Communication in families with minor children following the loss of a parent to cancer

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A B S T R A C T

Purpose: Family communication is a known protective factor for minor children's psychological health following the death of a parent, but there is little research describing communication within such families specifically from the perspective of the children. The purpose of this study was therefore to explore communication in parentally bereaved families from the perspective of the children and surviving parent.
Methods: Interviews with four parents and four children from four families were analyzed using inductive content analysis. Interviews took place in the family's home or at the research center based on the family's wishes 4–14 months after a parent had died. Interviews had an open approach and were based on an interview guide. Each interview was between 60 and 120 min long.
Results: Four categories emerged which were related to family members' experiences of family communication while adjusting to their new circumstances as bereaved: the importance of open and honest communication in the family; new challenges in the family which affect communication; communicating the need for help; and talking about and remembering the deceased parent.
Conclusions: This study illuminates the connection between family communication and adjustments to new circumstances following the death of a parent. The results suggest that the relationship between family adjustment and communication may be circular whereby the family's ability to adjust to their new circumstances is affected by how the family communicates. Similarly, family communication may be affected by the family's coping strategies and ability to adjust to their new circumstances.

1. Introduction

The death of a parent is among the most traumatic events that a child can experience (Breslau et al., 2004). Loss of a parent is connected to increased vulnerability to psychological problems such as reduced self-esteem and self-confidence, difficulties with communication, school and behavioral problems, and complicated grief (Pfeffer et al., 2000). According to Shapiro et al. (2014) the availability of a warm, positive, affectionate caregiver helps to reduce and regulate negative emotions and re-establish normal routines which helps children to feel safer sharing and exploring grief-related emotions and experiences (Field et al., 2014; Shapiro et al., 2014). However, Kwok et al. (2005) found that stress, including psychological distress, following the death of a spouse may interfere with a parent's ability to provide positive parenting which is a known protective factor for parentally bereaved children (Sandler et al., 2003).

Many aspects of positive parenting, such as forming an emotional connection, setting boundaries, and showing warmth or affection, involve the use of communication (Ochs and Kremer-Sadlik, 2015). Communication is an important human behavior whereby a people put conscious effort into exchanging information verbally or non-verbally with each other (Miller, 1966; Stacks et al., 2011). When parent-child communication is more open, family relationships tend to be closer (Ochs and Kremer-Sadlik, 2015; Ponnet et al., 2013). Furthermore, verbal and nonverbal family communication facilitates the process of establishing and developing family relationships which increases trust and intimacy within the family (Ochs and Kremer-Sadlik, 2015). Communication is therefore considered one of the most important variables in adjustment following the loss of a loved one (Kamm and Vandenberg, 2001).

Bereaved children are more likely to adjust positively to the loss of a parent if the family shares thoughts and emotions openly (Howell et al.,

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2016). Families who communicate openly about illness and express their emotions tend to have lower levels of depression and anxiety (Howell et al., 2015; Karlsson et al., 2013; Ponnet et al., 2013; Shapiro et al., 2014). Sveen, Kreicbergs, Melcher, and Alvariza (2015) found that teenagers who talked and grieved together with the surviving parent seemed to cope better after the loss than teenagers who did not.

Parentally bereaved families often struggle with open communication, even when the parent is aware that he/she should be modeling open communication for the children (Saldinger et al., 2004). Families sometimes develop spoken or unspoken rules regarding how often and when they may talk about the deceased parent, for fear that the surviving parent will be overwhelmed by grief and unable to cope (Ellis et al., 2013).

There is a great deal of previous research on coping and adjustment following bereavement and communication is an important part of both coping and adjustment. Furthermore, the importance of open communication for parentally bereaved families has been widely acknowledged as it aids both the surviving parent and child in coping with their grief and adjusting to their loss (Kamm and Vandenberg, 2001; Saldinger et al., 2004; Sandler et al., 2003; Shapiro et al., 2014; Silverman and Worden, 1992; Sveen et al., 2015). Despite this, there is a lack of descriptive studies specifically focused on how bereaved families communicate, how a family's ability to communicate affects or is affected by bereavement, and the child's own experiences of communication and bereavement. By learning more about family experiences from the child's perspective, we may be better able to help these children cope with their loss. This study therefore aims to explore and describe both child and parent experiences of family communication in the first 14 months following a parent's death to cancer.

