Adults' experiences on learning to cope with parental death during childhood

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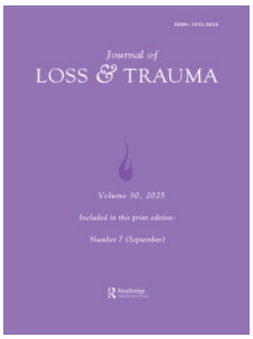

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Adults' Experiences on Learning to Cope with Parental Death During Childhood

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ABSTRACT

The death of a parent during childhood is an impactful, potentially traumatic experience. Given the major short- and long-term implications, it is important to gain more knowledge regarding how to best support children. The current study adds to previous literature by investigating adults' experiences on supportive *and* unsupportive factors to cope with the loss of their parent. Sixty Dutch-speaking adults (26–46 years) who experienced childhood parental death (CPD; between 4 and 18 years) participated in a semi-structured interview. Thematic analysis was conducted to generate themes regarding supportive and unsupportive factors in learning to cope with the grief and the impact of CPD over time. Five main themes were generated: (1) Hanging on to daily life; (2) (In)stability in a changing family system; (3) The need for a supportive social environment over time; (4) The lack of support within the school context; (5) Experiences with professional help. The findings provide important lessons on how to support children who lost their parent, but also adults who experienced such a loss during childhood. Stability in a child's life and social support are important supportive factors. In addition, it is essential that others acknowledge the loss and give children space to talk about it. Finally, exploratory findings suggest that individuals who experienced the loss of their father may be more likely to experience a lack of support.

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Childhood parental death; loss; coping; social support; family dynamics

Introduction

Approximately 2% of all children in the Netherlands experience the death of their parent (Centraal Bureau voor de Statistiek, 2022). For the U.S., these estimates range between 2 and 4% of all children (Burns et al., 2020). The death of a parent early in life is an impactful experience. People can experience (re-)grieving throughout life, as different

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developmental phases, important life events, and important days or periods related to the loss can trigger and increase feelings of grief (e.g., Chater et al., 2022; Koblenz, 2016; Meyer-Lee et al., 2020). Additionally, this may affect mental and physical health and other areas of functioning (e.g., Lytje & Dyregrov, 2019; Van Heijningen, Van Berkel, Rosinda et al., 2024).

A number of studies that investigated adults' experiences on the impact of childhood parental death (CPD) by using interviews or focus groups, have identified several important supporting factors for the surviving parent and others (Apelian & Nesteruk, 2017; Chater et al., 2022; Ellis et al., 2013; Koblenz, 2016; Leichtentritt et al., 2018; Ludik & Greeff, 2022; Meyer-Lee et al., 2020). Positive parenting by the surviving parent, open communication, and the surviving parent's own adjustment after loss were generally associated with more optimal child outcomes and adjustment (Jiao et al., 2021). Recent qualitative studies also illustrated ambiguities in parenting experiences, such as supportive and loving on the one hand and experiences of distant relationships, being "uncared for", and a lack of support by the surviving parent on the other hand (Apelian & Nesteruk, 2017; Chater et al., 2022; Ellis et al., 2013; Koblenz, 2016; Ludik & Greeff, 2022; Meyer-Lee et al., 2020). A potential new partner of the surviving parent is another factor that could affect how the child copes with the loss. The introduction of a this partner may for example lead to feelings of anger (e.g., if the child perceives the new partner as a replacement of the deceased parent) and may affect the child's relationship with the surviving parent (Meyer-Lee et al., 2020). However, a new partner of the surviving parent could also be experienced as a source of support which can be helpful in adapting after the loss (Ludik & Greeff, 2022). In addition to the importance of parental figures or caregivers, others in the close environment of a child can act as important supportive figures in the aftermath of the loss, such as extended family, friends, and teachers and other professionals (e.g., Apelian & Nesteruk, 2017; Chater et al., 2022; Dopp & Cain, 2012; Ellis et al., 2013; Greeff & Human, 2004; Koblenz, 2016; Ludik & Greeff, 2022; Meyer-Lee et al., 2020). Notably, some but not all qualitative studies also mentioned a lack of support and feelings of distance, loneliness, and isolation from others, which could hinder the child's ability to deal with the loss (Chater et al., 2022; De Rosbo-Davies et al., 2021; Ellis et al., 2013; Koblenz, 2016). Additionally, it is suggested that support fades away over time, which could impact coping with the loss at a later age (Biank & Werner-Lin, 2011; Koblenz, 2016).

Professional help/therapeutic interventions can also be an important source of support, but qualitative studies showed mixed experiences, as two studies illustrated that some experienced no or insufficient professional support, highlighting the relevance of timing and type of intervention (Chater et al., 2022; Koblenz, 2016). Furthermore, while only a few

quantitative studies examined long-term individual characteristics and coping strategies after CPD (Høeg et al., 2017; Morris et al., 2020), qualitative studies described several characteristics and coping strategies that can be experienced as helpful or unhelpful, such as one's personality or optimism (Greeff & Human, 2004; Ludik & Greeff, 2022), turning to religion, spirituality, or to others with similar lived experiences (Apelian & Nesteruk, 2017; Chater et al., 2022; De Rosbo-Davies et al., 2021; Greeff & Human, 2004; Henoch et al., 2016; Koblenz, 2016; Ludik & Greeff, 2022), avoiding feelings and isolating themselves (Apelian & Nesteruk, 2017; Chater et al., 2022), and consuming alcohol (Koblenz, 2016).

