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2016

The Predictive Relationship between Emotional Expressiveness and Discussing Death with Children: An Exploratory Study with Online College Parents

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Walden University
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Abstract

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MS, Walden University, 2006

BS, Boise State University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

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Abstract

Death is a sensitive topic, and discussing death with children may be difficult for parents, especially parents who are uncomfortable with emotional expression. Many factors are associated with parents' decision to discuss death; however, a dearth of recent literature existed examining the role of parental emotional expressiveness and discussing death with children. Using Jackson's communications theory within the broader family systems theory, this exploratory non-experimental quantitative study examined if one or more of the selected variables of parents' emotional expressiveness, parents' gender, and any previous discussions about death with a child adequately predicted the age of a child when parents felt it was appropriate to discuss death with a child. Prospective participants were parents recruited from a national online university ($n = 175$). Multiple linear regression analysis using enter selection was conducted on the data from the instruments that included the Attitudes towards Emotional Expression Measure and the demographics questionnaire. Results indicated no significance between the predictor and criterion variables. Despite the non-significant results, this study has the opportunity to impact positive social change by encouraging further research to understand the association, if any, between emotional expressiveness and death conversations, de-stigmatizing discussions of death and bereavement, and informing parents and professionals regarding discussing death with children to help children cope with their emotions in bereavement.

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Dedication

To Rani, my spouse, for all your unending support, encouragement, and positive thoughts throughout this long journey. Without you, this journey would not have been possible. To my parents, looking down on me from above, for sharing your values of love, persistence, independence, and the belief in the importance of education.

Acknowledgments

I would like to thank my Chairperson, Dr. Cameron John, for his support, encouragement, guidance, and advice throughout this long process. Additionally, I would like to express my appreciation to my committee member, Dr. Magy Martin, for her prompt and thorough reviews, feedback, and advice, as well as to my University Research Reviewer, Dr. Neil McBride, for his detailed feedback. A final acknowledgement is for my cohort for their support and positive thoughts along the way.

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Chapter 1: Introduction to the Study

Introduction

Death is a sensitive and complicated topic. Discussing death may be difficult for parents who do not converse about emotional issues within their families (Morris, Silk, Steinberg, Myers, & Robinson, 2007). As the family establishes the foundation of emotional expressiveness and beliefs for children, parents with difficulty expressing emotions may limit their children's expression of emotions (Denham & Kochanoff, 2002; Halberstadt, Thompson, Parker, & Dunsmore, 2008). Researchers have documented that children learn how to express emotions and grieve by observing their parents and experiencing grief in their family of origin (Morris et al., 2007; Packman, Horsley, Davies, & Kramer, 2006; Wong, McElwain, & Halberstadt, 2009). Therefore, when emotional expression is restricted within the family, children learn to curb their emotional communication, which could limit how children discuss, cope, and grieve death (McElwain, Halberstadt, & Volling, 2007; Packman et al., 2006).

The purpose of this exploratory study was to help fill the existing gap in research by examining if one or more of the three predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents perceive that it is appropriate to discuss death with a child. Implications of this research study can assist parents in understanding the role of emotional expressiveness in conjunction with the difficult task of talking to children about death, which may help children more freely and openly grieve. The possible correlation between the variables and discussing death with children may

demonstrate to psychology professionals the significance of providing psycho-education to their clients who hesitate with emotional expressiveness on the importance of parents discussing death with children. Social implications of this study include reducing the stigma of discussing death (Cerel, Jordan, & Duberstein, 2008; Fearnley, 2010). These implications reach children's extended family, friends of the family, school teachers, school counselors, healthcare providers, mental health providers, and the larger community (Fearnley, 2010).

This study has the opportunity to impact positive social change by providing further empirical support for the association between emotional expressiveness and death conversations, de-stigmatizing discussions of death and bereavement, and informing parents and professionals regarding discussing death with children. Not conducting this study would have left a gap in the literature regarding understanding the predictive relationship between emotional expressiveness, previous discussions about death with children, and parents' gender with parents discussing death with children. Further, the chance to decrease the social stigma associated with discussing death could have been lost without this study.

Chapter 1 includes an introduction to the problem statement, purpose of the study, and the research question. This chapter also contains the theoretical framework for this study. I summarize the nature of the study with a more detailed explanation of the methodology provided in Chapter 3. Chapter 1 concludes with definitions of terms used in this study, and a discussion of the assumptions, scope, limitations, and significance of this study.

Background

Discussing death with children may be an awkward conversation for parents who are uncomfortable with emotional expressiveness. However, without discussing a particular death, children may not have an opportunity to learn about death, express their emotions, and grieve a loss (Packman et al., 2006; Renaud, Engarhos, Schleifer, & Talwar, 2013). Children may develop fears about death, as not discussing the death removes the opportunity for children to learn about death and for parents to correct any misunderstandings (Renaud et al., 2013). Allowing children to express their emotions in relation to the death is considered a critical factor in children's grief processes (Packman et al., 2006; Werner-Lin & Biank, 2012).

Some deaths will have a more profound impact on children due to closeness to the deceased, such as the death of a parent, a caregiver, or a sibling. Therefore, the relationship a child experienced with the now deceased person can have a direct impact on how much a child's life is disrupted by the death, with the death of a closer relationship affecting a child in more intense ways (Davies, 2004; Fearnley, 2010; Packman et al., 2006; Paris, Carter, Day, & Armsworth, 2009). Furthermore, each person's emotional expression and grief reaction will depend on a variety of factors, some of which include personality, family, religious beliefs, culture, the emotional tone of the family, and the aspects of the person's relationship with the deceased (Avelin, Erlandsson, Hildingsson, & Rådestad, 2011; Buglass, 2010; Flaskerud, 2011; Morris et al., 2007; Renaud et al., 2013; Stroebe, 2010). As family members are interconnected (Jackson 1965, 1967), grief is a shared experience that impacts the entire family (Black,

2002; Packman et al., 2006; Werner-Lin & Biank, 2012). Therefore, children can be affected by the emotional expressiveness and beliefs and practices of other family members regarding grief (Packman et al., 2006). The parents' comfort level in expressing and discussing emotions will influence children's emotional expression and regulation (Hastings & De, 2007), including the child's expressions of grief (Burke, 2009). As such, ineffective family communications present as a risk factor for not discussing emotions, which may lead to complicated grieving in children (Dowdney, 2000; Hunter & Smith, 2008; Packman et al., 2006). If parents did not perceive emotions as valuable or did not feel comfortable discussing emotions, they would not encourage emotional discussions with their children, thus denying children the opportunity to express affect in a grief situation (Halberstadt et al., 2008; Hastings & De, 2007; Morris et al., 2007; Wong et al., 2009). If the topic of death was considered taboo within the family or if the family held other negative beliefs about death (Fearnley, 2010), there may not have been an opportunity for children to express their feelings, ask questions, and mourn (Black, 2002; Burke, 2009). A caregiver not encouraging or being receptive to children expressing their feelings can result in emotional suppression in children (Hudson, Comer, & Kendall, 2008; Wong et al., 2009).

Several factors may impact the parents' perception of age appropriateness to discuss death. The parents' comfort with discussing emotions, death, and grief (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009), the parents' own grief (Packman et al., 2006), and the parents' beliefs regarding ongoing relationships with the deceased (Thompson et al., 2011) will influence the age when parents think it is

appropriate to discuss death with a child. The child's developmental age and maturity will impact the information that parents consider is appropriate to share about a death (Christ & Christ, 2006). Renaud et al. (2013) reported a positive correlation between the age of the child and the parent reporting a discussion about death, indicating that parents were more likely to discuss death as the child aged. Therefore, previous discussions of death are expected to positively correlate with future discussions of death as parents may feel more comfortable discussing this topic.

While there are published quantitative studies concerning children and death, such as evaluations of grief program outcomes (Schoenfelder et al., 2013) and analysis of how children understand death (Slaughter, 2005; Slaughter & Griffiths, 2007), a scarcity of recent quantitative studies regarding parents communicating about death with children existed in the literature. Renaud et al. (2013) quantitatively studied how parents spoke to children regarding death as a general topic, focusing on parents using a spiritual and religious explanation when discussing death as compared to a biological explanation. Hunter and Smith (2008) implemented a mixed methods research design to evaluate parents discussing death with children in context of the family's communication styles of an open style or a less open style, the child's cognitive development, age, and biological understanding of death. Other recent studies were qualitative in design (Avelin et al., 2011; Thompson et al., 2011). However, a gap existed in the literature on quantitative methods of studying factors associated with parents communicating a death with children. Therefore, it was pertinent and timely to conduct a research study examining if one or more of the three predictor variables of parents' emotional expressiveness,

previous discussions about death with a child, and parents' gender sufficiently predicted a child's age when parents felt it was appropriate to discuss death with a child. Hence, this study will help fill a gap in the quantitative research literature.

<div align="center">**Problem Statement**</div>

Discussing death with children can be an unpleasant undertaking for parents who are uncomfortable with emotional expressiveness. However, the implications of not discussing death and grief with children are widespread. Children can sense when something is not right in their families (Fearnley, 2010). If children are aware that their parents are upset about something but not explicitly told about the death, children's imaginations can engage, which may increase stress and anxiety, resulting in emotional, behavioral, and sleep issues (Fearnley, 2010; Packman et al., 2006; Willis, 2002). Those resulting issues and the possible emotional upheaval may impact children's academics (Abdelnoor & Hollins, 2004; Currier, Holland, & Neimeyer, 2007). Finally, physical symptoms may present, such as various aches and pains or a change in eating habits (Packman et al., 2006). If these conditions are not addressed, children may develop chronic mental health issues, such as anxiety, depression, defiance, or persistent grief (Packman et al., 2006; Stokes, 2009; Stroebe, Schut, & Stroebe, 2005). Therefore, discussing death and permitting children to grieve assists children with their emotional development and coping skills (Packman et al., 2006; Thompson et al., 2011).

Not all children will experience the death of a loved one. However, some children are distressed by bereavement. The Social Security Administration reported that 1.2 million children received social security benefits in 2013 due to a deceased worker in

their family (U.S. Social Security, 2014), which equated to 1.6% of American children being parentally bereaved in 2013 (U.S. Census, 2014a). In addition, Howarth (2011b) and Schoenfelder et al. (2013) reported that 3.5% to 4% of children will be parentally bereaved before reaching their eighteenth birthday. However, those statistics did not include parentally bereaved children who were not eligible for social security benefits, children bereaved by other deaths in their family, or bereavement related to a death of a friend or schoolmate. Therefore, it appeared that more children could be affected by a death than captured in the published statistics.

Children rely on their parents to teach them interpersonal, communication, and emotional regulation skills. A child's family of origin establishes the groundwork for how a child will interact with others when an adult (Jackson, 1965, 1967; Packman et al., 2006; Stroebe, 2010). If a child's family does not discuss emotions and challenging or sensitive issues such as death, the child will likely not learn how to communicate with others about these matters and may learn that such topics are taboo (Fearnley, 2010; Morris et al., 2007). In addition, children learn how to express emotions (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009) and grieve by watching their parents and experiencing grief in their family of origin (Packman et al., 2006; Stroebe, 2010). These life lessons are carried into adulthood, where as adults, they could teach their own children these lessons. Thus, a stigma associated with discussing death could be maintained through generations.

There are numerous factors related to parents' decision to discuss death with a child. Some elements are family traditions related to death and bereavement (McGovern

& Barry, 2000; Stroebe, 2010), religious and spiritual beliefs (Baggerly & Abugideiri, 2010), the gender of the parent (Hunter & Smith, 2008), the age of the child, the child's developmental stage (Willis, 2002; Zawistowski, 2008), and the parents' beliefs about the value of emotions (Halberstadt et al., 2008). However, there appeared to be a dearth of recent publications analyzing the role, if any, of the parents' comfort with discussing emotions as associated with parental perception of the appropriate age to discuss death with children. Hence, the purpose of this study was to examine if one or more of the three predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child.

Purpose of the Study

The purpose of this exploratory quantitative study, using a non-experimental design, was to determine if one or more of the three selected variables in parents who volunteered for the study adequately predicted a child's age when the parents felt it was appropriate to discuss death with the child. The criterion variable was a child's age when parents perceive it would be appropriate to discuss death with a child. The predictor variables were the parents' emotional expressiveness, previous discussions about death with a child, and the parents' gender. I provide a detailed description of the methodology, including the procedures, sampling, and questionnaires, in Chapter 3.

Research Question and Hypotheses

RQ: Do one or more of the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predict a child's age when parents perceive that it is appropriate to discuss death with a child?

$H_0 1$. One or more of the three predictor variables does not significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child.

$H_a 1$. One or more of the three predictor variables does significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child.

To measure the variables, I used the following instruments. The predictor variable of parents' emotional expressiveness was measured by the Attitudes towards Emotional Expression Measure (Joseph, Williams, Irwing, & Cammock, 1994a, 1994b). The Attitudes towards Emotional Expression Measure (AEE) measures restricted emotional expressiveness related to cognitions and behaviors that a respondent may possess or exhibit. The predictor variables of parents' gender and any previous discussions about death with a child were measured by the demographics questionnaire (see Appendix A). The criterion variable of a child's age when parents felt it was appropriate to discuss death with a child was measured by a hypothetical situation in the demographics questionnaire. In addition, demographic variables of the participants' age, marital status, number of children, and educational level were collected in order to describe the sample

characteristics. Chapter 3 includes more information pertaining to the psychometric properties of the instruments.

Theoretical Framework

The theoretical framework for the basis of the current study was the communication theory within the broader family systems theory. Family systems theory posits that interactions among family members provide a context for learning, along with patterns of communications and behaviors (Bateson, 1972; Bavelas & Segal, 1982; Jackson, 1965, 1967; Watzlawick, Bavelas, & Jackson, 1967). Family systems theory also hypothesizes that children's behaviors occur within the context of their family of origin (Bateson, 1972; Bavelas & Segal, 1982; Jackson, 1965, 1967). One particular seminal theory within family systems theory is the communications theory that was created by Jackson (1965, 1967) at the Mental Research Institute (MRI) through the direct influence of Bateson. Jackson was later joined by Watzlawick, Weakland, Fisch, Fry, Hayley, and Satir (Ray, 2007). Jackson's communication theory that was developed directly from Bateson's communication model posited that communication and interactions among family members help to maintain or solve family problems (Jackson, 1965, 1967; Ray, 2007; Watzlawick et al., 1967). Directly related to my study was the assumption, based on family systems theory and specifically Jackson's communication theory, that children express or inhibit expression of emotions, including intense emotions of grief, within the context of their family (Denham & Kochanoff, 2002; Halberstadt et al., 2008; Packman et al., 2006). When considering children's emotional expressions including those of grief, the family, particularly the parents, must be regarded

as a critical component of the child's emotional expression since the parents provide the

context for how the family communicates, develops beliefs, expresses emotions, and

solves problems (Jackson, 1965, 1967; Morris et al., 2007; Wong et al., 2009), including

emotions related to grieving death.

