COMMUNICATION ABOUT DEATH IN THE FAMILY

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Abstract

Aim: The aim of the research was to map the specifications of communication of death with a child in the family of healthy members. Design: Qualitative research. Methods: A qualitative methodology was selected for initial orientation in a hitherto unexplored area. The method of semi-structured interview was aimed at mothers of preschool children aged between five and six, within their immediate family with no terminally ill family members. 14 mothers were selected by combining probability sampling methods. A cluster method, simple enumeration method and method of searching for patterns were used to analyse the data. Results: The obtained data describe family discussion about death. They describe mother and child as well as the circumstances in which thematic discussion takes place. The results indicate the strength of children’s interest in the topic of death, which is accompanied by the tendency of the majority of mothers to convey such information to the child. Conclusion: The theme of death in family discussion with preschool children has proved topical. Despite the fact that contemporary society continues to perceive death negatively, family members should be prepared to explore the topic with their children.

Keywords: child, family discussion, death, mother, preschool age.

Introduction

The taboo subject of death, associated with its commercialization and institutionalization, is typical of contemporary society. A barrier of silence and isolation often covers up dying itself; death is rarely part of everyday conversation (Kisvetrová, Kutnohorská, 2010). Nevertheless, each individual subjectively relates to death. An adult is aware of its irreversibility (the physical body cannot come back to life after death), malfunction (bodily functions cease), universality (all living beings die), causality (death has various causes) and inevitability (there is nothing that can stop us from dying) (Hunter, Smith, 2008; Speece, 1995). A child is able to understand these components of death on the basis of theoretical or practical experience. Their integration is usually possible from the age of around nine (Zawistowski, 2008). Cognitive maturity, personal experience of death, religiosity and family communication are among the factors influencing this development.

Communication about death within the family has not yet been sufficiently investigated (Hunter, Smith 2008). Previous research that has focused on family situations in which a parent, another family member, or the child is dying (Barnes et al., 2000; Plevová, Slowik, 2010; Weber, Fournier, 1985; Young, 2003). What are discussions about death like between an adult and a child at a time when the family does not actually have to deal with any loss? We can get an idea from extracting general findings of research already conducted and putting them in the context of a healthy family. Even when it is only mediated information, discussion of death is essential. McGovern and Barry’s research (2000), investigating an Irish population, demonstrates a strong conviction among parents that they should talk to the child about death before they have to face it. Parents should be prepared for the fact that children learn by asking questions. When they ask about death it means that they do not understand it and want this situation to change. It is very important not to use euphemisms. Avoiding words such as ‘death’, ‘die’, ‘dying’ makes it difficult for them to understand the finality of death, and, moreover, it turns the theme into a taboo subject. Generally, it is necessary to approach the topic openly and honestly (Blumenthal-Barby et al., 1987; Laidlaw, 2008). Parents can draw inspiration...
for discussion from children's books which raise the theme of death in all its complexity.

Aim
The aim of the research was to map the specifications of communication about death with a child in a family of healthy members.

Methods
Design
Since this is a topic that has not been supported by research yet, the qualitative methodology was used. Hendl (2005, p. 47–53) sees its great benefits in providing the means to become oriented in the problem. The selection of orientational research has enabled us to deal with the issue of communication of death in the family without reducing the broader context of the examined phenomenon.

Sample
The basic sample consisted of women with one or more children of preschool age. In order to establish whether communication with the child about death had an influence on the forming of their own concept of death, we chose, regarding previous investigations, children at an age when they are not capable of fully understanding the theme (Zawistowski, 2010). The selection of mothers was based on the assumption of their predominance in communication with the child. A condition for participation in the research was also the absence of a dying member in the immediate family.

With regard to the aforementioned criteria, 14 women aged from 28 to 46 years old, predominantly with a university degree, were chosen as a sample by combining methods of random selection, deliberate choice via institutions (kindergartens) and a snowball choice. Targeted children ranged from 5 to 6 years of age. In total there were 15 children (eight boys and seven girls), including twins. The total number of children of each woman ranged from one to four as shown in detail in Table 1.

Data collection
A semi-structured interview was chosen as the method for data collection. The inspiration for its compilation was theoretical background and empirical research (McGovern, Barry, 2000, p. 330; Zawistowski, 2008), in addition to our own experience of interviews with children on this topic. Questions were verified by means of a pilot interview, during which we complied with all required principles of leading. The proposed follow-up questions as well as minor changes enriched the original conversation and became part of it. The pilot output obtained was incorporated into the research, meeting all selection criteria. First, every respondent was provided with introductory instructions and informed of the necessity of recording the interview. Audio recordings of the data were made on a Dictaphone. Nine interviews were held at the workplaces of research participants, two at respondents’ homes, two at the kindergarten attended by their children, and one interview was held in a restaurant.

