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Who Taught You About Death?
Family Relationships and Death Attitudes

By

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Abstract: Avoiding death in interaction, what I refer to as "death avoidance," is a societal problem that can affect people from all walks of life. This thesis project aims to investigate potential root causes of death avoidant behaviors in society by looking at the family. There has been much research that addresses death communication in end-of-life care, particularly in hospital settings, and social-psychological explorations of grief, but research about the ways death discussions emerge in the institution of the family and its implication later in life is understudied. For this project, qualitative interviews ($N = 10$) were conducted to gain insight into how death discussions manifest for people within their family interactions and relationships, and how those discussions (or lack of) impact their understanding of and interactions with death. Data were analyzed using a grounded theory approach and a symbolic interactionist framework. The findings of this study suggest that the family is one of the first sites for meaning making when it comes to death and that conflicting behaviors surrounding death are common first experiences during formative years. Results also demonstrate that family interactions and relationships have the power to impact participants' perspectives of death, through themes of learning from others, crying, no communication, relying on religion, and preparation, carried into adulthood. Current scholarship investigates interactions during death events, and predominantly in institutional contexts, but neglects to address whether and how the family shapes this. This project concludes that family relationships inform perspectives on death and may impact the extent to which it emerges in other interactions.

Keywords: death, dying, death communication, family, symbolic interaction, grounded theory, death avoidance.

Introduction

Who taught you about death? This seemingly straightforward question is more multi-layered and complex than it appears. For many people, perceptions about death are shaped by family influences through socialization (DiAngelo 2016). Socialization is “the process of being trained into our culture; learning the norms, meanings, and practices, that enable us to make sense of the world and behave appropriately” (DiAngelo 2016:28). The social interactions we experience with the people we are surrounded by help teach us what it means to be a part of the culture we live in (Long and Hadden 1985). Culture is often looked at through the metaphor of an iceberg (Thier 2013), where superficial aspects like how we talk, eat, and dress are easily identifiable, while deeper social phenomena, like death, are unseen and below the surface (DiAngelo 2016). There are different ways people experience socialization and learn how to successfully abide by the spoken and unspoken rules and norms of their particular culture (Schaffler 1953). In American culture, children are socialized primarily through the institutions of family and school (Richer 1969). It can be inferred that what we learn about death is largely influenced by these two sources of socialization.

Early adolescence is a critical stage in the socialization process (Smetana et. al 2015). In American culture, socialization of teenagers often includes teaching them about sex (Lantos et. al 2019). Sex is a contrastive example of a part of life that is natural but difficult to talk about, much like death. The American Academy of Child and Adolescent Psychiatry has information online that advises parents about when and how to talk to their children about sex at various ages, stages of growth, and levels of curiosity (AACAP 2018). When it comes to the subject of

death, the AACAP recommendations and guidelines only offer instructions that help parents talk about death in the case that someone has died or a child is experiencing grief (AACAP 2013). It is very difficult to find information about how to talk to kids about death in the context of it being a regular and inevitable part of life, much like the way sex is treated. These notable differences in socialization tactics and teaching standards between sex and death could be attributable to the fact that sex is a part of the socialization process from very early on in life (Shtarkshall et. al 2007), while socialization of death often comes from experience with it (Martinčeková et. al. 2020). Socialization of sex even extends into the educational system. Well over half of the states in the U.S. have mandated sexual education courses as part of their public schooling system (National Conference of State Legislatures 2023). Conversely, death, which is a universal truth for every individual, is not a topic that is often brought up in schools (Edgar & Howard-Hamilton 1994). To-date there is no required course on death for children or adolescents in the education system. Being taught about sex is related to being healthy, as it is often associated with disease prevention (Shtarkshall et. al 2007). Perhaps death education is not a priority because it is not common knowledge that being unprepared for death can cause health problems (Kellehear 2015).

Death is one of life's most stressful events (Szuhany et. al 2021), and there is evidence that death avoidant behaviors can hurt people and society (Kellehear 2015). Experiencing a sudden, unexpected, or violent death can cause mental health issues (Atwoli et. al 2017). There is an increased chance of suffering from depression, anxiety, addiction, and prolonged grief after enduring the sudden loss of a loved one (Keyes et. al 2014). Additionally, times of grief can be so stressful, traumatizing, or shocking to the psyche, that survivors can experience, mania, recklessness with drugs and alcohol, erratic driving, increased suicidality, hypersexuality, and

lack of sexual inhibitions (Institute of Medicine 1984; Carmassi et. al 2020). Therefore, being adequately socialized and prepared for death should be a priority for children *and* adults. How we are socialized to understand death could have an impact on how we deal with it when it happens. Yet, death is largely absent from discourses on socialization generally.

Considering that our earliest caregivers are one primary site for our socialization (Conerly et. al 2021), I wondered whether the family (such as parents and other caregivers) could be one source for instilling death avoidance—a term I use for behaviors that avoid discussions of death. This pilot project serves as a starting point for exploring the ways family is involved (or not) in addressing the reality of death by using qualitative interviews to ask a sample of adult participants about whether and how death was addressed in their family. The central puzzle this project seeks to address is the extent to which the family, particularly parents and other primary caregivers, impact death awareness, acceptance, and avoidance from childhood to young adulthood through interaction, which to-date has been understudied. This project will also focus on the degree to which social norms and values towards death are shaped by the family, and whether family attitudes and behaviors themselves could reinforce death avoidance in society more broadly. Literature on death avoidant interactions is largely focused on the ways death is discussed or avoided in interaction in formal institutional contexts— such as medicine, science, and technology—and how these institutions, in turn, influence death avoidance. Little has been investigated on how institutions like the family contribute to death avoidance.

This project uses a symbolic interactionist framework to analyze the role of family in an individual's own sensemaking of death. The symbolic interactionist perspective in sociology theorizes that objects and symbols, such as language and interaction, help people understand reality and navigate life in a shared process of sense-making (Schaefer 2015). The perspective,

which developed from the work of George Herbert Mead at the University of Chicago in the '20s (Dingwall 2001), has been influenced by many sociologists and social psychologists, including Herbert Blumer, Erving Goffman, and Charles Cooley (Dingwall 2001). One of the core tenets of symbolic interactionism is the idea that people behave toward objects based on the meaning they have associated with that object, whether it be a person, place, symbol, or anything to which meaning can be ascribed (Blumer 1969). Interpersonal communication is one primary way that meanings emerge. Whether through spoken language or nonverbal gestures, we are able to interact with others through the use of communicative symbols and derive meaning through this process (Mead 1934). Under symbolic interactionism, meaning in life is derived from our interactions with others (Aksana et. al 2009). I argue that the framework of symbolic interactionism provides a framework for understanding how we come to interpret death as a concept because death is taught, understood, and responded to largely through interaction.

Death and family are inexorably linked. Most people prefer to die surrounded by family (Meier, et. al 2020). We begin our lives with our loved ones, and for many people, a 'good death' involves limited pain, suffering, fear, and dying surrounded by family (Kellehear 2007). With family we learn how to live, but what do our families teach us about how we die? In the U.S., death is often an uncomfortable topic for many to deal with (Oates & Maani 2022). Even doctors who face death on a regular basis avoid discussing death with their patients (Sutherland 2019). Social scientists have studied communication regarding death and dying in a variety of contexts and have found routinely that doctors and patients struggle to talk about death in medical settings (Zhang & Siminoff 2003), and in social service administration contexts (Hobart et. al 2001). Additionally, in my experience as a funeral director, I frequently observed communication issues surrounding death both within families and between families and funeral service workers. There

were often disagreements about what a deceased family member would have wanted for their final arrangements, arguments about including religion when the deceased was not religious, financial disagreements about who should be responsible for payment, custody disputes over who should be in charge of the body, choosing the funeral home and being involved in decisions about the service, clothing, makeup, hairstyling, music, decor, and methods of memorialization, who should be allowed at the funeral, and even accusations of blame for the death of the loved one. Family members have to make choices about after-death rituals at times of extreme stress when decision-making skills are at their worst (Gentry et. al 1995). These experiences can thus reinforce negative thoughts about the end of life, correlating the idea of death education with only unpleasantness and stress (Kellehear 2015), rather than a celebration of a life well-lived. As a consequence of this negativity and subsequent avoidance, Americans are drastically underprepared for death (Yadav et. al 2017).