Nature of the Study

Since I posited that a relationship existed between the variables under

consideration, a quantitative method best aligned with this study. In addition, researchers

have published quantitative research related to discussing death with children (Hunter &

Smith, 2008; Renaud et al., 2013). As such, it was appropriate to continue with a

quantitative design to further understand the relationship between the variables. The

criterion variable was a child's age when parents perceive it would be appropriate to

discuss death with a child. The predictor variables were the parents' emotional

expressiveness, previous discussions about death with a child, and the parents' gender.

The research project consisted of a non-experimental quantitative design using

survey research to explore the predictive relationship between the variables. The

instruments utilized in this study were the AEE (Joseph et al., 1994a, 1994b) and the

demographics questionnaire (see Appendices A and B). The survey data were collected

from online self-report questionnaires completed by parents who volunteered for this

study. Prospective participants were recruited from one of two online universities, with

one university designated as the primary data collection site and a second university as a

backup source if the desired sample size was not obtained from the primary source. A

brief description of the study was provided to interested participants who responded to

the invitation to participate in the study via the consent form. All participants completed

the demographics questionnaire and the AEE (Joseph et al., 1994a, 1994b). Chapter 3

includes a more detailed description of the research methods and the nature of the study.

Definition of Terms

Bereavement: Bereavement is the time period following, and the situation

resulting from, the death of a loved one, which may include assimilating the death into

the bereaved person's changed daily life (Buglass, 2010).

Circular Causality: Circular causality is a pattern that forms within the family,

positing that a pattern is not caused by one person or one interaction but rather on mutual

interaction (Jackson, 1965, 1967).

Complicated Grief: Complicated grief is a more intense or longer-lasting grief

response that may include yearning or longing for the deceased, intense emotions which

persist and negatively impact the person's daily functioning, and difficulty accepting the

death and adjusting to life without the deceased (Kristensen, Weisæth, & Heir, 2012).

Continued Bonds: Continued bonds are the innermost portrayal the bereaved

forms of the deceased that allows an ongoing, emotional connection to the deceased

(Mitchell et al., 2006).

Emotional Expressiveness: Emotional expressiveness are the verbal and nonverbal

interpersonal actions that transfer or withhold information about emotions a person may

be experiencing, which may occur with or without thoughtful intent or insight (Joseph et

al., 1994a, 1994b).

Family of Origin: Family of origin is a family subsystem unit that includes marital, parent-child, and sibling relationships. It is considered the familial unit into which a child is born or adopted and functions to care for, socialize, and help the child adapt to society (Jackson, 1965, 1967).

Grief: Grief is a typical, natural, painful, and expected distress response to the death of a loved one (Flaskerud, 2011).

Mourning: Mourning is the process of rituals and practices that people undertake to outwardly express their grief and bereavement (Buglass, 2010).

Protective Factors: Protective factors are those variables that increase the chances of a positive grief outcome (Kristensen et al., 2012).

Report and Command: Report and command refer to levels of communication, with report including the content of the communication and command including the relationship between the persons communicating, along with underlying implied messages (Jackson, 1965).

Risk Factors: Risk factors are those variables that increase the chance of negative grief outcomes (Kristensen et al., 2012).

Stigma: Stigma refers to those characteristics or feelings that label and place a person outside societal norms, such as a stereotype that is considered as a negative, disgraceful, or discounted view of the individual (Östman & Kjellin, 2002).

Universality: Universality refers to the idea that all living things die (Mitchell et al., 2006).

Assumptions

This study was based on the following assumptions. Grief and the expression of emotions are influenced by the person's family. Therefore, a child's family, especially the parents, influences a child's emotional expressiveness and grief outcomes. The AEE (Joseph et al., 1994a) was an appropriate instrument to measure parents' emotional expressiveness. Jackson's communications theory within the family systems theory was an appropriate theoretical framework for this study based on published studies that children learn to express emotions and communicate within the context of their families. The participants answered the questions honestly, candidly, and to the best of their personal experience and were not biased by social acceptability in their responses. Finally, the impact of other factors on a child's age when parents would discuss death with a child was negligible.

Scope and Delimitations

The scope of this study was aimed at identifying if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child. While several approaches could have been undertaken given the dearth of quantitative publications about this topic, I chose to examine the relationship between predictor variables and a child's age when parents perceive that it is appropriate to discuss death with a child. I hypothesized that the family's underlying emotional discourse is best reflected by the

parents' willingness to express their emotions which is thus associated with a child's age when parents perceive that it is appropriate to discuss death with a child.

This study included parents who attended college online and who volunteered for this study. As participants were recruited from one of two online universities, the results of this study may not be generalizable to all parents. Of the two online universities, one university was designated as the primary data collection site and the second university as a backup source if the desired sample size was not obtained from the primary source. The participants were presented with a hypothetical situation regarding a possible death in their child's immediate circle of family or friends. A hypothetical situation, instead of actual death situations, was used to minimize psychological harm to the participants. In addition, I queried if the parents had discussed death in the past with a child. As children represent a vulnerable population for research, they were excluded as participants from this study. Another effort to minimize risk to the participants was providing a caution during the consent process to dissuade participants who may have experienced a death of a loved one in the last three years from joining the study, as research indicated most bereaved experienced symptom abatement by two years post the death of a loved one (Bonanno, 2004; Howarth, 2011a). Therefore, implementing a three-year limitation should screen out most participants who were actively grieving a death.

Regarding underlying theories, Bowlby's attachment theory was not chosen for this study as the scope of this study was not solely focused on children who are parentally bereaved. Since the relationship between the deceased and a child could be defined in variety of ways, such as a family friend, neighbor, teacher, or great uncle as examples,

the child's attachment to the child's primary caregiver may not be in jeopardy. Therefore, a child's attachment with a primary caregiver was out of scope of this research study.

Limitations

Limitations represent problems in the research design or implementation of a study. They may be related to internal or external validity. The following limitations were recognized for this study.

Limitations Regarding Internal Validity

To participate in this study, volunteer parents must independently complete and submit the online survey. It was hoped that participants will complete and submit the survey, but I had no control over the setting and completion of the survey. The study presented a hypothetical death situation and therefore may not fully reflect the parents' genuine response to an actual death conversation with their child. The AEE (Joseph et al., 1994a) and the demographics questionnaire are self-report inventories. As such, some social desirability bias may be present in the answers; therefore, it may not be possible to discern whether all participants are entirely truthful when answering the questions. Also, the participants' moods and timeframes needed to complete the survey were not under the control of the researcher and may be influenced by various circumstances. I acknowledged that there may be other unmeasured variables that moderate the relationship between the predictive variables and discussing death with a child. The instrumentation (Joseph et al., 1994a) used in this research to measure emotional expressiveness, AEE, was limited to the four factors it reported to measure and does not measure other variables related to emotional expressiveness.

Limitations Regarding External Validity

The sample was drawn from one of two distinct sources of online students who were parents and who volunteered to participate. The sample may not represent the population or reflect the attitudes of all parents. The sample was drawn from a convenience sample of respondents who received an email or online invitation and opted to participate. The size of the population was limited to graduate and undergraduate students at one or two online universities, with one university designated as the primary data collection site and a second university as a backup source if the desired sample size was not obtained from the primary source. The sample size may have been limited by students opting not to participate, not being aware of the opportunity to participate in the survey, or encountering technical issues that prevent the student from participating. Due to the potential influence of the parents' level of education on their willingness to discuss death with a child, this factor was measured by the demographics questionnaire and analyzed to determine if it affected generalization. As participants were recruited from one of two online universities, the results of this study may not be generalizable to all parents within the population.

Significance of Study

By examining the relationship between the predictive variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender, and a child's age when the parents perceive that it is appropriate to discuss death with a child, this study aimed to bridge the existing gap in the literature. Implications of this research study are that it can assist parents in understanding the role of emotional

expressiveness in the difficult task of talking to children about death, which may help children discuss a death and therefore more freely and openly grieve. In addition, professionals can assist parents with understanding how the parent's general emotional expressiveness impacts the child's age when parents would discuss death with their children. Allowing children to discuss death and express their emotions has been associated with better grief outcomes as measured by fewer incidences or less intensity of mental health pathology (Braiden, McCann, Barry, & Lindsay, 2009; Burke, 2009), fewer behavioral concerns (Mauk, 2011; Mitchell et al., 2007; Sandler et al., 2010), fewer academic challenges (Currier at el., 2007; Mannarino & Cohen, 2011), fewer or less intense health concerns (Currier at el., 2007; Guldin, O'Connor, Sokolowski, Jensen, & Vedsted, 2011), and less conflict or tension within social interactions (Currier et al., 2007; Howarth, 2011a, 2011b).

Benefits for positive social change can be achieved through my study. Some examples include reducing the stigma of discussing death (Fearnley, 2010; Wojtkowiak, Wild, & Egger, 2012), reducing chronic mental health issues of persistent grief, depression, and anxiety (Packman et al., 2006; Stokes, 2009; Stroebe et al., 2005), and decreasing feelings of being disconnected from the person's family and community (Avelin et al., 2011; Braiden et al., 2009; Stroebe, 2010). As a child's family of origin lays the groundwork for how a child will interact with others when an adult (Packman et al., 2006; Stroebe, 2010), if a child's family does not discuss emotions (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009) or other sensitive issues such as death, a child does not learn how to express emotions and communicate with others about these

matters. The child may learn that such topics are taboo (Fearnley, 2010). These life lessons will be carried into adulthood and utilized in teaching their own children, thus repeating the communication patterns taught by the family of origin (Jackson, 1965, 1967). By further understanding parents' comfort or discomfort with discussing emotional topics, future researchers and other professionals can be better informed regarding this relationship and be better prepared to assist parents of bereaved children. These conversations are then expected to decrease the stigma associated with death and other sensitive topics. As the family was more comfortable and more willing to engage in discussions about death, friends and acquaintances demonstrated a higher level of comfort around the bereaved (Bonanno, 2004). Therefore, these implications reach extended family, friends of the family, school teachers, school counselors, healthcare providers, mental health providers, and the larger community (Fearnley, 2010). Consequently, this study had the opportunity to impact positive social change by helping to de-stigmatize discussions of death and bereavement, demonstrating the helpfulness of allowing children to discuss death, express emotions, and grieve a death, and further exploring the relationship between emotional expressiveness and discussing death with children to open paths for future research on this topic.

Summary

The impact of discussing death, expressing emotions, and ultimately grieving a death on an individual's welfare is well-documented in the literature. A critical factor also documented includes the impact of a death, and the resulting grief and loss, on a child's emotional health and overall development (Thompson et al., 2011; Werner-Lin &

Biank, 2012; Wolchik, Ma, Tein, Sandler, & Ayers, 2008). Children may have difficulty

understanding the concept of death due to their immature cognitive development

(Slaughter, 2005; Slaughter & Griffiths, 2007). Parents, for a variety of reasons, may

struggle with discussing such a sensitive, and possibly emotional, issue with their

children (Baggerly & Abugideiri, 2010; Halberstadt et al., 2008; Hunter & Smith, 2008;

Stroebe, 2010; Zawistowski, 2008).

In reviewing the literature, I noticed a scarcity of quantitative research focused on

parents discussing death with children. Recent existing death studies focused on

understanding how children understand death (Slaughter, 2005; Slaughter & Griffiths,

2007), examining how parents discuss death as a general topic from a spiritual and

religious perspective (Renaud et al., 2013), and evaluating the relationship between a

family's communication style and how parents discussed death (Hunter & Smith, 2008).

Other recent death communication studies were qualitative in design (Avelin et al., 2011;

MacPherson, 2005; Thompson et al., 2011). A recent mixed-methods study focusing on

emotional expressiveness examined the relationship between parents' emotional beliefs

and discussing the emotionally intense event of September 11th (Halberstadt et al., 2008).

While this study did not specifically focus on discussing death, the parents may have

discussed death at that time as many persons died in the terrorist attack.

Wong et al. (2009) quantitatively examined the relationship between a parent and

child's emotional expressiveness. Parents teach emotional socialization through coaching

children, which is guided by the parents' beliefs about emotions. The researchers posited

that parental beliefs that were more accepting of emotions resulted in parents who

demonstrated encouragement of emotional expression. Therefore, while there are recent published quantitative studies on emotional expressiveness, there were limited studies linking emotional expressiveness and discussing death.

The purpose of this study was to add to the literature regarding this topic in an effort to understand the predictive relationship, if any, between parents' emotional expressiveness, previous discussions about death with a child, and parents' gender with a child's age when parents perceive that it is appropriate to discuss death with a child. In addition, this study informed other professionals regarding this topic as it related to the difficult task facing parents to talk to children about death that helps children discuss death, express emotions, and therefore more freely and openly grieve in an effort to reduce risk factors for complicated grief.

Chapter 2 includes a review of the pertinent literature and research related to children's emotional expressiveness and discussing death with children, along with protective factors with discussing death. It provides an in-depth discussion of Jackson's communications theory within the broader family systems theory (Jackson 1965, 1967) as it relates to this study's predictor and criterion variables. Chapter 3 presents the research methods for this study, along with research design and approach, participant recruitment and sampling, the data analysis plan, and threats to validity.

Chapter 2: Literature Review

Introduction

The purpose of this exploratory study was to examine if one or more of the three selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child. While there were published quantitative studies concerning children and death, such as those evaluating grief program outcomes (Schoenfelder et al., 2013) or analyzing how children understand death (Slaughter, 2005; Slaughter & Griffiths, 2007), a scarcity of recent quantitative studies regarding parents communicating death with children existed in the literature (Halberstadt et al., 2008; Hunter & Smith, 2008; Renaud et al., 2013). Therefore, it was timely to conduct this study in order to further understand the variables involved with parents discussing death with children. Encompassed in this chapter are methods for the literature review, a discussion on how the chosen theory aligns with this research, highlights from the reviewed studies related to children and discussing death, along with protective factors regarding discussing death with children.