These results add to our body of knowledge on the loss of a parent in early childhood. However, the samples were generally fairly small and heterogeneous because many studies had a broad range of both current ages and ages at time of the loss (Apelian & Nesteruk, 2017; Chater et al., 2022; Ellis et al., 2013; Koblenz, 2016; Leichtentritt et al., 2018; Ludik & Greeff, 2022; Meyer-Lee et al., 2020). In addition, few studies explicitly asked adults what they experienced as supportive in learning to cope with the loss of their parent and only one study also focused on unsupportive aspects (Koblenz, 2016).

The current study adds to previous literature by investigating subjective experiences on supportive *and* unsupportive factors based on interviews within a large sample of 60 adults who experienced the loss of their parent during childhood. Additionally, we explored the connections between the experiences and the child's age at time of the loss and the gender of the deceased parent to provide a first glance into how these factors may explain variation in experiences after parental death. More knowledge on these experiences is crucial in gaining a better understanding of how support during this difficult period can be improved, and helps to identify children who may be particularly at risk for potential less favorable circumstances after the loss. We aim to inform professionals (e.g., in health care and education) as well as the general public on how to support children after they experience such an impactful loss.

Materials and methods

Participants

Participants were recruited from a sample of a broader study on long-term outcomes after experiencing the death of a parent during childhood ($N = 236$; Van Heijningen, Van Berkel, Langereis et al., 2024). Participants were included if they were Dutch-speaking adults between 26 and 46 years, had lived in one household with their biological parents, experienced the death of one of their biological parents between the age of 4 and 17 years old, and if their other biological parent was still alive at the time of the interview. In total,

64 individuals signed up to participate in the current study, of whom four participants had to be excluded as both their biological parents had passed away at the time of the interview. This resulted in a total sample of 60 individuals (25% of all invited individuals; M_{age} = 35.10; SD_{age} = 6.00).

The majority identified as female ($n = 50$) and all others identified as male ($n = 10$). All participants reported that they identified with the Dutch majority group and two participants also identified with another ethnic group. In total, 75% of participants had a relationship. Half of the participants had one or several children ($n = 30$), three participants were expecting a first child, and the remaining participants did not have children ($n = 27$). The majority of the participants ($n = 54$) had one or more siblings. Participant characteristics and factors regarding their experience with parental death are depicted in Table 1.

Procedure

Participants were invited to participate in an online interview via Microsoft Teams (MS Teams) to talk about their experience with their parent's death, which was further explained in an email. During all interviews two

Table 1. Descriptive statistics regarding parental death during childhood.

	Total ($n = 60$)	
	M / %	*SD*/ *n*
Age of participants at time of CPD (range 4 to 17 years)	11.45	4.13
Time since the loss (range 11 to 41 years)	23.65	7.53
Gender of deceased parent		
% father	60.0%	36
% same-sex parent	43.3%	26
Age of deceased parent (range 27 to 69 years)[a]	44.17	6.94
Cause of death		
Illness/natural causes	88.3%	53
Accidents	3.3%	2
Suicides	6.7%	4
Unknown	1.7%	1
Expectedness of death		
Unexpected	61.7%	37
Expected	25.0%	15
Neither expected or unexpected	13.3%	8
Present at/witnessed moment the parent passed away (% yes)	21.7%	13
Attendance at the funeral (% yes)	91.7%	55
Feeling that they said their goodbyes (% yes)	43.3%	26
Parental divorce prior to CPD (% yes)	15.0%	9
Age of participants at time of parental divorce (range 3 to 11 years)	7.00	2.45
Main caregiver after the death was their surviving parent[b]	81.7%	49
Felt a responsibility toward remaining parent and/or siblings	65.0%	39
Worried about their remaining parent	51.7%	31
Took on a caring role for their surviving parent	18.3%	11
Took on a caring role for their sibling(s)	35.0%	21
Felt they could openly communicate about the loss with surviving parent and/or sibling(s)	45.0%	27
Felt they could openly communicate about the loss with others	53.3%	32

Note. [a]Missing for two participants; [b]Other caregivers were (one or more) sibling(s) ($n = 2$), a grandparent ($n = 1$), a parent's friend ($n = 1$), a babysitter ($n = 1$), or the participant themselves ($n = 6$).

(student-)researchers were present: one researcher interviewed the participant and the other provided technical support if needed. To minimize distractions, the camera and microphone of this second researcher were switched off during the interview after the introduction. All participants were alone during the interviews, except in two cases where a partner or child was present. The mean duration of the interviews was 57.52 minutes ($SD = 13.34$, range 30-103 minutes). After the interview, participants received 15 euros.

Ethics

The current cross-sectional study was approved by the Ethics Committee of the Institute of Education and Child Studies of Leiden University (registration number ECPW-2021/309). Prior to the start of the interview, participants had the possibility to ask questions and they gave informed consent. None of the participants withdrew before or during the interview. Participants were provided the possibility to be contacted by one of the researchers several days after the interview for questions or to share their experience with the interview. One participant made use of this option. Additionally, all participants were provided with a list of organizations that they could contact for (grief-related) questions or when they wanted to receive (professional) care (e.g., general practitioner).