Literature Review

Death Avoidance

Social scientists have been exploring death avoidance and its presence (or absence) in American culture for decades (Neimeyer et. al 2003). Today, several factors have altered death and dying trajectories, outcomes, and attitudes. Medical and technological breakthroughs allow us to stave off evidence that we are getting closer to the end of our lives, with anti-aging products and procedures giving us hope that we can avoid looking old (Honigman & Castle 2006), which makes death seem more distant or something to be avoided. Societally, we tend not to see aging as a natural and welcome part of life, but as something to be prevented (Hayflick 2014). The notion that aging requires treatment is based on the belief that becoming old is undesirable—we tend to associate aging with death, and thus want to avoid it (Hayflick 2014). In

previous eras, aging, dying, and co-existing with mortality and death were the norm (Jacobsen 2016). It was not uncommon for people to interact with the dead or see its presence in everyday life often (Jacobsen 2016). In our present era, we are much more removed from death (Jacobsen 2016), and even the process of declaring someone dead, which used to be much more straightforward, has become complicated by varying definitions of death (Sarbey 2016). The advent of life support has required committees to be formed to debate the ethical medical issues associated with brain death and vegetative states (Veatch 2009). Along with the struggle to define death, one study about how doctors and patients communicate about death showed that medical professionals tend to use clinical phrases rather than the word 'death' (Barlet et. al. 2022). In these cases, most families were able to infer that death had occurred or was imminent, but hospital workers continued using euphemisms even after families asked them for honest and plain language (Barlet et. al 2022). Perhaps we avoid death because we struggle to coexist with it, to define it, to speak its name. It is evident that there is a normative orientation to wanting to extend life, to keep on treating, and to accept more medical intervention, rather than concede or accept:

“It is everyone’s responsibility to keep on living. The health care system operates from a negative orientation: the traditional emphasis is not necessarily to promote wellness and health, but to minimize physical deterioration and complications among those already ill. Death is the outcome to be avoided,” (Timmermans 2006:1).

This 'responsibility to keep on living' and avoid death has serious implications for people and society—medically, socially, and financially (Brown 2015). Doctors tend to focus on treatment even when it may not be helpful (Tate 2022). This 'treatment imperative' "propels doctors and patients towards medical intervention, even when futile, in the context of advanced age (Tate

2022). The result of this is that we live longer, but at the expense of our quality of life (Brown 2015). Sacrificing quality of life for quantity of life can result in adding more years, but those years are often fraught with more advanced medical issues, increased frailty, lack of mobility, memory loss, cognitive problems, and financial burdens (Brown 2015). Many of these issues will become the responsibility of family members of the dying, leaving them in situations where decisions have to be made, for which they may be totally unprepared (Trees et. al 2017). How are families communicating about death before this stage is reached?

Death Communication in Families

There is scholarship dedicated to understanding how families communicate about death, but the bulk of this research surrounds family experiences in hospitals, hospices, or advanced care facilities. The focus tends to be on the circumstances present when a loved one is dying, has been diagnosed with a terminal illness, is in poor health, or is of advanced age. One study which conducted focus groups in a care center for the aged found that family communication lacked meaningful and purposeful discussions about pressing issues such as medical diagnoses, trajectories, and end-of-life wishes (Omori et. al 2022). Because of this, family members had difficulty grappling with the reality of the situation their loved one was in (Omori et. al 2022). Another study about communication in families that were experiencing the death of a loved one due to lung cancer found that people avoided topics that provided information about diagnoses, prognoses, making decisions, death, and dying (Caughlin et. al 2011). The participants of that study reported they avoided those topics as a protective measure, to encourage "hope and optimism," or because they wanted to maintain the traditional status quo within their family, to follow the norms that the family was accustomed to (Caughlin et. al 2011). Families thus protect themselves and others from the uncomfortable nature of death, but do these strategies work?

Treml et. al have found that lack of communication about death in families can cause a slew of mental and physical problems including depression, sleep problems, anxiety, rumination, and extended grief symptoms (Treml et. al 2021). Alternatively, preparedness for death has been linked to positive grief outcomes, including lowered reactivity, increased interest in recovery from the loss, and fewer instances of depression (Treml et. al 2021:17).

Another study that focused on interactions between family members and a dying loved one found that meaningful communication in the family resulted in fewer negative grief reactions (Otani et. al 2017). The results of that study showed that witnessing or being present for the death of a family member was not as impactful as the ability to say goodbye (Otani et. al 2017). The negative effects related to avoidance and positive outcomes related to proactive communication are telling, but there is another component that can add to the conversation: how families interact with and communicate about death when not presently faced with it.

How do families discuss, perceive, and engage with the subject of death outside of death contexts, like hospital and palliative care settings? There is little available research dedicated to answering this question. Governments and organizations have recently begun initiatives and programs aimed at encouraging people to take an interest in death discussions and advanced care planning (Lambert South and Elton 2017). One program that was developed as a response to these initiatives is called Death over Dinner, which allows anyone to host a dinner during which friends, family members, or co-workers, for example, can come together to discuss difficult issues related to death and dying (Lambert South and Elton 2017). A study conducted that sought to evaluate Death over Dinner analyzed 52 separate events and noted that people were more comfortable discussing death with their friends compared to their family members (Lambert South and Elton 2017). That families report not discussing death in critical situations because

they do not want to disrupt "idiosyncratic family standards" (Caughlin et. al 2011), coupled with Death over Dinner participants stating that they do not feel comfortable discussing death and dying issues with their family members, is indicative that death avoidance in family systems is an issue that warrants further inquiry.

Advance Directives

There are processes and devices available to help us plan for death and illness before it becomes a problem and before our decision-making abilities are impaired by stress. A secondary goal of this project is to address the under-utilization of planning tools like advance directives between family members (see Yadav et. al 2017, Rao et. al 2015, and Kavaliertos et. al 2015). Cultural and familial behaviors that encourage death avoidance could be contributing to a lack of preparedness when it comes to completing forms like advance directives that are typically executed by next of kin when the time comes. My previous experience with advance directives occurred in funeral homes and primarily dealt with funeral pre-planning and decisions for the care and final disposition of the deceased. It was in these situations that I witnessed the troubling issues that can arise from sudden death or a death that occurs with no pre-planning documents or instructions available. These experiences, many of which I described earlier, were the catalyst for investigating why people do not plan for their deaths.

As a funeral director, I often observed how in lieu of an advance directive, religion would be used as a guide. Through these experiences, I observed how death and religion interacted within families. Religion often provided a framework for funeral services, even in families that did not express strong religious affiliation. One reason for religion's prominence around death and funerals is that during the stressful time of grief and loss, it can serve as a roadmap for processing and understanding death in a meaningful way (Zajac and Boyatzis 2023). Religion

can provide structure and support for families during times of death and grief, but it can also do the opposite (Dollahite et. al 2018). The same can be true when it comes to religion and advance directives. The refusal of patients to receive medical treatment because of their religious beliefs has been the source of much ethical, moral, and legal contention (Swartz 1985). People may not have medical advance directives in place because they assume their family members already know their wishes (Rao et. al 2015), but religious differences within families can cause upheaval, infighting, and delays in the care and disposition of the recently deceased when wishes are not explicitly communicated or legalized (Conway 2003). Discussions about advance directives and death could reduce the frequency of these situations, but this type of communication is lacking.

There has been significant research dedicated to understanding social behaviors around advance directives. Much of this scholarship focuses on the elderly, in-patient environments, or terminally ill people and their families. One study from 2015 did attempt to address the issue of advance directives in a less institutionalized context, by utilizing a pre-existing national mail survey called HealthStyles, which is meant to be generally representative of the U.S. population. In 2009 and 2010, the survey included five questions related to end-of-life care. The results of that study concluded that almost 75% of respondents did not have an advance directive because they do not know what it is, or they assumed their loved ones already know what they want (Rao et. al 2015). Another study from 2015 conducted focus groups with young people to gain insight into their views about advance directives. The results found that younger generations have an interest in advance directives but lack the knowledge and skills needed to engage in meaningful discussions about them with family (Kavalieratos et. al 2015). It is not just a lack of knowledge about advance directives, or faith in family members, that prevents people from engaging in advance care planning. Planning for death or disaster is often stigmatized (McIlfatrick et. al

2021). A study conducted in the UK with 1,201 respondents found that advance care planning was depressing, associated with superstition, seen as a 'last resort,' or indicative that something bad has or is going to happen (McIlfatrick et. al 2021). The present study seeks to gather similar data, though with a much smaller sample size and in the U.S.

Social scientists have been researching death discussions (and their avoidance) for decades in institutional settings, with entire journals dedicated to exploring multiple contexts. However, exploring death communication within the institution of the family is under-investigated, particularly outside an immediate death or end-of-life context. While the literature has information about the importance of discussing death, it does not focus on how families communicate about death in everyday life and how those communications and interactions influence death attitudes more broadly. This project attempts to start filling that gap.

Methods

This study was approved by the University of Chicago Institutional Review Board on February 2nd, 2023. Following IRB approval, data was collected using semi-structured qualitative interviews. Sampling was conducted initially using a convenience sampling method and then a snowball method. Recruitment flyers were posted on social media and in various public locations around the University of Chicago. Potential interview subjects voluntarily responded to recruitment media via e-mail, and some who saw the flyer but did not want to participate themselves forwarded the information to people they thought might want to participate. Recruitment prioritized those under 40 years of age (in Millennial and Gen Z cohorts) due to their proximity with their younger years, and their relative distance from their own death. The sample is comprised of English-speaking adults aged 18 and older who currently reside in the United States.

