Family communication following the death of a child

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Summary

The grieving process following the death of a loved one may be accompanied by various problems of the bereaved family members and problems concerning their social environment. When family loses a member, it affects its family dynamic, it changes the family life and it transforms the family relationships. A well-functioning family with open communication, open expression of emotions and thoughts as well as high family cohesion facilitates adaptive adjustment to the loss. We deal with conclusions of a systematic review of literature with the aim to assess family dynamics during the grieving process. The selected studies provided evidence that dysfunctional families exhibit more psychopathological symptoms, poorer social functioning, greater difficulty accessing community resources, lower functional capacity at work, and a more complicated grieving process (Delailibera, Presa, Coelho, Barbosa, Franco, 2015). It is crucial to treat the bereaved family members with empathy and to respond to their individual needs. At the same time it is important for them to know that their thougths and feelings are normal. When communicating with the bereaved, it is necessary to be patient, sensitive and perceptive. "No technique can compensate for communication with the bereaved" (Kutnohorská, 2007, s. 79).

Key words: Death, Child, Bereaved family, Grief, Communication

Grief reactions of individual family members to the death of a child

The loss of a loved one caused by death is considered to be a situation which is difficult to cope with. In majority of cases it is not a simple and smooth-

proceeding process but a process full of emotional suffering and personal discomfort.

The following reactions can be expected from the bereaved:

- Interruption of a normal life after the death of a beloved person, connected to various degrees of inability ("I am not able..., I do not want..., I cannot" etc).
- Harm which is characterised by accumulation of strong painful emotions.
- Absence, obvious awareness of loss.
- Preservation manifested by the desire to sustain everything, especially that what was good during the existence of a lost person.
- Search for help or an activity, which will fill an empty space after the loss of a close person, e.g. exaggerated care of living children (Kozierová, Erbová, Olivierová, 1995).

The grieving process following the loss of a loved one can be accompanied by various problems of individual family members or problems in the bereaved social environment.

Parents and grandparents after the death of a child:

- It seems to them they are deceived (by life which is not possible for their child), punished (because they were not „good enough parents") and lonely (in society which is not prepared for a death of a child).
- They have feelings of guilt as they have outlived their own descendant.
- Apart from the physical death they lose their dreams and hopes which they have pinned on their child and they also lose their parental role.
- They sink into thoughts that they will never be able to come to terms with the loss of their child. Their life has lost future.
- They have found out that they are able to continue with their lives but they become vulnerable and they are not the person they used to be anymore.

A sibling after the loss of a sibling:

- This person is often forgotten. Children think that they should not speak with their parents about the death of their sibling not to disturb the parents even more.
- He/she feels refused and isolated (O´Connor, Aranda, 2005).
- Suffers from insomnia, lack of appetite and frequent seasonal illness.
- The support of a child while experiencing sorrow is very important and must be focused on renewal of normal continuity of life and peace in emotional development (Kozierová, Erbová, Olivierová, 1995).

Communication with the grieving family

Quality of communication contributes to optimal satisfaction of needs, is a manifest of moral care and requires high level of communication skills. Communication with the bereaved is considered very difficult by most people. It is not a common situation and thus people do not known how to behave, what to do and say. Within verbal communication, conversation plays a decisive role. Non verbal communication may considerably contribute to completing information, to recognising feelings and wishes (Poledníková a kol., 2006).

Effecitve techniques within communication with the mourning family :

- To keep the family together.
- To remain with the family in silence.
- To say you are sorry for what happened and that you are ready to listen if they want to talk about it.
- Not to interrupt the bereaved person in speech.
- To listen actively.
- To touch the person but in some cases this type of communication is not pleasant for the bereaved.
- To use the dead persons´s name in the conversation. In case of the death of a newborn, use the name which was given to the child before the birth (at present, in majority of hospitals the staff finds out the name of a child before the birth).
- To create a memory box / memory book – inserting a strand of hair, a footprint (newborn), a photography, clothes, a favourite toy, a favourite book, a favourite object etc. If a family does not agree with taking the farewell objects, leave them for later acceptance.
- To draw the attention of the staff on the loss that the family has experienced – it is adviseable to mark the room occupied by the woman who has lost her child by an agreed sign, to prevent hurtful situations and questions.
- To enable the family, according to their psychic condition, to see the deceased relative. In case of a child (after strict individual consideration) it is necessary to prepare relatives for what the child looks like, to wrap the child into a blanket and offer parents the possibility to unwrap it. In case of an adult person, to manipulate with the body with dignity and to proceed in a required standard manner. It is suitable to let the relatives take part in and be helpful with the care of the dead body. The surroundings in which the dead lies should be adjusted (to remove all devices and aids) and kept as clean as possible (to change the dirty bed sheet, to ad-

just the body so that it looks natural and peacefu)l. It is important to leave sufficiently long time and privacy for the farewell with relatives. Personal contact and the parting with the deceased relative is recommended as an efficient start of the grieving process. In case of presence of a child, it is necessary to ask whether he/she wishes to see the dead person. A child should decide – we should not force him/her. Children can bear the sight of a dead body well because they believe that death is a reversible process. Generally, the sight of a dead person is avoided by older children and their wish should be accepted (Martinéz, 2007).