2. Methods

2.1. Design

This study used a qualitative approach with a descriptive and interpretive design which allows for nuanced descriptions that can provide new information or details. Qualitative methods are often a flexible way of capturing verbatim information and observed behavior (Brink and Wood, 1998). Qualitative methodology focuses on both depth and detail and typically produces detailed information about a small number of persons or cases thereby increasing the depth of understanding for the studied phenomenon. Interviews were used as a way to capture participants' unique experiences from their own perspective, using their own words (Patton, 2002).

2.2. Procedure

The study was approved by the Regional Ethics Committee 2016/1192–31/1. A letter with information about the study and request for permission to recruit family members of deceased patients was sent to healthcare facility managers at two urban palliative care units in Sweden. After permission was obtained, nurses and counselors at the two units identified eligible families using patient medical records. Eligible families received an information letter from the research group by post, followed by a phone call from one of the researchers one week later, at which time the parent gave verbal consent or declined participation.

Written informed consent was obtained from all participants prior to each interview. Minor children received age-appropriate written and verbal information regarding the study, and gave verbal informed assent.

2.3. Participants

Participants were recruited from two palliative care centers using convenience sampling. Inclusion criteria were families with children
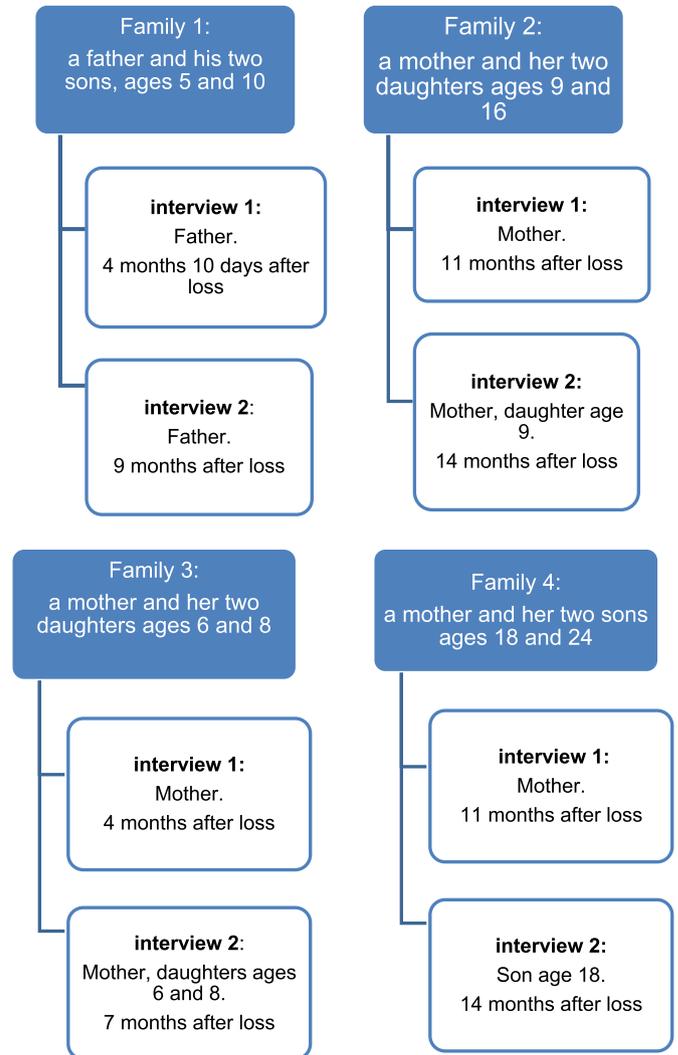

Fig. 1. Family members who participated in the interviews.

aged three and older who had lost a parent to cancer within the past three years. Nineteen families meeting the inclusion criteria were identified. All the families who wished to participate did. Four families including four parents and four children participated in a total of eight interviews (Fig. 1).