The interviewers were researchers (i.e., first (CH) and third author (AH)) and four graduate student-researchers (all female, none experienced parental death). Before administering the interviews, the graduate students signed a non-disclosure agreement and were trained on ethical and practical aspects (e.g., privacy/data management) as well as interviewing skills and techniques. Supervision was provided to the (student-)researchers during the complete process of data collection. The audio-recordings that were made of the interview (via Kaltura Capture) were transcribed verbatim and pseudonymized after which they were stored in line with guidelines for the archiving of academic research for faculties of behavioral and social sciences in the Netherlands (Version 2.1, April 2018).

Materials

A semi-structured interview guide, including prompts and follow-up questions, was developed and piloted. During the interview, participants were asked what factors or events they experienced as supportive or helpful in the process of learning to cope with the death of their parent and what they experienced as unsupportive or unhelpful in this process. The interview questions are described in Table 2. During the semi-structured interview, a number of (closed-ended) questions were also asked, for example

Table 2. Interview questions regarding supportive and unsupportive factors in learning to cope with the loss.

Explanation	In this research project, we would like to investigate which factors can help in coping with the loss of a parent through the years.
Unsupportive aspects	Were there any factors, things or events *in the first year after your parent passed away* that you experienced as **unsupportive or unhelpful**? If yes: What did you experience as unsupportive or unhelpful? What were factors that you experience or experienced as **unsupportive or unhelpful** *after this period*?
Supportive aspects	What were factors that **helped you to cope** or learn how to cope with the death of your [deceased parent] *in the first year after your parent passed away*? What were factors that **help/helped you to cope** with the death of your [deceased parent] *after this period*?

Note. The interview consisted of many questions related to the loss of a parent. The questions that were the basis for this paper are presented in this table.

regarding the cause of death, the (un)expectedness of the death, and whether participants were present when their parent passed away. Descriptive statistics of these quantitative data are depicted in Table 1. Furthermore, the interview included other topics (e.g., impact of parental death on parenting) that were part of the broader project and beyond the scope of the current study. The mostly quantitative research questions regarding these other topics provided a rationale for selecting a large sample of adults who lost their parent during childhood.

Data Analysis

Thematic analysis (Braun & Clarke, 2006) was conducted in ATLAS.ti (Version 22.1.4.0) to generate the major themes that were related to supportive and unsupportive factors in the process of coping with parental death within an experiential framework. We analyzed the data from a constructivist perspective, focusing on the meaningfulness of the data, and not purely on the recurrence of the data. Prior to coding, transcripts were read through to increase the coder's understanding of the participant's experience with their parent's death. The coding process was a mixture between deductive and inductive coding. Six predetermined categories were used (e.g., Bronfenbrenner, 1979; Fritz et al., 2018): (1) individual/intrinsic factors; (2) family factors; (3) social environment/network; (4) other/societal factors; and (5) contextual factors (e.g., related to the loss). Within these categories, several different codes were defined such as (lack of) social support and interventions/therapy. Additional inductive codes were created in an iterative process.

The first 13 interviews were (independently) double coded by CH and AH. The remainder of the interviews (47 in total) were randomly assigned to CH or AH. Codes were mutually checked by these authors and disagreements were discussed and agreed upon, after which all codes were discussed with at least one member of the research team (SB, BE, and/or LA). After

Table 3. Overview of extracted themes and subthemes.

Themes and subthemes
Hanging on to daily life
(In)Stability in a changing family system
Changing family dynamics
Difficulties in coping with a new partner of the surviving parent
The need for a supportive social environment over time
Feeling heard and seen
Struggles with non-sensitive responses
The need for ongoing support
Feeling connected to the deceased parent through contact with others
The lack of support within the school context
Experiences with professional help

the coding, themes were generated and refined by the first author, in close collaboration and consultation with all other authors. Codes were (re)read and (re)grouped in higher-order categories and themes based on participants' experiences and insights. An overview of the five themes and subthemes can be found in Table 3. The synthesizing and contextualizing of the results and themes are discussed separately in the Discussion section.

Lastly, we explored whether experiences within a theme were related to two important loss-related factors, namely the age of the child at time of the loss and the gender of the deceased parent. We compared two age groups: primary school-aged children (4–12 years; $n = 29$) and adolescents (13–17 years; $n = 31$) and the group of participants who lost their mother ($n = 24$) and their father ($n = 36$). ATLAS.ti was used to create code-document tables to yield an overview of the possible differential experiences of these groups. Subsequently, we reread and reanalyzed all codes within a theme/subtheme per subgroup of the loss-related factor to more closely explore whether and how the child's age or the gender of the deceased parent were related to the experiences that were discussed in this theme/subtheme. Possible differences in experiences were integrated in the Results section per theme/subtheme. Naturally, we interpreted the code-document tables with care, taking into account relative frequencies and the fact when participants did not mention a topic, it did not mean that they did or did not experience it as supportive or unsupportive.

All quotes of participants are placed within quotations marks and include a personal code (i.e., P1 to P60) with an abbreviation "DF" or "DM" (in superscript) that refers to deceased father and deceased mother, respectively, and an "f" or "m" (in superscript) for female and male participants, respectively.

Results

Hanging on to daily life

In order to cope with the loss of their parent, participants mentioned that it helped to continue their life as normal as possible. As one participant

described: "*your world stands still at that moment, but the world around you just keeps turning. So it helped me to just keep going as much as possible, just going to sports as usual, going to school as usual*" (P49$^{DF, f}$). Taking part in the normal life brought a welcome distraction and moved the attention away from the loss: "*… I could really do my own thing, just do all the things a teenager normally does. That really helped me; that I wasn't seen as some sort of victim*" (P41$^{DF, f}$). Some participants described that they hid their feelings and acted as if nothing happened to them, or even presented themselves stronger than they felt. One participant reflected on this: "*maybe I could have found a slightly different coping style, because I created a kind of toughness that I didn't really have*" (P12$^{DF, m}$). The strategy of *hanging on to daily life* was particularly reported by participants who lost their father. And while avoiding and hiding their feelings was mentioned as a good strategy at that particular time, multiple participants doubted the effectiveness of this strategy in the long term: "*I don't know if that really helps in the long run*" (P20$^{DF, f}$; P52$^{DF, f}$).

