Parents/Guardians of the Consensual Family Type...31

Figure 8: Parents/Guardians of the Pluralistic Family Type..31

Figure 9: Parents/Guardians of the Protective Family Type..32

Figure 10: Parents/Guardians of the Laissez-Faire Family Type..33

Table of Contents

Abstract....ii

Acknowledgments.... iii

List of Figures....iv

Introduction....1

Literature Review....1

Family Communication Patterns Theory....2

End-of-Life Communication....9

Family Communication Patterns Theory and End-of-Life Communication.... 13

Research Questions and Hypotheses.... 16

Methods....20

Participants....20

Procedure.... 20

Data Analysis....21

Results....23

Overall....23

Results (Children)....24

Results (Parents/Guardians)....29

Discussion....33

Limitations of this Research.... 36

Areas for Further Research.... 37

References....39

Introduction

Death is an inevitable aspect of life, however, due to a variety of reasons, it is frequently ignored, as many individuals choose to avoid thinking about or discussing the varying aspects of the end of one's life. There is often a stigma surrounding death, and in many cultures, the discussion of such topics is said to bring bad luck to those involved. It is, however, the one inevitable part of life; the end. Not all fear or experience discomfort when faced with such topics or ideas, and in other religions or cultures death is an opening door to what is next. In some cases, a better future, or another chance to better oneself (Andrist, 2021; Ocksoon, 2015).

These cultural or religious beliefs are developed throughout one's life, with a variety of factors influencing those outlooks. Two of the largest factors in these developments are lived personal experiences and family influence. It is no secret that familial relationships and the way in which one is raised can have major influence on one's beliefs and practices, ranging from personal habits to larger outlooks and beliefs on life. The popular Italian rock band Måneskin highlighted this connection in the opening line of their 2023 hit song "BABY SAID" saying, "What's your thoughts about religion? Are you close to your mother?" This argument of nature versus nurture has long been made, and while this research will not weigh in on that specifically, it does investigate the influence of family on religious beliefs and perceptions regarding the end of life, through Family Communication Patterns Theory (FCPT).

Literature Review

To begin to understand Family Communication Patterns Theory it is important to review the theory itself, as well as other relevant works. Research surrounding Family Communication Patterns Theory is extensive, however, it rarely touches upon death or religion. For the purposes

of this paper, this literature review investigated the foundations of the theory, as well as how it is used today, and what it has to say about death and religion in families.

Family Communication Patterns Theory

In *An Introduction to the Special Issue on Family Communication Patterns Theory* published in the *Journal of Family Communication*, authors Paul Schrodt and Ascan Koerner give an overview of Family Communication Patterns Theory (FCPT), originally published by Jack McLeod and Steven Chaffee in 1972. Family Communication Patterns Theory is one of the largest, most foundational theories in the field of family communication studies; which has been tested and expanded upon throughout the years. Foundational pieces of the theory were written in the 1950s, but it was not expanded upon or formally published as what we know today until the 1970s.

The theory states that there are predictable patterns in which families communicate within themselves and that there are specific styles of parent-child communication. It was founded in the field of cognitive psychology and expanded by mass media theorists McLeod and Chaffee, eventually forming the interpersonal communication theory we rely on today. According to Koerner and Fitzpatrick (2002), "We place (FCPT) in the logical empirical paradigm because it is concerned with a causal explanation of why people communicate the way they do based on cognitive orientations in family relationships." (p. 50) This means Family Communication Patterns Theory is both an explanation of action based on orientation within the family and can be accepted as analytical scientific knowledge within communication theory. Family Communication Patterns Theory is unique in the realm of communication theory as it accounts for why families use certain behaviors by identifying the underlying foundational process of co-orientation.

Co-orientation describes the phenomenon in which two or more individuals form beliefs and attitudes after focusing on the same object or person, thus forming a co-oriented dyad (Newcomb, 1953). Co-orientation involves two thought processes, one's own individual beliefs and one's perception of the other person's beliefs. Essentially, what person one believes about the subject and person one's guess at what person two believes about the subject both form person one's official opinion on the matter. This process determines the three elements of a co-oriented dyad: accuracy, congruence, and agreement (Newcomb, 1953).

Accuracy, congruence, and agreement are three properties of a co-oriented dyad and thus interfamilial relationships (Newcomb, 1953). They are linearly dependent, the state of any two aspects determines the third, regardless of how you mix and match them. Accuracy and congruence require agreement between both people. Congruence and disagreement require inaccuracy between both people. Inaccuracy and incongruence require that there is agreement between both people (Newcomb, 1953).

Agreement is the similarity between person one's beliefs about the subject and person two's beliefs about the same subject (Newcomb, 1953). Accuracy describes the similarity between person one's perception of person two's beliefs and person two's actual beliefs. Congruence is the similarity between person one's beliefs and person one's perception of person two's beliefs. Congruence and accuracy are properties of both an individual's cognition as well as that of the dyad as a whole. The dyad can only have accuracy and congruence if both individuals have both properties individually. When members of a dyad agree about the subject, are aware that they share this agreement (i.e., are congruent), and are accurate in their beliefs about the subject they create and maintain a shared social reality (Newcomb, 1953).

A family is nothing more than a singular dyad or a collection of dyads. Family dynamics follow the same properties, entering into concept-orientation or socio-orientation in lieu of agreement according to the original Family Communication Patterns Measure (FCP) (McLeod & Chaffee, 1972). Concept-orientation is agreement within the family unit based on discussion. This conclusion can happen in two ways depending on the subject matter. First, agreement can be reached based on observation with the five senses, such as color, smell, size, et cetera. Second, if the subject matter is not obvious, members of a dyad must discuss the subject, its properties, outcomes, characteristics, traits, et cetera., and come to one conclusion as a unit. Socio-orientation is agreement within the family based on a decision or definition made by one family member (Ritchie & Fitzpatrick, 1990).

The Family Communication Patterns Measure, developed by McLeod and Chaffee in 1972, was reworked and published in 1990 by Ritchie and Fitzpatrick as The Revised Family Communication Patterns Instrument (RFCP) which included a set of questions for both parents and children to be measured and scored to determine their family type. Concept-orientation from the original Family Communication Patterns Measure was reconceptualized into conversation orientation, which tracks communication behaviors involving open discussion and other forms of clear communication within the family. Socio-orientation was reconceptualized as conformity orientation, which tracks communication behaviors involving and emphasizing conformity of beliefs, views, and actions within the family (Ritchie & Fitzpatrick, 1990).

