

Original Article

An Unbreakable Bond between Older Adults and their Dead Children: A Qualitative Study

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ABSTRACT

Background: One strategy that parents use to achieve peace and recovery following the death of a child is to continue bonding with their dead children. Older adults with the death of a child are a vulnerable group, but no study has been conducted on them in Iran. **Objectives:** The current study aimed to explore the relationship between older adults and their dead children. **Methods:** This qualitative study utilized the grounded theory method. The data were gathered through purposive sampling during 2020–2021. Semi-structured interviews were conducted with 13 older adults who had experienced a child death. The method of Corbin and Strauss (2015) was used to analyze the data. The Guba and Lincoln criteria were used to ensure the data trustworthiness. The data were managed using MAXQDA12. **Results:** The participants' mean age was 68.30 ± 7.39 years, and 76.9% of them were female. The findings were categorized into three major categories and nine subcategories. The three major categories of “staying connected with the dead child,” “attempting to seek peace for the dead child,” and “keeping the child’s memories alive” emerged from the participants’ experiences, along with the theme of “unbreakable bond with the child.” **Conclusion:** As a protective strategy, the continuing bond between the older parents and their dead children aided in their adjustment. It is suggested that health-care providers facilitate the acceptance of child death in these older adults through providing group counseling and reminiscence sessions.

KEYWORDS: *Child, continuing bonds, grief, older adults, qualitative study*

INTRODUCTION

Among the family bonds, the bond formed between parents and children is a unique and strong one that plays an important role in the identity of many parents and children.^[1] Child death is a traumatic experience that can compromise parents’ physical and mental health.^[2] As the population of older adults grows,^[3] a number of them will experience the death of a child. Increased rates of accidents and high-risk behaviors, as well as a variety of diseases, have resulted in deaths at younger ages.^[4,5] Spending more time with the child fosters a stronger bond between parent and child, making separation more difficult.^[6] The death of a child can be felt as the death of a parent’s future dreams, as well as a profound change in their current roles and functions.^[2] Parents experience intense grief following the deaths of their

children, which may last for the rest of their lives.^[7] Among the consequences of child, mortality are physical and psychological problems such as depression, risky behaviors, and even death.^[2] Adaptation to child death, on the other hand, can lead to well-being and improve the quality of life of older adults.^[8]

Accepting a child’s death is one of the most difficult things to do.^[7] Thus, parents attempt to accept this tragic event following their child’s death, but in comparison to younger parents, the older adults’ capacity for adaptation

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Submitted: 30-Oct-2021 **Revised:** 16-Dec-2021 **Accepted:** 29-Dec-2021

Published: 29-Jul-2022

How to cite this article: Safa A, Adib-Hajbaghery M, Rezaei M. An unbreakable bond between older adults and their dead children: A qualitative study. *Nurs Midwifery Stud* 2022;11:146-52.

Access this article online	
Quick Response Code: 	Website: www.nmsjournal.com
	DOI: 10.4103/nms.nms_111_21

decreases due to age-related limitations and changes.^[9,10] In general, parents who have lost a child use a variety of methods to reclaim their health and continue living. A study reported that African–American parents used a variety of strategies following a child’s death, including seeking social support, turning to spirituality and religion, relying on cultural values, and continuing bonding with a dead child.^[11] One method that parents use to achieve peace is to continue bonding with their dead child, which can manifest itself in a variety of ways. Parents do not view their child’s death as a breakup but rather as the beginning of a new type of relationship with their child, which flows as a continuous process throughout the life.^[12] Foster *et al.* discovered that almost all parents in the study reported making purposeful bonds, such as thinking about the dead child and engaging in activities that he or she enjoyed. Over half of the participants had regained their composure after recalling the dead child.^[13] In addition, a systematic review revealed that bereaved parents took steps to cope with their child’s death, including preserving memories, sharing stories about the child, and holding child-related memorials.^[14]

Given the vulnerability of older adults following the death of a child, and the fact that the effects of relationship with the deceased can vary by age and are influenced by cultural and ethnic differences,^[15] there is still no study examining the relationship between Iranian older adults and their dead children and its effects. Due to the nature of the child death and the research question, “How do the older adults communicate with their dead children?” a qualitative approach was used in this study, which includes human interpretations and experiences. As the parents’ communication with their dead children is developed in the course of life experiences and in the context of social interactions, the grounded theory method was used. Examining such experiences would help nurses and health-care providers develop strategies for assisting older adults adjust to the death of their children.

