Parenting in the shadow of illness and bereavement

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A Tale of Love and Darkness

• The CF team develops an empathy for child with CF and feel responsible for maintenance of family function following his death

• Some parents continue to come to the clinic with their other children's with CF, which enables us to help them

Parent coping with child illness may predict coping with his loss.

Diagnosing pediatric chronic illness

- The diagnosis of CF, is a stressful event for the child and family
- It is the turning point from a normative healthy child to a child with a disability
- Their lives are altered.

• They experience a physical and emotional burden

The many aspects of adjusting to illness

Responses to a chronic illness vary.

Most patients adjust well.

What is successful adjustment?

The adjustment process includes 3 components:

- Adherence with medical treatment
- Maintaining regular activities (work, studies)
- A sense of quality of life and wellbeing.

Non-adaptive Adjustment: Pathological Grief

Diagnosis is perceived as an unacceptable threat.

Characteristics:

- feeling that time has stopped, refuses to be comforted.
- Refusal to accept medical information or emotional support

Adjustment to the child illness may predict the adjustment to his death

Parenting in the shadow of bereavement: The loss

- The loss of a child is one of the most difficult losses in a person's life.
- Parents often feel guilt (Irrational guilt, Survivor's guilt, Recuperation guilt)
- Bereavement is worsened by a feeling of ambivalence toward the child.
- The loss changes to routine and roles in the family, A sense of multiple losses

Coping with bereavement

• A child death precipitated a severe crisis of meaning.

Gender differences

Mother experiencing intense grief, But also more growth than fathers. Mothers have an active coping

- **Active coping** includes art as a source of comport, commemoration, Philanthropic activity in the community.
- Incomplete/ complex mourning-The parent refuses to be comforted.

Riley, L.P. (2007). *Death studies*, 31: 4, 277-299. Buchi, S. et al., (2007). *Psychotherapy and Psychosomatics*, 76: 2, 106-114.

Parenting of CF child in the shadow of bereavement

- Few and studies have been conducted on bereavement of parents to CF child
- Impact of the death of a CF child similar to another fatal childhood illness.
- High incidence of emotional and medical problem in the parents.
- Half reported incomplete mourning During the first 12 months.
- The family may need mental health services.

Kerner, J., Harvey, B., & Lewinson, N. (1979). Journal of Chronic Disease, 32, 221-225.

Words Spoken in an Evening Commemorating Netta, who was 13.5 when she died

What can we learn from Netta?

The importance of mutual giving, doing for others.

Netta's path encourages us to be better, more generous and courteous with each other.

From this moment, we can all decide to make a change.

Epilogue:

Written by the mother of a 12 year old girl, Died after a transplant

There was a time when a great little angel walked among us. There was a time when she shone with true faith.

But her journey is over, her story of purity and giving and light is over.

The sadness and cold has reached our bones,

For the absence she left in us is great.

Our heart is broken in half, she was only twelve – and – a –half,

And has not reached her thirteenth year.

We pray to the One of the thirteen attributes, and say,

We believe wholeheartedly in reincarnation...

Environment promoting grief and growth Naomi was 11.5 when she died.

These are her insights about treatment of bereaved parents:

- Enable open and authentic conversation between the doctor and bereaved parents
- Respect the processing time, don't rush the process.
- Ability to contain contradictions and tragedy as part of life.
- · Her insights correlate academic study of bereavement and growth.

Kaniel, S. (2015). *Trauma as an Opportunity: Control and Meaning as Main Mechanisms for Post Traumatic Growth. Ramot: Tel Aviv University Publishers.*

Implications for Research, Policy and Practice

- Parent seem to need and want access to bereavement consulting.
- Bereavement consulting is most effective for parenting experiencing complex mourning.
- Offer continuity of care prior to and following the child's death.
- Provide services for the whole family (parents, sibling and grandparents)

Bereavement in the clinic: Coping with the death of other patients

- Hold a staff meeting to decide how and whether to inform other patients. Coordinate the story.
- Find out what each patient already knows and answer questions truthfully.
- Focus on the differences between the condition of the patient who died and the condition of the patient
- Be empathetic toward the patient's pain.

Summary

- Adjustment to the child illness may predict the adjustment to his death.
- The child death is a crisis for his parents.
- The staff feels responsible for maintenance of family function following the death of a patient.
- Parent appear to need and access bereavement consulting
- Active coping facilitate bereavement and promote trauma growth.
- We all share the hope for know no more loss

This song is dedicated to our staff in Hadassah Medical Center, who accompanies our patients and their families through dark times with love

Every day, the world around us, real-life angels are doing the things they do. Real-life angels build bridges instead of walls. They don't play hide-and-seek with the truth, they do whatever they can to help you. Real-life angels understand difficulties and always give the benefit of the doubt.

They take your hand in theirs when you could use a little reassurance.

They walk beside you when you could do with a little guidance and direction in your life.

And they support you in your attempts to do what is right.

Real-life angels multiply your smiles and add to your integrity.

They make you feel like, "Hey, I really am somebody who matters."

Then they quietly prove to you how beautiful and true that feeling really is.