Ten interviews were conducted and recorded using Zoom online conferencing software and an interview guide. The recruitment process and subsequent sample allowed for people of diverse backgrounds and experiences to participate. As the literature comprehensively conveys, death is not a topic that is easily discussed within families (see Omori, Caughlin, Lambert South and Elton, Treml et. al, and Otani et. al). With this in mind, the interview guide (see Appendix I) was constructed to give participants many opportunities to discuss different death-related scenarios, ensuring the likelihood that every participant would have an opportunity to speak amply about their interactions with death. Participants were asked to describe their family culture relative to death, as well as any specific familial relationships or interactions that they attribute to how their understanding of death was informed. They were also asked about their first experience or encounter with death, their most impactful encounter with death, and the interactions they had with their family members and others during those times. Questions about religion, funeral service, death interests, and advance directives were also included because of their relevance to the literature review. Participants' identities were kept anonymous. Each participant was assigned a number and no names or identifying information were collected. The interviews ranged from 19 to 44 minutes long depending on the responsiveness of the participant and their willingness to discuss certain topics. Interviews were transcribed and entered into MAXQDA, a software designed for coding and analyzing qualitative data. The first cycle of coding utilized an In Vivo approach, which codes the actual words participants used, to paraphrase the transcript and condense the most important information according to the participant. After In Vivo coding, a second cycle of coding was done using a Focused Coding method. The process of focused coding involves analyzing the transcript for things that appear most frequently. Concepts that appeared frequently or that showed up across several interviews

were deemed important. In the final step of coding, coded segments that were highlighted during focused coding were extracted and analyzed for themes.

Data were analyzed using grounded theory and an abductive analytic approach (Timmermans and Tavory 2012), which allowed for both *a priori* themes to be developed based on the literature before coding, and for new themes to emerge iteratively as coding progressed. Final themes included Learning From Others, Crying, Lack of Communication, Relying on Religion, and Preparation. Grounded theory was utilized because it allows the researcher to encounter possibly relevant themes through the data itself, rather than forming hypotheses prior to the research process and then seeking to validate or prove them with the data (Charmaz and Thornberg 2020). The Grounded theory approach is rooted in the sociological theory of symbolic interactionism (Priya 2016), which describes how society is shaped through repeated interactions between people (Carter and Fuller 2015). Symbolic interactionism was used as a framework for analyzing how repeated family interactions around death and dying potentially influence future interactions for individuals and others close to them.

Sample Characteristics

The sample is comprised of 10 participants who were interviewed between February 15th and April 4th, 2023. Sample characteristics are described in Table 1.

Table 1	N=10	Percent
Gender Identity		
Female	9	90
Non-Binary	1	10
Occupation		
Student	6	60
E-Commerce	1	10
Intel	1	10
Paralegal	1	10
Logistics	1	10

Country of Origin		
United States	9	90
China	1	10
From		
Midwest (IN)	1	10
South (FL, TX, TN, NC)	4	40
Northeast (NY, PA)	2	20
Southwest (NM)	1	10
Pacific Northwest (OR)	1	10
China	1	10
Generational Cohort		
Baby Boomer	1	10
Gen Z	2	20
Millennial	7	70

The median participant age was 25. Most of the participants were Millennials aged 26-36 ($N=7$), while the rest belonged to Gen Z ($N=2$) and were aged 20-24, and one participant belonged to the Baby Boomer cohort at 61 years old. All but one participant identified as female, with one participant (Participant Eight) identifying as non-binary. The participants were born and raised all over the United States, with the exception of Participant Ten, who was born and raised in China but is currently living in the U.S. Over half of the sample ($N=6$) were college/graduate school students. The others work in various industries.

Results

Though the sample was diverse in some ways and less diverse in others, the participants shared some commonalities in their experiences with death and family. These commonalities are represented by themes. I began with *a priori* themes of Childhood, COVID, Death, Family Interactions, Funeral Service, and Religion. Emergent themes from interview analysis included Crying, Family Structure, Lack of Communication, Learning From Others, Navigating, Observing Others, Preparation, Relying on Religion, Refusing to Show Emotion, and Teaching Yourself. Of the themes developed *a priori* and during the coding process, the following themes

were focused on for deeper analysis because of their frequency across the interviews, relevance to the research question, and overall importance: Learning From Others, Crying, No Communication, Relying on Religion, and Preparation. This project is interested in understanding the extent to which interactions with family members and primary caregivers influenced awareness of death, as well as avoidance, acceptance, or preparation for it. Each theme touches on an area of awareness, avoidance, acceptance, and preparation, and excerpts from the interviews help articulate the essence of each theme using the participants' own words.

Learning From Others - "I just followed her"

All but one participant described interactions with family members that informed their awareness of death and dying, most often in the form of their expected behavior during situations where death was present. Participants were expected to behave in certain ways during death and dying scenarios, with important people in their lives teaching them which behaviors and attitudes were appropriate and which were not—effectively setting parameters. Death was often treated as something that was, as Participant One described, "hushed, reserved, sad." Awareness of death often emerged during participants' younger years, and when they experienced their first death. Many noted how as children, they were taught what to do, by looking to adults for how to behave. As Participant Eight notes, children gain insight into what death is through learning and observing others for social cues:

"Even kids are aware of sometimes when they get old enough, like ooh, this is serious, and everybody's pretty sad, so I think I was a good kid at the funeral and I think I was quiet and didn't ask too many insensitive, for lack of a better term, questions."

Participant Five echoes this sentiment, noting that even when she did not want to do something at the funeral of her grandmother, she still did it because she was socialized by others to comply:

"My family members, like a lot of them were just like sitting and crying. And, you know, taking things very seriously. And a lot of people were just like, generally quiet when they weren't just chatting with each other. There was, you know, also the norm of going up to the casket and saying goodbye, which is not something that I enjoyed doing. I wish that that's something I didn't have to do, but I knew that it was just the respectful thing. So I did it."

Participant Five seemed to express a lack of desire in seeing her dead grandmother's body, but because looking at the body one final time is a cultural norm in her family, she did it despite not wanting to. Under the symbolic interactionist framework, the object to which meaning has been ascribed in this scenario is the deceased. The repeated action is paying homage to that person by saying goodbye to their body one last time, which is common practice at many American funerals (Lamm and Eskreis 1966). Participant Five was socialized to understand that this action is meaningful and important and should be adhered to, even if it may be uncomfortable. This is an example of how repeated actions between individuals create meaning throughout society. Learning from others is one way that participants become aware of death and how to behave around it.

In other circumstances, participants described being explicitly coached on how to behave during death rituals, rather than going along with cultural norms in the moment. Participant One describes how her mother tried to teach her how to behave in a death setting, through coaching:

"I do remember my mom like kind of coaching me and my sister like what to say at the funeral and how to act at the funeral. But beyond that, there was nothing really discussed about it."

Participant One was coached through a death scenario by being told what to say and how to act, but nothing was explained to her about what those words or actions meant. This instance of learning from others denied Participant One the opportunity to gain a meaningful understanding of why we behave the way we do about death culturally. She understood what she was supposed to do but did not understand why, nor did these actions seem to impact her awareness of death on a deeper level. Her experience with this death and her awareness of the intensity and finality of the situation was not immediately affected by her experience of learning through others. She recalls:

"I remember feeling like this can't be real, sort of thing...I don't think I really understood, like fully understood it, for a couple of years."

It took Participant One several years to navigate and understand the death she experienced. This is an example of how learning from others can influence our awareness of death and how to behave around it, but these learned behaviors may not always be helpful without context as to how they apply to greater cultural values surrounding death and dying.

Comparatively, Participant Ten was coached on how to behave, even when the coaching instructions directly conflicted with values she was previously taught:

"It's different behaviors, like how to grieve, and funeral is the only situation that I will learn about those. And I've also never seen those behaviors outside of a funeral. And I think I followed what my mom told me to do, but I do remember there's one time my mom told me to, I don't know how to say... kneel down? Yeah, okay, but my mom told kneel now, sorry [crying], grab some napkins [gets tissues]. Sorry. And I really want to refuse, because my dad told me just, never kneel down to anyone. I don't know why it's a

thing to me but, it's just, I don't feel I would like to kneel down to anyone, but then I just followed her."

This example speaks to the intense pressure and stress that death and dying situations can bring. Even though Participant Ten had strong values instilled by her father about how to behave in a death situation, the unique circumstances of experiencing his death allowed her to be coached by others on how to behave. In this sense, Participant Ten was compliant, perhaps to avoid conflict or added unpleasantness in an already unpleasant situation.

Participants were taught to be aware of death and societal norms and values towards it, through actions and behaviors. These normative behaviors and instances of learning from others, either tacitly or through coaching, lacked discussion about death and how to process it, such as its meaning in life, why we behave the way we do when it happens, what happens when we die, and how we should feel about it. The 'learning from others' theme exemplifies the fact that individuals moved through processes surrounding death and dying by looking to others but did not actively discuss or debrief on deeper meanings of death. Participants reported going through the motions of experiencing death (e.g., walking up to the casket) but were not taught how to communicate about or manage complex feelings that can arise during interactions with death. This could be a contributing factor for death avoidant behaviors later on in life. Teaching one how to behave through demonstrating without explaining the behavior is something that was experienced by participants, and it comes through in several other themes.