Objectives

The aim of the study was to explore the relationship between older adults and their dead children.

METHODS

Design and participants

This research is part of a grounded theory study conducted according to Corbin and Strauss (2015) approach to learn more about Iranian older adults’ relationships with their dead children. Grounded theory is a type of field research that looks into the hidden aspects that underpin human behaviors and interactions.^[16] Iran, an Islamic country in Western Asia,

is home to one of the world’s oldest civilizations.^[17] The relationship between older adults and their children is different in different cultures. In Eastern societies, children play a key role in family structure and are responsible for caring for old parents. Therefore, in Iran, adult children are one of the most important sources of support in old age.^[18,19]

Participants were older adults who had lost a child in their old ages. Age 60 or older at the time of the child’s death, willingness to share their experiences with others, ability to communicate with the interviewer, lack of cognitive problems (as expressed by themselves), experience with the death of an over-16-year-old child, and a period of at least a year since the child’s death were all inclusion criteria. The unwillingness of participants to continue the study was an exclusion criterion. Participants were purposefully chosen in such a way that the first was chosen after a search of friends and acquaintances. The next participant was chosen based on the information obtained from the first interview, and the theoretical sampling process continued gradually. Participants were also asked to identify people they knew who might be good candidates for participating in the study. The sampling was carried out until the data were saturated. Saturation means that no additional conceptual codes are being found whereby researchers can develop properties of the category.

Data collection

Data were collected between October 2020 and May 2021. Individual semi-structured interviews lasting between 45 and 55 min were used to collect data. The interview was conducted in one or two rounds, depending on the participant’s preference and mental and physical state, and all interviews were taped using a digital voice recorder. The researcher would contact participants if there was any ambiguity in the information provided, and noted and incorporated the ambiguity resolutions into the text. Interviews were conducted at the participants’ request. The time and location of the interview were determined based on the participants’ willingness. Fifteen interviews were conducted at the participant’s home, one interview at the child’s grave, and one interview in the park. The interview was conducted in a calm and comfortable environment to allow the older adults to concentrate on the questions. To pave the way for better interviews, the researcher raised a series of introductory questions, established appropriate communication, and earned the participants’ trust before conducting the interview. The interview began with a general question: “Please explain to me about your relationship with your child after her/him death?” Then, based on the individual’s

response in the area of communication with the dead child, open-ended questions and follow-up questions were used as follows: What did you mean? Could you please explain more? Okay? Next? Could you please give an example? Along with the interview, field notes and memos were written.^[16]

Data analysis

Corbin and Strauss's (2015) method was used to analyze the data. This approach consists of five analytical steps: Open coding/identifying concepts, developing concepts in terms of their properties and dimensions, analyzing data for context, bringing the process into the analysis, and integrating categories.^[16] Since the study continues, in this paper, we report the results of the initial two steps. The analysis began after the first interview. The recorded interviews were transcribed and read word by word and sentence by sentence several times to fully understand the content. Then, transcribed interviews were coded. Through the continuous comparison analysis, the extracted codes were examined for their similarities and differences, and they were classified into different categories.^[16] Data were managed by MAXQDA12 software.

Data trustworthiness

The Guba and Lincoln criteria were used to ensure the data's trustworthiness. Guba and Lincoln identified four criteria for qualitative data validity: credibility, dependability, transferability, and confirmability.^[20] The data credibility was ensured through participant reviews. Several interviews in addition to the codes extracted from them were printed and presented to the participants for this purpose and the findings were compared to their own experiences. To ensure dependability, a part of the interviews containing the extracted codes was given to an expert in qualitative research who checked and verified the coding process. Throughout the research, the research team met regularly to evaluate and approve the research process. To facilitate data transferability, the study included older adults of both sexes, with varying ages and different economic and social conditions were recruited. For confirmability, the researcher meticulously documented the study's process and decisions so that readers can follow and comprehend the study's steps.