(In)stability in a changing family system

The loss of a parent caused changes in participants' family lives that often made coping with their loss more difficult: "*your whole secure base is gone*" (P45$^{DF, f}$). Family roles and dynamics undeniably changed and sometimes a new partner of the surviving parent was introduced which complicated things.

Changing family dynamics

Participants experienced a change in roles within the dynamic between the remaining family members. The surviving parent often became less available because they had to adjust to the new role as a single parent: "*the family lost some stability, as my mother lost an important support figure in caring for us*" (P3$^{DF, f}$). "*My father was actually not capable of running a family at all. He just worked a lot and was away from home a lot. He had no idea how to raise kids*" (P59$^{DM, f}$). At the same, the surviving parents had to deal with the emotional burden of the loss of their partner: "*My dad couldn't handle the emotional part that he had lost his wife and that he was suddenly left on his own with* [number of] *children*" (P33$^{DM, f}$). The reduced availability of the surviving parent sometimes led to difficult family dynamics with increased (feelings of) responsibility for participants such as taking care of the siblings, the household, or finances: "*I had to look after the finances for instance; I was completely fixated by his bank account being in the red*" (P59$^{DM, f}$). A participant explicitly mentioned that these responsibilities were not age-appropriate. She helped with

the upbringing of her sibling "*in a way that is not really appropriate for a child*" (P3[DF,f]). Besides being responsible for practical tasks, some participants also felt responsible for the family atmosphere and the wellbeing of their surviving parent: "*but I also had to make sure that the atmosphere at home – well, that my father and my* [sibling] *were not constantly at each other's throats*" (P59[DM, f]); "*I thought 'oh, I am responsible for my mother's happiness', which was not helpful*" (P47[DF, f]).

Changes in the family dynamics did not only lead to diminished care by the surviving parent, but could even lead to harmful family dynamics. For example, child abuse prior to the parent's death could deteriorate when the deceased parent got ill or passed away: "*that happened more frequently; a number of times he really lost his self-control so much that he just beat me and my* [sibling] *until we had purple bruises, and threatened us*" (P33[DM, f]). Some participants mentioned that those tensions and conflicts led to terminating the contact with their surviving parent and/or sibling(s).

Difficulties in coping with a new partner of the surviving parent

Almost half of the participants were introduced to a new partner of the surviving parent during the remainder of their childhood. Often it was difficult to accept this new partner. Especially stepmothers seemed to cause acceptance problems: "*I didn't fully accept her; I struggled with it, but I accepted that I had a new mother*" (P33[DM, f]). When a new partner entered the family, this could have consequences for the availability of the surviving parent: "*some of my mother's attention went to those partners, which perhaps could better have been given to us*" (P15[DF, f]). The timing was often mentioned as an important factor, as some participants mentioned it was too soon after the death of their parent: "*So there was a new girlfriend and she came into our house right away. She immediately came up with all kinds of new rules, that didn't help of course*" (P7[DM, f]). Some participants also felt that the new partner drew attention away from the grief over their deceased parent: "*instead of talking about the grieving process after the death of your mother, how much we all missed her, we were talking about the new wife and where do we go from here*" (P44[DM, m]). Talking about the deceased parent in the presence of the new partner of the surviving parent could be difficult, as not all new partners could handle this. This silence could cause loyalty issues toward the deceased partner: "*it felt a bit like you had been shortchanged, but also that your mother had been shortchanged*" (P30[DM, f]). In some cases, the relationship with the surviving parent deteriorated substantially due to the introduction of a new partner, which could lead the termination of the contact with the surviving parent.

The need for a supportive social environment over time

The social environment was an important factor that could be very supportive, but also unsupportive. Participants indicated that it helped a lot if they were being heard and seen and were able to feel connected to their deceased parent. At the same time, they struggled with non-sensitive responses.

Feeling heard and seen

Feeling heard and seen within their family was important for participants. Expressing themselves could be difficult: "*I think I really suffered from not allowing myself to have and express the feelings I had*" (P34$^{DF, f}$). However, trying to be "*open*" (P30$^{DM, f}$) about it and the ability to "*talk about it*" (P3$^{DF, f}$/P12$^{DF, m}$/P46$^{DM, m}$/P23$^{DF, f}$/P10$^{DF, f}$) within a warm family atmosphere helped them. Some participants talked with their surviving parents, and talking with siblings could also be helpful: "*There was always a* [sibling] *available for me and I think that gave me a lot of security*" (P27$^{DM, f}$), although not all siblings went through the same grieving process, which sometimes complicated talking. Even if talking about the loss was difficult, the family could be experienced as a secure base due to a warm family atmosphere after the loss: "*my father made sure that our home remained a nice place. It did feel safe. There was a lot of sadness, but in spite of all that, it was nice to come home*" (P58$^{DM, m}$). Additionally, support from extended family members, such as grandparents, aunts, and uncles was valued. They took on practical responsibilities or were even described as a parental figure by some, "*I could turn to her* [aunt] *if needed*" (P36$^{DM, f}$).

