Child illness impacts a marriage in many ways, often forcing couples to discover new means of coping and communicating. The following guide offers expert guidance and honest insights on how to adapt and grow as partners while caring for a child with serious illness. You are not alone.

At Diagnosis: learning to move, together, past acute crisis.

Weather diagnosis was expected or a long drawn out discovery, those early days are a time of adjustment that can bring up all sorts of new feelings within your relationships. Parents often feel a wide range of emotions including guilt, fear, sadness and anger after learning their child is living with a serious illness. Each parent may experience different feelings at different times and those feelings may not always align with what their partner is feeling.

This may be the first time you, as a couple, are facing such extreme stress and complex decision-making together. It can take time to process all of these emotions and to discover each other’s coping and communication styles. It is helpful to keep in mind that you are both grieving and learning to navigate this new and unexpected world and no two people are expected to react in the same way. Your thoughts and emotions may not always rest inline with your partners, but with time you can learn to understand and appreciate each other’s needs.

Tips & Myths

“Most parents of seriously ill children end up divorced.”

Having your child diagnosis with a potentially life threatening illness is one of the most stressful experiences a couple will face. However, despite what you may have heard, many marriages survive and even grow closer through their unique shared experience. Recent studies show that parents of seriously ill children are no more likely to end up divorced when compared to their peers.
Working together and the Division of Labor

When a child is seriously ill, a division of labor can rarely be avoided. As the intensity of your child’s care grows so too can feelings of stress, anxiety and resentment within the parental partnership. It is important to acknowledge early on that neither parent can do it all nor be in the two places at the same time. Each person’s efforts are an important contribution to the family unit.

One parent may be working outside the home, or even take a second job to support the additional costs and lost wages. While obviously fulfilling and important need, working outside the home can often lead to that parent feeling disconnected from the activities at home, which can create insecurities in their ability to properly care for their child when they are together.

Meanwhile a parent who is spending all of their time focused on their sick child’s therapies, doctor’s appointments, medication schedules, and hospital stay may begin to feel disconnected from their marriage and relationships outside the house. Both situations can lead to resentment, which places additional burden on the partnership.

Accepting and talking about the division of labor can help a great deal. Parents help each other when they can openly recognize what their partner is contributing and by acknowledging that ‘we are in this together.”

Tips & Myths
Creating written care instruction sheets and checklists that are available to both parents, as well as additional caregivers in the home, can help instill confidence in care and provide a greater sense of working together towards clear and common goals for your family.

Meeting in the middle of differing views

Differing views and differing ways of approaching things can cause strain in a marriage. One person in the couple may want information. The other may not want information. One may want to think about the worst-case scenario, while the other may prefer to think only in an extremely hopeful way.

We need to acknowledge the typical gender stereotypes about emotions: that the woman acts more emotional, and the man acts less emotional. It doesn’t mean that those emotions aren’t there in the man, and it doesn’t mean that the woman isn’t able to contain her emotions. Of course, these stereotypes aren’t always true and we should not assume that they are but wait and see what is happening in reality.
What matters is that emotions arise and can arise differently in each parent at different times. One parent may cry when s/he is sad and the other doesn't, but that doesn't mean the parent isn't also feeling really sad.

It is important to name the emotions and feelings -- being sad, being angry, feeling depressed, feeling anxious, feeling worried, feeling confused, feeling irritated, feeling frustrated, and it might be with each other, or with the medical team, or be with the situation.

**Staying connected**

It is important to actually take the time to just sit and be together, even if it's at the hospital or at home for an hour, even if you just sit and have a cup of coffee or a meal together, where you do your very best not to talk about all the stresses. Cease the small moments throughout the day, such as nap time or other quiet activities to step aside and connect as a couple.

And if you cannot be together that day, it's important to at least communicate by phone to let each other know what is going on and how you each are feeling.

There may be feelings that are harder to share with each other when it's just the two alone together. There may be assumptions and expectations that are hard to express and hard to hear. This is when a third party, a neutral person such as a counselor or therapist, can be helpful. This person creates a space where there's time to speak and time to listen and time to look carefully at a challenging issue together.

It is never easy to find time but scheduling Time To Connect in both of your calendars now is important to marinating a strong and lasting relationship for any couple.

**Tips & Myths**

*Utilizing Technology such as Skype and Facetime* can help parents stay involved in real time discussion at home and at the hospital when it is otherwise impossible to be together. These technologies can be utilized in everything from decision making meetings to participating in bed time routines.
Co-parenting

Even when parents are divorced, it’s important to implement the above strategies for maintain a healthy co-parenting relationship. If possible, both parents should still hear new information at the same time and work together on decision-making.

When it’s a difficult divorce, or one parent is really not involved, there needs to be a preliminary conversation to ensure that everybody has the same medical information. A mediated conversation can be arraigned to be sure both parents are clear on goals of care and then there needs to be a conversation about whether things are going to change now that the child is sick.