Ethical consideration

The ethics committee of Kashan University of Medical Sciences approved this study under the code of ethics IR.KAUMS.NUHEPM.REC.1399.049. The purpose of the research and the data collection process were explained to the participants, and their informed written consent was obtained. In addition, they were assured that the audio recordings of the interviews, as well as the transcripts, would be kept confidential and that their

data would be managed anonymously. They would also have access to research findings if desired.

RESULTS

The findings of this study were resulted from 17 interviews with 13 participants. Ten of the participants (76.9%) were female. The mean age of participants was 68.30 ± 7.39 years. Table 1 lists the participants' other characteristics [Table 1].

The dead children were nine boys and four girls aged between 19 and 62 years who died of cancer (3 ones), COVID-19 (2 ones), car accident (3 ones), burn (1 child), martyrdom (1 child), drug abuse (1 child), carbon monoxide poisoning (1 child), and drowning (1 child).

When the study's data were analyzed, three major categories emerged: "staying connected with the dead child," "attempting to seek peace for the dead child," and "keeping the child's memories alive," all of which revolved around the theme of "unbreakable bond with the child" [Table 2]. In general, the participants' experiences demonstrated an unbreakable bond between older parents and their dead children, and that the continuing bonding with the dead child as a strategy for achieving peace may aid older parents in regaining their physical and mental health and returning to their lives.

Staying connected with the dead child

Participants, particularly in the 1st year following the child's death, expressed a strong desire to stay connected with the dead child.

This category had two subcategories: "Feeling the physical presence of the child," "visiting the child's grave."

Table 1: Demographic characteristics of the older adults

Demographic characteristics	Frequency (%)
Age (years)	
60-70	9 (69.2)
71-80	2 (15.4)
>81	2 (15.4)
Marital status	
Married	9 (69.2)
Widowed	4 (30.8)
Education	
Uneducated	2 (15.4)
Middle/secondary/diploma	8 (61.5)
Above diploma	3 (23.1)
Job	
Housewife	7 (53.8)
Retired	4 (30.8)
Self-employed	2 (15.4)
Total	13 (100)

Table 2: The main categories and subcategories of the study

Theme	Main categories	Subcategories	Sample of primary codes
Unbreakable bond with child	Staying connected with the dead child	Feeling the physical presence of the child	Feeling the presence of the child with candle flickering Belief in the child's presence nearby
		Visiting the child's grave	Visiting the child's grave weekly Going to the child's grave eagerly
	Trying to seek peace for the dead child	Charitable donations in the child's memory	Distributing food among the needy Supporting the orphans
		Performing the child's favorite activities	Caring for flowers and plants Showing kindness to animals
		Praying for the child	Praying for the child's soul to be at peace Asking God for child's peace
	Keeping the child's memories alive	Keeping belongings of the deceased child	Framing some belongings of the child Wearing the child's necklace
		Sharing the child's memories with others	Sharing the child's photo album with some friends Sharing the child's memories with family members
		Recollecting the child's memories	Listening to the child's recorded voice Smelling the child's perfume
		Adhering to anniversaries	Holding a memorial on the child's death anniversary Celebrating the child's birthday

Feeling the physical presence of the child

All participants expressed a sense of the child's physical presence following his or her death. Some attributed the sensation to signs such as candle flickering. Belief in the presence of a child nearby caused them to develop a sense of attachment to the child and diminished their nostalgic sense.

"The night he was laid to rest, the house was strewn with flowers and candles. I was aware that he was in the house. The candles were flickering; he was inside the house, close to me" (P 9, a 69-year-old woman).

"I am constantly aware of her presence beside me; I believe she is looking at me. I constantly communicate with her" (P 2, a 82-year-old woman).