Conversation orientation and conformity orientation are the two deciding elements of Family Communication Patterns Theory according to the instrument (Ritchie & Fitzpatrick, 1990). By measuring and scoring these two forms of orientation one can be placed into a predetermined family type. High conformity orientation versus low, and high conversation

orientation versus low, with any combination of the two placing an individual into one of four family types, Consensual, Pluralistic, Laissez-Faire, and Protective (Ritchie & Fitzpatrick, 1990).

High conversation orientation means family members are encouraged to openly discuss a large range of topics while low conversation orientation means they are discouraged from discussing topics that stray from a predetermined "list" (Ritchie & Fitzpatrick, 1990). These topics are usually determined by the parents or guardians of the family unit and children are expected to stay within the bounds set. Families with low conversation orientation use phrases such as, "Children are meant to be seen not heard," or "Because I said so." Families with high conversation orientation believe open and frequent communication is essential to family life and healthy relationships within the family, and as such spend much of their free time interacting with one another and sharing their feelings. Parents with high conversation orientation see frequent communication with their children as the best means of education and socialization and encourage their children to ask questions and engage in open discussion with them on a wide range of topics such as activities, opinions, or their individual feelings. Children of families with low conversation orientation often do not ask questions or argue with others as a means of not disrupting the balance they believe has been set (Ritchie & Fitzpatrick, 1990).

High conformity orientation means the parents/guardians of the family encourage and expect homogeneity within the family unit and discourage independence of beliefs, ideals, and actions (Ritchie & Fitzpatrick, 1990). Families with high conformity orientation often emphasize a strict hierarchy within the unit in which one or two parents/guardians make decisions for the family and the others follow with those close to the top of the hierarchy encouraging those below them to follow what was set by the top and leading by example. Families with low conformity orientation encourage independence, personal space, individual interests, and personal growth,

and believe that relationships and socialization outside the family are just as important as those within the family. Parents with high conformity orientation may use expressions such as, "You'll know better when you're older," or "Children should not argue with adults." Children of families with high conformity orientation can be described as people pleasers and can have issues making decisions for themselves. High conformity orientation can also manifest through traditional family structures, individual schedules being coordinated to maximize family time, and the expectation that time, space, money, et cetera be given to the family first (Ritchie & Fitzpatrick, 1990).

According to Hesse et al., (2017), conformity orientation can be separated into warm and cold conformity. Cold conformity describes many of the behaviors listed above including limited conversation topics, codependence, control, and limiting freedom, among others, all of which tend to result in children who are unable or hesitant to make their own decisions. Warm conformity includes behaviors such as prioritizing family time, enforcing shared family values, discipline, etc.. Warm conformity represents the idea that conformity can be positively encouraged and enforced without taking away the individuality of the child (Hesse et al., 2017).

These orientations determine which of the four family types, Consensual, Protective, Pluralistic, or Laissez-Faire, a family is (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953). Consensual families have high conversation orientation and high conformity orientation meaning they have open communication but expect it to result in the adoption of predetermined beliefs and values. These families maintain a tension between a desire for agreement through conversation and a desire to preserve the existing family hierarchy and values. There is a high value placed on problem-solving and conflict resolution. Parents of this family type are concerned about their children's opinions but believe that they as parents should

be making decisions for the family. To balance this, these parents spend time and energy explaining their values, beliefs, and decisions to their children with the expectation that they will adopt said beliefs. Children of these families typically value open family communication and adopt their parent's values and beliefs (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953).

Pluralistic families have high conversation orientation and low conformity orientation, meaning they value open communication but do not expect or encourage the family to all share or adopt the same beliefs (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953). Parents of these families do not feel the need to control their children nor make decisions on their behalf, and as such, they do not feel the need to agree with their children's decisions. Within arguments or tense family discussions, opinions are evaluated based on merit and fact rather than which family member makes them and how much power they hold within the hierarchy. As such, a hierarchy does not typically exist within these families. Parents allow children to participate in family decision making and as such children learn to value family conversations and become more independent and autonomous than children of other family types. Pluralistic families are low in conflict avoidance as they openly address conflicts with one another and engage in discussion and/or conflict resolution strategies either on purpose or coincidentally (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953).

Protective family types are low in conversation orientation but high in conformity orientation meaning they do not openly discuss topics however children are expected and encouraged to hold all of the same beliefs and values as their parents (Koerner and Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953). There is a strong emphasis on obedience to the family hierarchy in which the parents/guardians are always at the top. As such, parents of

these families make decisions for the family unit including their children, and see little value in explaining these decisions nor opening any other lines of communication with their children. Conflict is not handled well as the expectation is conformity to authority with little to no discussion. As such, children of these families often lack skills for conflict resolution. These children also hold little value for family conversations and do not exercise autonomy over their decision-making (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953).

Laissez-Faire families are low in both conversation orientation and conformity orientation, meaning they do not engage in open conversation, and they do not hold expectations for conformity (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953). These families are often uninvolved in each other's lives and decision-making processes. They rarely engage in open communication and usually stick to a small number of topics. Parents of these families believe all members should make their own decisions and as such have little involvement in the decision-making of their children. Most families within this type are emotionally avoidant or unavailable and as such conflicts are rare as they avoid them. Children of these families hold little value in communication. They are also typically poor decision-makers and as such are more susceptible to peer pressure (Koerner & Fitzpatrick, 2002; Ritchie & Fitzpatrick, 1990; Newcomb, 1953).

Each of these four family types are considered reasonable for a family to be sorted into. The Family Communication Patterns Instrument nor the Revised Family Communication Patterns Instrument favor any one family type and are not predisposed to give a certain family type as a result (McLeod & Chaffee, 1972; Ritchie & Fitzpatrick, 1990). Given the literature reviewed, there is no indication that one family type is more common than the others.

