How Do You Tell Your Child That You Are Dying?

How do you tell a child that a parent is dying? Each year, about 2.5 million children under the age of 18 will face the death of a parent, leading to some of the most difficult conversations imaginable. A study published in *The Journal of Palliative Medicine* explores the many ways in which children are informed about the life-threatening illnesses of their parents, and examines how improved communication might ease the burden and distress on children during this process.

The authors find that teens are among those at highest risk when facing the loss of a parent. “The final phase of a parent’s illness is exceptionally stressful for adolescents who are at risk for adverse psychological reactions such as anger, despair, and social isolation. Bereaved youth experience higher rates of mental health problems... than normal population controls.” And although the highest levels of distress usually occur prior to the death of a parent, youth may experience depression for up to two years after losing a parent.

These high risk factors make it “important to identify family processes that contribute to the adolescent’s adjustment.” A key process at play within families is that of communication. How is important information imparted, both during the dying process of a parent, and in the months and years following parent death? Effective communication has the ability to reduce stress and anxiety, while less effective communication can exacerbate it. Researchers find that “lower rates of depression and anxiety are associated with open communication with the surviving parent.”

Clinician communication with children of dying patients is another area of exploration, and one that is at least as complex. While some experts have argued that children should be told about their parent’s illness, the authors note, “The relationship between disclosure and child functioning... is complex.” Some research suggests that children who receive partial information suffer the most, as compared to both those who receive full disclosure or no information at all. One reviewer speculates, “Children’s enduring distress may be related to poorly handled disclosures.”

The current study was prepared with the objective of exploring “the complex and dynamic ways in which disclosure occurs when a parent is in a hospice.” The goal is to increase knowledge of how to assist parents in informing their children in a healthy way about the serious illness or impending death of a parent. Research was carried out through 61 audio-recorded and transcribed individual interviews with hospice patients, their spouses/partners, and their adolescent children. The participants were recruited from a large hospice in Ohio.

The study found that each family tended to have a characteristic way of making disclosures that did not vary much across time. Families have a set way of communicating, and this does not change greatly in times of illness. However, families differed markedly in the way that they handled disclosures to adolescents, in patterns that often reflected the ways in which they interacted or communicated before the illness.

Researchers found that families tended to inform adolescents about illness in ways that would make it “easier to swallow.” Parents often tend to attempt to “soften the blow” when delivering bad news. The authors note that families engage in this process of “softening” in several different ways: “measured telling, skirted telling, matter-of-fact telling, and inconsistent telling.”
Measured telling involves telling in which parents “carefully and rationally determined the nature, the amount, and the timing of disclosures, taking into account the adolescent’s age and emotional state.” Researchers describe these measured interactions as “transactional,” in that parents continually assess the response of the adolescent as a way of determining what to say next. “The adolescents, in turn, communicated either directly or indirectly to their parents about how much information they wanted and how they wanted to receive it.” Measured telling is a dance of constant adjustment.

Skirted telling could also be described as “beating around the bush.” Families who engage in skirted telling avoid addressing the full seriousness of the situation directly. Instead, these families “bypass the more difficult information in order to make the disclosure easier for the adolescents.” Researchers describe these types of interactions as “complicit,” with both parents and adolescents engaging in a mutual avoidance of the full implications of the parent’s illness.

Some families engage in matter-of-fact telling, with parents describing one parent’s serious illness or imminent death in ways that are factual and unemotional. “These disclosures revealed news about the ill parent but focused mainly on practical issues,” such as explaining symptoms and needs, and making arrangements. These parents attempted to ease the blow for their children by speaking in very practical terms, rather than attending to their children’s grief. “Neither parents nor the adolescents vividly recalled the disclosure incidents because they were embedded in daily conversations.” When reflecting on the impact of these conversations, families viewed them as neutral - they were simply conversations that occurred.

Finally, a few families practice inconsistent telling, which involves a combination of not telling, telling very directly, telling practical information, delayed telling, and telling untruths. “The interactions between parents and adolescents in inconsistent telling are best described as conflicted.” These parents often misjudge the needs of the adolescents, and the adolescents were often dissatisfied with what they were told. Sudden, unplanned disclosures frequently caught the youth off-guard. The impact of this style of telling is generally negative, with many adolescents expressing anger when they are finally told the truth. Every family in this study who practiced inconsistent telling was experiencing some kind of discord or adversity (martial conflict, drug abuse, etc.) at the time of the illness.

Of these three styles of disclosure, the authors of the study feel that “measured telling seemed to be the ‘model’ for a healthy way of telling.” Nevertheless, both skirted and matter-of-fact telling also seemed to meet with general acceptance by those families that practiced them. (The Journal of Palliative Medicine, 5/8, online.liebertpub.com/doi/abs/10.1089/jpm.2013.0344)