Participants also felt supported by individuals outside their family: "*a lot of people want to do something and care about you*" (P3$^{DF, f}$). They appreciated others asking how they were doing, "*without immediately asking a lot of questions*" (P37$^{DF, m}$), and felt acknowledged when others "*just listened*" (P30$^{DM, f}$). Participants who lost their parent during adolescence mentioned that they had turned to their group of friends for support. And although talking with friends about the death of their parent was not easy: "*Certainly among young people,* […] *grieving is not the first topic of conversation*" (P9$^{DF, m}$), support from friends could be very valuable. The conversations about their loss did not always have to be really long or heavy: being "*able to talk about it very lightheartedly every now and then*" (P37$^{DF, m}$) could also be helpful. "*It's nice to talk about it a bit more superficially and also just to talk about other things, although it is at the back of their mind*" (P10$^{DF, f}$). The deeper conversations could be held with individuals with similar experiences. There was a "*certain mutual recognition*" (P60$^{DF, f}$) and they could "*understand each other*" (P16$^{DF, f}$/P34$^{DF, f}$/P10$^{DF, f}$/P30$^{DM, f}$).

Despite positive experiences of feeling heard and seen, not all participants (always) felt they were being supported. A lack of emotional support and feeling isolated was also reported:

> Other people really seem to have fixed ideas of how you should grieve, and they pin them on you. And if you don't meet those expectations, they don't really know what to do with you. So It was a very lonely time for me. I didn't feel like there was anyone I could turn to or that people understood me. (P41$^{DF, f}$).

Some indicated that there was "*no room for feelings and emotions*" (P60$^{DF, f}$/P56$^{DM, f}$/P10$^{DF, f}$). These experiences were mainly mentioned by participants who had lost their father. Being a minor in general did seem to play a role in the lack of support: "*people don't ask you as a child: how are you doing or what impact has it had on* you*?*" (P45$^{DF, f}$). Sometimes the young age of the participants was even explicitly mentioned by others to patronize feelings: "*My grief was very much dismissed as 'well, you were so young, so it really wasn't so bad for you'; so it felt like my grief was brushed aside as not important*" (P60$^{DF, f}$). "*The assumption that* […] *I wouldn't have that many memories of my father anyway, so I couldn't really miss him all that much*" (P17$^{DF, f}$).

Struggles with non-sensitive responses

Clearly, other people did not always respond in a sensitive manner to the death of the parent of the participants. Other people seemed to experience discomfort and reacted insensitively out of "*lack of understanding or incomprehension*" (P8$^{DF, m}$) or "*ignorance of how to deal with me as a person who just lost someone*" (P42$^{DF, f}$). Talking about loss can be difficult, especially for those who have not experienced loss themselves: "[they] *have the feeling they are not saying the right things, so they are sometimes reserved, because they don't know how to handle it*" (P5$^{DM, f}$). Examples of reactions that were mentioned were: "*well, just think you've gained a valuable experience*" (P31$^{DF, f}$) or "*you're still young now, just enjoy it* [life]" (P45$^{DF, f}$). Other people started talking about their own experiences: "*people say they know how you feel, 'oh, I've been through something like that too', or 'when my grandmother died…', oh yes … that feels exactly the same* [sarcastic tone]" (P10$^{DF, f}$) or wanted to fix the problem. These reactions seem to be an effort to alleviate the circumstances and feelings for the participant, but were experienced as unhelpful and "*misguided*" (P31$^{DF, f}$). What they seem to have in common is that they did not validate and acknowledge participants' experiences and feelings. Ignoring the (long-term) impact of a parent's death also happened. For example, a participant indicated that people said: "'*you'll get over it'. That's really not true: it never goes away, you just learn to live with it*" (P8$^{DF, m}$). As one participant concluded: "*I think society has a lot of steps to take to accept another*

person's grief. […] *People find it difficult if you're sad; they find it hard to talk about things they think will be painful for you*" (P18[DF, f]). Most non-sensitive, unhelpful responses were mentioned by those who lost their father.

The need for ongoing support

Participants indicated that ongoing support and acknowledgment, and noticing that people "*haven't forgotten*" (P50[DF, f]) was important. A participant mentioned that it was helpful to "*keep talking, even after so many years*" (P6[DM, f]). "*A bit of mental maturity made it easier to talk about it with others. And even now. And yes, that does help*" (P58[DM, m]). Some participants kept silent for a long time and started talking about the impact of their loss in later life. However, over the years other people became less interested in what happened and stopped asking questions:

> *[Others]* never ask about my father, never mention his name, and do not talk about him, but also never ask how that feels for me. Because it's not something people talk or ask about. I sometimes have the idea that people aren't aware of it, or that people have forgotten, whereas for me it's something I think about every day *(P34[DF, f])*.

Several participants experienced support from their romantic partners who they met in later life. Their partners provided a safe base for them to (learn to) talk about the parent's death, talk about memories, and where their feelings are validated: "*I could cry whenever I wanted to, which I never did before. He was the only one I felt I could be myself around*" (P39[DM, f]).