Crying - "I've never really seen them cry"

Another way that participants derived meaning about death through family interactions was through the act of crying. All but one participant brought up crying in their interview as one way that they came to make sense of death. It was not anticipated from the literature that crying

would be a predominant theme, nor that it would be symbolic or significant to participants. Crying was often described as a representation of sadness and grief and as a measure of how much a person does or does not care about others, deceased or alive. Crying was also seen by participants as performative, or as a way for people to communicate without having to use words. Throughout the interviews, crying, or lack of crying, by participants or their family members, was a primary indicator of emotions and attitudes towards the deceased. Participants reported crying, or lack thereof, to signify a broad range of attitudes such as deep spiritual connection, ungratefulness, everlasting love, inability to love, protection of others, strength, or weakness. In some instances, seeing someone cry was an indicator that a death had occurred. Crying, or seeing others cry, was undoubtedly a symbol through which participants made meaning for death. For Participant Two, an experience she had with her mother as a child informed her understanding of what her family defined as inappropriate behavior surrounding death. She learned through family interactions that crying was a dispreferred act in death:

“After [my grandfather’s] funeral, I think it was like, a weekend or so later, or maybe even that weekend, we went up to my other grandparents’ house. And one of my aunts took me and my cousin and we went hiking by the waterfalls. And that was one of my favorites. I love to hike. So that was, you know, and the waterfalls are one of my favorite places. And when we got back to the house, and I saw my mom, I started crying. And she said, what's the matter? I said, you know, I just missed my Granddad. She made me go apologize to my Aunt Sissy for crying. Because she was trying to cheer me up. So it was, I mean, just, you know, so yeah, it was like, you can have your feelings but don't have them.”

This excerpt indicates that during a time of grief, Participant Two, a child at the time, was overcome with emotion at the sight of her mother and began crying. In this instance, the crying seemed involuntary or uncontrollable, and when it happened, her mother disapproved.

Participant Two interprets this interaction as a teaching moment for how emotion is handled in her family in death, which is that it should not be outwardly expressed and warranted apology if it happened. Participant Six described a similar family environment when it came to crying and showing emotion:

“My grandma specifically is very stoic. So like, I've only seen her cry a very small handful of times. And this [her husband's death] was one of them. But even still, she would try and stop herself from crying. And I'm a very emotional person. Like, one thing that was great was I could go home to my partner and cry to him and like have that space without feeling like I wasn't supposed to do that. But when I was at my grandparents' house, it definitely felt like I want to cry, but I'm not sure if I can.”

Like Participant Two, crying was seen as a deviation from expected behavior and something that "should" not happen. Both of these examples demonstrate instances where showing emotion through crying was perceived as problematic.

There were several instances throughout the transcripts where stoicism and an ability to hold back emotion were perceived as valuable qualities. For example, Participant Two, whose mother made her apologize for crying:

"I remember my mom being sad and upset when her dad died, you know, but she's not one to show tears, she chokes back and it doesn't matter. With even happy tears she'll choke them back."

This example lends itself to the idea that in Participant Two's family, not showing emotion, especially through crying, is the preferred action in death and dying scenarios.

Participant Seven shared a similar sentiment:

"My mom probably took it the hardest. I don't know. I never saw her like, outwardly express that, but just knowing what I know and knowing how close she was with my great-grandma, I know my mom took it the hardest but she didn't express it."

Participant Seven's family culture values not crying in times of death and dying, which, as she discussed in the excerpt earlier, resulted in her having to regulate her outward displays of emotion to fit with her family's cultural values around death.

By contrast, Participant Five experienced the symbolic meanings and values placed on crying differently than other participants did, during her great-grandmother's funeral:

"It's very strange, because I think I was one of the only people that day who like didn't cry. I mean, I teared up, obviously, but like, it wasn't like in the way that my family was crying. And so I thought that something was wrong with me for it."

In this case, crying seemed to symbolize intensity of grief, and Participant Five saw their inability to cry in comparison to their family members as a flaw. Meaning attached to crying varied between family systems, showing how varying methods of socialization of death can impact awareness, avoidance, and acceptance in different ways.

Participants mentioned and described acts of crying (or their absence) as holding meanings about their fundamental character, which demonstrates the significance of this manifestation of emotion. The unanticipated emphasis on crying or not crying in the presence of family members is a good example of how we are socialized within our family groups—which hold varied orientations to such behaviors—to navigate death situations. Participant Seven

provides an anecdote revolving around the death of their great-grandmother that illuminates how kids look to those around them for signs of how to behave, and how showing emotion, or not showing emotion, can serve as guideposts, especially in death situations that are expected or involve those who have died in advanced age:

Participant Seven: I don't really remember feeling that much. Like I don't think I cried about it. Because I think because she was so old. I kinda was like, she was old and she died.

K: Did you know how to behave?

Participant Seven: No, because my family doesn't really show a lot of emotions. That's just how my mom and grandma always were...we didn't really ever express sad emotions. Like I've never really seen them cry ever.

Participant Seven makes sense of not knowing how to behave in death situations because her family did not show many emotions, linking behavior in death situations with displaying specific emotions (rather than other behaviors or rituals).

Lack of Communication - "Nobody told me about it"

Half of participants had a story from a time in their lives when they were not told that someone they loved had died, a phenomenon that helps to corroborate that death avoidance in families is not rare. These stories cropped up at different points during the interviews, rather than in response to a particular question. Participants demonstrate a theme of avoidance coming from important people in their lives. These experiences were clearly impactful for participants, as they were not prompted to discuss them in the interview, and they often recalled them with great emotion. Participant Two's experience with withholding information was her response to a question about her family members and their relationships with death.

K: Do you have any description of your family members and their relationships with death?

Participant Two: “I had an aunt, a cousin, that I was close to growing up. That was my mother's favorite aunt. And I called my mom one night and I said, you know, what's her number? I want to give her a call. And she goes, oh honey, she died years ago. Never even told me. And then I said, well, you know, what about Kathy, her daughter? Do you have her number? She goes oh honey, she died a couple years ago. And I was like, you gotta be kidding me... very lackadaisical. Okay. You know, matter of fact. Oh, yeah. That was years ago.”

When asked about her family members' relationships with death, Participant Two responded with a story about not being told about family members having died years earlier. It appears that this story was told to demonstrate an all-encompassing attitude held by her mother, which is that discussing death is not important or something that she wants to bring up, even when it happens or is happening. Participant Two later went on to explain that when her mother is faced with issues related to her own mortality, her reaction is one of annoyance:

"[She's] bothered, very bothered by the whole thing. You know, she's sitting in there now, in the rehab, talking about she wants to go home, but she won't do physical therapy...So she's balking the whole way but still expecting to go home. You know, she's in denial."

This excerpt demonstrates a culture of avoidance, denial, and lack of successful communication within Participant Two's family. It illuminates the foundation of not communicating effectively which facilitated the denial of information that her family members had died years before.

Participant Three shared two different examples of not being told that a loved one had died after being asked about her most impactful or memorable experience with death. Her best

friend died and she was not told by his family for weeks after the fact. She then experienced the death of her grandfather, and six months later, the sudden death of her aunt:

"They say she died of a heart attack. I don't know because nobody ever did anything to find out. But she had gone to a chiropractor and was driving in her car to go somewhere else and died suddenly, while she was driving. And yeah, she was in the hospital. They did like a room, they got a room for her. And my family came. And I didn't know about it. Nobody told me about it. Probably because I was like, four or five months pregnant with my second kid. And they so they told me the day after it happened. So I couldn't go see her or anything."

In the first case, the participant had not been told about their family members' deaths for years after the fact. In the second case, the participant was told the days or weeks after the death. Regardless of the time difference, both reported some feeling of being left out of knowing that someone had died. Because of this lack of communication, Participant Three was denied the opportunity to see their loved one in the hospital. While both participants orient to lack of information as problematic, the first learned about the deaths years later, and explains this through an implied carelessness towards their deaths, while the second, who was closer to the decedent, expected to be told right away. Yet, she interpreted the lack of sharing as more of a protective act, because she was pregnant at the time and so she assumes her family did not want to upset her. These are two possible reasons why family members engage in avoidant behaviors. By contrast, Participant Eight shared their experience of having information about a loved one's death not shared with them because of soured relationships within the family:

"My mom's dad had died, maybe a year or two after [my dad's dad]. No funeral. No nothing. They couldn't afford it. The family hated them. I think it was just like a text

because I was out of college. They're like, 'Grandpa died.' I was like, 'Okay.' Yeah, like that dude was not well-liked, even in death. And then a year after that my uncle, my mom's brother, had also passed. And the tension in the family had just been so much that my mom's sister, who was living with him at the time, didn't tell anybody that he had passed. They found out three months after the fact because they were, you know, trying to move along the procession so that they could claim his house and all of his belongings and hope that my mom didn't find out. And that's been a dramatic thing going on in my family for a year or two."