Table 1 Sociodemographic characteristics of respondents

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Age</th>
<th>Achieved education</th>
<th>Place of residence</th>
<th>Number of children</th>
<th>Sex of child</th>
<th>Age of child</th>
<th>Age of other children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ema</td>
<td>46</td>
<td>U</td>
<td>Ostrava</td>
<td>3</td>
<td>girl</td>
<td>6</td>
<td>20, 22</td>
</tr>
<tr>
<td>Petra</td>
<td>44</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>boy</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Lucie</td>
<td>37</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>boy</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Andrea</td>
<td>35</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>boy</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Milena</td>
<td>32</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>girl</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Jana</td>
<td>35</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>boy</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Sára</td>
<td>33</td>
<td>S</td>
<td>Ostrava</td>
<td>1</td>
<td>girl</td>
<td>6</td>
<td>/</td>
</tr>
<tr>
<td>Renáta</td>
<td>35</td>
<td>U</td>
<td>Ostrava</td>
<td>3</td>
<td>girl, boy</td>
<td>5, 5</td>
<td>2</td>
</tr>
<tr>
<td>Pavla</td>
<td>30</td>
<td>U</td>
<td>Ostrava</td>
<td>1</td>
<td>boy</td>
<td>5</td>
<td>/</td>
</tr>
<tr>
<td>Lenka</td>
<td>36</td>
<td>U</td>
<td>Ostrava</td>
<td>2</td>
<td>girl</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Johana</td>
<td>32</td>
<td>S</td>
<td>Ostrava</td>
<td>2</td>
<td>boy</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Tamara</td>
<td>30</td>
<td>U</td>
<td>Olomouc</td>
<td>3</td>
<td>boy</td>
<td>5</td>
<td>3, 10</td>
</tr>
<tr>
<td>Marie</td>
<td>28</td>
<td>/</td>
<td>Olomouc</td>
<td>2</td>
<td>girl</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Hana</td>
<td>46</td>
<td>/</td>
<td>Olomouc</td>
<td>4</td>
<td>girl</td>
<td>6</td>
<td>16, 19, 20</td>
</tr>
</tbody>
</table>

U – university; S – secondary school; / – unknown level of achieved education
Data analysis
First, verbatim transcriptions of the audio recordings were made after repeated listenings. The transcribed texts were then sent to all participants to allow consultation, correction or completion. None of the participants chose to censor the information obtained.

The data for qualitative analysis were systematized according to the following research questions:

1. In what context does the theme of death arise in the family?
2. How does the child respond?
3. Which cognitive aspects of death is the child interested in?
4. How does the mother react to the theme of death in communication?
5. What are the mother’s opinions of communicating with her child about death?

The questions established five main categories that allowed thematic discussions between the child and mother to be described. Each research category drew on responses to several of the questions from the interview. With the help of the cluster method, these questions were subsequently grouped in semantic blocks according to the occurrence of common features, as well as for greater clarity. Characteristics of the clusters were expressed through the method of simple enumeration, which helped to describe the subcategories. Then, using the method of searching patterns (gestalts), recurring principles were sought in the obtained data across all the themes (Miovský, 2006, p. 221–223). When interpreting the data, the direct answers of the respondents were used (in italics in the text). Participants’ names were changed to preserve their anonymity.

Results
The situation in which children ask questions concerning death is described.

Category 1: Circumstances of the family discussion
The theme of death is an occasional conversational topic in almost all families described. This information is an important outcome influencing further data analysis: therefore, it is listed together with absolute frequency responses. Eleven mothers confirm such discussions occur: “Generally, we do talk about death,” (Jana). Two mothers point out that the dialogue is not usually started by the child: “It has just spread to mind that the discussion was led on our way somewhere, and it was not so important,” (Hana). Only in one case does the child not ask questions about death at all.