Visiting the child's grave

After the child died, the participants attempted to continue bonding with him/her by visiting his or her grave. Some participants thought that being close to the child's body contributed to more peace. This issue was more prominent at the time of the child's death, and as time passed, some older people's visits to the child's grave decreased due to musculoskeletal problems.

"I feel relaxed beside him. When I visit his grave, I sit as close to it as possible" (P 1, a 75-year-old woman).

"On Thursdays, I cannot wait to visit his grave. I believe his presence is more palpable there. I go and speak with him. I return home happily with a sense of peace in my heart" (P 13, a 65-year-old woman).

Trying to seek peace for the dead child

Following their child's death, the participants attempted to take actions that would make the child happy and calm him/her down. This category included three subcategories: "Charitable donations in the child's memory," "performing the child's favorite activities," and "praying and blessing for the child."

Charitable donations in the child's memory

Participants believed that their children were alive in another world and that charitable donations in their memory could make them happy. In this way, they kept in touch with their children.

"Every week, I make a donation in his or her memory. For example, in his memory, I prepared soup and distributed it to the needy" (P 12, a 71-year-old woman).

"I even feed the birds in memory of my son" (P 13, a 65-year-old man).

Performing the child's favorite activities

Participants attempted to make the child happy by performing activities that he or she had done during his or her lifetime.

"My son was very interested in flowers and plants. Now I have turned the house into a small garden. I am sure he will be pleased with this" (P 8, a 83-year-old woman).

"I frequently try to cook the food he enjoyed and listen to the music he enjoyed" (P 5, a 64-year-old woman).

Praying for the child

The study's participants were all religious individuals who believed in God and religious rites. Following their

child's death, they prayed for the child's soul to be at peace.

"Even though he was young, I continue to pray for him because he might not perform the five prayers in the window time in which they must be completed" (P 3, a 62-year-old man).

"God is said to have answered a mother's prayer for her child. I am always praying for him" (P 1, a 75-year-old woman).

Keeping the child's memories alive

After the child's death, participants tried to keep their child's memory alive. Parents always considered the child a member of their family and worried that their child would be forgotten. This category was divided into four subcategories: "Keeping belongings of the deceased child," "sharing the child's memories with others," "recollecting the child's memories," and "adhering to anniversaries."

Keeping belongings of the deceased child

After their child's death, the participants kept some of their children's personal belongings. Items such as diaries, personal clothing, combs, and necklaces were among them. Some parents carried them in their bags to ensure that they were always available. They felt better having these devices with them, so the distance between them reduced.

"I kept his clothes. I go and wrap his clothes around me every now and then, and I smell them. After 7 years, I can still feel his smell. I have not yet removed his clothes from where he used to put them. When I miss him, I smell his clothes and then put them back to their places" (P 6, a 65-year-old woman).

"When I was alone, I would take his notebook and turn the pages, reading the poems he had written in it" (P 10, a 61-year-old man).

Sharing the child's memories with others

Most of the study participants expressed an interest in talking about their children to others. Parents often shared their child's sweet memories with others.

"When my friends come over, I will definitely bring my son's photo album and tell them about his goodness" (P 7, a 63-year-old man).

"Whenever the whole family is together, I definitely talk about her" (P 4, a 63-year-old woman).

Recollecting the child's memories

Participants constantly recollect the child's memories. They did so not only privately but also publicly. Due to their preoccupation with the child, some of them

dreamed their children, which was very enjoyable for them.

"I try to recollect her memories wherever I go, the places we went, and the issues we discussed about. I have many dreams about her. We are never apart" (P 2, a 82-year-old woman).

"I listen to the poems he recited, as if he is speaking to me. I am always memorizing it" (P 5, a 64-year-old woman).

Adhering to anniversaries

Participants always remembered and planned for child-related events, such as the child's birthday or death date.

"I always have to prepare for his death date. I have been thinking about what I could do to make him happy for a month" (P 1, a 75-year-old man).

"I have been thinking about what to do for his birthday. We eventually got a cake and gathered at his grave" (P 4, a 63-year-old woman).