In this case, a lack of sharing about the death was linked by this participant to fractured relationships within the family.

While all participants shared an orientation to lack of information about death as problematic, suggesting a normative orientation to the importance of knowing that someone has died, the consequences of lack of information being shared about a death for participants emerged in varying ways. Participants' linkages between death avoidant behaviors and lack of communication did not always result in the perpetuation of avoidant behaviors by participants. After these experiences, both participants Two and Three went on to engage in behaviors that were the opposite of avoidant, one in the way they process death personally, and the other with their children. It led them to approach death with an elevated consciousness about what they knew they did not want to do in their own lives:

Participant Two: I did an exercise with my therapist and grieved [my mom's] death.

Both my parents, actually, I went ahead and grieved their deaths as if they were. So now, if we reconnect, like we did, at my father's funeral, at my dad's funeral, if, if we

reconnect...I'm also okay. I've grieved that death. And I know there's still more layers to it when it actually happens. But as far as she goes, yeah, I've been prepared for years.

Participant Two took an active effort in preparing herself for the inevitable deaths of her parents. After experiencing the pain of not being told that someone she cared about had died, she made the decision to protect herself so that in the event someone she cares about dies suddenly or she is not told about it, she will already have started the grieving process. In this instance, avoidance led to proactive action that was decidedly non-avoidant. The same can be said for Participant Three, who, after not being told about the death of her aunt, made sure to prepare her sons for the death of their terminally ill father, even though he is still alive:

Participant Three: I've talked about it with my kids. You know, their dad's terminally ill. So we've had to talk about it...especially with their dad being as sick as he is. We've had to get the boys prepared and have started, not grief therapy, but like, counseling for the route, the anticipation of death, I guess. We talked about it...I'm not gonna hide that from them. Because I don't want them to...you know, they, they need to know what's going on.

While participants Two and Three expressed some level of acceptance or comfortability with death after experiencing a lack of communication about the death of a family member, the same did not apply to Participant Eight, whose family dynamic—altered by infighting problems—shaped how they related to the death of others and appeared to shape their own orientation to death. They described the way their family often shies away from directly facing death and grief:

"I think largely they're a very compartmentalized group of people. Um, I think people die. And they just kind of go like, cool like, this is, we wrap it up, they're in the ground, they're in a better place. And then they kind of don't talk about them ever, ever again.

Which is unfortunate, because I feel like there's a way to honor the dead. And I think my parents just really aren't into that, because it's just so painful for them. But I don't think that following these deaths, that they even have a time of mourning, or they don't let themselves for whatever reason. Ya know, it's like, okay, someone dies in like, January, and then by March it's all wrapped up, and they don't really, they don't address it or feel it anymore."

The dismissive approach to death in Participant Eight's family speaks to a culture in which avoiding the deep and often painful reality of death has been normalized. Not sharing about a death, and subsequently not allowing the family a time of mourning or to openly share feelings about death and grief, is an example of the socialization process around death and dying in this family. Here, socialization of death involves hiding it, not addressing it, and not creating a space where important dialogue about death can occur and then be processed. The effects of a socialization experience where death is avoided seemed to cause Participant Eight some anxiety during their interview, where death was the focal point:

K: Does talking about death make you uncomfortable?

Participant Eight: Yes! I can feel like, I'm picking at my skin and like, playing with my hair and twitching a little bit. Absolutely it makes me uncomfortable. I'm sweating.

In this instance, Participant Eight felt the physical effects of facing a topic that is already inherently uncomfortable for many, but seemingly more so for people who have been socialized not to talk about it.

Not communicating about death within families, especially in the case of delaying information that a death has occurred, had a variety of impacts on how participants reported processing death later in life. For the participants in this study, the same was true for how they

navigated other important facets of their lives, including medical decisions, relationship maintenance, and spirituality.

Relying on Religion- "It wasn't a whole lot of help"

The role of religion in participants' families impacted their experiences with death and indicated a possible move away from religion. None of the participants reported being religious, and many of them link their experiences with death and religion as children as having helped shape their move away from religion. All but one of the participants belonged to the Gen Z/Millennial age cohorts, and it has been reported that these generations are the least religious (Lipka 2015). Research indicates that as these generations become adults, religiosity in the U.S. declines (Lipka 2015). While it is apparent that religious affiliation is less common among younger generations today, an explanation for why is unresolved (Franck and Iannaccone 2014).

Yet, it was surprising how much experiences with religion and death impacted participants' moving away from religion. The foundation upon which participants learned how to communicate about and make sense of death was split into two groups: those who were exposed to religion, and those who were not. Seven participants reported moderate to heavy religious involvement during their childhoods, while two indicated minimal exposure, and one said they had zero exposure. When asked if they felt religious or spiritual connections were a source of strength and guidance for themselves or their families, every participant said not for them. In fact, the combination of religion and death was often a negative experience for participants.

Participant One had experienced several traumatizing death situations, starting at age 12 when her sister's best friend died of a sudden cardiac arrest in the school swimming pool. She describes how she struggled to understand what was going on, and how the adult in her life tried to help her through it by using religion:

“That was, really, really tough, especially because I didn't know how to handle it at all, that situation. And my mom was very like, you know, God has a purpose like, very like, leaning on like platitudes to try to figure out what was going on, how to navigate my sister through it but it wasn't a whole lot of help.”

Thus, religion is explicitly noted to have not been helpful to Participant One in this time of grief and stress. As was stated in the introduction and literature review, socialization about death often happens when a death situation is occurring or has occurred, because most people wait until that time to deal with and process the issues and emotions associated with it. In this instance, Participant One's mother 'leaned on platitudes' of a religious nature as a method of navigating her children through this death. As Participant One stated, this was not much help. In this case, relying on religion as a way to explain death and cope with it was not successful. This is more evident later in the interview when Participant One describes her relationships with religion and death in more detail:

“I would not call myself religious or spiritual. I went to church starting in high school. Like I went to church in High School and through my early 20s and then just stopped going. For a bunch of different reasons...My sister's kind of spiritual and I know it definitely helped her kind of come to terms with our mom's [death] but not me personally...I'm very much, and I don't really necessarily want to be like this, but I feel very much like, when you're dead, you're dead. And that's it.”

While this participant had a history of religious education, she contrasts her sister's spirituality, which seemed to help her grieve, as not helpful to her. She then links this attitude, that religion was not helpful to her in grieving, to her lack of belief in an afterlife, suggesting that spirituality would be more helpful to those grieving because of a belief in an afterlife. In this situation, a

productive discussion about religion, spirituality, and the afterlife may have been more useful for the participant, rather than sweeping religious statements that for Participant One, lacked meaning.

Participants discussing an interaction with death and religion and then reporting a subsequent break from religious ideals or practices happened several times throughout the interviews. Participant Eight described the extent of the role of religion in their family home growing up:

“I had church in school. Once a week on Wednesdays until sixth grade, I was in Catholic school from K [kindergarten] to six, and then I had Sunday Mass. And that kind of fell off once my brother and I got older, probably around like, 12-13 they couldn't make us go to church anymore. My parents didn't really want to go either, because they were just so tired and busy. But yeah, for the very formative years of my life, I was going to church at least once a week, if not twice.”

The emphasis placed on religious beliefs in the family later impacted how Participant Eight made sense of the death of their grandmother, noting that belief in an afterlife, a concept they were taught about in religious school and through family interactions, was, at the time, helpful to them during the grieving process:

"there was this vague notion that they [deceased grandmother] were on another side, and that they were in a better place, heaven.”

They later discussed a more powerful memory, recalling their grandfather's funeral:

“I also remember the fucking priest that was doing the whole, like, whatever because it was a Catholic funeral. He was like giving a speech and you stand in front of my grandpa and he was like, yeah, you know, he was a great guy. And, you know, we don't know

where he is, you know, it'd be a sin to assume that he's in heaven. So I'm not going to say that he's in heaven. Just like, the room just like went from like here to like, you're...you're insinuating that, that my grandpa is anywhere other than heaven. Yeah, that was crazy.”

Religious belief in an afterlife may have been a comforting thought as a child, but during a death ritual at an older age, religious statements inferring that her grandfather might not be in heaven made Participant Eight uncomfortable. In this case, religion shaped death experiences and attitudes toward them, in a negative way. This negative experience might have contributed to Participant Eight's relationship with religion today. When asked if they consider themselves to be religious, spiritual, or both, they responded that they were not, and connected that to an attitude towards death, specifically, the afterlife:

“Um, no, not. Currently. I'm not. I was at one point. I was, obviously, because of the whole, like, Catholic upbringing and all of that. I think I'm envious of people who are religious when it comes to people passing because I think that there's some sort of relief to be found there. But for me, personally, I am not. And I don't think that necessarily there's any greater spiritual intervention after we pass.”