End-of-Life Communication

Family Communication Patterns Theory is widely accepted and has been built upon in many ways within communication studies since its conception. It has been used to analyze such topics as financial decisions (Thorson & Kranstuber Horstman, 2014), attachment styles (Jiao, 2021), healthcare disclosure (Thomas & Hovick, 2021), and personal intimacy (Hurst et al., 2022). However, there are certain topics largely not explored through the lens of this theory. End-of-life communication is one of those subjects that is overwhelmingly ignored within the field of family communication. This is due to a variety of reasons, primarily stemming from stigma among individuals both within families and socially regarding the subject (Shearman et al., 2021).

However, there is research that has been conducted that focuses on end-of-life communication from the perspective of healthcare professionals. Research has been done on behalf of and with the participation of doctors and nurses throughout the world as they strive for the most humane ways to deliver some of the worst news individuals and families can hear (Feder et al., 2021; Koppel et al., 2019). Doctors, nurses, and other support staff are trained extensively on the best ways to deliver information and news regarding death and/or treatment of an individual leading up until their death. This training is based on years of research, all with the goal of minimizing emotional trauma, harm, or damage to patients or their loved ones often at the extent of emotional damage to said staff (Olsen et al., 2021; Gonella et al., 2021, Murali et al, 2022).

Navigating end-of-life communication can be extremely complicated as oftentimes doctors, nurses, and support staff are unaware of the patient/family's cultural, religious, or personal outlook on death (Olsen et al., 2021). As such, language is a powerful tool for

communicating this news with the least amount of harm. Hospital staff must transition from discussing the patient's condition in very blunt and precise medical terms to gentle euphemisms and explanations that will make the information easier to digest. There is a delicate balance between hospital protocols for direct communication and patient/family cultural and emotional well-being (Olsen et al., 2021).

Gonella et al. (2021) found that the nurses working in nursing homes could identify four main triggers that signaled to them that their patient was going to die. From there, these nurses faced a series of decisions, including to what extent they could or needed to involve the patient's family in decision-making. If patients approve of their family to have involvement, their recommendations, preferences, and decisions must be taken into account in addition to the patient themselves (Gonella et al., 2021). As previously discussed, most patients do not have a set end-of-life plan for themselves, the staff, or their families. If nurses feel they have a strong communication structure and a healthy relationship with their patients, they are more proactive and motivated to go above and beyond with their patients. On the contrary, when nurses have poor relationships and communication with patients or their families, the family may choose to move the patient to a hospital where the patient is unfamiliar and more likely to be alone at their time of death (Gonella et al., 2021).

Nurses find that communicating about the death of a patient is easier with extended family or those who are less involved in the patient's end-of-life structure and routine than it is for immediate family or those who had been very involved (Gonella et al., 2021). They also found that although the family members requested to be kept up to date on the patient's condition, the patients themselves were usually kept out of the information loop in order to alleviate fear or anxiety about their condition. It often varies from family to family and from

patient to patient whether or not to involve emergency services, resort to hospitalization, or keep the patient's death as natural as possible (Gonella et al., 2021). Families typically respect their loved one's wishes, even if they personally disagree, and at some point when families realize their loved one is not going to recover they shift their communication from wishing their loved one would recover soon, to wishing they would be peaceful and comfortable at the end of their life. Healthy communication and strong relationships between nursing home staff, the patient, and their family lead to a more comfortable, peaceful, and planned end-of-life for the patient, whereas weak or unhappy communication and relationships lead to less structure and more difficult death (Gonella et al., 2021).

Across most of the world, many decisions are made regarding end-of-life care and preparation via shared decision making which is a common practice involving doctors, the patient, and approved/relevant family members (Murali, 2022). Many times, however, the patients themselves cannot participate in these conversations as their health declines near the end of their life and they may not have the autonomy nor function to voice their opinions or in some cases even form reasonable opinions. Usually, doctors and other hospital staff initiate these conversations and discussions in order to receive guidance and make decisions. Gentle and ethical conversations are more productive for all involved and can help ease the end of life for the patient, despite not being an "easy" topic for most people (Murali, 2022).

Unfortunately, working in healthcare is a stressful and often dangerous job, and as such, emotional harm is inherent in many of the responsibilities. With this in mind, it is clear why a significant portion of established research has been dedicated to the individuals passing on news about death and end-of-life preparations for families. In recent years, research has expanded to include stories from the COVID-19 pandemic, with rapid changes in end-of-life care emotionally

harming primarily the families left behind (Feder et al., 2021). These recent studies are some of the furthest the study of end-of-life communication has strayed from hospital rooms and into family life, despite death being a cornerstone of family relations.

Families often feel that improved communication and structure means better care for their loved one, and more comfort for their loved one at their death (Feder et al., 2021; Gonella et al., 2021). Being informed of the patient's condition, having regular and open communication about both their condition and treatment, and being consulted about decision-making all lead families to feel that their loved one is receiving better care (Feder et al., 2021). On the contrary, not having this access or these options lead families to believe their family member is not being treated as a priority, is not receiving the best care they could be, and may be alone, in discomfort, or afraid at their time of death (Feder et al., 2021).

It is equally important, however, to investigate how families communicate such news and process it as a unit. Many families felt that during the pandemic in particular, the rules and regulations hospital staff needed to enforce to keep patients isolated, harmed their ability to communicate with their loved ones before their death (Feder et al., 2021). Not being able to communicate or be present with the patient directly during their time of death and leading up to that moment makes many families uncomfortable or upset in addition to the normal grieving process as they feel a lack of closure. A primary concern for many individuals and families is being present with a loved one at their time of death, with many individuals fearing their loved one dying alone (Feder et al., 2021).

Family Communication Patterns Theory and End-of-Life Communication

As discussed earlier, there is limited research regarding end-of-life communication and Family Communication Patterns Theory specifically. Of the existing research in the field, only one study has combined end-of-life communication with Family Communications Patterns Theory. In 2021 Sachiyo M. Shearman, Erika K. Johnson, Brittany Thompson, and Satomi Imai published research on "End-of-life communication, comfort, and engagement among middle-aged and older individuals with families in the United States" in the Journal of Family Research. This study worked with 189 participants between the ages of 40 and 80, married, with one or more child(ren) to analyze their knowledge of end-of-life wishes/planning processes and communication and conformity orientation. They sought to predict comfortability with discussing such topics based on conformity and conversation orientation as well as establish current patterns regarding end-of-life (EoL) communication.