The impetus for the conversation and its frequency vary; the average value is illustrated by a four-year-old child asking the question every two and a half months: “I don’t know exactly, once every two months or so the subject of death comes up in conversation,” (Pavla). Mothers are the most frequent communication partner of the child in this conversation: “She spends most time with me, so she probably discusses the topic just with me. I don’t know if she would have a problem talking about it with anybody else, but she always asks me about everything. Always me...” (Sára). The potential for discussion with the child’s father, grandmother or older sisters is much lower: “She might mention the topic in front of my husband, but I’m not aware of her discussing the topic with anybody else,” (Milena). With half the children, questions about death are described as resulting exclusively in response to a certain stimulus; in other cases such questions seem to emerge spontaneously without any clear reason. In both groups the most frequently mentioned stimulus of child’s interest in death are the experience with the death of a pet (which provokes a debate more than the death of grandparents and great-grandparents), and the death presented on television: “We talk about it in connection with the pets that have died in our family,” (Petra) or: “There is a fairy tale where a little fox has been orphaned: “Mum, why did they kill the fox’s mother?” so I have to explain there are also bad people and such things happen. “And why are there bad people?” and so it continues. An hour-long discussion develops,” (Pavla). Children’s questions are often perceptive responses to such stimuli as nature fading, illness, and topical conversations between family members. They might also bring the topic home from kindergarten. A cemetery visit is the least frequent impetus for discussion: “He didn’t understand a lot, he was more interested in the flowers and candles, the inanimate things,” (Tamara).

Category 2: Child’s reaction
The following section describes the emotional mood of the child as perceived by the mother during their conversation. Fear of the parents’ death is the most frequently reported emotional response in this thematic discussion: “The child perceives death as a situation in which they lose something that they love. They express the worry they could lose us,” (Petra). In more than half these conversations the child expresses the fear of their own death. The frequency of questions regarding death is higher in those children in whom both fears are present: “He expresses the fear that I will die or he will die, and the fear of when it might happen,” (Ema). A typical reaction is a vague sense of grief and sorrow due to the loss of an animal; only once does it occur without
expression of concern for the parents: “When I said the animal wouldn’t wake up or the bird wouldn’t fly anymore, the child was sad.” (Tamara). When an emotional reaction is absent (for example fear of the death of the parents) children might be inquisitive about the practical implications of death: “He’s more interested than emotional. He knows his parents will die one day. He accepts it as a matter of fact, and is interested in practical things.” (Jana). Some children are also confused: “He is a bit puzzled and does not realize that he will also die, and that I will too” (Lucie). Overall there is a mix of emotions in the child: they might express feelings of fear and sadness in some situations; confusion in others. However, such feelings do not necessarily accompany every discussion on this topic. The projection of death in drawings is an exceptional reaction of a child to the loss of a pet or a grandparent: “I think they drew something like that once, some gravestones. Now I can’t remember the circumstances, maybe it was with their granny. I told myself it wouldn’t be appropriate to draw such things [at school]” (Renáta). Only one respondent mentions a game about this theme: “He takes death as a natural part of life when he plays with his little figures, throwing them off the bridge, they fight and some of them die. Moreover, television programmes are full of it. I don’t know if it’s good or not, but....” (Petra).

**Category 3: Contents of children’s questions**

The contents of thematic questions are reflected in their focus on specific components of the concept of death. The representation of these components with typical questions from children is presented in Table 2. Frequently, children want to know whether death is universal for all living beings. Only two respondents fail to raise this question. The second question maps causes of death. In all children with such tendencies, it is accompanied by questions about the universality of death. None of the children link the idea of their own bad behaviour or character with cause of death. Irreversibility is another frequent topic for the subsequent discussion of death. None of the participants report questions focusing on physical malfunction after death. Nevertheless, this idea occurs in four children. None of the children in the chosen sample mention the inevitability of their own death.

**Table 2 Components of death concept and related questions**

<table>
<thead>
<tr>
<th>Component of death concept</th>
<th>Child’s question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universality</td>
<td>Will everyone die?</td>
</tr>
<tr>
<td>Causality</td>
<td>Why do we die? (Do people die as they are bad?)</td>
</tr>
<tr>
<td>Irreversibility</td>
<td>When someone dies, can they come to life again?</td>
</tr>
<tr>
<td>Malfunction</td>
<td>Do the dead have life functions? Do they breathe? Do they have a beating heart?</td>
</tr>
<tr>
<td>Inevitability</td>
<td>Can anyone/anything protect me from death?</td>
</tr>
</tbody>
</table>

**Category 4: Mother’s reaction**

The predominant emotional state of the mother during the interview is described as normal despite the difficulty of the subject: “I don’t have any problem. No, really, I’m a realist, so it doesn’t frighten me,” (Pavla). If the conversation is led more suggestively, however, half the respondents experience negative a emotional reaction: “I don’t mind when we talk about animals, or about other people but you could see a minute ago when he was talking about his own death and ours I had tears in my eyes because I don’t want to think about it... I find his longing to live with us forever moving, and I’d like to bring him up so that he isn’t completely dependent on us” (Petra). Negative feelings, based on the uncomfortable nature of the topic itself, are expressed by another sizeable group of respondents: “I don’t find it very pleasant [to talk about death], there are far better topics, but I can cope with it because I haven’t experienced any traumas myself,” (Tamara).