Description of the Literature Search

I searched the following library databases to review pertinent literature related to the study: PsycARTICLES, SocINDEX, PsycTESTS, PsycINFO, MEDLINE, and Academic Search Complete. I used the following keywords for the search: *grief, complicated grief, bereavement, death, parent, child, communicate, discuss, discussing death, negative life event, crisis, mental health, psychiatric, grief instruments, grief*

models, family systems, and *emotional expressiveness.* The selected articles were published in English and ranged in dates from seminal works through 2013, with the majority of articles published in the last 10 years. In reviewing the articles, I focused on concepts related to the study's problem statement, including barriers to and facilitators for discussing emotions, death, and grief with children, and other factors related to understanding parents' decisions to discuss death, such as child's bereavement, child's age and cognitive development in understanding death, parental bereavement, discussing death in the family, family dynamics, social support, and culture.

Communications Theory Within Family Systems Theory

Communications theory within the broader family systems theory was chosen for this study. Gregory Bateson pioneered family systems theory and family therapy, which were also called cybernetics (Bateson, 1972; Bavelas & Segal, 1982; Pakman, 2004; Ray, 2007). Bateson (1972) emphasized the role of communications within the family and how those communication patterns can facilitate and maintain pathological symptoms with a family member. Family systems theory posits that interactions among family members provide a context for learning, along with patterns of communications and behaviors for all family members. Bateson's communication theory directly influenced the development of communications theory, established by Jackson at the Mental Research Institute, which is organized within the broader family systems theory (Jackson, 1965, 1967; Ray, 2005).

Jackson's communications theory focuses on relationships among family members. It posits that families are dynamic (Gardner, Burr, & Wiedower, 2006) and

develop particular interactional patterns that define the relationships within the family (Jackson, 1965, 1967; Watzlawick et al., 1967). Further, this theory suggests communications and interactions among family members helped to maintain or solve family problems (Jackson, 1965, 1967; Ray, 2007). The family, especially the child's parents, teaches the child via daily modeling how conflict and problems are resolved or not resolved depending upon the family's communication, interactional, and problem resolution skills (Jackson, 1965, 1967). For instance, a family's ineffective attempts to resolve problems may actually maintain and strengthen the problem (Ray, 2007; Watzlawick et al., 1967).

The interactions among family members form patterns. These interactional patterns are created through the repetitive exchanges between family members and are considered circular, as opposed to linear, in nature (Jackson, 1965, 1967; Watzlawick et al., 1967). Circular causality refers to the patterns that develop within the family, including communication, emotional, and behavioral patterns, proposing that the resulting communications and behaviors are not caused by one person or one interaction. Rather, the patterns circle back and repeat, thus strengthening over time and creating rules of family dynamics and interactions. These patterns and rules may possibly become rigid and inflexible (Feldman, 1976). As such, children learn what is and is not appropriate regarding communication and behaviors through their family of origin's patterns, which thus establish the implicit and explicit norms and rules within the family (Bavelas & Segal, 1982; Jackson, 1967; Wilder, 1979). As these patterns of interactions comprise the family's norms that may or may not be healthy or effective, attempts to

change the family's norms can result in resistance as families strive for homeostasis. This stability in the manner that families communicate about issues, such as emotional issues, can either foster an environment of problem resolution or problem maintenance (Bavelas & Segal, 1982).

In some situations, the family's focus on maintaining stability and communication rules may not allow the family and its members to handle changes in circumstances (Jackson, 1967; Weakland, Fisch, Watzlawick, & Bodin, 1974), such as a death in the family. These interactional patterns and norms include the family's beliefs regarding emotional expressiveness and how parents emotionally socialize children (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009). As such, how parents communicate and express or inhibit expression of emotions establish how children will communicate and express or inhibit expression of emotions. Therefore, examining how parents express emotions in context of how they might discuss death with children directly linked to Jackson's communications theory within family systems theory (Jackson, 1965, 1967).

Communications Theory Related to Current Study

As the family provides the setting and establishes the rules for emotional socialization for children, it was logical to frame my study within the perspective of Jackson's communications theory. Directly related to my study was the assumption, based on communications theory (Jackson, 1965, 1967), that children express emotions, including intense emotions such as grief, within the context of their family. When considering children's range of emotional expressiveness, the family, particularly the parents, must be considered as critical considering the parents provide the context for

how the family communicates, develops beliefs, expresses emotions, and ultimately handles a death in the family. How the family expresses emotions in general is a significant factor in how the family teaches a child how to express intense emotions, such as grief.

The family's communication style helps to explain their underlying beliefs. According to Jackson (1965), communications can occur on two levels: report and command. The report level refers to the content of the communication. The command level refers to the relationship between the persons communicating, as well as any underlying, implied messages that reinforce the rules of the family system. How a family uses language in their communications, along with the underlying relationships within the communications, plays a role in problem resolution or maintenance, along with reinforcing the interactional patterns within the family (Wilder, 1979). Related to my study, the parents' beliefs that established the family's rules regarding expressing emotions and discussing sensitive issues directly impacted whether parents will or will not discuss death with a child (Jackson, 1965). As the parents' beliefs are transmitted to the child, those discussions are then framed within the context of the family's beliefs regarding emotional expression and communication. Therefore, understanding the relationship of how parents express emotions and a child's age when parents would discuss death with a child will provide, within the framework of Jackson's communications theory, valuable information regarding the family's communication and emotional climate.

Research Aligned With Theory

While researchers have not utilized Jackson's communications theory directly as the underlying theory for their studies, they have pointed to theories that encapsulate some tenets of this theory. Morris et al. (2007) developed the Tripartite Model of the family's impact on children's emotional regulation and adjustment. This model reflects the role and importance of the family's impact on the child's emotional development. It echoes the circular causality of the communications theory (Jackson, 1965, 1967), stating that there is ongoing and mutual influence between the family and child regarding the child's emotional development. Furthermore, it integrates emotional socialization as another underlying theory. The end result of the integration of the theories is the Tripartite Model.

Another study utilizing some aspects of communications theory was the research by Wong et al. (2009). Those researchers employed Belsky's process model for the determinants of parenting along with Eisenberg et al.'s heuristic model of emotional socialization. Both models support Jackson's communications theory view of circular causality and the impact of the family environment on the child's development (Jackson, 1965, 1967). Further, parents' beliefs were linked to subsequent parenting practices in how parents socialized children to emotions and emotional regulation. The authors discussed that parental beliefs which were more accepting of emotions resulted in parents who demonstrated encouragement of emotional expression. Those beliefs align with communications theory command level of communications as the implied message of the parents' belief reinforces the rules of the family (Jackson, 1965).

An additional study directly related to my study was Halberstadt et al.'s (2008) mixed method research on parents discussing the events of September 11th with their children. The researchers utilized Eisenberg et al.'s heuristic model of emotional socialization as an underlying theory. As mentioned above, this theory aligns with Jackson's communications theory in that all reflect circular causality and mutual influence between parent and child on how children learn to interact with others and express emotions (Jackson, 1965, 1967). In their study, the researchers concluded that parents with beliefs valuing the expression of emotion discussed the events of September 11th more frequently than those parents reporting not valuing emotional expressiveness. They also discovered that parents with beliefs that emotions were dangerous also discussed the event more often than parents who did not believe emotions were dangerous.

However, not all researchers clearly identified an underlying theory in their publication. Renaud et al.'s (2013) study provided information on discussing death with children from a religious and a biological perspective, though they did not explicitly state an underlying theory. It can be assumed they utilized a religiosity versus biological theory as a guide for their study. In addition, it can be inferred from their study that parenting beliefs inform parenting behaviors and therefore impact families. This assumption aligns with Jackson's communications theory in that parents establish the interactional and communication rules for the family (Jackson, 1965, 1967).

Even though researchers have explored various aspects of parents' emotional expressiveness and discussing death with children through existing quantitative studies,

the researchers were not consistent with which underlying theory best explains the phenomenon. However, there appeared to be consistency in highlighting the role of tenets related to Jackson's communications theory, such as circular influence, differing types of communications, and forming and reinforcing the family's belief system (Jackson, 1965, 1967). As such, it seemed fitting to conduct this study utilizing communications theory as this theory aligns with theories used in existing studies.

Association of Communications Theory and Predictor Variables

The predictor variables for this study included parents' emotional expressiveness, previous discussions about death with a child, and parents' gender. In this section, a discussion regarding each predictor variable and Jackson's communications theory will be presented, beginning with the expected main predictor variables of emotional expressiveness and previous discussions about death.

Emotional expressiveness. Expressing emotions can be difficult for some parents. However, one of the many important roles parents fill in regards to raising children pertains to emotionally socializing their child (Baker, Fenning, & Crnic, 2011; Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009). An outcome of effective emotional socialization was emotional regulation, which was defined as the internal and external processes involved in managing emotional expressiveness (Morris et al., 2007). Morris et al. (2007) posited that parents teach children about emotions and emotional regulation through modeling emotions for the child, parenting practices specifically targeted at emotional development, and the general emotional spirit of the family. These variables were moderated by the parents' and child's characteristics, such as the child's

temperament and gender (Wong et al., 2009). Parents exerted a strong influence on children's emotional development while children are young, as parents and family are the main source of interaction and modeling for young children (Klimes-Dougan et al., 2007; Lunkenheimer, Shields, & Cortina, 2007). Children observed, learned, and were reinforced regarding what emotional expression was appropriate and allowed within the family. Within families where parents discussed emotions with children, those children displayed more socially appropriate emotional regulation and coping skills (Baker et al., 2011; Halberstadt et al., 2008). Therefore, the family established the foundation of emotional expressiveness and beliefs for the child (Denham & Kochanoff, 2002; Halberstadt et al., 2008; McElwain et al., 2007; Lunkenheimer et al., 2007). This reasoning supported using Jackson's communications theory for my study.

The parents' beliefs about emotions and their verbal and non-verbal emotional expressiveness and reactions to children's emotions implicitly and explicitly taught children rules regarding when, how, and where to express emotions. This teaching of emotional display rules applied to positive and negative emotions (Denham & Kochanoff, 2002; Halberstadt et al., 2008; Morris et al., 2007). Parents who were more tolerant of negative emotions in children were less likely to respond in a non-supportive or punishing style when children expressed negative emotions (Halberstadt et al., 2008; Wong et al., 2009). This supportive reaction assisted children in developing positive coping skills for negative emotions, such as problem-solving skills or seeking emotional support (McElwain et al., 2007). Also, parents who expressed valuing children's emotions tended to be more expressive with their emotions and to discuss emotional

events with children (Halberstadt et al., 2008). This acceptance and value of emotions allowed parents to teach and assist children more effectively in coping with intense emotions, such as those events related to death, thus contributing to positive outcomes when children encountered negative emotions.

These interpretations aligned with Jackson's communications theory as the theory embraces the role of interactions among family members and how those relationships provide a context for learning and behaving (Jackson, 1965, 1967). According to Jackson's communications theory, children learn how to communicate emotions within the context of their family (Jackson, 1965, 1967). Discussing death may be considered an intense emotional discussion. One can therefore extrapolate that expressing intense emotions, such as grief symptoms, is directly related to the family's beliefs about expressing emotions in that some families are more receptive and open to emotional expression as compared to other families. These underlying beliefs will impact how parents teach children about intense emotions, such as grief. However, as the death may affect the entire family, the parent may be experiencing emotional complications from the death (Gupta & Bonanno, 2011; Wolchik, Tein, Sandler, & Ayers, 2006) and may not be as readily available and prepared to assist children with their emotions. Therefore, parents who do not effectively navigate their intense emotions could negatively impact their parenting style and create negative repercussions on children's emotional wellbeing (Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Hunter & Smith, 2008; Kirwin & Hamrin, 2005). For instance, Morris et al. (2007) reported that depressed mothers were less likely to regulate their own emotions effectively, thus modeling ineffective emotional

expression and coping skills to their children. In this regard, parents not only establish the emotional climate and rules for emotional expression but also model emotional expressiveness for their families.

A few recent quantitative studies explored the construct of emotional expressiveness. Morris et al. (2007) reported an association between the parents' emotional expressiveness style and parenting style, in that parents who expressed positive emotions displayed a more warm and supportive parenting style as compared to those parents who expressed more negative emotions. Wong et al. (2009) reported that negative emotions within the marital dyad were associated with negative emotional expression within the larger nuclear family. Negative emotional expression, especially anger, by the parents predicted continued child behavioral problems and a child's decreased overall knowledge of emotions, as punitive reactions by the parents served to discourage reflection and understanding of emotions in a child (Denham & Kochanoff, 2002). While these studies did not specifically focus on discussing death, the studies demonstrated how parents' beliefs and outward expression of emotions impacted how the parents socialized children regarding emotional expressiveness through modeling, teaching, family interactions, and parental emotional behaviors (Baker et al., 2011). These ongoing, circular patterns are reinforced over time, according to communications theory (Jackson, 1965, 1967).

Previous discussions about death. The next predictor variable pertained to previous discussions parents have held with children about death. Only one study directly addressed previous discussions about death (Renaud et al., 2013). In this study, the

researchers examined the types of conversations parents used to explain death to children, either a spiritual/religious or biological explanation. The results indicated that parents tended to use a spiritual/religious approach to explain death. In addition, the researchers reported a positive correlation between the age of a child and the likelihood the parent had discussed death with a child. However, this study did not evaluate the role of the parents' general emotional expressiveness in the decision to discuss death with a child. This study did not specify an underlying theory. Based on the published results, a theory of spirituality versus biological explanation could be assumed. While the researchers did not utilize Jackson's communications theory, tenets of the theory could be observed, such as the parents conveying their beliefs to children, thereby establishing the family rules and emotional climate in the family (Jackson, 1965, 1967).

Another study which did include parents' emotional beliefs did not specifically focus on discussing death with a child, but rather on discussing the intense emotional event of the September 11th terrorist attack (Halberstadt et al., 2008). Some participants did discuss death as it related to the attacks; however, that focus was not the purpose of their study. The researchers reported a positive correlation between the parents' beliefs about emotions and discussing an emotional event. This finding aligned with Jackson's communications theory in that it reflects circular causality between parent and child related to how children learn to express emotions, as well as parents as the rule setters in the family regarding beliefs, interactions, and communications (Jackson, 1965, 1967).