Shearman et al. (2021) completed this study using a survey that asked participants questions to help determine their conversation and conformity orientations, as well as their knowledge of their own health status, their end-of-life wishes, and their own end-of-life factors. They found that high conversation orientation as well as being knowledgeable about their own health and end-of-life wishes and elements indicated more engagement in end-of-life communication while low conversation orientation and a lack of knowledge about their wishes or individual health indicated low engagement.

Most American adults do not discuss their end-of-life plans or wishes with their families or medical providers despite having specific desires which leads to further trauma to their family members as well as "guesswork" for medical professionals involved. In 2016 Medicare billing codes for medical professionals were updated to include discussing end-of-life treatments and

planning as billable hours. Even so, various reports have stated that less than a fourth of the older adult population in the United States have advance-care directives or end-of-life treatment options/plans included in their medical or legal filings (Goswami, 2021).

End-of-life planning and communication have been tied to positive feelings, fewer complaints, more peace, and acceptance of death, among other things, but many people are not inclined to have such conversations due to shame/embarrassment, stigma, and fear among other factors. Patients have cited feeling as though it is not the right time, being too young, lack of knowledge, and family type/dynamic as reasons for not discussing end-of-life plans or advance care directives. As such, Shearman et al. (2021) sought to predict comfortability and level of engagement with these plans and conversations, hypothesizing that conversation and conformity orientation as well as, "other family cycle factors, including age, health status, experience of death in the family, and clarity and knowledge of EoL issues, will predict the level of comfort and engagement in communicating about one's EoL wishes with one's family members." (p. 597)

Using a Qualtrics survey, Shearman et al. (2021) determined family type as well as asked a series of questions regarding participant health, knowledge of end-of-life planning, openness to discuss such things with their family, and clarity on their own end-of-life plans. They also asked demographic questions as well as how many close family member deaths participants had experienced. They found that older participants (60 to 79 years old) were more likely to have knowledge of end-of-life issues as well as more precise wishes for their own end-of-life plans. They also found that women were more likely than men to have knowledge of these plans/more clarity in regard to their own wishes.

In terms of conversation and conformity orientation, Shearman et al. (2021) found that conversation orientation was a significant predictor of participants' level of comfort when communicating about end-of-life proceedings and plans, but conformity orientation was not. Participants were more likely to discuss their wishes or engage in end-of-life communication in general when conversation orientation was high in their family, regardless of conformity orientation. Having a hierarchical power structure within the family, a trait of high conformity orientation is associated with greater discomfort in communicating about the end of life. This means that pluralistic and consensual family types are most likely to engage in end-of-life discussions.

Through a multiple regression analysis, these authors found that age, conversation orientation, and clarity of end-of-life wishes were all significant predictors of communication comfort. In predicting actual communication of end-of-life wishes within families, age, knowledge about end-of-life options/proceedings, clarity of an individual's end-of-life wishes, health status, and conversation orientation were all significant predictors. This means that as individuals get older, they come to know more about issues regarding end-of-life and are more intimate with their own wishes. This, combined with a high conversation orientation family type, indicates the likelihood of increased open communication about end-of-life wishes and options. Although Shearman et al. (2021) determined conformity and conversation orientations for the participants in their study, they did not directly tie them to their Family Communication Patterns Theory Family Type.

The current study seeks to expand upon Shearman et al. (2021) by further explaining the roles of family types in end-of-life communication through a more specific application of Family Communication Patterns Theory. As previously stated, many individuals are uncomfortable with

the idea of death as well as discussing it within their families. This can cause a variety of complications and emotional stresses as there are many elements involved in the end of one's life, including but not limited to bills, medical plans and expenses, estate planning, funerals, or other religious ceremonies. All of these elements need to be communicated about ahead of time for the best outcome.

This research seeks to understand if there is a connection between Family Communication Patterns Theory Family Type and these feelings about the end-of-life. Why do families fear their loved one dying alone? In what ways can individuals and families alike communicate to help abate these fears as well as to bring comfort to all involved during these processes? Family Communication Patterns Theory can serve as a predictor for many things within families and childhood development.

Research Questions and Hypotheses

This study contains research questions and hypotheses in an effort to better understand the extent to which Family Communication Patterns Theory can be used to explore the dynamics involved in end-of-life communication.

R1: Do dyads agree on their Family Communication Patterns Theory Family Type and which family type is most common amongst dyads who do agree?

R2: To what extent can Family Communication Patterns Theory be used to understand and predict an individual's feelings regarding death, as well as their conformity to the religion they were raised with, and the ways in which they self-evaluate their understanding and feelings of death?

Given that there are four family types included in Family Communication Patterns Theory I included one hypothesis for each family type. These hypotheses are based on information gathered through the literature review included with this research and were created before data collection.

H1: Participants of the Consensual Family Type will have high religious conformity, high religious self-evaluation, and an acceptance of/natural outlook on death.

I hypothesized that participating children from families within the Consensual Family Type would have the same beliefs/outlooks on the end of life/death as their participating parent/guardian, due to conversations held within the family throughout their life. I anticipated that these children will have some sense of understanding of death, and thus feelings about it, rather than an avoidance/fear in relation to it. If the participating parent/guardian raised the participating child with a particular religion, I hypothesize that both will share that religion's views on the end of life. It is reasonable to predict that throughout the participating child's youth, the participating parent/guardian had conversations with the participating child or the family as a whole regarding death as it impacted the family unit, thus removing the sense of unknown fear and dread associated with death if left undiscussed.

H2: Participants of the Pluralistic Family Type will have low religious conformity, high religious self-evaluation, and an acceptance/natural outlook on death.

I hypothesized that participating children from families within the Pluralistic Family Type would have similar but not identical beliefs/outlooks on the end of life/death as their

participating parent/guardian. This would be due to a combination of conversations held within the family throughout the participating child's life, but also to the independence of the participating child encouraged by the participating parent/guardian. I anticipated these children would have a strong perception of death not based in fear or avoidance, similar to that of their participating parent/guardian. If the participating parent/guardian raised the participating child with a particular religion, I anticipate the child would no longer hold that religion's views on the end of life/death. It is reasonable to assume the participating parent/guardian had open conversations with the participating child regarding the end of life where appropriate, but that the participating child was left to come to their own conclusions as to their beliefs. These children likely based their views on death on lived experiences as well as witnessing their participating parent/guardian's outlook on the end of life.