The theme of death, approached differently in every family, gives mothers scope for a wide variety of responses to their children’s questions. Nevertheless, the universality of death is explained in the same way: “Yes, he asks. I tell him he’s going to die. I explain that flowers die, animals die, trees die, everything does. Nobody is here forever. Everybody was born, and will die without exception,” (Johana). Differences in explaining causation of death are determined by the amount of information transmitted to the child by the mother. The most frequently mentioned cause of death is old age, which might be associated with a fatal illness or accident: “Sometimes he asks if he’ll die when he’s old and he’s covered in wrinkles. I reply that I can’t say, so he asks why I can’t, and I say he won’t die just because he’s very old but that he might have an accident crossing the road or when he’s standing on
the pavement and a car hits him,” (Johana). The second group of respondents explains to the child that ‘it’s just the way it is’: “He might have asked, but there is no easy answer to it, simply it is as it is,” (Andrea). A higher variability of responses was recorded in the component of irreversibility, due to the lack of universally valid explanations. Respondents’ opinions can be divided into three groups, the largest of which is characterized by promoting the idea of a form of life after death (the existence of an immortal soul, or heaven): “A person will die and never wake up. But (...) we live, conf” (Sára). The secular view of death as the end is another possible explanation: “I told him when he died he would not come back, there would be nothing after death” (Pavla). The admission of uncertainty over what the ‘right’ answer might be completes the range of adopted strategies: “So I told him we didn’t know what would happen or whether it was true about the heaven some people believed in.” (Andrea). Explaining the aspect of malfunction consists of giving a true description of the end of life functions. The only respondent, to be asked a question on the component of the inevitability of death did not attempt to suggest there was any possibility of preventing the death of the child’s family.

Category 5: Mothers’ opinions on a family themed discussion

All respondents found family discussion of death to be necessary: “I think it’s important to explain things to children. We are going to talk about it, probably without [gory] details, but we’ll certainly deal with the topic,” (Renáta). One of the interviewees adds that the frequency of conversations on this topic should be minimized. Mothers describe children’s spontaneous questions about death as the primary spur for developing a discussion of this topic which would otherwise not be brought up in conversation voluntarily by any mother. However: “When a child asks questions, they should get answers,” (Lucie). The second most frequently reported stimulus is when the child is directly confronted with death. “Honestly, I myself would not start such a conversation unless absolutely necessary. (...) Of course, if I knew such a situation was round the corner, I would certainly find a way to prepare the child for it, but I wouldn’t start a conversation about it just for the sake of it,” (Ema). The Child’s seeing death on television and the instructions they receive about the potential risks of unsafe behaviour are two less frequent reasons for starting a discussion.

Discussion

The taboo surrounding death, typical of contemporary society, is, according to our results, more common among adults. It was generally children that initiated conversations about death. Their inquiries, which started even at the age of 18 months in one case, confirm Yalom’s theory (2008) regarding indications of death in nature and in the family when the child is still a toddler.

The mother’s participation in family discussion of death is absolutely essential. Her centrality in the child’s life has been scientifically proven. Nevertheless, it should be borne in mind that only mothers were interviewed for this research. A more complex picture of the situation would be achieved working with both children and other family members. Deaths of animals and death presented on television are the most frequently reported reasons for children asking about dying. How can we explain the fact that issue is raised more frequently regarding the death of an animal than the loss of any member of the extended family? Reflection on the death of a pet can be reinforced by its daily presence (most often a dog that lived with family members in the household), which is not as typical for members of the extended family. It could also be due to the fact that the death of an animal is experienced or a dead animal is seen on many occasions. However, we do not condemn the efforts of the family to protect children from full exposure to the death of a loved one, often by means of euphemisms (Laidlaw, 2008, p. 57). Predictably, death presented in the media is an additional stimulus for questions about death and the its appearance in fairy tales is also cited. Therefore, children’s questions are not primarily the product of violence in films, which respondents naturally tend to avoid exposing their children to.