2.4. Data collection

Open interviews were conducted based on an interview guide (Table 1) with four parents. The interview guides were created based on

Table 1
Questions to parents during the first interview.

Can you tell me how it has been for you to lose your partner?
How have you and your children been doing since the loss?
How are you and your children doing now?
How was it right after your partner died?
How do you feel that communication and relationships are between you and your children?
How and how often do you talk about your feelings?
What happens when someone in your family gets upset or sad?
Do you feel that you are arguing too much with in your family?
What are the main differences from before your partner died or got sick?
How do you experience your parenting?
What consequences of the loss (positive or negative) have occurred?

Table 2
Interview Guide for repeated interviews.

Questions to parents	Questions to children
How do your children talk about everyday things?	How does your surviving parent/sibling talk about everyday things?
How do your children talk about their own feelings?	How does your surviving parent/sibling talk about their own feelings?
How do you think your children would describe how you talk about difficult things?	How do you think your surviving parent/sibling would describe how you talk about difficult things?
How do your children talk about their deceased parent?	How does your surviving parent/sibling talk about your deceased parent?
How do you listen to your children when talking about difficult things?	How do you listen to your surviving parent/sibling when talking about difficult things?
How do you think your children experience that you are listening?	How do you think your surviving parent/sibling experience that you are listening?
How do you show your feelings?	How do you show your feelings?
How do other family members show their feelings?	How do other family members show their feelings?
Describe an occasion where you needed to tell your children something difficult.	Describe an occasion where you needed to tell your surviving parent something difficult.
Describe an opportunity where your children took up something difficult with you.	Describe an opportunity where your surviving parent took up something difficult with you.

previous research and clinical experience of all four authors working with bereaved families. Children had been invited to participate in these interviews but parents chose to participate without their children. These interviews provided a context for each family's unique situation, lasted 60–90 min, and was recorded. Interviews took place at the research center per the parents' requests. Parents were open and engaged, often becoming emotional and crying as they shared their experience, talked about their deceased spouse, and explained how their children had been affected by their parent's illness and death. They seemed happy to have someone listen to their experience and relieved to be met with acceptance and understanding.

Follow-up interviews were conducted 2–5 months later to gain a deeper understanding of families' experiences and communication at which time parents felt comfortable with children participating. Children from three of the four families participated in interviews which were 60–120 min long and focused on how the surviving family members communicate with each other (Table 2). Interviews including minor children took place in the family's home with the parent present. Children were very open and engaged in the interview process, they answered and asked questions while playing with their pets. Sometimes they got up to wander around and think of an answer or avoid listening to a sibling but mostly they sat next to their parent and were attentive. They shared pictures and toys with the interviewer which reminded them of their deceased parent as well as drawings they had made for their surviving parent or sibling to show their love and make their family member happy. Parents encouraged their children to share and participated by modeling an open attitude and behavior. They did not answer questions until their child had answered and if the child was reluctant to share they prompted the child by reminding them of a specific anecdote or incident they could share with the interviewer. Parents' answers complemented or clarified children's answers by providing factual information or context.

The interviewer strived for openness in eliciting each participant's unique experiences. Questions were modified to be age appropriate and were followed up with probing questions to clarify and gain a deeper understanding. Participants were told they could skip questions if they did not want to answer or if the question was upsetting.

2.5. Analysis

The first interviews were analyzed using inductive qualitative content analysis (Elo and Kyngäs, 2008). Open coding was conducted while reading each interview several times. Codes were recorded on a coding sheet and grouped into subcategories. Subcategories which were similar or dissimilar were collapsed into broader categories. Main categories were formed by interpreting which subcategories belonged together. Abstraction was used throughout the analysis process to form the categories.