H3: Participants of the Protective Family Type will have high religious conformity, low religious self-evaluation, and an avoidant/fearful outlook on death.

I hypothesized that participating children from families within the Protective Family Type would have the same beliefs/outlooks on death as their participating parent/guardian based in fear/avoidance of the end of life as a subject. Participating parents/guardians from this family type likely did not have conversations with their children regarding death and the conversations they did have were most likely brief and one-sided, more instructional than conversational. I hypothesized the participating parents and participating children both would have a fear of death or a generally unpleasant outlook on the end of life. If the participating parent/guardian raised the participating child with a particular religion, I anticipated they both would still keep to that

religion and its beliefs on the end of life. These children likely followed their parent/guardian's beliefs on most aspects of life very closely without questioning the authority of said beliefs, including regarding death.

H4: Participants of the Laissez-Faire Family Type will have low religious conformity, low religious self-evaluation, and an avoidant/fearful outlook on death.

I hypothesized that participating children from families within the Laissez-Faire Family Type would have no strong opinions or views on death, similar to their participating parent/guardian. I anticipated this to be because of a lack of conversations held within the family unit throughout the upbringing of the participating child. Although I anticipated the participating parent/guardian and participating child would both have weak/avoiding opinions on death and thus similar opinions, I did not attribute this to a high conformity orientation but rather to an exceptionally low one. Participating children would have reached their own opinions/conclusions on the end of life with little-to-no conversation or discussion with their participating parent/guardian leading to a strong sense of the unknown surrounding the end of life. If the participating parent/guardian raised the participating child with a particular religion, which I did not anticipate many having done, it is unlikely the participating child would still hold these beliefs or practices.

Methods

Participants

Participants were gathered through a convenience sample primarily based out of the State University of New York at Albany. Participation was voluntary without compensation and participants were encouraged to pass the survey on to others who may have been willing to participate. One child from a family and the parent/guardian they feel had the most impact on their upbringing participated in a set "pair" with each filling out one of the two surveys. Multiple "pairs" from one family unit were allowed to participate, but each individual was only allowed to complete their respective survey once. In total, there were 239 participants, 121 children, and 118 parents/guardians, with 106 complete dyads (one parent/guardian and their corresponding child).

Procedure

Data collection was based on a set of two surveys created in Qualtrics to be completed by participants, one for participating children and one for participating parents/guardians. At the top of the questionnaire, there was an acknowledgment that by participating in the survey, individuals consented to be part of this research and that their data would be protected. The survey collected the participant's name as well as the name of the individual filling out the survey with them in their set pair. It also collected whether or not they were the child or the parent/guardian in the pair to aid in later sorting the results.

There were five questions regarding conversation orientation and five questions regarding conformity orientation to be used during data analysis to determine their family type. From there, there were five questions on family religious beliefs and five questions on individual

feelings/beliefs regarding the end of life/death. The final questions served to understand the participant's religious views as well as personal views to be compared with the other participant from their pair. All of this data, once collected, was analyzed by hand using Apple Numbers.

Conversation orientation and conformity orientation were determined as either high or low for all participants. High conversation orientation and conformity orientation indicate Consensual Family Type. High conversation orientation and low conformity orientation indicate Pluralistic Family Type. Low conversation orientation and high conformity orientation indicate Protective Family Type. Finally, low conversation orientation and low conformity orientation indicate Laissez-Faire Family Type. From there, the final ten questions would be used to determine individual feelings/beliefs in regards to religious views as well as the end of life.

Religious conformity would be categorized as raised with the participating parent/guardian's religion, yes or no, and still a member of that same religion, yes or no. Feelings/beliefs regarding death would be separated into two categories, self-evaluation regarding the end of life, and comfort regarding the end of life. Within comfort regarding the end of life, results would determine whether a participant was comfortable with or fearful of the end of life, with a gradient of options in between. Within self-evaluation regarding the end-of-life results would determine whether a participant was well-oriented with their feelings and beliefs regarding the subject or avoidant of their feelings and beliefs regarding the subject.

Data Analysis

In order to determine each participant's conversation orientation, each response was weighted with a points system, corresponding to high or low conversation orientation. In total, the five questions designed to determine this orientation resulted in a 'score' of between five and

twenty-two points, with scores of five to thirteen resulting in low conversation orientation and fourteen to twenty-two resulting in high conversation orientation.

An almost identical scale was used to determine conformity orientation with resulting scores ranging from five to seventeen points. Scores of five to ten resulted in low conformity orientation, and scores from eleven to seventeen resulted in high conformity orientation.

"Religious Conformity" was then determined by five questions with potential points ranging from four to fifteen. Scores of four to nine resulted in low religious conformity, while scores of ten to fifteen resulted in high religious conformity. Two of the questions were designed to be paired together, "I was raised (religious orientation)" and "Today, I consider myself to be (religious orientation)." If both answers were the same religious orientation, the participants received two points towards their religious conformity. If the two answers differed, participants received one point towards their religious conformity as they did not conform to the religious orientation they were raised with.

End-of-life self-evaluation was determined by two questions, with potential points ranging from two to seven. Total scores of two to four resulted in low self-evaluation by participants, while scores of five to seven resulted in high self-evaluation by participants.

Finally, end-of-life comfort was determined by one question that had five options, with participants being able to choose any combination of the five options. These options directly corresponded to their feelings regarding the end of life, however, if the participant selected multiple options, their combination was evaluated on an individual basis. If they chose "Look forward to what is next" either individually or combined with the next two choices, their response was labeled "optimistic." If they chose "Think it is a natural part of life" their response was labeled "natural." If they chose "Have come to understand it is unavoidable" their response

was labeled “accepting.” If they chose both of those choices combined their response was labeled “accepting.” If they chose “Choose not to think about it” either individually or combined with any other option except “Am afraid”, their response was labeled “avoidant.” If they chose “Am afraid” either individually or with any other option except “Look forward to what is next” their response was labeled “fearful.” And finally, if they chose any combination that included both “Look forward to what is next” and “Am fearful,” their response was labeled “conflicted.”