For many participants in this study, the intersection of religion with death often created more confusion than clarity or comfort. The interactions above show examples of religion being relied on by family members to help participants process death. These interactions were not successful, as these participants no longer reported using religion as a form of guidance or support. Furthermore, these interactions potentially influenced participants to turn away from religion altogether. For Participant Nine, an experience with religion and death directly impacted

her current views on religion. She begins by explaining the extent of religious practice in her childhood home:

“I was raised Catholic. So, I grew up going to church...I was like, baptized and everything and I remember all of that, but nothing was really explained to me. So that's probably why I am the way I am, but I was enrolled in like Catholic Bible school, and I went and was involved in my church till I was like 15 when I decided that was not for me.”

She notes how she participated in religious rituals but did not understand what was happening or why. Later on, she discusses her departure from religion in early adulthood as linked to a negative experience involving religion and death:

“I have a very distinct memory of like them trying to justify [my cousins] death in kind of the Christian sense, where it's kind of like, oh, her death had a purpose, those sort of things like, oh, what if it inspires someone to become a doctor? And I don't remember what my reaction to it was at the time. But like, later in life, I definitely was like, that's a fucked up thing to say. That is not it. That experience was one of the things that like, made me move to where I was not vibing with religion much anymore, it was one of the things that I was like hmm [unsure] with it.”

This event was clearly an impactful memory for Participant Nine. It was a moment that she associated as a contributing factor in the breakdown of her relationship with organized religion. Religious explanations for death by the adults around her did not bring her comfort, and in hindsight, she believed using religion to justify the death of a child was problematic. Participant Nine reported that in her family, death was not often talked about, and when it was talked about, religion did play a role in coping with death through concepts of an afterlife:

"It's something that's not really touched upon, or we don't really like have very large discussions about death or anything surrounding it. It's not something that's like very commonly talked about. So like, after someone passes, you talked about them as a person, but aren't necessarily like, surrounding their death, or like things after it. There's always like, I mean, this from the Bible Belt. So like, everything is colored by Christianity, really. So it's like they're in a better place."

Even though this is the typical way death is dealt with in her family, Participant Nine does not view religion and death the same way her family does:

K: Would you say that religious or spiritual connections are a source of strength and guidance for yourself or your family?

Participant Nine: Um, I would say probably not for me, because that is not a way that I really interact with the world. And I'm not quite sure. For my parents or like other family members I have, I very much think it is kind of a, like a comfort or something that helps the way they view the world. Because I'm sure it probably was very helpful with them when they were processing grief, for the passing of different family members and everything like that...so I'd say probably for my family, it is, but not like, me as a person...I'm agnostic.

In accounting for why religion was not a source of strength for her, Participant Nine acknowledges religion can be a source of comfort for others in grief and she contrasts that with her own identity as agnostic. For many participants, observing how others around them interacted with religion—finding comfort in it during times of death and grief— was something they were able to do without adopting it for themselves. In many cases, the people in

participants' lives whom they reported as having the deepest investment in religion, and strongest success in navigating death with it, were those that were from generations older than their own.

Participants reported that relying on religion appeared to be helpful for their older family members, but not for themselves. There is a distinct similarity between Participant Nine and Participant Seven in that they both observed how their family members interacted with religion and death but did not themselves find that religion helped them to cope with death. Participant Seven reported that her family members were not devoutly or actively religious, but they still relied on it to help them deal with death. She discussed how she came to question her relationship with religion through thinking about dying and the afterlife:

"I'm comfortable talking about death with my mom and my grandma, because they're just kind of like, just generally religious, and generally believe in God. They're very cut and dry, very generic—you die and go to heaven and that's it. But they're not even super religious, they just believe you go to heaven and they don't question it. They just live their happy little lives, were born and raised to believe you die and go to heaven and that's that, someone told them that there's God and they're gonna go to heaven so they're fine with it, but I don't buy it. I can't just believe in god and heaven just to make myself feel better. But then I'm like, if I don't believe in God, then what is gonna happen, to me when I die? But I don't talk to them about that. They would just be like, you're just too radical. I've become influenced by something. I'm just getting too radical. Anything that's not what they believe, it's radical. I don't bother bringing it up because I know they won't change their minds about anything."

In sum, this participant, who links other family members' comfort with death to their religious beliefs, is firm in her lack of belief in God and links that to less certainty and comfort in

her own life about what happens after death. Ultimately this is linked to an avoidance of talking about death in her family.

For participants Seven and Nine, death and religion coincided in a way that prompted them to have deeper thoughts about the meanings of life and death, culminating in their conclusion that there is no God or afterlife. For Participants One and Eight, experiences with religion and death were generally negative and may have contributed to their lack of interest in religion later in life. Interactions with family members who relied on religion as explanations for questions about death, grief, and the afterlife were reported by participants as the catalyst for many meaning-making experiences that are ongoing processes and involve some uncertainty. As with the 'learning from others' theme, which demonstrated how participants were taught how to behave around death with no understanding as to why, religion often appeared in participants' lives during experiences of death without explanations by the family about its role in death. Religion was not cited as a source of comfort, understanding, or healing in death by any participant, which coincides with the fact that many did not claim to be religious as adults. It appeared that religion's presence in death experiences for participants played at least a partial role in their move away from religion as adults.

Religion has been known to provide structure and social support (Ellison and George 1994) and is associated with reduced grieving time (Walsh et. al 2002). Notably, religious involvement did not seem to be a source of structure or support for participants in this study. When asked if they felt religious or spiritual connections were a source of strength and guidance for themselves or their families, every participant said not for them. In fact, the combination of religion and death was often a negative experience for participants. This could be a contributing factor in participants' turning away from religion in adulthood. In many cases, adults in

participants' lives often relied on religion as a way to explain away death and glaze over questions about the afterlife and how to manage loss. Relying on religion seemed to be one way that deep discussions about death were avoided within families.

Preparedness- "Nobody taught me anything"

Participants were asked in the interview how prepared they felt they were to handle a death of a loved one if it happened right now. Most responded that they were not prepared. As was previously discussed, family is the primary way people become socialized (Richer 1969), and many of the themes covered thus far touch on ways that adults looking back on their experiences as children report being socialized to interact with death.

Along these lines, participants were asked the question 'who taught you about death?' to gain deeper insight into how family members or important people in their lives may have influenced their understanding of death and preparedness for it. When asked 'who taught you about death?', half of the participants stated that a parent taught them, (4- "mom", 1- "parents"), and the other half stated someone or something other than a parent taught them (movie-1, church-1, was not taught-2, "death itself"-1).

Sometimes there was a disconnect between a participant's answer to the question of who taught you about death and the interview data itself. For example, when asked 'who taught you about death?', Participant One said "probably my mom," even though she had earlier explained how she was totally unprepared for the sudden death of her sister's friend and was poorly navigated through the experience. These types of contradictions were not uncommon. Participant Seven also stated that their mom taught them about death but later on described how they essentially taught themselves:

"There was a time where I was like, really scared of death because I don't believe in heaven. It's not openly discussed anymore because I think I finally came to terms with it. I think I used to talk about it a lot more because I, because I don't believe in heaven. So I was kind of scared, I was like, well, what does happen when you die? So I think I used to do, I used to do a lot of like researching on the internet, like alternatives and like, I would read different things and kind of look up different theories, but now I'm comfortable with it and I don't think about it as much anymore."

K: So you kind of taught yourself?

Participant Seven: Yeah. I would say.

K: It sounds like you taught yourself. Especially with the Internet. And you did your own research?

Participant Seven: Yeah, I think I just figured it out.

Participant Nine, who said her parents taught her about death earlier in the interview, also described how much of what she learned about death came from online research:

"I was fairly interested [in death]. I also follow, you probably know who this lady is, it's like the fellowship of the good death. It's like the lady on YouTube who's a mortician. It's like, *Ask a Mortician*, I think, is maybe what the YouTube channel is called. I like, at one point when I was in my teens, like went down a rabbit hole and was like pretty interested, like I definitely either want to be cremated or like do the one where you like, bury yourself in a shroud, like I don't want to be like embalmed or anything or like, a large casket."

K: Where do you think you got your outlook on death and dying:

Participant Nine: Honestly, I would say, mostly social. I don't want to say social media, but honestly, probably *Ask a Mortician*, to be honest. Like, some of her videos made me like think more critically about like, one, the formalized death industry and like funerals and things like that, and like what I want, in how I want to be treated when I pass away.

This is one example of how the question of 'who taught you about death' revealed important insights into perceptions of being taught versus who helped shaped their experiences when it came to preparedness and understanding of death.

The idea that proximity to death influences the completion of an advance directive usually refers to a person being of advanced age (Enguidanos and Ailshire 2017). Conversely, Participants Ten and Three, aged 23 and 36, respectively, were the only two participants who had completed an advance directive. The oldest participant in this study, Participant Two, who is 61, did not have an advance directive. One could imagine those who are well prepared for death (have an advance directive) would be more likely to have been well-taught about death by their families, but this was generally not the case. Participants Ten and Three completed advance directives not because they had been taught about death by loved ones or encouraged to be prepared, but because they had encounters with death that helped influence their decision. In these cases, one had just recently experienced the sudden death of her father, during which she was responsible for making end-of-life choices for him, and the other has a terminally ill partner and filled out an advance directive with the hospital where he is treated. In these cases, the participants did not report having been taught about death prior to experiencing it in their lives. When asked 'who taught you about death,' Participant Three said:

"Oh, no one. I don't. I don't think anybody actually taught me about it. No one. I mean, it was just like, oh, this happened, and then get over it. Like it's just yeah, no one. No one talked to me about it. No one taught me anything."