The most significant emotion experienced by children in a themed discussion with the mother is fear of the death of the parent, which is consistent with Zawistowski’s research (2008), fear of their own death (which exists in combination with fear for the parent in more than half the cases) is typical at school age – particularly around the age of nine (Zawistowski, 2008). Our research suggests the age limit for experiencing this specific fear has decreased. Since it does not occur before fear of the parents’ death, there is the possibility of causal conditionality. A themed discussion with children who experience both fears is more intense than with children who do not. A more detailed examination of this phenomenon is a potential subject for further research, which might help to clarify the mechanisms at work behind the emotion of the fear of death.
Projections of death in drawings and games occur very rarely. Such activities are often recommended to grieving children as non-threatening tools to allow the release of emotions. When child have not experienced such loss in the nuclear family, they do not require such emotional outlets.

The contents of children’s questions were investigated with previously outlined queries in an attempt to map individual components of death (table 2). Even though they do not cover all the variations in family discussions about death, it is the universality of death that most occupies children’s minds: the fact that all living beings must die. Unfortunately, we did not focus on whether a child understood the concept of their own mortality – the comprehension that not only will all other living beings die, but they themselves will also (Maruščáková, 2006). Mothers’ replies to children’s questions differed in each family.

Respondents admit having negative feelings when talking about death with their children, as well as having difficulty explaining the topic (McGovern, Barry, 2000, p. 330). Awareness of these negative feelings in communication about death, and dealing with them, could help remove the potential for the unconscious transfer of negative emotions from mother to child (Blumenthal-Barby et al., 1987, p. 47–56).

A very important outcome is the fact that all mothers agree on the importance of talking about death. The same result is is reported by other authors (Laidlaw, 2008, p. 58; Vychodilová, 2011; Willis, 2002, p. 224; Žaloudníková, 2010, p. 123).

The main idea of the research was to find a communication pattern that would help children overcome the largely negative emotions associated with death. However, this proved to be overly simplistic. Many other factors should be considered, such as the child’s personality, family background, and previous experience of death. Confirmation of children’s natural tendency to search for information about their surroundings plays an important role in the further exploration of this theme. Small children are formed by their families and it is very likely that their first questions will be addressed to their parents.

The aforementioned impulses might stimulate such a question, as might other evidence of death that we encounter around us. Even if the child is not exposed to bloody scenes on television, they never see a pet dying or their parents do not take them to the cemetery, it does not guarantee the child will be isolated from death. It is very important to reflect on the child’s emotions and not to transfer those of the parent to the child without any censorship. Although the subject of death was considered to be unpleasant, respondents confirmed its importance in family conversations.

The theme of death is not only topical in the family: teachers and other educationalists might also encounter it in preschool. Kindergarten children spend about half their day at school and bring their joys and worries there with them. Child carers should be prepared for this and take into account the background the child comes from – they may have a completely different opinion to the family on some aspects of death. Teachers and parents should not make the topic taboo, but rather, they should provide the child with a safe space in which to ask questions.

Communication about death with a child is also essential in medical and nursing care. Even though research studies are primarily aimed at families with a dying member, it is the connection between health and sickness, life and death, which may initiate thoughts of death in the child as it does in adults. Workers in caring professions may be asked such thematic questions by a hospitalized child. They should adopt the aforementioned approach recommended for kindergarten teachers. Thematic communication in families in which one of the family members is afflicted by terminal illness is beyond the scope of this work.

Finally, we would like to point out the limits of this study, which might have affected the results. The most fundamental variable is the fact that participating respondents in the research have most likely come to terms with death, and their experience of death is not negative. They did not have a problem talking about death with us; therefore we may assume that they do not have a problem talking about death with their children. In addition, the retrospective character of the research (e.g. respondents described situations in which their children asked the thematic question for the first time) could have caused inaccuracies in their reports.

Conclusion

While contemporary society tends to avoid the topic of death, it remains part of life. The main finding is the very existence of children’s interest in death and their desire to understand it through discussion with those who play a significant role in their lives. The initial reaction of parents to their child’s thematic questions may be characterised by negative feelings, but this should be followed by acceptance. The fact that a child comes to a loved one with their doubts is a manifestation of trust.
Ethical aspects and conflict of interest

Participation in the research was voluntary and the anonymity of participants was preserved. Respondents were given all necessary information before the interview, and agreed to be monitored. Ultimately they had the opportunity to edit their answers, although none of them censored any data.

Acknowledgement

We would like to thank all the mothers who shared their experiences of a topic which, while natural and human, is still taboo.

Author contribution

Conception and design (KZ, OP), data analysis and interpretation (KZ, OP), draft of the manuscript (KZ, OP), critical revision of the manuscript (KZ, OP), final version of the manuscript (KZ, OP).

References