This preliminary analysis identified several categories including support which the family had received, coping with the loss, and communication. The category of communication included two subcategories, communication with health care professionals and communication within the family. Family communication was chosen as the most pertinent category and the interview guide for the repeated interviews was developed. The repeated interviews were then conducted, transcribed and all eight interviews were analyzed together as described above.

All authors were involved in the analysis. Similarities and differences between the families and within each family were discussed. Categories were adjusted until the authors reached agreement that they were clear and concise enough to describe family communication following the death of a parent. Categories were discussed and compared to eliminate overlapping categories until consensus was reached. The authors have strived to reveal nuanced variation of family experiences of communication. The analysis was further validated during a seminar where data, subcategories, and categories were presented to and discussed with external researchers.

3. Results

Four categories related to family members' experiences of family communication while adjusting to their new circumstances emerged. These categories were: the importance of open and honest communication in the family; new challenges in the family that affect communication; communicating the need for help; and talking about and remembering the deceased parent.

3.1. The importance of open and honest communication in the family

All parents stated that they had always done their best to have open and honest communication within the family and expressed that communication became even more important to them after their partner's death. This included talking about what the children had done at school, expressing emotions, and talking about their interests or the future. As the father from family 1 put it: *"For me, it's important that we talk and that we are brave enough to share."* He also stated, *"We sit and talk more now even if I sometimes don't have the energy for it because I'm tired."* During both interviews, he spoke about the importance of finding the right time to talk and being transparent about his emotions. The mother from family 4 also emphasized these points and said that telling the children if she was tired or stressed made communication easier which resulted in less conflict between family members.

Parents and children stated that the loss of a parent made it even more important to try to express and understand feelings, provide comfort and support, and show appreciation to each other through verbal and non-verbal communication. The nine-year-old daughter from family 2 describes how she tries to do this: *"On Valentine's Day, right after school on my way home I stopped at the store with a friend and bought some presents … for mom and for my sister … because it was Valentine's day and I wanted to show that I love them."* All the children shared similar examples of buying presents or drawing pictures for their parent and sibling, in attempts to express love or cheer someone up.

The children shared several of these pictures with the interviewer. The parents gave examples using verbal expression of emotions or appreciation such as telling the children specifically what they had done well instead of simply saying "good job".

3.2. New challenges in the family that affect communication

The parents struggled to apportion their time between their children following their partner's death, which according to participants, resulted in more arguments or misunderstandings than before the parent's death. The younger children often expected to have their parent's undivided attention and sometimes interpreted a lack of attention as a non-verbal signal that they were not as important as their sibling. During the second interview with family 3, the six-year-old daughter explained: *"We usually argue about which one of us gets to hold mom's hand."* Her mother stated that the girls usually behave in ways that indicate that they are competing for her attention, as a direct effect of having only one parent. Both daughters confirmed that this was true.

Competition between siblings for the surviving parent's attention seemed closely related to the surviving parent's struggle to arrange one-on-one time with their child. Parents and children ages 6–9 years, stated that they appreciated one-on-one time because it gave children an opportunity to talk to their parent about their own needs and interests while allowing the parent to give the individual child their undivided attention. Parents stated that they often struggled to arrange this due to scheduling conflicts or difficulty arranging care for the other child, which had not been as much of a challenge while the other parent was alive. The mother from family 3 talked about this during her first interview: *"One of us could sit and do something with one of them and the other could sit with the other and build with Legos, they don't get that now in the same way. I have to plan to … so that one of them is at a friend's house and I can be with the other one."*

Both daughters from family 3 gave examples of this struggle when asked how things have been since their father died. The six-year-old explained that before he died, each parent would tuck in one of the children at bedtime. For her, one of the biggest changes in her daily life was that she now had to wait longer to get tucked in. This new family circumstance seemed to frustrate both children, but they each also said they understood how challenging it must be for their mother. This was not an issue for family 4 as the 18-year-old son was trying to establish his autonomy from his mother.