Participant Three, as with most participants in this study, was not taught about death through preparation, but through experiencing it firsthand. When asked who taught her about death, she responded with "Death itself." When asked where she got her outlook on death and dying, she said:

"I think it's the same with the way I see many other things through personal experiences and reading really influence me a lot and also movies. I don't think...if I have to find a specific thing who strongly shaped my view, it's my dad."

Participant Ten learned about death from 'death itself,' and her father. She recalled how she had to step in for her mother after her father had a sudden cardiac arrest and was hospitalized. She shares her experience with having to make decisions about his treatment, even though her mother was there, who would ordinarily have been the person designated to make such decisions.

Instead, they fell to her daughter:

"I do signed on the document. Which stops the doctors to keep doing that kind of practice to make him alive. And the doctor told me that if you don't sign, it's our duty to keep practicing it, but it's hard...The doctor told me that it will break, it will break the bodies ribs if they're just doing that. Yeah, and I signed on it...And just before I sign on it, the doctor looks really in pity of me and I don't look like an adult and he double checked with me, which makes him feel better... I don't know why I sign on it and my mom just couldn't think of anything when, when she knows."

In both these cases, participants were left to navigate difficult death situations with little to no guidance. The results involved negative experiences, but subsequent preparation for their own deaths. Being taught about death prior to these situations happening could have lessened the traumatic nature of these types of scenarios.

Aside from Participants Ten and Three, the other participant that had an Advance Directive was Participant Four, who said her father had her fill one out before she left for college. The rest of the participants either did not know what an advance directive was, or did know, and had not completed one. When asked 'who taught you about death,' Participant Four said "*Bambi*" (referencing the Disney movie, where Bambi's mother dies). Even though she did not recall a specific moment where she was taught about death by adults, she experienced the deaths of several grandparents in her youth, through which she was socialized to understand death in the context of her family culture. Additionally, Participant Four reported the highest level of familial closeness out of all the participants:

"I discuss everything with my parents. And my brother. I lost my virginity, I called my parents in the middle of the night and told them, like my dad, too. I didn't tell them the details of like, here's what happened. And here's why it's so sad, but I told them, like, the base thing. And I feel like if I did want to share details, I could. They're very open about that...I'm not going to share everything with them, but I feel like I could if I wanted. That line has always been made very like, blurry when it comes to my family members."

Perhaps this level of closeness contributed to Participant Four's ability to discuss death openly with her family members. She discussed how she has transparent and productive conversations with her father about death and advance directives, starting at the age of 16:

"I've been fighting this will battle for a long time. Like before I was even old enough to have custody of [my brother], I have been fighting. I told my dad when I turned 18, I get custody of him if you guys die, like that was very important. I don't even know where that came from. Honestly, I think I read about some celebrity doing it on a Wikipedia page after their parents died. And I was like, wow, I didn't know that I could do that. I have to do that...that led to a discussion of advanced directives."

This respondent linked the open communication about difficult topics between those in her family as facilitating her own openness toward death, eventually leading to the completion of an advance directive.

Talking about death is often considered morbid or taboo (Walter 1991). It is not surprising that most participants were never taught about death. The stigma surrounding death and discussions about it could be one reason for reticence on the part of participants' family members to discuss important topics associated with death. Planning for negative events such as disaster or death was reported to be considered bad luck by some participants' family members. Participant Four reported that her mother gets very upset when the conversation turns to death, saying "why are you even bringing this into the conversation? You're killing the vibe." Participant Ten stated that her mother believes planning for death is a symbol of misfortune. Participants in this study were not taught about death and therefore lacked preparation when it came time to face it. The overarching message of this theme is that death education is necessary but lacking,

Discussion

The issue at the heart of this project was addressing death avoidance in society and investigating possible sources of it. It began with a curiosity about how people (and society)

engage in death avoidant behaviors, and possible solutions for this problem. The project started with a review of recent and influential scholarship on the study of death interactions, preparedness, and societal frameworks for dealing with the often uncomfortable topic of death. Literature on family interactions around death and dying tended to primarily focus on grief and scenarios where death is imminent or has just occurred. There were studies that analyzed family dynamics in end-of-life care facilities, or when a loved one had been diagnosed with a terminal illness, but it was found that little has been said about how families interact with and communicate about death in casual contexts. There is some information available to families from public health organizations about how to communicate about death in institutional contexts, but again, they are geared toward people who are experiencing death scenarios in their current lives, not people who want to prepare themselves or their children for it before it happens. My life experiences working in the death care industry led me to make the connection that people wait until death happens to work through it, and my experience in academia has affirmed that connection.

During the literature review process, it became apparent that death education is an important subject that warrants further attention. The contrastive example of sex education was used to illustrate how some uncomfortable aspects of life are prepared for, while death continues to be avoided as a topic in families and schools. Sex education (commonly known as 'sex ed') is a cornerstone of coming of age in the U.S. (Brooks-Gunn and Furstenberg 1990), yet there is no curriculum or class set aside that teaches kids about death. Death is a universal experience, yet learning about it and preparing for it is vastly overlooked and underprioritized. Understanding how death came to be such an avoided topic in society became the main point of inquiry for this project. Symbolic interactionism, which places emphasis on individual actions between people

and how those actions shape society, provided a framework and guide. It was through this framework that analyzing family interactions around death and avoidance came to be the focus of the project.

The goal of this study was to assist in addressing the gap in the literature about family interactions and death by assessing the extent to which family interactions influenced death and dying attitudes using a small sample of adults in the U.S. By looking at how a group of people viewed their relationships with death and how their families may have contributed to them, it was hoped that insight could be gained on the ways that death avoidance is manifested and perpetuated. In the context of this project, the data showed that adults engaging in death avoidant behaviors impacted the lives of the participants, often in negative ways. Preparation for death often came in the form of pre-emptive vigilance after a negative experience with death in the past. Adults avoiding the topic of death was a very common childhood experience for the participants of this study. They very frequently reported that adults found ways around having frank discussions about death with them. It was most often in situations where death was in focus, such as a family member dying or attending a funeral, that discussions were attempted to be had. In many cases, the discussions that were had during these times of death were not productive enough to make lasting positive impacts on participants. The theme from the literature review which noted how research tends to focus on death when it urgent or dire carried through in this project. Despite this theme, another trend could be noted, which was the resilience and proactiveness of participants in coping with death and taking an active interest in understanding it for themselves, despite the absence of guidance.

The results of this project are represented in themes, and the themes demonstrate how death awareness, avoidance, and understanding occurred between family interactions, as well as

the consequences of those interactions. The results included five themes: Learning From Others, Crying, Relying on Religion, No Communication, and Preparation. Learning From Others showed how during participants' childhoods, adults attempted to guide them through death and dying scenarios as they occurred. The key takeaway from this theme was that it showcased how participants were guided, taught, and coached on how to behave in death scenarios, without much explanation as to why or what their actions meant. It reflects the idea that societally, we go through the motions of death when it happens, so as to get the experience over with as quickly as possible and with the least amount of friction. This leaves a void where meaningful discussions about death should be but are not happening. Participants learned from others about how to behave both literally and to normative standards, but not about deeper aspects of what death means, personally and culturally.

The theme of Crying demonstrated how participants learned about death from non-verbal interactions and cues. It also illustrated the complex ways people interact in death and dying scenarios and how we evaluate ourselves and others in these contexts. This theme raised questions about the value of stoicism and refusing to show emotion when it comes to death and dying and how these behaviors can impact those around us who may be looking for indicators of how to behave when there are none. Crying as a symbol of meaning attached to death was a theme that showed how non-verbal interactions and displays of emotion have the ability to make those experiencing grief question themselves, and others, about what is the 'right' or 'wrong' way to grieve. Ultimately, many families shared differing standards about the appropriateness of crying during times of death and grief.

The theme of Relying on Religion discussed how adults in participants' lives frequently tried to use religious frameworks as road maps for teaching their loved ones about death, often

with little success. Many of the participants who experienced instances of family members relying on religion to explain death noted that this method of interacting was generally unhelpful. Relying on religion was one way people avoided having tough discussions about death, opting for surface-level reasoning and religious explanations in place of tough conversations about challenging subject matter. The effects of this strategy for dealing with death often resulted in participants having a negative experience with death and religion and for many, they turned away from religion in their adult lives. It is not known to what extent these experiences contributed to a lack of religious affiliation in participants' adult lives. This could be an area of future inquiry for researchers.