DISCUSSION

According to the findings of the current study, older parents attempted to stay connected with their dead children, particularly in the 1st year following their children's deaths. Such bonding included feeling the physical presence of the child, visiting the child's grave. They also tried to calm down and make their child happy through charitable donations in their memories, performing the child's favorite activities, and praying for the child. These actions were a gift from the parents to the child. Eventually, they tried to keep their children's memories alive by keeping belongings of the deceased child, recollecting his or her memories, sharing his or her memories with others, and adhering to anniversaries.

In the current study, the continuing bonding was found to be a facilitator of adaptation to child death. The parents performed some of these actions, while others occurred spontaneously, such as seeing the child in a dream, which was most likely caused by the parents' constant thoughts about the child during the day. Many bereaved people employ this strategy.^[21-23] However, this strategy may have contradictory effects on different people, depending on the frequency of usage, age, gender, culture, and social conditions.^[22,23] For instance, a study have found this relationship to be beneficial for a bereaved person. This study was conducted on children who lost their parents in their childhood. The study reported more continuing bonding in younger children and the female gender.^[22] Foster *et al.* also discovered that after reminding the deceased child, the

majority of the participants calmed down.^[13] Hansen *et al.* investigated the continuing bonding with the deceased in young people after the death of parents and discovered that such bonding assisted them in adjusting to life without their parents and finding meaning in their grief.^[23] However, another study which conducted on young parents who lost a loved one has found this strategy harmful and a factor in denying the death of a loved one.^[24] Contradictory results may be related to the cultural and social conditions of the study settings and the age and gender of the participants.

Claburn *et al.* showed that bereaved young people maintained a continuing bonding with the deceased through various means such as recollection, mementos, and mental reminders.^[21] On the other hand, Boulware and Bui showed that the continuing bonding with the deceased was associated with symptoms of prolonged grief disorder and could not improve the quality of life of parents.^[24] Karydi found a poor relationship between the continuing bonding with the deceased and better general function.^[22] Different results in the studies can be attributed to the age differences of the participants as well as their cultural and geographical differences. Other factors such as personality traits and experiences of bereavement, and the type of relationship with the deceased during life can also be involved in these results.^[25] In this study, although some older people had sad memories of their children's illnesses, they tried to recall their sweet memories and share them with others. The continuing bonding with the child was not an avoidance strategy for the older adults in this study because they did not deny their children's deaths and actually tried to keep their memories alive. If these actions are balanced, they can have a protective effect on the parents because they feel good about reminding the child and keeping his or her memory alive.

This was the first study in Iran to look into the relationship between older parents and their deceased children. The findings of this study have the potential to improve the health of older people who have lost a child. One of the study's limitations is the small number of male participants. Given that gender differences may have an impact on the study's findings, it is suggested that future research focus more on older fathers. The current study used individual interviews to collect data, but a wider range of experiences might emerge when using group interviews.

CONCLUSION

This study showed that the bonds between older parents and their dead children were not broken by the death of the child. This continued bonding served them as

a protective strategy and assisted them to adjust to the lack of their loved one. Based on the findings of this study, health-care providers, particularly nurses and psychologists, should investigate older people's communication with the deceased child to design and implement the necessary interventions to improve their quality of life. It is suggested that health-care providers facilitate the acceptance of child death in older adults through providing group counseling and reminiscence sessions.

Acknowledgment

We would like to thank all older adults who participated in the study.

Financial support and sponsorship

This article was derived from a PhD dissertation in nursing. The study was funded by the Vice-Chancellor of Research at Kashan University of Medical Sciences (Grant No. 99121).

Conflicts of interest

There is no conflicts of interest.