Feeling connected to the deceased parent through contact with others

After the loss, participants had to adjust to a life without their parent, while maintaining some connection with their deceased parent and integrating the loss in their lives. The importance of maintaining this connection was particularly reported by participants who were adolescents when their parent passed away and by participants whose father died. "[Others mainly] *spoke about how sad everyone was and not about who he was as a person. I would have liked to know who he was and what drove him*" (P60[DF, f]). Other people who had not known their parent could foster this connectedness by asking questions about the deceased parent. Most of the times, however, it were people that knew the parent that created feelings of connectedness: "*I sometimes visit old friends of my father – I like that very much. Then I also hear stories about the past. I also like to hear the less fun stories now, I can laugh about it*" (P12[DF, m]). Not all people, however, were able to talk about the deceased parent. This could even "*damage the family ties*" (P58[DM, m]), for example, when the grandparents "*found it quite difficult to see us, as that reminded them very much of our father*" (P15[DF, f]). This complicated the process of staying

connected to the deceased parent. How participants were able to connect with their deceased parent through others sometimes changed over time: "*Over the years, things did improve as regards talking about my father with the family. They did everything they could to 'keep him alive a bit'*" (P50$^{DF, f}$).

The lack of support within the school context

School played an important role in dealing with the loss of a parent. Some of these experiences were positive, for example, when a mentor or other teacher acted as supportive figure they could openly talk to about their loss: "*I could share information with her that I couldn't share with others*" (P31$^{DF, f}$), or when a teacher decided to discuss the loss of the parent in the classroom: "*My teachers made it a subject for discussion in class and they kind of made sure that it became a safe space for me again*" (P54$^{DF, m}$). However, in most cases, the role of the school was not a positive one. Participants, and especially those who had lost their father, experienced a lack of attention for their parent's death. "*No one talked about it*" (P17$^{DF, f}$); "*not one teacher ever asked how I was doing*" (P53$^{DM, f}$). Their loss did not seem to matter and was not taken seriously. One participant even described that "*it was literally not mentioned once*" (P34$^{DF, f}$). On special days, such as Father's or Mother's day, going to school could be extra painful: "*every Father's day, you have to explain to everyone that you don't have a father any more*" (P20$^{DF, f}$). Participants seemed to vividly remember these situations where their experiences and feelings were not validated. These situations had a considerable impact on them, also on the longer term: "*still now, 30 years later, I think 'Geez, couldn't you have done that differently?'*" (P28$^{DF, f}$). When attention was paid to their parent's death, some experienced mismatched responses which made clear that professionals at school did not always know how to deal with the situation. For example, when a participant was having a difficult time a year after his father died, a teacher reacted with "'*what, still?', as in 'you can't play that card any more'*" (P37$^{DF, m}$). Sometimes, the school did not pickup behavioral signals such as skipping school, that indicated that the participants were not doing well: "[someone] *should have had those conversations with me, like 'you say it's going well, but this shows otherwise'*" (P59$^{DM, f}$) or "[the school] *should have called in some professional help*" (P57$^{DF, f}$).

Experiences with professional help

Participants reported they have had many different types of therapy, such as therapy focused on grief, cognitive behavioral therapy, psychotherapy, and trauma-focused therapy (e.g., EMDR, imagery exposure and

rescripting), or other forms of alternative care (e.g., haptotherapy, psychic, systemic family constellations). Additionally, differences in setting (e.g., individual therapy, group therapy, group of individuals with similar lived experiences) and timing of therapy were mentioned, which ranged from relatively soon after the loss to later in life and from once to several times throughout the years.

The experiences with therapy and other forms of professional help varied a lot. Some participants had positive experiences with therapy and learned to talk about the loss and their feelings: "*the psychologist taught me to talk and to look at myself and my feelings*" (P39$^{DM, f}$). The professional distance and the non-judgmental attitude of the therapist seem to make it easier to talk about the experiences of loss. One participant said that she was "*finally able to talk about it without hurting anyone*" (P36$^{DM, f}$), and another mentioned: "*You can talk to someone who is an outsider, who is independent, and who doesn't have an opinion about you or anyone else, but just looks at things in an unbiased way*" (P28$^{DF, f}$). Learning to talk about the loss was not only important in the early years, but could also be beneficial later in life: "*I went to a psychologist a few years ago and now slowly I can start to talk about it, or to let it in; it is a bit more integrated into my life*" (P56$^{DM, f}$). One participant even had such positive experiences with professional help that she was convinced that: "*if your parent dies, especially if you experience that as a child – give all those children a psychologist right away, even if they don't want it, just so there is a safe place where you can tell your story*" (P20$^{DF, f}$). Sending children to a therapist even if they did not want to, however, was not perceived as positive by the participants who experienced that: "*that was also more forced, like 'well, we don't know what to do with you, so off you go to a psychologist'*" (P41$^{DF, f}$).

Professional help was not always experienced as helpful. Some participants felt that the loss of their parent was no topic at all during therapy, for example, when they came for symptoms of depression: "*and even though the therapists knew that my mother had died, none of them ever asked about that, not a single one*" (P33$^{DM, f}$). Another participant had similar experiences: "*there basically wasn't any room for the whole story of my father's death*" (P41$^{DF, f}$). Unhelpful aspects of therapy were especially mentioned by participants who lost their father.

Discussion

The current study explored adults' experiences with the loss of their parent during childhood and identified supportive and unsupportive factors in learning how to cope with their loss, immediately after, but also throughout adult life. Five main themes were generated regarding the supportive and

unsupportive aspects: (1) Hanging on to daily life; (2) (In)stability in a changing family system; (3) The need for a supportive social environment over time; (4) The lack of support within the school context; (5) Experiences with professional help.