The theme of No Communication included several examples of participants not being told that someone they loved had died. Family members making the decision to avoid death discussions manifested in participants missing out on opportunities to be involved in the dying process for loved ones, or even being denied the opportunity to properly grieve for someone who had unknowingly died many years earlier. The participants who had experiences of no communication when someone they loved died expressed disapproval of these decisions. In some cases, these experiences resulted in them taking the opposite action in their own lives and engaging in open and forthright communication about death with their immediate family members. Not telling a loved one that someone they cared about has died is a strong example of how death is typically approached (and avoided) in American society.

The final theme of Lack of Preparation combined two important sub-themes from this project, which were analyzing who taught participants about death, and how learning about death influenced preparedness for it, in the form of having or not having an advance directive. The results of this theme were that most participants had never been taught about death, and most did

not know what an advance directive was and did not have one. Proximity to death was a factor in the few participants who did have an advance directive, but rather than proximity in age and closeness to death, the proximity was related to having experienced a sudden death in the recent past or having lived with a person who had a terminal illness. The most important aspect of the theme of Lack of Preparation was the fact that participants reported never being taught about death. In two cases, participants taught themselves. Other than teaching themselves, people were taught through death experiences. This is relevant because it fits with the current mechanism for addressing death in society, which is not addressing it. This theme presents evidence that validates the argument that death education should be made a priority in American society.

This project makes an important contribution to scholarly research in the form of letting a younger generation of participants speak about how interactions between themselves and family members impacted their ability to understand and process death. Much of the scholarship on death and dying interactions focuses on dying in clinical contexts and those who are nearing the end of their lives. With the exception of Participant Two, every participant was from the Gen Z or Millennial age cohort, representing a sample of the younger population that has not often been the focus of scholarly work on death and dying interactions, as much available research focuses on the very young or the very old. It also helps start a conversation on death avoidance on a broader scale that has not been addressed as much as it should be. In a post-pandemic world, which was traumatized by sudden death, discussions about how to handle death and dying preemptively should be of the utmost importance. This research helps contribute to this important topic of discussion.

This pilot project was small in scale, but the framework, questions, and resultant data are rich and can be utilized to frame many future research questions. This project could be repeated

using a larger and more diverse sample size to gain deeper insight into how other groups of people experience death avoidant behaviors in their family interactions. One limitation of this project was the fact that the sample was comprised of nine people who identify as female and one person who identifies as non-binary. That no participants were male limits the possibilities for variety in answers to the interview questions. This project could be repeated using a sample of people who identify as male, which would provide interesting contrast and insight.

Scholarship on why older generations might be more death avoidant compared to younger generations, or why older generations took comfort in religion while younger generations tended not to, could also be studied. For the younger generations, a negative interaction with death tended to result in more interest in planning, while for older people, negative interactions did not seem to influence any sort of change in approach to preparedness for death. Why this is the case is an area that could be researched further. Additionally, family closeness and decreased death avoidance was a topic that emerged in the analytical process that could be a subject of future inquiry.

The results of this project were compelling, and the data collection process was illuminating both for myself as the researcher and for the participants. Most participants had never been asked who taught them about death before, nor had they considered the implications of their answers to this question. There were many times during the interviews when participants were surprised at their own answers, viewpoints, and opinions. Additionally, the interviews gave participants insights into their family relationships that they may not have had prior to participating. It is hoped that after their participation in this project, participants continued to investigate their relationship with death and how it was formed. Death and dying is a broad area of research that has the capacity to focus on macro and micro issues associated with how people

handle their mortality, all of which are valuable and important aspects that help us understand what it means to live.

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Appendix I
Interview Guide

Demographics & History

1. First, I would like to know a little bit about you.
 - a. How old are you?
 - b. Where did you grow up?
 - c. What do you do?

2. I would like to know about your family.
 - a. Who raised you?
 - b. Do you have any siblings?
 - *Where do you fit into the siblings, chronologically?
 - c. Do you have a large extended family, and are you close?
 - *Are you close with your grandparents?

Death History

3. Can you tell me about your first experience with death?
 - a. How old were you?
 - b. Whose death did you experience?
 - *What were the circumstances?
 - Was it sudden, prolonged illness?
 - Did you see them before they died?
 - c. Do you remember what you thought?
 - d. How did you feel?
 - e. Did you know how to behave?

*Were there spoken or unspoken rules about how to behave?

f. How did your family members react to this death?

*If you have any distinct memories from this time, please describe them.

g. Was there a funeral?

*Did you participate?

*Was it a good experience?

4. Have you had any other experiences with death, and if so, can you tell me about them?

*What was the most impactful (or memorable) experience with death you have had in your life?

Family Attitudes about Death

5. Would you call yourself religious, spiritual, or both?

a. Did you grow up going to church?

*Do you currently go to church?

b. Do you belong to an organized religion?

*Which one?

c. Do you feel your religious or spiritual connections are a source of strength and guidance for yourself or your family?

6. How would you describe your family members and their relationships with death?

a. Mother/Father/Siblings

b. Does it feel like some things are more acceptable to discuss with certain family members compared to others?

*Why?

7. Can you describe the general tone, feeling, or vibe you feel when death is present in conversation around family?

a. Is death a topic that is openly discussed in your current life?

b. Please list words you might use to describe death or words that you associate with the subject of death, or specific words you have heard used by family members about death, either in the past or presently.

8. Who taught you about death?

Personal Attitudes about Death

9. Describe the extent of your interest in death and dying subjects.
 - a. Have you ever taken a class on death and dying?
 - b. Would you be interested in taking such a class?
10. Where do you think you got your outlook on death and dying?
11. Does talking about death make you uncomfortable?
12. What do you hope to gain from your participation in this study?

Death Preparedness

13. What is an advance directive?
 - a. Do you know of any different types of advance directives?
 - b. Do you have an advance directive?
14. Do you know if any of your family members have advance directives?
 - a. Have you ever seen an advance directive in action? (Example: 'pulling the plug')
15. How prepared do you feel to experience a death situation right now?

Appendix II - Codebooks

a priori Codes

Code	Definition	Example
Advance Directives	Discussing Advance Care Planning, end-of-life documents, or final wishes.	"But my main thing is that if they die in a car accident tomorrow, I want custody of my brother until he turns 18. I don't want him going to some random family member he doesn't know."
Childhood	Participants talking about experiences when they were growing up.	"It was not super normal for her to talk about our dad, when I was a kid."
COVID	Discussions about the COVID-19 pandemic.	"There was no like hurrah or goodbye or anything like that, definitely everything was drastically affected by COVID."
Death	Experiences of loss, death, and dying.	"The biggest death in my family was my dad. I think that was really like a defining thing for a lot of us."
Family Interactions	Contact between family members including verbal and non-verbal communication.	"After my dad passed away she keeps telling me that I'm the only reason that she still has the hope to stay alive."

Funeral Service	Rituals for disposition of the deceased and saying goodbye.	"We had a funeral for both of them, we'll get together with food. That was mainly it. They were both cremated."
Religion	Believing in God, belonging to an organized faith, or experiences with secular groups and ideologies.	"This is from the Bible Belt, so everything's colored by Christianity, really."

Themes

Code/Theme	Definition	Example
Crying	Crying, wanting to cry, not crying, or seeing others cry.	"It's very strange, because I think I was one of the only people that day who like, didn't cry."
Family Structure	Hierarchies or systems of order within family structure based on position within the family.	"He just felt too guilty. He felt like it was his responsibility. In Indian culture it really is the first son's responsibility to take care of the parents."
Lack of Communication	Moments in life where communication about someone's death was not immediately shared with a participant.	"I said, you know, what's her number? I want to give her a call. And she goes oh honey, she died years ago. Never even told me."
Learning From Others	People close to participants instructing them on how to behave in death situations.	"I do remember my mom like kind of coaching me and my sister like what to say at the funeral and how to act at the funeral."

Navigating	Trying to maneuver through death and dying moments with little existing knowledge on how to behave.	"The only sort of unspoken rule was like, try your best not to make her more upset because she's clearly not processing this."
Observing Others	Watching how other people around you interact with death or navigate it for themselves.	"When I think back to like, my family members, a lot of them were just sitting and crying, and you know, taking things very seriously."
Preparation	How experiences of being taught or not taught about death influenced preparation for it.	"I sign on it [to stop CPR], the doctor looks really in pity of me and I don't look like an adult, and he double checks with me which makes him feel better."
Relying on Religion	Family interactions where religion was used as a way to navigate death, often in avoidant ways.	"I have a very distinct memory of them trying to justify her death in kind of the Christian sense...later in life I definitely was like, that's a fucked up thing to say."
Refusing to Show Emotion	Taking great effort not to demonstrate feelings.	"I think that's just how my mom and grandma always were. We didn't ever really express sad emotions."
Teaching Yourself	Seeking out information about death and dying out of curiosity or because you were never taught about it.	"I was kind of scared. I was like, well, what <i>does</i> happen when you die? So I think I used to a lot of like researching on the internet, like alternatives and like I would read different things and kind of look up different theories."