The parents talked about feeling that they needed to take on the roles once filled by their deceased partner. Frequently one parent had been responsible for discipline and the other had taken responsibility for the children's emotional needs. The mother from family 4 described how this led to arguments between her and her 18-year-old son, who had started skipping school following his father's death: *"[His father] was the one who was strict about school. I work so much you know so it has become quite relaxed and I have been angry with him, I've said 'you know if your father had lived you never would have behaved like this'".* The father from family 1 also talked about this, stating that he sometimes struggled to find a balance between discipline and providing emotional support for his children.

3.3. Communicating the need for help

Parents stressed that they suddenly had to learn to communicate regarding their need for help within the family and their social network to manage all their responsibilities. Accepting their inability to manage everything alone was part of their struggle in adjusting to their new identity and life without their deceased partner. The mother from family 2 explains: *"I feel a little ashamed when I call and ask for help, but I have to challenge myself to accept help and I need help all the time …"* The mother from family 3 explained that needing to ask for help conflicted with her self-image as a capable autonomous adult. All the parents talked about the importance of having, and being able to rely on, a

social network of extended family, friends, or colleagues to manage day-to-day tasks and maintain effective communication with their children.

Parents also talked about the children taking more responsibility around the house or helping to care for younger sibling. The children understood that their individual and family needs could not be met in the same way as prior to their parent's death. The father from family 1 stated: *"He tries to help a lot with his little brother, but I have talked to him and said, 'When I am home, I will take care of him. If I'm not home then it's you.'"* The mother from family 2 described that her children now helped with chores more than they had before their father died and that her 16-year-old daughter who chose not to participate in an interview, often took care of her 9-year-old sister by preparing meals and helping with homework, especially when their mother was working.

3.4. Talking about and remembering the deceased parent

According to parents, their children talked about the deceased parent when something triggered thoughts about him/her, for example something that reminded them of a specific incident or seeing a place they had once visited with the deceased parent. Once the child began speaking about their deceased parent, the surviving parent could seize the opportunity and encourage the child to continue talking about – and thus process – their feelings surrounding the death. The parent could also choose to let the child say what he/she wanted to say without encouraging expression of deeper emotions. The father from family 1 described in the second interview: *"There needs to be something that triggers their need to talk about their mom but, yeah, and sometimes you find the red button that you can push, but sometimes, no you have to let it go."* A specific example he gave was when one of his children had become upset while grocery shopping as he had been reminded of his deceased mother. The father had to instantaneously choose whether or not to encourage his son to share his emotions, and decided that a crowded grocery store may not be the best place for such an emotional discussion. He instead neutralized the situation and brought it up once they were home and could adequately address the child's feelings.

Children and parents frequently shared memories of the deceased parent, re-telling anecdotes, pointing out things in their daily life that he/she would have liked, or highlighting similarities between the child and the deceased parent. The mother from family 3 describes this in her first interview: *"They do things and I say, 'Your father did that too!' 'You are so much like your father in that way.' I want to talk a lot about him and I know they feel secure with that."*

The younger children talked about what their deceased parent might be doing now, thus making him/her a part of their daily life. The mother from family 3 gave an example of how her daughter would do this during her first interview: *"She drew a picture the other day with butterflies and said that her dad is now a soccer coach in butterfly land."* In this example, the daughter used non-verbal communication, drawing a picture, to express a thought about her deceased father and her need to make sense of her father's death which led to a verbal dialogue with her mother.

According to children and parents, the children tried to talk or think only about happy memories and avoided talking about sad or scary memories which increased their sadness and distress. In the second interview, the father from family 1 explained: *"We talk a little but not with so many details …. maybe because they don't want to be reminded of everything, all of the difficult things they went through."* He also believed that his children were actively avoiding talking about their mother because it made them sad. How much the children spoke about their deceased parent differed in every family, but all the children focused on – or even exaggerated – their positive memories.