Parent gender. The final predictor variable in this study was the parents' gender. Some families were considered more emotionally expressive than others (Halberstadt et

al., 2008) with mothers reported as being more expressive than fathers (Baker et al., 2011), more supportive than fathers (McElwain et al., 2007), and more engaged with children's emotions than fathers (Klimes-Dougan et al., 2007). However, that directional conclusion was not supported by all researchers. For instance, fathers emotionally interacted with children in a differentiated role as compared with mothers, such as fathers taught emotional control whereas mothers taught about emotions in a more holistic manner (Denham & Kochanoff, 2002; Hastings & De, 2007). Klimes-Dougan et al. (2007) found that fathers were more likely to react negatively to children's emotional expression and were more punitive towards children as compared to mothers. They further discussed that the parents' gender, along with children's gender, played a role in the parents' reaction, such that fathers discouraged the expression of vulnerable emotions in their sons as compared to their daughters. However, mothers were more likely to reward expression of emotions in children.

Parents with differing emotional styles may complement one another and teach children more about the complexities of emotions. This variation in responses exposes children to the intricacies of emotions (Hudson et al., 2008; Klimes-Dougan et al., 2007; McElwain et al., 2007); thus the totality of emotional interactions between parents and children should be considered when understanding how children are emotionally socialized, hence how children express emotions. Therefore, regardless of which parent reacted to a child's emotions, researchers concluded that a child's expressiveness style was related to the parents' expressiveness style and how parents reacted to their child's emotions (Halberstadt et al., 2008; Hastings & De, 2007; McElwain et al., 2007; Wong et

al, 2009). This conclusion related to Jackson's communications theory in that the family, specifically parents and caregivers, teaches children about interactions with others, how to solve problems, and creates the rules for the family's dynamics (Jackson, 1965, 1967). The recurrent family communication patterns are strengthened with time, thus forming the foundation for the family's beliefs and rules regarding emotional expression, according to communications theory (Jackson, 1965, 1967).

Association of Communications Theory and Criterion Variable

This study analyzed how the predictor variables discussed above adequately predicted the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child. Therefore, a child's developmental age was considered as an important aspect. Preschoolers' emotional regulation developed as children aged, which may be partially attributed to children's developing language skills that permit children to express themselves more effectively (Carter, Briggs-Gowan, & Davis, 2004; Cole, Dennis, Smith-Simon, & Cohen, 2008). As children continued to age and develop, executive functioning that allows children to process information, self-regulate, and respond to situations in an age-appropriate manner also developed and matured. Carlson (2005) and Carlson, Moses, and Claxton (2004) observed significant changes in toddlers, preschoolers, and young school-aged children on a majority of executive functioning tasks that may be explained by biological development, as well as ongoing practice with social skills. This development assists children with social competence, such as appropriately expressing emotions. As children age, parents altered how they coached

and responded to children, as older children are expected to use emotional coping skills that were previously taught (Lunkenheimer et al., 2007; McElwain et al., 2007).

All of these influences, along with a child's temperament (Morris et al., 2007), impacted a child's internal representation of emotions, as a child assimilates the parents' beliefs and values. This internal representation then influenced the possible external expression of emotions, varying between internalizing and withholding emotional expressiveness to socially and familial inappropriate expression to appropriate and acceptable outward expression (Morris et al., 2007). Therefore, in addition to children's emotional socialization and regulation connecting to children's age and overall development, they are interconnected with Jackson's communications theory in that children learned about emotions, including how and when to communicate emotions, within the context of their family (Jackson, 1965, 1967; McElwain et al., 2007; Morris et al., 2007; Wong et al., 2009). As such, expressing intense emotions, such as grief, is directly related to the family's beliefs about expressing emotions in that some families are more receptive and open to emotional expression as compared to other families.

Discussing Death With Children

Discussing death with children can be a complicated and challenging discussion. There are numerous factors associated with parents' decision to discuss death with a child, such as their family culture (Breen & O'Connor, 2007; Lopez, 2011), family traditions related to death and bereavement (Stroebe, 2010; Werner-Lin, Biank, & Rubenstein, 2010), religious and spiritual beliefs (Baggerly & Abugideiri, 2010), the gender of the parent (Hunter & Smith, 2008), a child's age and developmental stage

(Himebauch, Arnold, & May, 2008; Zawistowski, 2008), parents' comfort with discussing intense emotional events such as death and grief (Halberstadt et al., 2008; Morris et al., 2007), and parents' beliefs regarding ongoing relationships with the deceased (Thompson et al., 2011). If the topic of death was considered taboo within the family, there may not be an opportunity for children to express feelings, ask questions, and mourn (Black, 2002; Burke, 2009). Parents not encouraging or being receptive to children expressing feelings can result in children not outwardly expressing emotions (Morris et al., 2007).

Risks When Death is Not Discussed

While some parents are comfortable discussing death with children, others struggle with this duty. American society stigmatizes death and does not support discussing it as death can be a difficult topic for adults (Burke, 2009; Fearnley, 2010). The parents' views regarding discussing emotions influenced how parents will discuss emotional situations with children (Halberstadt et al., 2008). For instance, families may want to protect children from the intense emotions related to grief and avoided discussing the death and grief (Burke, 2009; Fearnley, 2010). Some parents were resistant to discuss death or other emotional issues with children as parents felt uncomfortable with the topic (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009). Parents who are comfortable discussing emotions and emotional events can better assist their children with processing children's intense feelings, thus resulting in better coping outcomes (Halberstadt et al., 2008).

Since some parents are not comfortable discussing difficult emotional issues, there are lost opportunities for a child when communications did not occur. For instance, a missed chance for building cohesion in the family may instead be replaced by feelings of confusion, stress, and disconnectedness (Avelin et al., 2011; Braiden et al., 2009; Currier et al., 2007). A child's family of origin established the groundwork for how a child will interact with others when an adult (Packman et al., 2006; Stroebe, 2010). If the child's family did not discuss difficult or sensitive issues such as death, the child did not learn how to communicate with others about these matters (Morris et al., 2007; Wong et al., 2009) and may have learned that discussing such topics was taboo (Fearnley, 2010). In addition, the child learned how to grieve by watching the child's parents and experiencing grief in the family of origin (Packman et al., 2006; Stroebe, 2010). These life lessons will be carried forth into the child's family when the child is an adult. Thus, the stigma associated with discussing death will be maintained.

If the death was not discussed or information not shared with children in advance of an anticipated death, no opportunity existed for children to say goodbye to a loved one. The chance to search for meaning of the death was missed when the death was not discussed (Ronen et al., 2009). If a family member was fatally ill, preparing children for the expected death helped ready children for the loss; however, some families did not discuss or mention the pending death but did discuss the disease and treatment (Avelin et al., 2011; MacPherson, 2005; Werner-Lin et al., 2010). This type of avoidance may highlight the family's underlying beliefs about discussing difficult emotional issues (Halberstadt et al., 2008; Morris et al., 2007). This avoidance then negatively impacted

children's ability to start coping with the death (Fearnley, 2010; Werner-Lin & Biank, 2012). Not discussing death is linked to fewer chances to mourn openly or grieve, which was positively correlated with depression, guilt, and less healthy daily functioning (Kirwin & Hamrin, 2005).

Among other benefits examined in the protective factors section below, discussing the death and the child's feelings also permitted identification of cognitive distortions and allows those to be corrected, along with allowing the bereaved to be emotionally supported as they internalize the loss and what it means to them (Burke, 2009). Without opportunities to discuss the death and related grief, children were denied the chance to correct cognitive distortions and to process their emotions related to the death and changes in their life. This missing opportunity also prevented children from modifying their ongoing relationship with the deceased in the form of continued bonds (Mitchell et al., 2006). Therefore, discussing death with children assisted them in achieving positive grief outcomes.

Despite the abundant risk factors, protective factors should be considered when discussing death with children. Protective factors can cushion children's emotional responses and provide a chance to heal in a healthy manner regarding their intense emotions of grief. As children express intense emotions within their family (Packman et al., 2006), parent plays a critical role in children's healthy emotional expression.

Protective or Moderating Factors

Numerous protective factors exist to buffer the stress children experience during the death of a loved one. Protective factors were defined as those variables that increase

the chances of a positive grief outcome (Kristensen et al., 2012). Many factors are external to children; therefore, children are dependent upon the adults in their life for positive support. A child's main caregiver has a vital role in a child's healthy emotional expression and grief (Packman et al., 2006; Werner-Lin & Biank, 2012).

Open and ongoing communication with children and sharing age-appropriate information (Christ & Christ, 2006; Howarth, 2011b) allowed children to discuss the death, grieve, and develop coping skills. This communication aided in minimizing risks of complicated grief. Parents and other caregivers should not avoid discussing younger children's feelings and thoughts (Fearnley, 2010; Werner-Lin & Biank, 2012). Instead, information should be shared in an age-appropriate manner. Children who were able to express their feelings and had those feelings validated by others (Halberstadt et al., 2008; Wong et al., 2009) experienced a more healthy grieving process (Christ & Christ, 2006; Kirwin & Hamrin, 2005; Packman et al., 2006; Werner-Lin & Biank, 2012).

Discussing the deceased and the resulting emotion of grief provided an opportunity for children to maintain an ongoing emotional connection to the deceased (Lobb et al., 2010; Packman et al., 2006; Thompson et al., 2011). This ongoing emotional connection to the deceased aligned with the communications theory as children express intense emotions such as grief in relation to other family members, in this example expressing emotions with respect to the deceased's memory that allows children to sustain a relationship with a loved one. The adjustment in redefining the relationship and maintaining continued bonds helped children to transform their relationship with the deceased and assign a new meaning to the changed relationship (Mitchell et al., 2006;

Packman et al., 2006), thus maintaining the relationship into the indefinite future and providing comfort to the child (Lobb et al., 2010). Continued bonds may be one of several contributing factors in children's restoration of their emotional stability and daily functioning after a loss.

An open, warm communication style prior to and after the death facilitated healthy emotional expression of grief in children (Christ & Christ, 2006; Werner-Lin & Biank, 2012). Open and warm communications were positively correlated to fewer negative emotions in children (Howarth, 2011b; Kirwin & Hamrin, 2005; Werner-Lin & Biank, 2012) and more discussions regarding emotions and emotional events (Halberstadt et al., 2008). Children who were permitted and encouraged to express their emotions of grief were better able to resume their typical developmental tasks, demonstrated more typical daily functioning, and displayed less vulnerability for complicated grief symptoms (Howarth, 2011b; Werner-Lin & Biank, 2012; Wolchik et al., 2008).

Parents have a direct role in assisting children with resuming their progress towards their typical developmental tasks. Saying goodbye to a beloved person was one of many steps children can undertake to resume their focus on age-appropriate developmental tasks. Children attending the deceased's funeral exhibited a higher likelihood of discussing the death with the surviving parent, as well as demonstrating better outcomes in the grieving process (Avelin et al., 2011) since children were permitted to actively mourn. As children were supported in discussing the death and their feelings with care, warmth, and encouragement, children benefited with protection from grief complications.

In conclusion, many protective factors can be accessed to mitigate the risk factors of the intense emotion of grief. In this endeavor, children rely on the assistance of parents, family, and other caring adults to achieve positive outcomes for the difficult situation of the death of a loved one. Jackson's communications theory posits that the family establishes the family's beliefs and rules regarding relationships, communication, problem resolution, and interactional exchanges (Jackson, 1965, 1967). These beliefs and rules extend to emotional expressiveness. The parents' beliefs regarding emotions and discussing death were anticipated to impact the age parents felt it was appropriate to discuss death with a child.

Summary of Studies Regarding Communicating Death With Children

A dearth of recent quantitative studies regarding communicating death with children exists in the literature. The existing published studies were narrowly focused, such as evaluating grief program outcomes (Schoenfelder et al., 2013) or analyzing how children understand death (Slaughter, 2005; Slaughter & Griffiths, 2007). As such, researchers have not published studies related to the variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender and a child's age when parents felt it was appropriate to discuss death with children. The quantitative, qualitative, and mixed methods design articles located were reviewed and are discussed below.

Renaud et al. (2013) quantitatively studied how parents spoke to children regarding death as a general topic. They evaluated if parents used a spiritual and religious explanation when discussing death as compared to a biological explanation. The

researchers were not focused on communicating death related to grieving, but rather a general conversation to educate children regarding death. They found that most parents in their study used a spiritual or religious method of explanation, as compared to a biological explanation, and the majority of children did not display anxious or behavioral symptoms after the conversation.

Hunter and Smith (2008) implemented a mixed methods research design to evaluate parents discussing death with children in context of the family's communication styles of an open style or a less open style, the child's cognitive development, age, and biological understanding of death. They reported that age was positively correlated with a child's understanding of three of four of the biological components of death (universality, finality, and non-functionality). They found partial support for a correlation between a child's cognitive capabilities and an understanding of death. They did not find support for an association between the parents' open communication style and children's better understanding of death.

Two qualitative studies related to discussing death were reviewed. Thompson et al. (2011) examined advice that previously bereaved parents and siblings would share with newly bereaved families. Through a content analysis, they reported nine themes of guidance ranging from before a family member dies in an anticipatory death to post death, that included rely on social support, discuss feelings within the family, religion and faith can provide comfort, and continued bonds through shared memories are important. Avelin et al. (2011) studied stillborn birth experiences with siblings and parents via focus groups. Through a content analysis, they reported on themes of a shared

family experience, the importance of saying goodbye, family specific mourning rituals including creating memories with the deceased infant in order to continue bonds with the deceased, and assisting the bereaved siblings with grieving through discussing feelings.