Results

Overall

Out of the 106 complete dyads, sixty-six agreed on their family type (62.26%) while forty disagreed (37.74%). Thirty-four of the sixty-six completed dyads who agreed on family type had the same outlook on life (51.52%), with three having a pluralistic family type (8.82%) and thirty-one having a consensual family type (91.18%). Of the three dyads of the pluralistic family type, one felt that death is natural, one was fearful of the end of life, and one avoided thinking about it. Of the thirty-one dyads of the consensual family type, thirteen had accepted death (41.94%), eight felt that death is natural (25.81%), four avoided thinking about the end of life (12.90%), three were optimistic about what was next (9.68%), and 3 were fearful for the end of life (9.68%).

Of the sixty-six completed dyads who agreed on family type, thirty agreed on religious conformity and levels of self-evaluation (45.45%), whether that be low or high. Of those thirty, twenty-seven were of the Consensual Family Type (90%), two were Pluralistic (6.67%), and one was Laissez-Faire (3.33%). Overall, there were far more participants of the Consensual Family Type than any of the other family types.

Results (Children)

Of the 121 participating children, 118 completed the survey. Of those 118, seventy-seven were of the Consensual Family Type (65.25%), twenty-one were of the Protective Family Type (17.8%), fifteen were of the Pluralistic Family Type (12.71%), and five were of the Laissez-Faire Family Type (4.24%). Twenty-three were accepting of death (19.49%), twenty-seven avoided thinking about death (22.88%), five were conflicted in their feelings regarding death (4.24%), thirty were fearful of death (25.42%), eighteen felt death is a natural part of life (15.25%), and fifteen were optimistic about what comes after the end of life (12.71%).

The most common feeling regarding death amongst the children of the Consensual Family Type was acceptance (23.34%), followed closely by avoidance (20.78%), fear (18.18%), natural (16.88%), optimistic (14.29%), and finally conflicted (6.49%). The most common feeling regarding death among children of the Protective Family Type was fear (47.62%), followed by avoidance (28.57%), acceptance (14.29%), and finally natural (9.52%). The most common feeling regarding death amongst children of the Pluralistic Family Type was fear (40%), followed by a tie of avoidance and optimistic (20% respectively), then natural (13.33%), and finally acceptance (6.67%). Finally, the most common feeling regarding death among children of the Laissez-Faire Family Type was avoidance (40%), followed by a three-way tie with acceptance, natural, and optimistic (20% each).

Overall, of the child participants, the majority were of the Consensual Family Type (65.25%), most were fearful about the end of life (25.42%), and most had a low religious conformity paired with a high religious self-evaluation (28.81%).

Figure 1: Child Participants Family Types and Overall Outlook on EOL

	Pluralistic	*Protective*	*Consensual*	*Laissez-Faire*
Accepting	1	3	18	1
Avoidant	3	6	16	2
Conflicted	0	0	5	0
Fearful	6	10	14	0
Natural	2	2	13	1
Optimistic	3	0	11	1

My first hypothesis was that participating children of the Consensual Family Type will have high religious conformity, high religious self-evaluation, and an acceptance of/natural outlook on death. This research found that children of Consensual Family Types were primarily accepting of the end of life (23.38%), followed closely by avoidance of thoughts regarding death (20.78%), fear of the end of life (18.18%), and thoughts that death is a natural part of life (16.88%). Children from these types of families had primarily high religious self-evaluation and low religious conformity, followed closely by high religious conformity and high religious self-evaluation. This followed my initial hypothesis almost exactly, however, I anticipated a larger gap between the accepting outlook and an avoidant or fearful outlook for the children who participated.

Of the children in the Consensual Family Type, 29.87% had low religious conformity and high religious self-evaluation, 27.27% had high religious conformity and high religious

self-evaluation, and 23.38% had high religious conformity and high religious self-evaluation, with another 23.38% having low religious conformity and low religious self-evaluation.

Figure 2: Child Participants of the Consensual Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	21	23
Low Religious Self-Evaluation	18	18

My second hypothesis was that participating children of the Pluralistic Family Type would have low religious conformity, high religious self-evaluation, and an acceptance/natural outlook on death. This research found that children of Pluralistic Family Types were primarily fearful of the end of life (40%), followed by avoidant and optimistic (20%). Children from this family type were mostly low in religious conformity and high in religious self-evaluation. This followed the majority of my hypothesis as the children of these family types had low religious conformity and high religious self-evaluation, however, I predicted that these children would be accepting of the end of life or think it is natural and they did not.

Of the children in the Pluralistic Family Type, 46.67% had low religious conformity and high religious self-evaluation, 26.67% had low religious conformity and low religious self-evaluation, and 13.33% had high religious conformity and high religious self-evaluation, with another 13.33% having high religious conformity and low religious self-evaluation.

Figure 3: Child Participants of the Pluralistic Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	2	7
Low Religious Self-Evaluation	2	4

My third hypothesis was that participating children of the Protective Family Type would have high religious conformity, low religious self-evaluation, and an avoidant/fearful outlook on death. This research found that children of protective family types were primarily fearful of the end of life (47.62%), followed by avoidant (28.57%). Children from this family type had mostly low religious conformity with high religious self-evaluation. This only follows part of my initial hypothesis as these children were fearful of death and avoided thinking about death, as predicted, however, the children also had low religious conformity, and high religious self-evaluation which was not anticipated. In order to have a more accurate representation, a larger sample size of the Protective Family Type would be needed to form a stronger conclusion.

Of the children in the Protective Family Type, 38.10% had low religious conformity and low religious self-evaluation, 28.57% had high religious conformity and high religious self-evaluation, 19.05% had high religious conformity and low religious self-evaluation, and finally, 14.29% had low religious conformity and high religious self-evaluation.

Figure 4: Child Participants of the Protective Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	6	3
Low Religious Self-Evaluation	4	8

My fourth hypothesis was that participating children of the Laissez-Faire Family Type would have low religious conformity, low religious self-evaluation, and an avoidant/fearful outlook on death. This research found that children of the Laissez-Faire Family Type primarily avoided thinking about the end of life (40%). Children of this family type were found to have either high religious conformity and high religious self-evaluation, or low religious conformity and low religious self-evaluation. This followed my hypothesis, almost completely, however in order to have a more accurate representation, a larger sample size of the Laissez-Faire Family Type would be needed to form a stronger conclusion.

Of the children in the Laissez-Faire Family Type, 40% had high religious conformity and high religious self-evaluation, 40% had low religious conformity and low religious self-evaluation, with 20% having low religious conformity and high religious self-evaluation. 0% of the children in the Laissez-Faire Family Type had high religious conformity and low religious self-evaluation.