On an individual level, participants tried to find distraction by continuing to engage in daily life. Although this was helpful for many, some also described that it had a downside when driven by an (un)conscious tendency to avoid feelings. This focus on distraction and hanging on to the structure of 'normal' daily life is in line with findings from previous qualitative studies (e.g., Apelian & Nesteruk, 2017; Chater et al., 2022) and has also been described as part of the 'restoration-oriented' tasks from the Dual Process Model (DPM-R; Stroebe & Schut, 1999, 2010, 2015). According to the DPM-R, it is important for adaptation after loss that there is a balance ('oscillation') between restoration-oriented and loss-oriented tasks over time. Here, restoration-oriented tasks are related to adjusting to a changed reality after the loss and loss-oriented tasks are tasks related to dealing with and sharing feelings and other aspects related to the loss (Stroebe & Schut, 1999, 2010, 2015). Both of these aspects were frequently mentioned by participants. In the first period after the death, restoration-oriented tasks can be recognized in the frequently described avoidance of the loss and hanging on to daily life as helpful aspects in coping with their loss. At the same time, loss-oriented tasks were also mentioned, as participants described the importance of being able to talk about the impact of their loss within a supportive social environment.

Participants described changes in their family lives that complicated their grieving and the ability to adapt after their loss. A limited availability of the surviving parent could lead to a lack of care in (part of) their childhood years and an increase in (feelings of) responsibility. This has also been described in previous studies (Apelian & Nesteruk, 2017; Chater et al., 2022; De Rosbo-Davies et al., 2021; Jiao et al., 2021; Silverman & Worden, 1992). Future studies could examine whether these feelings of responsibility and actual responsibilities are risk factors for less optimal outcomes on the longer term and how significant persons in the child's environment may help to facilitate 'normal' child development. Furthermore, the introduction of a new romantic partner of the surviving parent presented an additional change in family relationships that often complicated the grieving process. The current study shows that this was mentioned relatively more often when the mother passed away. The complications with regard to the new partner are in line with the few studies that have shed light on the potential roles of a new partner of the surviving parent (Boerner & Silverman, 2001; Ludik & Greeff, 2022; Meyer-Lee et al., 2020; Riches & Dawson, 2000).

These changes in the family live are described as family adjustment tasks in the DPM-R (Stroebe & Schut, 2015). In the grieving process, the

adjustment of individual family members affects one another, and this impacts the whole family and familial processes and relationships. This is also reflected in the developmental systems framework (Walsh & McGoldrick, 2013) that describes how individuals in a system influence the system as a whole. Given the importance of a systemic perspective on grief, it is important to (longitudinally) investigate grief and the process of learning to adjust to the loss of a parent and focus on the familial relationships and interactions over time.

Different experiences with regard to the social environment of the participants were mentioned. Many mentioned they felt supported by their social environment; they felt heard and seen in their grief and felt acknowledged by others. Conversations about their loss did not always have to be intense or long in order to be helpful. Unfortunately, participants (also) experienced a lack of support from others within their social environment, for example when people did not ask about their loss, when talking about their feelings was not accepted, or when these feelings were patronized. This could lead to feelings of loneliness, which for some was a struggle throughout the years. Also, other people's reactions showed they felt uncomfortable discussing the topic of loss. This is in line with previous studies that described a taboo surrounding death and found that individuals who experienced CPD felt that others did not understand or know how to respond to their loss, which is also described as a lack of grief empathy or sympathy (Chater et al., 2022; Koblenz, 2016). The feelings of loneliness or disconnection and the need for support and 'social acknowledgement' are also in line with broader research on grief (Maciejewski et al., 2022; Maercker & Müller, 2004; Smith et al., 2020; Vedder et al., 2022; Zhou et al., 2023). From a societal perspective on grief, assumptions or expectations of others surrounding grief (e.g., Kahler et al., 2019; McLean et al., 2022) potentially negatively affect children's experience of and ability to cope with their grief. Given the importance as well as the modifiable nature of social support (Logan et al., 2018), it may be especially relevant to further examine the role of perceived grief-related expectations or assumptions and social support to better understand individual differences in long-term outcomes after parental loss.

Several participants mentioned teachers who were supportive, provided a safe space, and had an eye for their needs, whereas others experienced a lack of support in their school environment. Again, a lack of attention for their loss and mismatched responses out of discomfort or misunderstanding played a role. Our findings are in line with a Danish study in which children experienced a lack of (adequate) communication surrounding their return to school and a lack of long-term support and understanding (Lytje, 2018). It was suggested that insufficient or inadequate

support could be due to a lack of training (Dyregrov et al., 2020; Lytje, 2018; Lytje & Dyregrov, 2021). A recent qualitative study among teachers supports this suggestion, as teachers felt unqualified for this complex task and felt a lack of support and training from within the school (Levkovich & Elyoseph, 2023). Supporting children on their return to school after their loss is even more important, given that studies showed that children who experienced CPD generally have less optimal school outcomes compared to children who did not experience CPD, also on the longer term (Berg et al., 2014; Burrell et al., 2020; Høeg et al., 2019; Liu et al., 2022). Therefore, in line with previous suggestions, updating grief/bereavement protocols with structured guidelines might be an important step for schools (for guidelines, see Dyregrov et al., 2020; Lytje, 2018; Lytje & Dyregrov, 2021).

Psychologists and other professionals can help in dealing with CPD. Being able to talk about their loss with a therapist as an unbiased, non-judgmental outsider was helpful for many participants. However, it is crucial for therapists to pay attention to individuals' experience(s) of loss and provide a safe space to talk about their experiences, without pathologizing this. Making individuals who experienced early loss feel heard is essential, also when this loss experience does not seem to be directly related to current symptoms (see also Chater et al., 2022; Koblenz, 2016).