Another study was conducted by Halberstadt et al. (2008) to examine the relationship between parents' beliefs regarding emotions and discussing the emotionally intense event of the terrorist attacks on September 11th in the United States. While this study did not directly relate to death discussions, it did pertain to the role of the parents' emotional expressiveness as linked to discussing an intensely emotional event which may have included discussions of death. The researchers used a mixed-methods design to measure the relationship between the parents' beliefs about children's emotions as either valued or problematic and how that impacted the parents' behaviors and discussions regarding the terrorist attacks and the child's subsequent coping skills. They reported that parents who believed children's emotions were both valued and problematic discussed the event more often with their children as compared to parents who did not report strong beliefs about emotions. They did not observe a relationship between parents' beliefs about emotions and how the parents expressed emotions regarding the event nor did they observe a relationship between the parents' emotional behaviors and the child's overall coping skills. However, they did find a relationship between parents' beliefs, such as those who valued emotions, and children's use of positive coping skills, positing that parents who value children's emotions may encourage an open and warm family environment where children are supported in their emotional expression, including seeking solutions and assistance for intense emotions. This study aligned with other

studies that demonstrated a correlation between parents' warm and open communication style with openness to discussing emotions with children.

In conclusion, a scarcity of recent quantitative studies regarding communicating death with children existed in the literature. This study aimed to help fill the gap by studying the predictive relationship between parents' emotional expressiveness, previous discussions about death with a child, and parents' gender with a child's age when parents perceive that it is appropriate to discuss death with a child.

Summary

This chapter presented a review of the current literature related to discussing death with children as associated with Jackson's communications theory within the family systems theory (Jackson, 1965, 1967). The predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender were reviewed as those related to the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child. While some recent quantitative studies existed that relate to discussing death, none aligned with this study of how the predictor variables influence the parents' perception of the appropriate age to discuss death with children.

Two studies evaluated the type of conversation parents had or would have with children when discussing death, such as a religious view or a biological view of death (Hunter & Smith, 2008; Renaud et al., 2013). Neither of those studies evaluated the parents' emotional expressiveness. A study more directly related to my study evaluated parents' beliefs about emotions and discussing the terrorist attack of September 11th

(Halberstadt et al., 2008). However, that study did not specifically focus on death conversations but rather on discussing an emotionally intense event that may or may not have included a discussion about death. Therefore, from the review of the literature, existing published studies that focused on the predictor variables of parent's emotional expressiveness, previous discussions about death with a child, and parents' gender as related to the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child did not exist. As such, this study helped to fill a gap in the literature related to the topic of discussing death with children.

To summarize, the death of a loved one is a difficult experience to encounter. It is, however, an experience that most people will face in their lifetime. For children, death and the resulting emotions can be complicated as children vary in their understanding of life and death issues. Children comprehend death and the resulting intense emotion of grief within the framework of how their parents have discussed death and conveyed emotions. Therefore, children express emotions within the context of their families, taking cues from their parents on how the family discusses difficult events such as death and handles intense emotions, such as grief, in order to emotionally manage the death of a loved one. As such, children need assistance from their parents to help them express and explore their emotions in a supportive manner.

Chapter 3 discusses the research design and approach, including data collection, data analysis, and instrumentation. The description of the setting and sample are explained, as well as threats to statistical conclusion validity. Protection of participant rights and ethics of my study are described.

Chapter 3: Research Method

Introduction

This exploratory research study was conducted to determine if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child. As children's emotional language and regulation skills develop as they age, it is important that parents and psychology professionals consider children's chronological age when parents might discuss an emotionally sensitive issue such as death (Carter et al., 2004; Cole et al., 2008). This chapter covers the research methods for this study. A brief review of the design and approach to this study, including setting and sample, procedures, and instrumentation is presented. Next, data collection and analysis are discussed. A review of the threats to statistical validity, including reliability of instruments, data assumptions, sample size, and the measures taken to protect the participants' rights conclude this chapter.

Research Design and Rationale

This research study was a quantitative study employing a non-experimental design. The goal of this exploratory study was to examine if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender sufficiently predicted a child's age when parents felt it was appropriate to discuss death with a child. As published mixed-methods and quantitative research existed in this field (Halberstadt et al., 2008; Hunter & Smith, 2008; Renaud et al., 2013), it was appropriate to continue with a quantitative design to further understand

the relationship between the stated variables and to possibly validate earlier published findings. Therefore, this study method aligned with existing published research in this field.

The research project consisted of a non-experimental quantitative design using a survey research design with online questionnaires to explore the relationship between the variables under consideration. The criterion variable was a child's age when parents felt it would be appropriate to discuss death with a child as measured by a hypothetical death situation located in the demographics questionnaire (see Appendix A). The predictor variables were parents' emotional expressiveness as measured by the AEE (Joseph et al., 1994a, 1994b), and parents' gender and previous discussions about death with a child as ascertained in the demographics questionnaire.

Barriers to collecting data may have included participant hesitance as the research topic may have seemed upsetting. Due to this, some participants may have self-selected out of the study. Another barrier may have been participants not providing demographic information. If that occurred, the data cleaning procedure of listwise deletion was followed (Allison, 2002; Smith, Budzeika, Edwards, Johnson, & Bearse, 1986). A time constraint may have been related to collecting data at the university where I work as the university dean may place a deadline on how long the study can be advertised to students. Therefore, I sent timely follow-up emails to remind participants of the study.

Methodology

Population

The population for this study consisted of parents attending one of two online universities who have children younger than 18 years of age. The population size of families with children under 18 years old in the United States is 39.8 million (U.S. Census, 2014b). The U.S. Social Security Administration (2014) reported that 1.2 million children received social security benefits in 2013 due to a deceased worker in their family. This equated to 1.6% of American children being parentally bereaved in 2013 (U.S. Census, 2014a). However, those statistics did not include children bereaved of parents who were not eligible for social security benefits, children bereaved from other deaths in their family, or bereavement related to a death of a friend, schoolmate, or other acquaintance. Howarth (2011b) and Schoenfelder et al. (2013) reported that 3.5% to 4% of children will be parentally bereaved before reaching their eighteenth birthday. Therefore, I expected that a small percentage of families may have experienced a death in the past that may have warranted a conversation about death between a parent and child. While the above statistics described the overall population, this study focused on a sampling of parents attending one of two online universities, with one university designated as the primary data collection site and a second university as a backup source if the desired sample size was not obtained from the primary source. Parents attending online universities tend to be older and have started families (Radford, 2011). Therefore, it seemed appropriate to survey this sampling of parents. In addition, it appeared that limited research has been conducted using this sampling pertaining to discussing death

with children. It seemed timely to conduct a study exploring the study's variables with parents attending online higher education.

Sampling

The participants for this study consisted of a self-selecting, nonprobability sample of parents surveyed from one of two online universities, with one university designated as the primary data collection site and a second university as a backup source if the desired sample size was not obtained from the primary source. This sampling method was expected to recruit parents who may or may not have discussed death with children, as compared to targeting grief support groups for parent participants who have a higher chance of previous death discussions in their families.

Inclusion criteria for the project comprised adults over 18 years of age who are parents, possessed the ability to read and understand English, had access to the internet, and freely consented to volunteer their participation in this online survey. Exclusion criteria included individuals who were younger than 18 years of age, not parents, non-English speaking, or grieving a death that occurred in the last three years. Researchers have indicated most grief has been resolved within two years of the death (Bonanno, 2004; Christ & Christ, 2006; Howarth, 2011a; Kristensen et al., 2012; Wolchik et al., 2008). Therefore, setting a three-year exclusion criterion should have screened out persons who were grieving or experiencing complicated grief so as to avoid introducing psychological risk given their possible fragile emotional condition. An additional exclusion criterion pertained to the university where I am employed. Students enrolled in

sections that I teach were excluded from receiving an invitation to participate in this

research in order to avoid perceived undue influence on them to participate.

Before soliciting volunteers, I obtained necessary Institutional Review Board

(IRB) approvals from both online universities (Walden approval # 08-03-15-0025058;

other university approval #15-35). I emailed the undergraduate students within the

psychology department at the university where I work, which was designated as the

primary collection site, to inform them of the research project (see Appendix C) and the

web link to the consent form and surveys. Participation was voluntary, and participants

had the option to not participate or to withdraw participation at any time during the

survey. To maintain confidentiality, the university where I am employed is referred to in

this study as the *primary collection site university*. If the backup data collection site was

needed, the online survey was placed on the Walden Participant Pool website for Walden

University students to review and decide if they chose to volunteer and if they were

qualified to participate based on inclusion and exclusion criteria. They were directed to

the web link containing the consent form and surveys, if they chose to participate.

Sample size. The statistical power analysis program G*Power 3.0.10 was utilized

to calculate the required minimum sample size for a multiple linear regression with three

predictor variables (Faul, Erdfelder, Lang, & Buchner, 2007). The effect size was

estimated by averaging results reported in previous research studies related to the topic.

Renaud et al. (2008) reported an effect size of $r = .36$ that I transformed to $f^2 = .15$ using

a conversion formula (Cohen, 1992; Selya, Rose, Dierker, Hedeker, & Mermelstein,

2012). Halberstadt et al. (2008) reported an effect size of $R^2 = .10$ that I converted to $f^2 =$

.11 (Cohen, 1992; Selya et al., 2012). Finally, Lipsey and Wilson (1993) reported a death study with an effect of $R^2 = .017$ that I transformed to $f^2 = .017$ (Cohen, 1992; Selya et al., 2012). The chosen effect size for my study of 0.15 was considered a small effect (Cohen, 1969; 1992). Using an effect size of 0.15, with a power of 0.95 and a significance level of 0.05, the minimum required sample size was estimated to be 119 participants (Faul, Erdfelder, Buchner, & Lang, 2009). Planning for missing data and participant drop-out, the sample size was increased by 10%, equating to a final number of 130 desired participants.

Procedures

Once IRB approval was obtained from both online universities, participants were recruited to join voluntarily in the research study. Due to the nature of using a convenience sample, I recognized that participants needed an entry point to enter into the study. For the primary collection site university, I coordinated with the undergraduate psychology department assistant dean to obtain email addresses for students, and I emailed those undergraduate psychology students (see Appendices C and E) informing them of the research study, which included a web link to the survey on Survey Monkey (2015), an online survey website. If the backup collection site was needed, the Walden participant pool coordinator posted a web link to my study informing potential participants of its availability. Walden students who were registered as research volunteers with the participant pool could then anonymously access my research project's informed consent information to determine if they desired to participate. Since the data from each university was collected by separate sources (the Walden participant pool and

Survey Monkey), the participant data was analyzed to ensure that no significant differences existed between the two sources. Once the data were verified that the groups were similar, the data were combined into one data file for further analysis, if both collection sites were used.

Data Collection

The survey questionnaire was delivered via Survey Monkey (2015) for the primary collection site university's students and via the Walden participant pool for Walden students, if needed. There was one Survey Monkey web link communicated to the participants to provide anonymity in the data collection process, thus ensuring confidentiality of participants' identities. Informed consent was provided online and was included on the first screen of the survey. The consent information notified participants of their rights in the research project and allowed participants to make an informed decision regarding their involvement in this research project. If they consented, they proceeded to the AEE survey (see Joseph et al., 1994a, 1994b). After completing that survey, they advanced to the demographics questionnaire (see Appendix A). At the exit of the survey, the final screen included a general referral to the participants' university's student assistance program and to a national grief support group as this survey may have presented a minimum risk for psychological discomfort given the nature of the questions (American Psychological Association, 2014; see Appendix D). Follow-up procedures for debriefing were not required as this was a one-time survey delivered in an anonymous manner.

Instrumentation

Attitudes Towards Emotional Expression (AEE)

The AEE (Joseph et al., 1994a, 1994b) applied to my study as it measured restricted emotional expressiveness related to cognitions and behaviors a respondent may possess or exhibit. As children learn how to communicate and manage emotions from their family of origin (Jackson, 1965, 1967), parents' expressiveness styles may influence children's emotional expressiveness (Morris et al., 2007). If parents restrict their expressiveness, they teach children to restrict expressiveness. Both explicitly or implicitly, parents teach children how to express emotions and manage tense and difficult situations (Halberstadt et al., 2008; Morris et al., 2007). Therefore, studying parents' emotional expressiveness tendencies can offer insight into children's emotional expressiveness.

The purpose of the AEE was to measure negative views regarding emotional expressions after a distressing event (see Joseph et al., 1994a, 1994b). This 20 question instrument utilizes a 5 point Likert scale for scoring from (1) Disagree Very Much to (5) Agree Very Much (see Joseph et al., 1994b). This measure was available for research and educational use without explicit permission from the researchers (see Appendix B). Joseph et al. (1994b) developed the measure by utilizing sections of previous measures related to negative attitudes regarding emotional expressiveness and testing additional survey questions with undergraduate students. Through a principal components analysis with varimax rotation, they narrowed the questions from 30 to 20 and scales from seven to four subscales. The questions measure cognitive attitudes and behaviors regarding

emotional expressiveness with higher scores on each subscale representing more restricted emotional expressiveness related to that subscale, for example, greater discomfort with expressing emotions.

The four subscales initially were labeled *discomfort expressing emotions, expressing is a sign of weakness, belief to keep emotions under control*, and *belief that expressing could be harmful* and then later changed to the factors of *beliefs about meaning, behavioral style, beliefs about expression*, and *beliefs about consequences* (Joseph et al., 1994b). Three factors pertain to cognitions, and one factor pertains to behaviors. All four factors contain five questions each, for a total of 20 questions (see Joseph et al., 1994b). Higher scores represent underlying cognition and behaviors associated with a more restricted emotional expressiveness style.

Regarding psychometrics, Joseph et al. (1994b) reported internal reliability of Cronbach's alpha = 0.90. They indicated convergent validity of r = -0.46 compared to a scale measuring the construct of seeking social support. The AEE was negatively related to seeking social support. It was positively correlated with the Beck Depression Inventory (BDI; r = 0.28, p < 0.01). They reported Cronbach's alpha scores ranging from 0.70 to 0.88 for each of the four subscales. However, Laghai and Joseph (2000) later reported the scales could collapse into one main scale reflecting all 20 items with one overall score. That study is discussed next.

Laghai and Joseph (2000) tested the initial AEE's outcomes (Joseph et al, 1994a, 1994b) and examined the AEE against the Ambivalence over Emotional Expressiveness Questionnaire (AEQ) and the NEO Five Factor Inventory that examines the Big Five

personality traits. The participants in the study consisted of university students and staff.

