

End-of-life communication has proven to be an important process between a terminally ill individual and their close relational partners, such as family caregivers, by allowing them to accept the impending death before it happens. By discussing a death before it happens, partners can share their feelings about their relationship and the inevitable death. This allows them to begin the coping process that continues post-bereavement. Coping does not just involve psychological processes, as many believe, but communication also helps individuals work through hardship. To fully understand end-of-life communication, it is important to address its common features and types, reasons why people may not engage in this form of communication, and the effects of this communication on coping and emotional responses.

Research has identified specific forms of end-of-life communication, including final conversations (FCs) and mortality communication. During FCs, a terminally ill individual and a relational partner directly acknowledge that they have limited time together through verbal and nonverbal communication, and they tend to focus on getting closure within the relationship. According to Generous and Keeley (2021b), there are six common features of FCs. These themes include messages about love, affirmations of identity, reminders of shared religion or spirituality, examination of relationship challenges, discussions of normal life, and important conversations about death/final wishes. Similarly, mortality communication also involves participants acknowledging the expected death, but they focus more on the emotions relating to the impending death rather than just the relationship. Mortality communication typically occurs between a terminally ill patient and their family caregivers who tell each other about their fears and thoughts about death (Bachner et al., 2011, 2021; Davidov et al., 2009). In these frequently interrelated forms of end-of-life communication, partners are thus able to help each other with

the coping process; this may be especially helpful for the non-terminally ill participant as they must navigate living without their loved one post-bereavement.

However, not all dyads of a terminally ill patient and their relational partner are comfortable with engaging in these forms of end-of-life communication. In fact, studies on mortality communication show that only moderate amounts of partners retroactively report participation in this form of end-of-life communication. The caregiver communication with patients about illness and death scale (CCID) that was used in these studies indicates potential reasons why this lack of mortality communication exists. The CCID scale measures caregivers' agreement with statements such as avoiding mortality communication to not make the patient sad, being uncomfortable discussing their future without the patient, and uncertainty about how to help their suffering (Bachner et al., 2011, 2021). Additionally, Bachner et al. (2011) specifically looked at the differences in mortality conversations between secular and religious caregivers. In this study, religious caregivers reported higher levels of fear of death and lower levels of mortality communication than secular caregivers, indicating a statistically significant association between mortality communication and fear of death. This is likely because mortality communication directly discusses death and what comes after, reemphasizing the fear of death among these individuals.

The reasons that people may not engage with FCs are similar to the reasons indicated in the CCID scale for mortality communication. Relational partners may avoid FCs because they are uncomfortable expressing their emotions and are unsure what to say to each other in their last conversations with each other (Generous & Keeley, 2021a). Further, Davidov et al. (2009) point out that during the stressful time of end-of-life, the preexisting patterns of communication between close relational partners may not change easily. In other words, both mortality

communication and FCs can be very challenging for partners, reportedly causing many to avoid these important conversations.

When it is engaged, end-of-life communication allows partners to begin the coping process together. Therefore, coping is a dyadic process between a terminally ill individual and their loved one wherein they help each other through this challenging time. Albuquerque et al. (2018) identified basic coping strategies— stress communication, positive coping methods like verbal support, negative coping methods like hostility, and joint coping methods; additionally, Generous and Keeley (2021b) identified coping strategies of positive reframing, attempting to be positive and resilient, hiding negative emotions, allowing help, and reliance on faith and spirituality. These different definitions of coping strategies can be evaluated together to show the importance of dyadic communication during the coping process, beginning at the end of life. Research shows that there are significant positive relationships between the common themes of FCs and coping strategies, such as the strong association between affirmations of identity and positive reframing and between important conversations about death/final wishes and asking for help (Generous & Keeley, 2021b). Generous and Keeley (2021a) also observed specific ways that FCs influence coping. This includes giving participants a chance to gain closure, reminisce on their relationship, discuss religious beliefs about the afterlife, plan how to move on, and see that death is freeing the terminally ill participant from suffering. Research also shows that end-of-life communication, particularly mortality communication, impacts coping by decreasing negative emotions and psychological distress, specifically symptoms of depression and emotional exhaustion (Bachner et al., 2011, 2021; Davidov et al., 2009). Therefore, it is important for dyads involving a terminally ill individual and a relational partner to engage in final conversations and

mortality communication because it not only begins the coping process but may even make coping easier on an emotional level.

FCs and mortality communication are complex forms of communication, as the end-of-life period is emotionally difficult for both the terminally ill patient and their relational partners. End-of-life communication may be made further complicated by factors that were not addressed in these studies, such as the cognitive or physical inability of the terminally ill to engage in communication. However, when both parties are able to engage in FCs and mortality communication, they can find closure within their relationship and begin coping with what the impending death means for them on a personal and emotional level. Additionally, participation in end-of-life communication may indicate the potential for further positive coping strategies and communication after death, which may help the bereaved partner continue to have an easier coping process than someone who did not engage in coping communication before or after bereavement. Especially given the apparent avoidance of end-of-life communication, it is therefore important for participation in some form of end-of-life communication to be encouraged by health professionals.

References

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