In addition to the generation of our themes, we explored the connections between the themes and two important loss-related factors, namely the child's age at time of the loss and the gender of the deceased parent. When interpreting the findings regarding these connections, it is important to note that this is not a direct comparison between groups, but rather an comparison of subjective patterns across two groups (e.g., regarding the support they received after their loss). Quite remarkably, we found no clear patterns regarding participants' experiences with respect to the child's age when their parent passed away. For participants who were adolescents when their parent passed away, it seemed more important to maintain a connection to their deceased parent and they often felt supported and felt that they could talk about their loss with others. It is unclear whether this finding reflects more actual support for this age group, or that participants who were adolescents when they lost their parent remembered and reported feeling supported more often than participants who were younger when they lost their parent. Also, as adolescents may generally be better able to discuss the loss themselves, they may have invited more conversations and support from others, such as their friends. It makes sense that the type of both actual and desired social support for children may depend on the age of the child, with support for adolescents being more verbal in nature, focused on talking about the loss or the deceased parent. Future studies could further examine what type

of social support may be especially important for children or adolescents when their parent passes away.

Regarding the gender of the deceased parent, we found that especially participants who lost their father mentioned hanging on to daily life and both helpful and unhelpful aspects around maintaining a connection to their deceased parent. Furthermore, those who had lost their father seemed to have experienced a considerable lack of social support, in general as well as within the school context and regarding professional help, and they more often mentioned non-sensitive responses. A possible explanation could be that people in general may tend to believe that a mother's death may be more impactful than the death of a father, since the mother is traditionally seen as the primary caregiver. Hence, this may result in different responses toward children who lost their mother or who lost their father, as people may potentially be especially sensitive to children who lost a mother. These results may also reflect potential (implicit) societal expectations regarding the surviving parent. A surviving father for example may be more strongly perceived as in need of help when the mother as primary caregiver is no longer present. Furthermore, participants who lost their mother often experienced the new partner of their father as unsupportive. Future studies may further disentangle how societal and cultural norms and values play a role in the support offered after the loss of a father versus a mother.

The current qualitative study has several strengths and limitations. First, the large sample of sixty adults provided us with very rich and detailed data. This enabled us to validate previous qualitative studies and to obtain an extensive overview of different experiences and insights of participants of different ages at time of the loss of their parent. Additionally, this study gained more insight into whether and how the experiences were different depending on the gender of the deceased parent. However, the self-selection bias to participate in an interview about the death of a parent and the limited diversity of the sample regarding gender, cultural and educational backgrounds, and cause of parental death, limits the transferability of our findings. The rich description of our sample however can provide other researchers with the necessary information to evaluate this transferability. Future research should include individuals with diverse backgrounds and could focus on elucidating whether specific groups of children, such as those who lost a parent due to specific causes of death, are in need of specific types of support. Second, the semi-structured nature of our interview guide (available upon request) enabled us to systematically address multiple topics to get a broad overview of adults' experiences and insights surrounding their loss. As the interview was part of a broader research project, it also included some closed ended, standardized questions. These questions may have had an effect on the flow of the conversation and the salience of certain topics, however, much attention was

paid to a well-balanced combination of questions. Third, certain topics were not included in the topic guide, such as experiences with religion or spirituality or (more in-depth) information regarding professional help/therapeutic experiences. The latter topic however was often mentioned as an important factor in coping with the loss of a parent, whereas religion was only mentioned by one participant as supportive. Future research could also systematically examine other potentially relevant factors, such as whether and how religion, spirituality, cultural aspects, and the relationship with the deceased parent are experienced as supportive or unsupportive in coping with the loss of a parent. Lastly, it is essential to consider time-sensitive aspects surrounding grief and loss when interpreting the findings of the current study. The childhood bereavement experiences of adults between 25 and 45 years are likely to differ from more recent bereavement experiences given recent shifts in cultural and societal opinions such as an increased openness and public discussion of grief and loss. The findings of this study may not fully reflect these changed societal opinions, which may limit the transferability of the findings.

Taken together, the current study highlights the importance of support for children who lost a parent. On the one hand, children need a safe space to talk about the impact of the loss, and on the other hand, they also search for distraction from their grief in order to cope with their new reality after the loss. A balance is needed between restoration and loss-oriented tasks (Stroebe & Schut, 2015). Significant persons in the child's social network, including educational and health care professionals, can especially be attentive to family-related changes in the aftermath of parental loss, such as the introduction of a new partner of the surviving parent and increased feelings of responsibility and actual responsibilities. They could keep an eye on the child's daily structure and wellbeing as well as provide a safe environment to openly talk about the loss of the parent. Furthermore, reactions from others, also within schools and professional help settings, are influential in how children are able to cope with the loss of their parent, also throughout adult life. Acknowledging the loss without immediately mentioning mitigating circumstances is helpful as well as remaining attentive during important phases or days throughout life (e.g., (life) transitions, the day the parent passed away, birthdays, and days like Mother's or Father's day). Furthermore, our exploratory findings suggest that individuals who lost their father during childhood retrospectively experience less support from their social environment.

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Data availability statement

Our data contains (highly) sensitive data that could identify participants. Therefore, the data is not openly available in a public repository. However, data are available via the principal investigator of the current research project (L. R. A. Alink), upon reasonable request.

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