Figure 5: Child Participants of the Laissez-Faire Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	2	1
Low Religious Self-Evaluation	0	2

Results (Parents/Guardians)

Of the 118 participating parents/guardians, 110 completed the survey. Of those 110, ninety were of the Consensual Family Type (81.82%), fourteen were of the Pluralistic Family Type (12.73%), two were of the Protective Family Type (1.82%), and one was of the Laissez-Faire Family Type (0.90%). Of the participating parents/guardians, forty-nine thought death was natural (44.55%), sixteen were optimistic about what comes after the end of life (14.55%), twelve avoided thinking about death (10.91%), and five were fearful of the end of life (4.55%).

The most common feeling regarding death amongst the parents/guardians of the Consensual Family Type was that it is natural (43.01%), followed by accepting (26.88%), optimism (16.13%), avoidance (10.75%), and finally fear (3.23%). The most common feeling regarding death amongst parents/guardians of the Protective Family Type was accepting (100%). The most common feeling regarding death amongst parents/guardians of the Pluralistic Family Type was natural (57.14%), followed by a tie of avoidance and fearful (14.29% respectively), finally a tie of acceptance and optimistic (7.14%). Finally, the most common feeling regarding death amongst parents/guardians of the Laissez-Faire Family Type was natural (100%).

Overall, of the parent/guardian participants, the majority were of the Consensual Family Type (84.55%), most felt death was a natural part of life (44.55%), and most had a high religious conformity paired with a high religious self-evaluation (43.64%).

Figure 6: Parent/Guardian Family Types and Overall Outlook on EOL

	Pluralistic	*Protective*	*Consensual*	*Laissez-Faire*
Accepting	1	2	25	0
Avoidant	2	0	10	0
Conflicted	0	0	0	0
Fearful	2	0	3	0
Natural	8	0	40	1
Optimistic	1	0	15	0

Parent/guardian participants of the Consensual Family Type were primarily accepting of the end of life (43.01%). These parents/guardians had high religious conformity and high religious self-evaluation. This follows the results of the participating children of the Consensual Family Type. This followed my hypothesis as I predicted participating parents/guardians of the Consensual Family Type would have high religious self-evaluation, high religious conformity, and would be accepting of the end of life.

Of the parents/guardians in the Consensual Family Type, 44.09% had high religious conformity and high religious self-evaluation, 18.28% had high religious conformity and low religious self-evaluation, 13.98% had low religious conformity and low religious self-evaluation,

and finally 12.90% had low religious conformity and high religious self-evaluation. These results are shown in Figure 7 below.

Figure 7: Parents/Guardians of the Consensual Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	41	12
Low Religious Self-Evaluation	17	13

The participating parents/guardians of the Pluralistic Family Type primarily viewed death as a natural part of life (57.14%). These participating parents/guardians also had high religious conformity and high religious self-evaluation. This followed my hypothesis as they felt death is a natural part of life and had high religious conformity and high religious self-evaluation.

Of the participating parents/guardians in the Pluralistic Family Type, 42.86% had high religious conformity and high religious self-evaluation, 28.57% had low religious conformity and high religious self-evaluation, 21.43% had high religious conformity and low religious self-evaluation, and finally, 7.14% had low religious conformity and low religious self-evaluation. These results are shown in Figure 8 below.

Figure 8: Parents/Guardians of the Pluralistic Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	6	4
Low Religious Self-Evaluation	3	1

Participating parents/guardians of the Protective Family Type were accepting of the end of life (100%). These parent/guardian participants had either high religious conformity and high religious self-evaluation, or low religious conformity and low religious self-evaluation. This followed approximately half of my hypothesis as I hypothesized there would be high religious conformity and low religious self-evaluation amongst participants of the Protective Family Type and they would be avoidant/fearful of the end of life.

Of the participating parents/guardians in the Protective Family Type, 50% had low religious conformity and low religious self-evaluation, and 50% had high religious conformity and high religious self-evaluation as shown in Figure 9 below. It is important to note, however, that there were only two participating parents/guardians of the Protective Family Type.

Figure 9: Parents/Guardians of the Protective Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	1	0
Low Religious Self-Evaluation	0	1

The parent/guardian participants of the Laissez-Faire Family Type had low religious conformity and low religious self-evaluation. The participating children of this family type had the same results. The parent/guardian participants, however, felt that death was a natural part of life (100%). This followed approximately half of my initial hypothesis as I predicted the participating parents/guardians would be fearful/avoidant in regards to feelings about the end of life which was incorrect, but I also predicted they would have low religious conformity and low religious self-evaluation which was correct.

Of the parents/guardians in the Laissez-Faire Family Type, 100% had low religious conformity and low religious self-evaluation as shown in Figure 10 below. It is important to note, however, that there was only one participating parent/guardian of the Laissez-Faire Family Type.

Figure 10: Parents/Guardians of the Laissez-Faire Family Type

	High Religious Conformity	*Low Religious Conformity*
High Religious Self-Evaluation	0	0
Low Religious Self-Evaluation	0	1

Discussion

Overall, all of my hypotheses were supported or partially supported. In terms of my first research question, 62.26% of participating dyads agreed on their family type, with the Consensual Family Type being the most common (91.18%). In terms of my second research question, these results do show that Family Communication Patterns Theory can be used to understand and predict a parent/guardian's feelings regarding death, as well as their conformity expectations for the religion they raise their children with, and the ways in which they self-evaluate their understanding and feelings of death. These results indicate Family Communication Patterns Theory can be used to understand and predict a child's feelings regarding death, as well as their conformity to the religion they were raised with, and the ways in which they self-evaluate their understanding and feelings of death, however, are overall inconclusive.

Of the participating dyads of the Consensual Family Type, 41.94% accepted death as part of life. Of the participating dyads of the Pluralistic Family Type, results were inconclusive.

Participating children of the Consensual Family Type were primarily accepting of the end of life (23.38%). Participating children of the Pluralistic Family Type were primarily fearful of the end of life (40%). Participating children of the Protective Family Type were primarily fearful of the end of life (47.62%). Participating children of the Laissez-Faire Family Type primarily avoided thinking about the end of life (40%).