The researchers reported that the four subscales were inter-correlated and could be loaded

to one factor instead of four (Cronbach's alpha = 0.93). They reported internal reliability

for each of the scales ranging from Cronbach's alpha of .77 to .90. In addition, they found

a positive correlation between the AEE and the AEQ (r = .62, p < .001). They also

reported an inverse correlation between the AEE and NEO scores of *agreeableness,*

extraversion, and *openness* (Laghai & Joseph, 2000). They concluded that while the AEE

and AEQ were related, the instruments were not identical. Each instrument measured a

specific facet of negative attitudes of emotional expressiveness as indicated by the

different personality traits they influenced.

Kamm and Vandenberg (2001) utilized the AEE (Joseph et al., 1994a, 1994b) to

study the relationship of grief communication attitudes, grief reactions, and marital

satisfaction in couples grieving the death of a child. They recruited participants from a

parental grief support group. The researchers reported internal consistency for the AEE of

Cronbach's alpha = 0.93. They relied on validity information from Joseph et al. (1994b)'s

initial publication. This study provides support for using the AEE with the topic of grief.

All three studies demonstrated the reliability, validity, and usefulness of the AEE

(Joseph et al., 1994a, 1994b) utilizing three distinct study samples of university students,

university staff, and grieving couples. As I studied discussing death by sampling students

from a university setting, it seemed appropriate to utilize the AEE in my research study.

Demographics

A brief demographic survey designed by the researcher for this study was presented to the IRB of Walden University prior to being used in the research (Walden approval # 08-03-15-0025058). The demographic information consisted of 12 items, including a hypothetical death situation (see Appendix A). As previous research included hypothetical situations (Hunter & Smith, 2008), it seemed appropriate to utilize this approach. In addition, this approach was used to minimize psychological harm by not asking participants about actual death experiences. The information from this question was utilized to understand a child's age that a respondent would hypothetically discuss death with a child, as Renaud et al. (2013) reported a positive correlation between a child's age and a parent discussing death. Hunter and Smith (2008) employed hypothetical death related questions in their study to understand how mothers would speak to their children about death. Therefore, it seemed fitting to continue with hypothetical situation to understand the relationship between the predictor variables of parents' emotional expressiveness, parents' gender, and previous discussions about death with a child and a child's age the parents perceive it is appropriate to discuss death with children.

All information will remain confidential, and no names were used on any of the questionnaires, including the demographics survey. The demographics data was analyzed to describe the sample characteristics, as well as measure the criterion variable of the child's age when a parent perceived it is appropriate to discuss death with a child.

Rationale for emotionally close hypothetical situation. Some deaths have a more profound impact on a child based on the child's relationship with the deceased. For instance, the death of a parent, caregiver, or sibling will affect a child more intensely than the death of a family friend or acquaintance (Davies, 2004; Fearnley, 2010; Packman et al., 2006). Long term stress resulted from changes in a child's life related to the death, such as a change to the family system as in the case of a new primary caregiver for parentally bereaved children; a modification in the existing family structure, roles, and identity, such as in the death of a sibling; a potential change in residence and school; a disruption to routines; possible changes in the family's finances; and an altered social support system (Howarth, 2011b; Packman et al., 2006; Werner-Lin & Biank, 2012; Wolchik et al., 2006, 2008). These changes necessitated adjustment to the child's life without the deceased person (Howarth, 2011b; Packman et al., 2006), along with developing new relationships and possibly creating new hopes and dreams for the future (Kirwin & Hamrin, 2005).

A death of a close family member is an intensely painful experience that casts ripple effects throughout the family. Jackson's communications theory posits that children learn how to communicate, solve problems, understand family beliefs and rules, and express emotions within the parameters of the family's belief system (Jackson, 1965, 1967). With an intensely emotional experience of the death of a loved one, children expresses the intense emotion of grief within their family unit (Packman et al., 2006) based on the family's comfort or discomfort with discussing emotions (Halberstadt et al., 2008; Morris et al., 2007). As family members are interconnected, an emotionally close

death is a shared experience that impacts the entire family (Packman et al., 2006; Werner-Lin & Biank, 2012) and can distress the family and its established rules and routines. Children can be influenced by the emotional expressiveness style of family members (Packman et al., 2006) including parents, siblings, grandparents, and other extended family members. Therefore, given the published research on the impact of emotionally close deaths on children, it seemed appropriate to continue with that research topic to understand how parents attending online college perceive what age they would discuss death with children.

<div align="center">**Data Analysis Plan**</div>

Data Cleaning and Analysis

The collected data were analyzed using the Statistical Program for Social Sciences (SPSS, n.d.) program, version 21.0. Before analysis, the data were checked for accuracy (Tabachnick & Fidell, 2001) by running and analyzing descriptive statistics from SPSS to examine minimum and maximum ranges of data, means, and frequencies. Data that appeared to possibly be an outlier were examined more carefully to decide if it was an entry error or an outlier. Since the data from each university were collected by separate sources (the Walden participant pool and Survey Monkey, 2015), the participant data were analyzed to ensure that no significant differences existed between the two sources, if both sources were utilized. Once the data were verified that the groups were similar, the data were combined into one data file for further analysis, if both sources were used for data collection. Missing data were scrutinized to determine how much data were missing and if a pattern of missing data existed by running the missing values

analysis (Allison, 2002; Tabachnick & Fidell, 2001). Missing data were clearly marked in SPSS for tracking (Smith et al., 1986). If data were missing, the data cleaning procedure of listwise deletion was followed (Allison, 2002).

Once screening the data was completed, analysis began. First, item 17 in the AEE (Joseph et al., 1994a, 1994b) that is reverse scored was recoded to allow the item to be scored in the same direction as the other items (Smith et al., 1986). Next, the predictor variables that were measured using categorical data including parents' gender (male/female) and previous discussions about death with a child (yes/no) were recoded as dummy variables (Tabachnick & Fidell, 2001). Then, a multiple linear regression using stepwise selection (Mertler & Vannatta, 2005) was conducted in SPSS on the data to determine if one or more of the selected variables adequately predicted the criterion variable and the best combination of the predictor variables that accounted for variance in the criterion variable. The criterion variable was the child's age when parents perceive it would be appropriate to discuss death with a child for the hypothetical situation. The predictor variables were parents' emotional expressiveness, previous discussions about death with a child, and parents' gender. The regression model was analyzed to determine if the model adequately predicted the criterion variable by analyzing the F-ratio associated with the regression analysis to determine if the model was statistically significant. Next, the results were examined to determine how well the regression model fit the data by reviewing the adjusted R^2 value, which represents the amount of variance in the criterion variable that can be explained by the predictor variables. Then, each of the predictor variables were checked to determine if each was statistically significant by

reviewing the *t*-value and *p*-value in Coefficients table. In addition, the unique

contribution of each predictor variable was reviewed using the coefficients data to

determine the rank order of the predictor variables in explaining the variance of the

criterion variable (Tabachnick & Fidell, 2001).

Restatement of Research Question and Hypotheses

RQ: Do one or more of the predictor variables of parents' emotional expressiveness,

previous discussions about death with a child, and parents' gender adequately predict a

child's age when parents perceive that it is appropriate to discuss death with a child?

$H_0$1. One or more of the three predictor variables does not significantly predict a

child's age when parents perceive that it is appropriate to discuss death with a

child.

H_a1. One or more of the three predictor variables does significantly predict a

child's age when parents perceive that it is appropriate to discuss death with a

child.

Threats to Validity

Threats to validity may weaken the outcomes of a research study (Mitchell &

Jolley, 2004). As my research study did not contain group assignments or pre- and post-

tests, many of the internal validity concerns, such as history, maturation, or learning

effects, were negated. A threat that may impact the study was the subject effect of

participant reactivity. Participants may provide socially acceptable answers as compared

to honest answers (Mitchell & Jolley, 2004). To offset this effect, the consent form

clearly stated that answers are confidential and anonymous as no identifying information was collected to identify the participants. This step should mitigate this participant effect.

Regarding external validity, as a convenience sample was chosen for the study, care was taken when generalizing the results to the larger population (Mitchell & Jolley, 2004). As the sampling for this study was limited to self-selecting participants from one of two online universities, generalization could be limited to those specific universities, and possibly expanded to other online universities. During data analysis, I examined the descriptive results, such as the age, marital status, and gender of respondents to report the descriptive characteristics of the respondents.

A threat to statistical conclusions may include the omission of other relevant predictor variables (Mitchell & Jolley, 2004). As such, confounding factors not accounted for in this study may describe a portion of the variance in the criterion variable.

Data Assumptions

The statistical test used for the analysis was a multiple linear regression (Mertler & Vannatta. 2005). Assumptions related to this statistical test include: (a) data should be normally distributed, (b) there should be a linear relationship between the independent and dependent variables, (c) the variables should be reliably measured, and (d) homoscedasticity of the variability in scores should be present (Mertler & Vannatta. 2005).

The first assumption pertained to the data being normally distributed. Data that are highly skewed or kurtotic or that contains outliers can impact the relationship of the data being examined. Outliers were reviewed and investigated to determine how to

handle the outlier. I examined skewness and kurtosis via data plots and histograms

(Mertler & Vannatta, 2005). Another assumption related to a linear relationship among

the variables. A moderate violation of linearity would attenuate, but not invalidate, the

regression model. Linear relationships were analyzed by inspecting the bivariate

scatterplots (Mertler & Vannatta, 2005). An assumption regarding the reliability of the

measurement pertained to the reliability estimates of the instruments. This assumption

may negatively impact the effect size of results discovered by overestimating the effect

size. Typically, reliability estimates, as assessed by Cronbach alphas within the range of

.70 to .80, are deemed appropriate (Osborne & Waters, 2002). Based on published

research, the AEE is a psychometrically sound instrument with internal reliability of

Cronbach's alpha = 0.90 and convergent validity of $r = -0.46$ compared to a scale

measuring the construct of seeking social support (Joseph at el., 1994b). The final

assumption pertained to homoscedasticity, which indicates that the variability of scores is

similar across variables. If homoscedasticity is seriously violated, the findings may be

distorted, and the analysis weakened (Osborne & Waters, 2002). A visual examination of

the standardized residuals was performed (Mertler & Vannatta, 2005).

Sample Size

Obtaining an appropriate sample size was critical for research validity and

generalizability of the results. If the sample size is too small, it may not have enough

power to detect an effect (Cohen, 1992). An appropriately sized sample for a research

project will decrease the chances of errors and increase the generalizability of the results.

To properly estimate a sample size, an a priori power analysis was conducted utilizing

G*Power (Faul et al., 2007, 2009). As the sampling for this study was limited to a convenience sample of self-selecting participants from one of two online universities, generalization may be possible to the universities selected and possibly to other online universities; however, the results were not generalizable to the larger population of all parents.

Ethical Procedures

Ethical factors were important in this study. The research project was approved by Walden University's IRB, and the IRB of the university where I am employed, prior to implementation to ensure ethical guidelines were met (Walden approval # 08-03-15-0025058; other university approval #15-35). Furthermore, all ethical guidelines of the American Psychological Association (American Psychological Association, 2014), Walden University, and the university where I am employed were followed during the implementation and execution of my study.

Ethical Issues Related to the Research Problem

This research project can offer value to parents who may struggle with discussing difficult emotional events, such as death, with children. The parents' level of comfort with their own emotions and discussing emotional situations may impact if and when they discuss a death event with a child. Knowing that death may be a sensitive topic, the procedures utilized in this research study were created with the intention to minimize psychological risk to volunteer participants. As such, a hypothetical situation was created and presented. While surveying participants about an actual death of a loved one and the resulting grieving experiences would have accessed more realistic situations and

responses, remembering the details of an actual loss may have increased the risk of psychological harm. Therefore, a hypothetical situation was used (see Appendix A). As participation in this study may create a risk of psychological harm given the survey's topic, a referral to the university's student assistance program and to a national helpline for grief was provided at the exit of the survey in order to minimize that risk (see Appendix D).

Ethical Issues Pertaining to the Research Question and Purpose

Participants were informed that participation in the study was voluntary. No deception was used in this study. Through an informed consent screen, participants were notified of their participant rights, including the right to not participate in the survey, as well as the right to withdraw at any time without consequence. In addition, the informed consent screen included information regarding the purpose of the study, along with possible risks and benefits of participating in the study. As the IRB of the university where I am employed approved my study, that university's ethical guidelines and IRB process were followed, and the approval was forwarded to Walden University's IRB (Walden approval # 08-03-15-0025058; other university approval #15-35). Students enrolled in my classes were excluded from receiving a participation invitation.

Ethical Issues in Data Analysis, Interpretation, and Dissemination

Walden University's IRB approval was sought before this project was implemented. The surveys were administered and completed via a third-party online survey website. The results were downloaded by this researcher and maintained in a password protected file on the researcher's computer, to which only the researcher has

access. Regarding the identification of participants, the data were collected in an anonymous manner. Therefore, participant identities were not known to this researcher, thus maintaining confidentiality of participants. A subject identification number was assigned to each completed survey. All data will be destroyed in five years, per Walden University's IRB procedures.

All data collected were appropriately screened, and the assumptions verified. Data was aggregated, and no single participant's data was presented. As such, no individual data or information was revealed. Therefore, it will not be possible to identify individual participants in any published document.

Summary

This chapter presented the research methods for this exploratory non-experimental quantitative study, which sought to examine if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child. The research design, setting, and sample, as well as the sample selection, were discussed in detail. The instrumentation was discussed and included the AEE and a brief demographics questionnaire. Reliability of the instrumentation was covered, including threats to statistical conclusion validity. Attention was focused toward ethical issues related to the research and the protection of participants' rights. The findings of the study are discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this exploratory quantitative study, using a non-experimental design, was to determine if one or more of the three selected variables adequately predicted a child's age when parents who volunteered for this study felt it was appropriate to discuss death with a child. The criterion variable was a child's age when parents perceive it would be appropriate to discuss death with a child. The predictor variables were the parents' emotional expressiveness, previous discussions about death with a child, and the parents' gender.

Specifically, this study examined the following research question: Do one or more of the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predict a child's age when parents perceive that it is appropriate to discuss death with a child? The null hypothesis stated that one or more of the three predictor variables of emotional expressiveness, as measured by the AEE (Joseph et al., 1994a, 1994b), and parents' gender and previous discussion about death, as measured by the demographics questionnaire, does not significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child, as measured by a hypothetical death situation located in the demographics questionnaire. The alternative hypothesis stated that one or more of the three predictor variables does significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child. This chapter presents data screening and analysis, participant demographic characteristics, and a summary of the analyses.