• To limit the number of health care workers who meet the family.

• To call for a priest, if a family wishes so, who can baptise the child in case that the child is alive. If the child´s condition is serious, the child is in danger of death (periculum mortis), it may be baptised by somebody from the health care staff (this person does not have to be baptised) in the way that he/she pours water (tap, mineral) on the newborn´s forehead and says "(name) , I baptise you, in the name of the Father and the Son and the Holy Spirit ". In case the staff present at the birth-giving is not sure, whether the child is alive, they carry out the so called conditional baptism: " If you are able to receive baptism, I baptise you in the name of ht Father and the Son and the Holy Spirit. " Regarding the death of an adult, who during his/her life did not manage to receive baptism, but his / her decision to receive baptism is known (the person would have received it if alive as he/she had been preparing for it) there is Baptism of desire which replaces the regular form of baptism. It is suitable if there is enough time after the baptism to remain in a short prayer and let the uniqueness of that moment take effect. If the baptism is carried out by a health care worker, it is recommended to note this fact into the medical report (Kozierová, Erbová, Olivierová, 1995).

• Together with other bereaved to recall certain shared phases of life.

• To offer the possibility of meeting a family which has suffered a similar loss – support groups (it is recommended especially with the death of a child).

• To express condolences, which is important solidary help for all members of the family.

• To inform about the possibility of organizing a funeral ceremony. With a child, the funeral ceremony may be carried out in the case that it was egested from a uterus after completing the 28the week of gravidity, the weight of a child is higher than 1000 g and a child has at least one manifestation of life. According to WHO, delivery of a living embryo over 500 g is considered

a birth, which is around 22nd week of gravidity (Breckwoldt, 1996, Kozierová 1995, Lehotská, 2005, Leiferová, 2004, Littva, 2007, Vorlíek, 2004).

• Funeral is an important ritual during which honour and acknowledgement is expressed to the person who died and is being buried (Špatenková, 2013). Much dispute has been about the presence of children at a funeral. A child at the age of three is not capable of understanding the sense of the ceremony. With children older than three years it is necessary to consider the emotional atmosphere and whether the child is mature enough to attend (Martinéz 2007). Children should be present at funerals (e.g. of their grandparents) as this ritual will help them to accept the loss and teaches them that life of a human being (a child´s as well) is ultimate (Haškovcová, 2007).

• Give death a proper name, avoid euphemisms like "she is sleeping" or "he has passed away" (Martinéz, 2007).

• In communication we encourage the bereaved not to neglect their existing relationships (Kozierová, Erbová, Olivierová, 1995).

• If death has come up in an institutional facility (health care, social), it is possible to contact the bereaved in the time of death anniversary by sending a letter or organising commemoration, where people could recall the deceased person (Firthová, Luffová, Oliviera, 2007).

• People at grief can make health care workers feel helpless. It is possible to admit this emotion by saying: "I don´t know what to tell you." (Worden, 2008, s. 93).

The stated techniques of communication support verbalisation and we can rank them among therapeutic conversation.

Ineffective techniques of communication with a grieving family:

• To provide the family with no information.

• To separate the family members.

• To refuse expressions of sorrow – for example by insisting that the father should be strong enough to support a family.

• To avoid both contact with the family and the conversation about the loss.

• To be morose or impatient when the family grieves.

• In the case of a newborn, not to lessen the value of pregnancy by remarks like: "You are young, you can still have another child,..,. It is better as it is, the child would be handicapped anyway..., You already have one healthy child."

• To comment the loss of a spouse by: "You are young, you can marry again" (Špatenková a kol, 2011).

- To say: " I know how you feel". Uncovering our similar experience must be done very carefully and only in case that it has a therapeutical function for the bereaved.
- The following sentences are considered inappropriate : "Pull yourself together. You have someone to live for. It needs time. Pluck your courage a bit. Time will heal it all. You should not take it too hard. Life goes on..."
- To encourage the family not to succumb to crying (Leifer, 2004).
- To exclude children from suffering the loss with the aim to protect them.
- Avoid formulation such as: "you must, you had better, you should" (Špatenková, 2013).

Communicating with the grieving family requires the assistance of a professional who is able to listen patiently and has great empathy. Furthermore, she/he possesses mental balance, life experience, optimism, suitable ways of communication, altruism, readiness and willingness, active and assertive approach, team work and flexibility (Sušinková, Horáková, 2013).

There is not one and the best way of communication with the greiving family that would suit everyone - we all need an individual approach. The approach that worked well with one of the bereaved may not work well with the other (Špatenková, 2013). The aim of every single approach is to help the bereaved to accept the death as a fact of life. Death belongs to life and into life.

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