Participating parents of the Consensual Family Type were primarily accepting of the end of life (43.01%). Participating parents of the Pluralistic Family Type primarily viewed death as a natural part of life (57.14%). Participating parents of the Protective Family Type were accepting of the end of life (100%). Participating parents of the Laissez-Faire Family Type felt that death was a natural part of life (100%).

The participating children had a much stronger fear of death than the participating parents/guardians, who, in turn, had a more accepting outlook on the end of life, with many feeling that it is a natural part of life. This could potentially be explained by the age differences in the two groups, with the parents/guardians having had more time and lived experiences throughout their lives to have had a higher religious self-evaluation and thus more of an understanding of their own feelings regarding the end of life.

It is also important to take into account that over the course of one's life, they are more likely to encounter more death as they age. As such, the participating parents/guardians comfort regarding the end of life, paired with their participating children's fear, could be explained by the fact that those participating parents/guardians have experienced more death and have had time to come to terms with it, while their participating children have not yet had that time, or in some cases, experience.

In this study the majority of participants were of the Consensual Family Type. This could be explained by a variety of things, including but not limited to the fact that these results were self-reported and the fact that generationally we see patterns in parenting styles by cohort. I discuss the limitations of self-reporting results under the limitations of this research, however, the potential for a generational parenting style is discussed here.

Socially and historically different generations are labeled with a title. For example, there are members of the Baby Boomers, Generation X, Millennials, and Generation Z, all included in this survey and research. It is possible then, that each of these generations would lean towards one family type over another. For example, Baby Boomers may favor a Protective Family Type while Millennials may favor a Laissez-Faire Family Type. Although that was not the focus nor the findings of this research, it is possible that these patterns exist by generation. Further research could and should be done to see if entire generations have a majority of members using one particular family type, but for the purposes of this research, it is reasonable to include this as a possible explanation.

Shearman et al. (2021) found that high conversation orientation was tied to comfort regarding the end of life and also preparation/knowledge regarding end-of-life planning. This research also found that those family types with high conversation orientations, Consensual and Pluralistic, had more participants overall who felt that death was a natural part of life and were accepting of it. It is important to note, however, that the Shearman et al. (2021) research was done with one family completing a survey together, not as individuals as I have done. I felt it was important to separate the members of each dyad as they might not answer as honestly if they felt the other member may not approve or agree with their answer. This assumption was confirmed by the fact that forty dyads did not agree on their family type. Of those who disagreed, the

majority had children who felt they were raised with a lower conversation orientation than their participating parents/guardians, and a higher conformity expectation.

When thinking broadly about the social dynamics of parents and children this difference makes logical sense as many parents feel they know their child and what is happening in their life far more than their child feels they are sharing with said parent. For example, many children do not share things they feel their parent would not approve of with their parent, such as drinking, attending parties, participating in certain interactions with their significant other, etc.. However, if they share other parts of their life with their parent, that parent may feel they have a higher conversation orientation as they believe they have a complete understanding of their child's life.

Limitations of this Research

This research was unfunded and thus had some financial limitations regarding software as well as recruitment for potential participants. I relied on convenience samples for this research and thus the majority of participants were from the University at Albany, SUNY, and as such fit into a very specific cohort. In order to be more comprehensive and thus to be better applicable to a wider audience, it would be beneficial to administer this study to a wider audience using a randomized selection of participants. Originally this project was going to focus on different cultures across the globe and their family types, however, due to a lack of resources and funding to recruit participants, it needed to be reshaped into a more manageable study.

The data analysis for this research was also done by myself, by hand, due to the fact that the software used, Qualtrics, had a paywall for tools needed to analyze the data more fully. That is also why I used two different surveys, one for the participating parents/guardians and one for participating children. This meant that after data collection had been completed, I needed to

analyze each participant individually, then pair them together by hand, which was met with yet another challenge, participant input.

Almost all of the questions on both surveys were multiple choice to prevent errors in input and data analysis, however, the demographic information was not. I needed to collect each participant's name and the name of the other individual they were participating with, in order to pair the completed dyads up. Unfortunately, many participants entered their or their family member's name incorrectly. This made it very difficult to pair them up as in some cases there was not a perfect match either due to spelling errors or an individual only entering their first name or their first and last name but not their family member's. I was able to complete 106 dyads in the end, but had there been one survey for both individuals to fill out, that kept their responses linked to one another, this could have been eliminated.

In that same scope, having participants self-evaluate is a convenient method of data collection but it does allow room for some limitations. Individuals are often biased when self-evaluating as they do not want to be perceived in a negative way. As such, many participating parents/guardians were more likely to choose answers that they felt were "correct" in order to seem like a "better" parent/guardian.

Areas for Further Research

As discussed in this research and literature review, there is much room for research and discussion regarding the end of life and death, primarily within the fields of communication studies, sociology, and psychology. This research focused on students from the State University of New York at Albany, using a convenience sample. With more time and resources this study could be recreated with the purpose of expanding the scope and recruiting more participants from different countries, cultures, and religions. This study would benefit from a larger pool of

participants, especially from Laissez-Faire and Protective Family Types as those are the two family types this study lacked equal or close to equal numbers of participants.

As was mentioned previously, further research could be done regarding Family Communication Patterns Theory Family Types, and different generations to see if cohorts have predispositions for a certain family type. It is entirely possible that different cultures, different ages, and different regions all produce more of one particular family type over the others. A similar measure as used in this research, or the Revised Family Communication Patterns Measure (Ritchie & Fitzpatrick, 1990) could be used on a much larger scale than this research, and with particular demographic targets and questions to determine whether or not these different qualities are connected to family type.

Family Communication Patterns Theory is the basis for much research, but applying family type to other areas of life such as career path, religious orientation, family size, etc. could all be explored with further research and funding. This same study outline and methods could be used to further study the connection between these family types and other aspects or qualities of life. This study was originally aimed at connecting cultural views on death with family type, however, this was not feasible at the scale I worked on, but it leaves room for further research.

Because research is ever-changing and ever-growing it is impossible to say we are ever complete. As such, there is a potential to explore older research done using Family Communication Patterns Theory to see if the results have changed as other factors of social and family life have changed. The technological boom, COVID-19 pandemic, and current political crises may all have had effects on these findings in modern times, and as such could be explored and recreated in today's lens.

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