Data Collection

Data for this research study were obtained from a convenience sample of online undergraduate students at the university where I am employed, which was designated as the primary data collection site. After obtaining IRB approval and coordinating with the assistant dean of the undergraduate psychology department, I emailed a research study invitation to the undergraduate psychology students, excluding any students enrolled in the sections I taught. The data collection began on September 27, 2015, and concluded on October 12, 2015, using Survey Monkey (2015), an online survey website. Of the 2,234 participants invited, 192 responded to the online survey with the first email request, which equated to an 8.6% response rate. Based on the G*Power sample size calculation (Faul et al., 2007, 2009), the minimum sample size needed was 130 participants. Since the desired sample size was obtained using the primary candidate pool in the first contact, I did not send a follow-up email reminder (see Appendix E) nor did I contact the backup participant pool of Walden University students.

Data Analysis

Data Screening

Before data analysis, the data were screened for missing data and errors. Missing data were clearly marked in the SPSS file, and the data cleaning procedure of listwise deletion was used in the regression analysis (Allison, 2002; Smith et al., 1986). Upon visual inspection of the data file, I noticed that 5 participants responded on the demographics questionnaire (see Appendix A) that they did not have children. As the

purpose of the research study was to survey parents, I removed those cases from the analysis.

Next, I reverse scored item 17 from the AEE (Joseph et al., 1994a, 1994b) into a new variable to allow scoring the item in the same direction as the other items. I then recoded the categorical predictor variables of parents' gender (male/female) and previous discussions about death with a child (yes/no) as dummy variables coded with 0 meaning *male* for gender and *no* for previous discussion about death, and 1 meaning *female* for gender and *yes* for previous discussions about death. Subsequently, I checked the data for accuracy (Tabachnick & Fidell, 2001) by running and analyzing descriptive statistics from SPSS to examine minimum and maximum ranges of data, means, and frequencies. I examined the data for outliers. Based on box plot analysis, four cases were identified as outliers and excluded from the analysis. Based on removing outliers and errors but before handling missing data cases, the sample size was 183 cases included in the final analysis.

Demographic Characteristics of the Sample

The majority of sample participants were female ($N = 175$; 161 (92%) female and 14 (8%) male). For current education status, 171 (97.7%) of the respondents were enrolled in a bachelor's program. Regarding marital status, 96 (55%) reported being married, 41 (23%) reported being single, and the remaining participants reported as separated, divorced, or widowed. The age groupings of the participants were 31 (18%) between the ages of 18 and 24 years old, 74 (42%) between the ages of 25 and 34 years old, 52 (30%) between the ages of 35 and 44 years old, and 18 (10%) for ages 45 years and older. Concerning previous discussions about death with a child, 130 (74%) reported

yes and 45 (26%) reported no. The frequencies and percentages of the participants'

demographic characteristics are presented in Table 1.

Table 1

Demographic Characteristics of Participants (*N* =175)

Characteristics	Number	Percentage
Gender		
Male	14	8.0
Female	161	92.0
Marital status		
Married	96	54.9
Single	41	23.4
Divorced	27	15.4
Separated	10	5.7
Widowed	1	0.6
Age		
18 – 24	31	17.7
25 - 34	74	42.3
35 - 44	52	29.7
45 - 54	15	8.6
55 - 64	2	1.1
Over 65	1	0.6
College enrollment		
Associates	1	0.6
Bachelors	171	97.7
Graduate	3	1.7
Number of children		
1	49	28.0
2	46	26.3
3	39	22.3
4	25	14.3
5	7	4.0
6	4	2.3
7 or more	5	2.9
Previous discussions about death		
Yes	130	74.3
No	45	25.7

Design and Procedures

After viewing and agreeing to the informed consent, volunteer participants completed the AEE survey (see Joseph et al., 1994a, 1994b) and the demographics questionnaire (see Appendix A). The AEE measured restricted emotional expressiveness related to cognitions and behaviors a respondent may possess or exhibit. Scores on the AEE could range from 20 to 100. Higher scores represent underlying cognition and behaviors associated with a more restricted emotional expressiveness style. Participant scores on the AEE ranged from 24 to 84 with a mean of 50.7 ($SD = 13.08$). The demographics questionnaire measured various demographic information, along with the earliest age a parent would discuss a hypothetical death with a child. Results for the earliest age of a child when a parent would discuss a hypothetical death ranged from 1 to 12 with a mean of 4.8 ($SD = 2.08$). The distribution of the earliest age a parent would discuss a hypothetical death is presented in Table 2.

Table 2

Earliest Age to Discuss a Hypothetical Death (N =175)

Age	Number	Percentage
1	8	4.6
2	11	6.3
3	25	14.3
4	33	18.9
5	49	28.0
6	16	9.1
7	13	7.4
8	10	5.7
9	4	2.3
10	5	2.9
11	--	--
12	1	0.6

Data Assumptions

The statistical test used for the analysis was a multiple linear regression (Mertler & Vannatta. 2005). Assumptions related to this statistical test include normally distributed data, a linear relationship between the independent and dependent variables, reliably measured variables, and homoscedasticity of the variability in variance errors (Mertler & Vannatta. 2005).

Regarding normally distributed data, I examined skewness and kurtosis via data plots, histograms, and z-scores (Mertler & Vannatta, 2005). I visually inspected the histogram for the frequency distribution of the criterion variable of the hypothetical age to discuss death with a child, which displayed a slight positive skew. I then calculated a skewness z-score of 3.28 using a skewness of 0.605 (standard error = 0.184), which confirmed a positive skew. The kurtosis of 0.595 (standard error = 0.365) was normally

distributed. Regarding the predictor variables, all except the sum of the AEE score showed normal distribution via z-score calculations. I calculated the sum of AEE's z-score of 2.8 using a skewness of 0.532 (standard error = 0.190), which confirmed a slight positive skewness. All of the predictor variables showed normal kurtosis via z-score calculations.

To examine the linear relationship between the variables, I visually inspected the bivariate scatterplots (Mertler & Vannatta, 2005). This inspection did not reveal non-linear trends. To check for homoscedasticity of the variability in scores, I visually examined the standardized residuals (Mertler & Vannatta, 2005). A visual inspection of the P-P plot displayed normally distributed residuals. Also, there was independence of residuals, as assessed by a Durbin-Watson statistic of 2.195. Finally, to verify that no multicollinearity existed, I examined the Pearson correlation statistics. None of the predictor variables were significantly correlated with one another, with correlations ranging from -.111 to .079.

Results

A multiple linear regression using stepwise selection with the SPSS default settings was initially conducted to determine if one or more of the predictor variables of the parents' emotional expressiveness, parents' gender, and previous discussions about death with a child adequately predicted the criterion variable of the age a parent perceived it was appropriate to discuss death with a child. However, an error message indicated that no variables were entered into the equation, which indicated that none of the predictor variables statistically predicted the criterion variable. A multiple linear

regression using enter selection with the SPSS default settings was conducted. The linear

combination of the predictor variables consisting of emotional expressiveness, parents'

gender, and previous discussions about death did not statistically predict the age a parent

would discuss death with a child, $R^2 = .016$, $F(3, 157) = 0.857$, $p = .465$, with adjusted

$R^2 = -.003$ and standard error of the estimate $= 1.98$. More specifically, individually the

predictor variable of emotional expressiveness did not significantly predict the age of a

child when parents perceive it is appropriate to discuss death ($\beta = -0.035$, $t(157) = -0.445$,

$p = .657$), nor did gender ($\beta = -0.079$, $t(157) = -0.996$, $p = .321$), nor did previous

discussions about death ($\beta = -0.092$, $t(157) = -1.146$, $p = .253$). The standardized

regression equation is $Y' = -0.035(X_1) + -0.079(X_2) + -0.092(X_3)$. The bivariate

correlation of each predictor variable to the criterion variable of the child's age a parent

perceived it is appropriate to discuss death with a child is presented in Table 3.

Table 3

Bivariate Correlations of Predictor Variables to Criterion Variable (N = 161)

Predictor Variable	R	t
Emotional Expressiveness	-.022	.391
Gender	-.085	.142
Previous Discussions of Death	-.094	.118

Research Question and Hypotheses

RQ: Do one or more of the predictor variables of parents' emotional expressiveness,

previous discussions about death with a child, and parents' gender adequately predict a

child's age when parents perceive that it is appropriate to discuss death with a child?

$H_0$1. One or more of the three predictor variables does not significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child.

H_a1. One or more of the three predictor variables does significantly predict a child's age when parents perceive that it is appropriate to discuss death with a child.

The results of the data analysis indicated to fail to reject the null hypothesis as the predictor variables, in linear combination, did not significantly predict the criterion variable. I then inspected each predictor variable individually using the beta standardized coefficients. None of the predictor variables individually significantly predicted the criterion variable, thus indicating to fail to reject the null hypothesis.

Summary

Based on the results of the multiple linear regression analysis, it was appropriate to fail to reject the null hypothesis as the predictor variables did not significantly predict the criterion variable. Therefore, it appears that the alternative hypothesis of a predictive relationship between parents' emotional expressiveness, previous discussions about death with a child, and parents' gender with a child's age when parents perceive that it is appropriate to discuss death with a child was not supported by the data in this study. Chapter 5 provides a brief summary of the study, interpretations of the findings, implications for social change, and recommendations for further research on this topic.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This chapter is organized into five sections. It starts with an overview of the study, its purpose, and a summary of the findings. Next, interpretations of the findings are discussed. Limitations of the study are presented, followed by recommendations for future research. Implications of this study, including opportunities for positive social change, are presented, which are followed by the conclusion.

Study Overview

This exploratory quantitative study, using a non-experimental design, was conducted to determine if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child. Discussing death with children may be a difficult task for some parents, especially those who are uncomfortable with emotional expression. Children can be affected by the emotional expressiveness and grieving beliefs of their family members (Packman et al., 2006). Therefore, it seemed appropriate to ground this study in Jackson's communication theory, which has its foundation in family systems theory (Jackson, 1965, 1967; Watzlawick et al., 1967). After reviewing the literature, there appeared to be a dearth of recent publications analyzing the role, if any, of parents' emotional expressiveness and their perception of the appropriate child's age to discuss death with a child. Since limited publications existed, I conducted this study to examine the relationship between the selected variables.

The predictor variable of parents' emotional expressiveness was measured by the AEE (Joseph et al., 1994a, 1994b). The AEE measured restricted emotional expressiveness related to cognitions and behaviors a respondent may possess or exhibit. The predictor variables of parents' gender and any previous discussions about death with a child, and the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child, were measured by the demographics questionnaire (see Appendix A). A multiple linear regression analysis was conducted to address the following research question: Do one or more of the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender adequately predict a child's age when parents perceive that it is appropriate to discuss death with a child?

Summary of Results

Data were collected from a convenience sample of online undergraduate students where I am employed. After removing errors, outliers, and missing data from the sample of 192 responses, 175 cases were used in the final analysis. Emotional expressiveness, gender, and age did not statistically predict the age a parent would discuss death with a child. Therefore, the results failed to reject the null hypothesis.

Interpretation of the Findings

The results of the multiple linear regression analysis did not show a predictive relationship between the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender with the criterion variable of a child's age when parents perceived that it is appropriate to discuss death

with a child. I conducted further analyses to determine if the predictor variable of gender

differed regarding the sum of the AEE score and the age of a child when a parent would

discuss a hypothetical death. Recognizing that the sample size for males and females

differed significantly (male = 14, female = 161), I conducted independent samples t tests

to determine if the means were significantly different. There was homogeneity of

variances for AEE scores for males and females, as assessed by Levene's test for equality

of variances (p = .426). There was not a significant difference between means of the sum

of AEE for males (M = 51.69, SD = 9.81) and females (M = 50.06, SD = 12.90); $t(159)$ =

0.44, p = 0.659. There was homogeneity of variances for the age of a child when a parent

would discuss a hypothetical death for males and females, as assessed by Levene's test

for equality of variances (p = .50). No significant difference existed between the means of

the age of a child with whom a parent would discuss a hypothetical death for males (M =

5.36, SD = 1.55) and females (M = 4.80, SD = 2.12); $t(173)$ = 0.97, p = 0.333. However,

these results should be viewed with caution due to difference in sample size of the

participants' gender. Referencing the literature review I conducted for this study, the

above results do not align with certain published findings in that some past researchers

reported that mothers are more expressive, supportive, and engaged with children's

emotions as compared to fathers (Baker et al., 2011; McElwain et al., 2007; Klimes-

Dougan et al., 2007). Based on the previously cited studies, I would have expected to see

a difference regarding AEE scores in my study. However, not all researchers supported

the directional conclusion that mothers were more emotionally interactive with their

children (Hastings & De, 2007). These gender differences observed in the literature

contribute to the suggestion that parents complement each another's emotional styles, thus teaching children the complexities of emotions (Hudson et al., 2008; Klimes-Dougan et al., 2007; McElwain et al., 2007).

Next, 74% of respondents reported previous discussions of death. Only one study from the literature review addressed this topic specifically (Renaud et al., 2013). Those researchers reported that of the 125 parents participating in their study, 74.6% of the parents reported previous discussions about death with their children who were 2 to 7 years old. It was interesting that my study showed a similar percentage of parents having past discussions about death with their children. Another purpose of the Renaud et al. (2013) study was to understand how death was explained to children, such as with a spiritual or biological explanation. I did not inquire how parents discussed death, but rather if they did. The high percentage of respondents indicating previous discussions of death with children aligns with the protective factors associated with positive grief outcomes (Kristensen et al., 2012). When parents communicate about death and grief, they provide children an opportunity to express emotions and develop coping skills, which promote healthy grief outcomes (Christ & Christ, 2006; Kirwin & Hamrin, 2005; Packman et al., 2006; Werner-Lin & Biank, 2012). Therefore, it appears from my study results that the majority of the respondents were fostering a communicative environment regarding discussing death.