Most of the children stated that they had felt more comfortable speaking about feelings with the deceased parent than the surviving one. The 18-year-old son from family 4 talked about how he would always go to his father for support: *"I would say that I absolutely miss my*

father's role in the family. He was pretty much the only person I talked to."

When asked how it felt to talk about the deceased parent, participants gave a variety of answers. The nine-year-old daughter from family 2 stated: *"It's just like talking about a regular person really."* The 18-year-old son from family 4 said: *"I feel a lot better now … I don't think about it very often, I don't get really sad, it's more like an experience in my life than anything else."* The six-year-old daughter from family 3 looked happy and was laughing as she shared stories about her deceased father. When asked if she usually felt happy when she spoke about him she replied: *"Sometimes … sometimes it makes me sad and sometimes happy … mostly sad"* at which point she began to cry. Her eight-year-old sister stated that she could feel happy or sad, sometimes both simultaneously.

4. Discussion

This study of parentally bereaved families revealed that family communication was affected by new challenges after the loss and the need to adjust to life without the deceased parent. Furthermore, the family's ability to cope with the loss and make necessary adjustments may be affected by their communication. The interviews showed that parents' need for help had to be communicated to their social network to prevent them from being overwhelmed by day-to-day tasks that might impede effective communication within the family. Feelings of guilt and shame sometimes hindered this process as parents adjusted to their new identity as a single parent. Older siblings tried to take on more responsibility as they saw their parent struggling in their new role as a single parent whereas younger children found it difficult to balance their cognitive understanding of the difficult situation their parent was now in with their emotional need for attention. Children's differing developmental levels influenced their ability to communicate as well as their communication needs. Importantly, both children and parents frequently shared memories of the deceased parent, but children tried to talk only about happy memories and may have avoided negative memories.

Like many single parents, the parents in this study found parenting challenging as they had to spontaneously take on new roles and responsibilities within the family while providing their children with practical and emotional support, setting boundaries, and managing their own grief. The parents felt uncomfortable in some of these new roles or uncertain how best to perform them. The constellation of roles in family life prior to the parent's illness and death have significant implications for how the family grieves, how they understand and process the loss, and how they adjust to their new life circumstances (Werner-Lin and Biank, 2012). In less functional families, death may leave certain roles vacant and individuals will assign themselves those roles or be assigned them by the other members (Lamberti and Detmer, 1993). When compounded by the child's adjustment to new or different parenting strategies, this often led to more conflict within the family. According to Saldinger et al. (2004), spousal loss forces the surviving parent to make many adjustments in family life with parenting being the most complex of these adjustments, because physical exhaustion, grief, sadness, and anger may limit the parent's patience and emotional availability, which in turn limits their ability to maintain open communication with the child (Werner-Lin and Biank, 2012).

The parents in our study had to manage day-to-day tasks and caregiving responsibilities and needed to learn to ask for help from their social network. According to the parents, practical support from the family's social network helped alleviate the parent's stress thereby easing tension in the family. This is in line with earlier research showing that multiple stressors place extra demands on the surviving parent and may leave him/her with less time and energy to care for the child (Salloum et al., 2015; Wolchik et al., 2006) as well as evidence showing that parenting stress was associated with less openness in parent-child communication in both mothers and fathers (Ponnet et al., 2013).

The children in our study were willing and able to talk about happy memories associated with their deceased parent and shared many anecdotes during the interviews which confirms the findings of Silverman and Worden (1992), that bereaved children often reminisced about things they had done with the deceased parent. Reminiscing about emotional experiences provides an opportunity for reflection and re-evaluation of the experience; this facilitates processing emotions, consolidating self-concept, and gaining insight into others' and one's own feelings, all of which teach children to regulate their emotions and respond to others in socially competent ways (Quas and Fivush, 2009; Salmon and Reese, 2016; van Bergen and Salmon, 2010).