REFERENCES

1. Thomas PA, Liu H, Umberson D. Family relationships and well-being. *Innov Aging* 2017;1:igx025.
2. October T, Dryden-Palmer K, Copnell B, Meert KL. Caring for parents after the death of a child. *Pediatr Crit Care Med* 2018;19:S61-8.
3. Amini R, Chee KH, Keya S, Ingman SR. Elder care in Iran: A case with a unique demographic profile. *J Aging Soc Policy* 2021;33:611-25.
4. Bolton JM, Au W, Walld R, Chateau D, Martens PJ, Leslie WD, *et al.* Parental bereavement after the death of an offspring in a motor vehicle collision: A population-based study. *Am J Epidemiol* 2014;179:177-85.
5. Mu PF, Lee MY, Sheng CC, Tung PC, Huang LY, Chen YW. The experiences of family members in the year following the diagnosis of a child or adolescent with cancer: A qualitative systematic review. *JBIG Database System Rev Implement Rep* 2015;13:293-329.
6. Lekalakala-Mokgele E. Death and dying: Elderly persons' experiences of grief over the loss of family members. *S Afr Fam Pract* 2018;60:151-4.
7. Zheng Y, Lawson TR, Anderson Head B. "Our only child has died" – A study of bereaved older Chinese parents. *Omega (Westport)* 2017;74:410-25.
8. Parkar SR. Elderly mental health: Needs. *Mens Sana Monogr* 2015;13:91-9.
9. Taghinezhad Z, Eghlima M, Arshi M, Pourhossein Hendabad P. Effectiveness of social skills training on social adjustment of elderly people. *J Rehab* 2017;18:230-41.
10. Mohammadi I, Sajjadian I. The effectiveness of resiliency training on social adjustment and purposeful life in the elderly male living in nursing homes. *J Aging Psychol* 2019;5:89-100.
11. Boyden JY, Kavanaugh K, Issel LM, Eldeirawi K, Meert KL. Experiences of african american parents following perinatal or pediatric death: A literature review. *Death Stud* 2014;38:374-80.
12. Gerrish NJ, Bailey S. Maternal grief: A qualitative investigation

- of mothers' responses to the death of a child from cancer. *Omega (Westport)* 2020;81:197-241.
13. Foster TL, Gilmer MJ, Davies B, Dietrich MS, Barrera M, Fairclough DL, *et al.* Comparison of continuing bonds reported by parents and siblings after a child's death from cancer. *Death Stud* 2011;35:420-40.
 14. Kochen EM, Jenken F, Boelen PA, Deben LM, Fahner JC, van den Hoogen A, *et al.* When a child dies: A systematic review of well-defined parent-focused bereavement interventions and their alignment with grief- and loss theories. *BMC Palliat Care* 2020;19:28.
 15. Gijzen S, L'Hoir MP, Boere-Boonekamp MM, Need A. How do parents experience support after the death of their child? *BMC Pediatr* 2016;16:204.
 16. Corbin J, Strauss A. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. 4th ed. Los Angeles: SAGE; 2015.
 17. Behnam B, Zakeri M. Genetics and genomic medicine in Iran. *Mol Genet Genomic Med* 2019;7:e00606.
 18. Nouri A, Farsi S. Expectations of institutionalized elderly from their children. *Salmand Iran J Ageing* 2018;13:262-79.
 19. Lee C, Gleib DA, Weinstein M, Goldman N. Death of a child and parental wellbeing in old age: Evidence from Taiwan. *Soc Sci Med* 2014;101:166-73.
 20. Nowell LS, Norris JM, White DE, Moules NJ. Thematic analysis: Striving to meet the trustworthiness criteria. *Int J Qual Methods* 2017;16:1-13.
 21. Claburn O, Knighting K, Jack BA, O'Brien MR. Continuing bonds with children and bereaved young people: A narrative review. *Omega (Westport)* 2021;83:371-89.
 22. Karydi E. Childhood bereavement: The role of the surviving parent and the continuing bond with the deceased. *Death Stud* 2018;42:415-25.
 23. Hansen DM, Sheehan DK, Stephenson PS, Mayo MM. Parental relationships beyond the grave: Adolescents' descriptions of continued bonds. *Palliat Support Care* 2016;14:358-63.
 24. Boulware DL, Bui NH. Bereaved African American adults: The role of social support, religious coping, and continuing bonds. *J Loss Trauma* 2016;21:192-202.
 25. Serrine EH, Salloum A, Boothroyd R. Predictors of continuing bonds among bereaved adolescents. *Omega (Westport)* 2018;76:237-55.