Finally, as the criterion variable for the study was a child's age when parents perceive that it is appropriate to discuss death with a child, I considered the child's chronological age as an important aspect of my study. Researchers have proposed that a

child's age affects the child's understanding of death (Himebauch et al., 2008; Slaughter, 2005; Slaughter & Griffiths, 2007). Also, researchers have indicated that chronological age and developmental age are correlated (Carlson, 2005; Carlson et al., 2004; Cole et al., 2008). The results from my study showed the mean age of a child that parents perceived it is appropriate to discuss a hypothetical death was 4.8 years ($SD = 2.08$). Children between 2 years old and 7 years old are categorized in the preoperational stage of cognitive development (Piaget & Inhelder, 1969/2000). Death, with its related components, is a complicated idea that may not be easily understood by children in this age group since death is an abstract concept. However, during this age period, children begin to differentiate their understanding of the various components of death, such as permanence and finality (Burke, 2009; Himebauch et al., 2008). Slaughter and Griffiths (2007) stated that children can begin to understand some aspects of death by 5 years old; however, a full understanding of all biological aspects of death does not occur until the child reaches approximately 10 years old. Since children in this age group are not capable of fully understanding what death means, they may require assistance from parents in understanding the various feelings they are experiencing and having those feelings normalized (Christ & Christ, 2006; Kirwin & Hamrin, 2005). Therefore, findings in the published literature support the idea of ongoing discussions about death as children's understanding of death will evolve as their executive functioning that allows them to process information, self-regulate, and respond to situations in an age-appropriate manner develops and matures (Carlson, 2005; Carlson et al., 2004). In reviewing my study's results, parents responded that, on average, 5 years of age is an appropriate age to discuss

with children. Some researchers posited that children 5 years old would not be cognitively able to understand all aspects of death (Slaughter & Griffiths, 2007). Thus, it seems that additional death discussions as children age and reach new developmental periods would be beneficial to align with children's cognitive advancements.

Theoretical Implications

The theoretical framework for this study was Jackson's communication theory (Jackson, 1965, 1967). This theory posits that families are dynamic (Gardner et al., 2006) and develop particular interactional patterns that define the relationships within the family (Jackson, 1965, 1967; Watzlawick et al., 1967). Further, this theory suggests communications and interactions among family members helped to maintain or solve family problems (Jackson, 1965, 1967; Ray, 2007). The family, especially the child's parents, teaches the child via daily modeling how conflict and problems are resolved or not resolved depending upon the family's communication, interactional, and problem resolution skills (Jackson, 1965, 1967). While I did not locate studies in the literature review specifically using Jackson's communication theory, many studies utilized tenets of his theory, including circular causality (Halberstadt et al., 2008; Morris et al., 2007; Wong et al., 2009), the report and command levels of communication (Wong et al., 2009), and the impact of the family's environment on the child's development (Halberstadt et al., 2008; Morris et al., 2007; Renaud et al., 2013; Wong et al., 2009). My study did not explore how parents discussed death with children, thus limiting the information available to analyze how parents may have used aspects of Jackson's communication theory when communicating with their children. However, the results of

my study demonstrated that the majority of parents did previously discuss death with children, which supports the idea of providing a context for learning about death within the family. Even though there was not a predictive relationship between the parents' scores on the AEE and the age of a child when a parent would discuss a hypothetical death, it appeared that parents participating in this study were providing an opportunity for family members to express emotions related to death and grief. This reflection provides some initial information regarding family communication beliefs. However, as my study did not survey how parents discussed death and how many times they discussed it, more information is needed to better understand the family's communication patterns regarding emotions, death, and grief.

Limitations of Study

One limitation pertained to the sampling utilized. A convenience sample was employed due to easy access to participants. While research has demonstrated that online college students tended to be older and more likely parents (Radford, 2011), it is possible that the sample did not accurately represent the general population. For instance, based on the demographic information, most of the participants were female and were obtaining a bachelor's degree. A related limitation was all participants were recruited from one national online university, which may limit the generalizability of the results. Future research on this topic could target a sample that better reflects the general population.

Another limitation could be related to the survey used to measure emotional expressiveness (AEE; Joseph et al., 1994a, 1994b). While this measure was used in past grief research related to marital satisfaction (Kamm & Vanderberg, 2001), it is possible

that another measure of emotional expressiveness may better capture the essence of emotions as related to discussing death with children. Therefore, future research could utilize the AEE and another emotional expressiveness measure to determine if a new measure more accurately quantifies parental emotions concerning communicating death with their children.

Recommendations

Additional studies are needed regarding how parents communicate death to confirm the supportive benefits of death discussions. My study did not inquire how parents communicated death, only if they did. There are limited recent published studies exploring how parents discuss death (Hunter & Smith, 2008; Renaud et al., 2013). Also, the existing studies focused on a one-time discussion about death. Therefore, it seems appropriate to conduct future research to provide more understanding of how and how often parents discuss death with children.

This current study focused on undergraduate students at a national online university using a convenience sample that limited the participant demographics. A recommendation for future studies is to recruit parents from a variety of backgrounds to better represent the overall population, including a better gender distribution as the majority of the participants in my study were female.

Finally, there is a dearth of publications related to discussing death with children. While several studies were narrowly focused on specific issues (Schoenfelder et al., 2013; Slaughter, 2005; Slaughter & Griffiths, 2007), only two published studies using a quantitative or mixed method design existed that focused on discussing death with

children (Hunter & Smith, 2008; Renaud et al., 2013). As such, a gap in the literature remains.

Implications

This study examined if a predictive relationship existed between the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender with the criterion variable of a child's age when parents perceived that it is appropriate to discuss death with a child. The results indicated to fail to reject the null hypothesis as there was not a significant predictive relationship between the selected variables. This study had the opportunity to impact positive social change by assisting parents and professionals in understanding the role of emotional expressiveness in regards to discussing death with children in order to help continue to de-stigmatize discussions of death and bereavement, and demonstrating the helpfulness of allowing children to discuss death, express emotions, and grieve a death. Allowing children to express their emotions about death is considered a critical factor in children's grief (Packman et al., 2006; Werner-Lin & Biank, 2012). Not permitting death discussions maintains the stigma associated with death. The findings from this study displayed that parents in this study tended to engage in death discussions with their children, as evidenced by the high percentage of self-reported affirmative answers regarding the question about previous discussions of death. This finding is positive and should reinforce to helping professionals and teachers that many parents are comfortable with discussing this type of intense emotional event. Therefore, professionals can focus efforts on helping families grieve and cope with the death of loved ones.

However, there was an inadequate predictive relationship between the predictor variables of parents' emotional expressiveness, previous discussions about death with a child, and parents' gender and the criterion variable of a child's age when parents felt it was appropriate to discuss death with a child. Therefore, those findings do not support that parents' level of emotional expressiveness is related to the age of their children when they would discuss death. This finding may or may not hold true for a more representative sample of the population. As such, it may be beneficial for researchers and professionals to continue efforts to understand the relationship, if any, between parents' emotional expressiveness and discussing death, with the goal of helping children understand and grieve death. Researchers have published findings that allowing children to discuss death and express their emotions have been associated with better grief outcomes and emotional regulation (Baker et al., 2011; Braiden et al., 2009; Currier et al., 2007; Mauk, 2011; Stokes, 2009). Researchers suggested that continued discussions about emotions and death will help to de-stigmatize death and bereavement and encourage appropriate coping skills (Fearnley, 2010; Halberstadt et al., 2008; Packman et al., 2006). Therefore, future research related to emotional expressiveness and discussing death with children can help continue the dialogue regarding the importance of this topic and also help to minimize the gap in the literature, as a scarcity of recent published research exists related to communicating death with children.

Conclusion

This researcher examined if one or more of the selected variables of parents' emotional expressiveness, previous discussions about death with a child, and parents'

gender adequately predicted a child's age when parents felt it was appropriate to discuss death with a child. Participants were online students at a national university. The results indicated that no significant predictive relationship existed between the set of predictor variables and the criterion variable. Therefore, it was appropriate to fail to reject the null hypothesis. This finding may be attributed to the narrow nature of the sample, as a convenience sample was used. Thus, a more representative sample may yield different results. Additional research is needed regarding discussing death with children as a dearth of published research studies exist in the literature. As discussing and grieving death continue to be stigmatized in our society, positive social change can be accomplished by sustained efforts to dialogue about this topic. Allowing children to discuss death and grieve helps develop their emotional regulation and coping skills, which can be generalized to other areas of their lives.

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Appendix A: Demographics Questionnaire

Have you previously ever had a discussion with any of your children about death, grief, or mourning?   Select One   *(double click the "Select One" box to see the options that will be available for the online survey)*

Hypothetically, your family has experienced a death of a significant close family member (such as a grandparent, aunt, uncle, etc.) or close family friend. ***What is the earliest age of your child when you would discuss this hypothetical death?*** Select an Age

What is your gender?   Select One

What is your age?   Select One

What is the highest level of education you have reached? Select One

Your current college enrollment: Select One

How many children do you have?   Select One

What is the age of your youngest (or only) child?   Select One

What is the age of your oldest child?   Select One

What is your current marital status?   Select One

What is your race?   Select One

Do you consider yourself Hispanic/Latino(a)?   Select One

Appendix B: PsycTESTS Permission

Attitudes Towards Emotional Expression Measure

PsycTESTS Citation:
Joseph, S., Williams, R., Irwing, P., & Cammock, T. (1994). Attitudes Towards Emotional Expression Measure [Database record]. Retrieved from PsycTESTS. doi: 10.1037/t14161-000

Test Shown: Full

Test Format:

Subjects are asked to rate each item on a 5-point scale ranging from "Disagree very much" (1) to "Agree very much"(5).

Source:
Joseph, Stephen, Williams, Ruth, Irwing, Paul, & Cammock, Tommy. (1994). The preliminary development of a measure to assess attitudes towards emotional expression. Personality and Individual Differences, Vol 16(6), 869-875. doi: 10.1016/0191-8869(94)90231-3 © 1994 by Elsevier. Reproduced by Permission of Elsevier.

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Appendix C: Email Invitation – Primary collection site university

Hello –

My name is Sally Gill, and I am both an online undergraduate psychology instructor at Primary collection site university, as well as a PhD student at Walden University working on my dissertation. I would like to extend an invitation to you to participate in my research study that has been approved by primary collection site's and Walden's IRB committees. My study is titled:

The Predictive Relationship between Emotional Expressiveness and Discussing Death with Children: An Exploratory Study with Online College Parents

The purpose of this study is to explore the relationships, if any, between emotional expressiveness, past discussions about death with children, gender, a hypothetical death scenario, and the age when parents perceive it is appropriate to discuss death with children

You are receiving this invitation because you are an online college student at this university, and you may meet the inclusion criteria for this study that include being an online college student who is over the age of 18 years old, a parent with a child younger than 18 years old, not grieving a death that occurred in the last 3 years, and not enrolled in a section of a class that I am currently instructing. If you are not a parent, not over 18 years old, are grieving a recent death, or are enrolled in a section of a class that I am instructing, please disregard this invitation. If you are a parent and meet the other inclusion criteria, your participation in this research is completely voluntary and will not affect your current or future relationship with your university. None of your personal information (such as your e-mail address, internet (IP) address, or name) will be gathered on the survey form or reported in the final results. All participants will access the study using the same Survey Monkey link, which further assures your anonymity. All data will be reported in aggregate form; as such, no data will be linked back to any one individual. The survey responses are anonymous.

More detailed information about the study is contained in the consent form, which can be accessed through the Survey Monkey link below. The survey should take approximately 20 minutes. I would appreciate you completing the survey no later than Monday October 12, 2015. If you agree to participate, please click on the below link to access the study.

https://www.surveymonkey.com/r/GillPhD2015

Should you have any further questions about this study, feel free to contact me or my research supervisor, Dr. ███████, Walden University, at ████████@waldenu.edu

Thank you for your consideration in participating in this research study. A summary of the results from this research will be provided upon request.

My best,
Sally Gill
PhD Candidate, Psychology

Appendix D: Exit Screen

Thank you for participating in this study.

If you find yourself thinking about a grief experience and you want to discuss it in more depth, you are encouraged to contact your university's Student Assistance Program, if you are a current student. Your university provides a phone number and/or web link in your school's online portal, or you could contact your advisor for contact information for the Student Assistance Program.

If you are not currently enrolled in college, other resources for grief assistance can be located at: http://griefandmourning.com/resources/emergency or http://www.griefspeaks.com/id76.html

My best,
Sally Gill
PhD Candidate, Psychology

Appendix E: Email Follow-up Invitation – Primary collection site university

Hello –

This is a follow-up email reminding you of the opportunity to participate in a dissertation research study. My name is Sally Gill, and I am both an online undergraduate psychology instructor at Primary collection site university, as well as a PhD student at Walden University working on my dissertation. I would like to remind you of an invitation to you to participate in my dissertation research study that has been approved by Primary collection site's and Walden's IRB committees. My study is titled:
The Predictive Relationship between Emotional Expressiveness and Discussing Death with Children: An Exploratory Study with Online College Parents

The purpose of this study is to explore the relationships, if any, between emotional expressiveness, past discussions about death with children, gender, a hypothetical death scenario, and the age when parents perceive it is appropriate to discuss death with children

You are receiving this invitation because you are an online college student at this university, and you may meet the inclusion criteria for this study that include being an online college student who is over the age of 18 years old, a parent with a child younger than 18 years old, not grieving a death that occurred in the last 3 years, and not enrolled in a section of a class that I am currently instructing. If you are not a parent, not over 18 years old, are grieving a recent death, or are enrolled in a section of a class that I am instructing, please disregard this invitation. If you are a parent and meet the other inclusion criteria, your participation in this research is completely voluntary and will not affect your current or future relationship with your university. None of your personal information (such as your e-mail address, internet (IP) address, or name) will be gathered on the survey form or reported in the final results. All participants will access the study using the same Survey Monkey link, which further assures your anonymity. All data will be reported in aggregate form; as such, no data will be linked back to any one individual. The survey responses are anonymous.

More detailed information about the study is contained in the consent form, which can be accessed through the Survey Monkey link below. The survey should take approximately 10-15 minutes. I would appreciate you completing the survey no later than Monday October 12, 2015. If you agree to participate, please click on the below link to access the study.

https://www.surveymonkey.com/r/GillPhD2015

Should you have any further questions about this study, feel free to contact me or my research supervisor, Dr. ▮▮▮▮▮▮, Walden University, at ▮▮▮▮▮@waldenu.edu

Thank you for your consideration in participating in this research study. A summary of the results from this research will be provided upon request.

My best,
Sally Gill
PhD Candidate, Psychology