According to parents, the children in our study were avoiding sad and scary memories associated with their deceased parent. This type of thought avoidance can hinder the child's grieving process, and somatic and psychological symptoms can develop if children do not acknowledge or experience the emotions surrounding their loss (Howell et al., 2016; Worden, 1996). Furthermore, talking about their parent's death can help children process the loss emotionally and cognitively, which can lead to more adaptive grief and higher self-esteem (Fearnley, 2015; Field et al., 2014; Howell et al., 2015; Quas and Fivush, 2009).

Most of the children said their deceased parent was the one they had felt closest to. This may be due to recall bias as the children focused on positive memories and avoided negative memories associated with their deceased parent. These responses were collected retrospectively which calls into question the validity of the data and accuracy of children's memories (Worden, 1996).

4.1. Methodological considerations

Strengths of this study include speaking directly with the children which made it possible to present more child-centered results and a more complete picture of family communication and bereavement. The use of follow-up interviews allowed us to gain a deeper understanding of family experiences. This also built trust, so most parents agreed to let their children participate in the second interview. This allowed us to examine both the children's and parents' sometimes conflicting perspectives, and receive participant feedback (Creswell and Poth, 2017). As all interviews were conducted within the first 14 months following the parent's death, our results offer a deeper understanding of family communication in the early stages of bereavement. As bereaved families are in a vulnerable situation, the interviews were conducted by the first author who has several years of experience working with children and families as a mental-health counselor. This experience helped to create a warm and safe atmosphere for children and parents.

The main limitation of this study was that we interviewed a small, specifically selected sample of families who had received palliative care which strives to meet the social, psychological, and spiritual needs of both patients and family members (Kellehear, 1999; Sawatzky et al., 2016). Thus, our findings may not be transferable to families from other health care settings or families in small towns or other cultures. Furthermore, differences between the families including but not limited to, level of family functioning, cultural background, parent gender, and child age may have affected or influenced what information was shared during the interviews, emerging themes, and our resulting categories.

Reasons for declining to participate included lack of energy and reluctance to re-awaken negative feelings. This may indicate that our sample is biased towards participants who were better able to cope with their bereavement (Stroebe and Stroebe, 1989). More research is need. Purposive sampling in terms of children's development stage would provide more knowledge.

4.2. Clinical implications

The results of this study can help clinicians to identify strategies which can be taught in a clinical setting such as sharing feelings. By understanding how the surviving parent's identity or sense of autonomy is affected by bereavement, clinicians will be able to normalize this

experience and help the parent to manage feelings of guilt or shame that may be associated with this change in identity. Parents need support in dealing with feelings of guilt and shame and may benefit from learning time management and stress reduction techniques. Clinicians can provide validation or normalization while encouraging parents to ask for help from their social network. Furthermore, the results can aid clinicians in helping families to problem solve or resolve family conflict. The results may serve as a guide for clinicians in starting a dialogue with bereaved children as it may be more effective for clinicians to start this dialogue by encouraging children to focus on happy memories or anecdotes which the child feels comfortable with and gradually moving towards sad or scary memories which the child may be avoiding.

5. Conclusions

This study illuminates the connection between family communication and adjustment to new circumstances following the death of a parent by providing a contextualized understanding of family communication in parentally bereaved families. Parents struggled with their own identity and feelings of guilt or shame which in turn affected their ability to communicate with their children and support network. Adjustment to new parenting rolls often led to increased family conflict. Parents expressed that they were under a lot of stress and needed encouragement and validation in asking for help from their social network.

The relationship between family adjustment and communication may be circular whereby the family's ability to adjust to their new circumstances is affected by how the family communicates. Similarly, family communication may be affected by the family's coping strategies and ability to adjust to their new circumstances.

Reminiscing about the deceased parent may aid children in processing their emotions surrounding their parent's death and avoiding sad or scary memories may lead to the development of somatic or psychological problems. This may be evidence of a link between family communication and psychological health and warrants further exploration in future studies.

Declarations of interest

None declared.

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