Dublin Business School

The Importance of Positive Parenting as the Resource for Parentally Bereaved Children and its use as the foundation for a Family Bereavement Program.

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Abstract

This study set out to identify the parental experience and the social support that was offered for a distinct group of parentally bereaved adolescents aged 12 – 17 in the 1980’s in working class Ireland.

The study will then compare their experience to the perceived experience their children might enjoy should they too suffer a parental bereavement and question if there are any perceived long-term benefits for a formal family bereavement program that has positive parenting at the heart of its foundation.

The sample consisted of eight children from 3 distinct families who are now adults and for all but one, all parents. The supports experienced by the participants, both formal and informal, were examined with specific emphasis on the positive parental experience as a resource.

The method employed to conduct this research used semi-structured interviews which allowed for the collection of data to be analysed labeled and coded into themes. None reported enjoying either formal or informal support or a particularly positive parental experience.

The results indicated that the children were fundamentally affected by the loss of their parent and as a result of this went on to suffer life-long self-esteem issues and that the participants were ill prepared and unsupported both by their remaining parent and by their wider family and society as a whole, to navigate the devastating effects of the death of their parent.
The results indicated that the participants believed that they would be better able to deliver a positive parental experience to their children in the event of them suffering a parental loss due to the relationship they currently share with their child, although, the study found that this would be greatly reinforced if the parents participated in the positive parental program or a bereavement program with positive parenting as its foundation. The study concludes with recommendations as to the possible structure of these programs and how they may be rolled out.
**Introduction**

Major works including the Arizona State University published paper on the long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents conducted over a six year period have shown the benefits of the implementation of such a bereavement program.

This paper determines what the positive parental and family bereavement experience was for a distinct group of eight individuals who shared a similar social, religious and economic background and who also suffered the loss of a parent between the ages of 12 – 17 in the 1980’s.

It compares the attitudes and expectations to both positive parenting and a family bereavement program of the self same group now that they too are parents\(^1\) themselves.

The paper goes on to identify the importance of positive parenting as a resource itself and how it should form the foundation of a family bereavement program and how such a program might be rolled out.

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\(^1\) Please note that parent also refers to primary caregiver in this study
Research Project

Published Research

There is an ever growing body of knowledge regarding the empirically-supported view that Parental Death is one of the most traumatic events that can occur in childhood and that the child affected is at risk from a number of negative outcomes including increased risk of social withdrawal and of depression in adult life. Some of the more compelling evidence supporting this is captured in the article by Haine and his Colleagues (2003) ².

Along with the above risks the impact on the child’s self-esteem can resonate throughout their lives. This was found to be the case in the study named The Child Bereavement Study carried out in Boston in 2005. The article by Worden and Silverman (1996)³ described what the findings were in the community-based study. In the study children and their surviving parent were assessed for four months, one year, and two years after the death. Most of the differences between the two groups were not obvious until two years after the death. The bereaved showed higher levels of social withdrawal, anxiety, and social problems as well as lower self-esteem and self-efficiency when compared to their peer group who did not suffer a loss.

The lack of a sense of control upon the death of a parent has also been found to impact on the self-esteem of both the child and the surviving parent. A study into the

Evidence-based practices for parentally bereaved children and their families Professional. Professional Psychology: Research and Practice, 39, 113-121.

extent to which a group of seventy-six children aged 8 to 16 and their surviving parent believed that they could control the events that affected them and the effect it had on their self-esteem following the death of their parent was captured in the article again by Haine and his colleagues (2003). Through the completion of questionnaires with supporting structured interviews the perceived levels of sense of control and self-esteem of the child were measured with input from the parents at the fourth month and the thirty fourth month following the death. The findings revealed the tendency of both the child and the surviving parent to internalize their problems and not seek external resolution of them.

Positive parenting has been universally found to be the foundation and bedrock in the increase of a child’s resilience, their positive self-image and self-esteem and has also led to their ability to manage increased levels of stress and coping skills. Another article based on the above study by Millsap et al (2003) found that positive parents could act as a protective resource against the adverse effects of negative life events on parentally bereaved children. This is further supported by a study that captured descriptions from adults who experienced both low and high levels of depression in

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adult life following the experience of a childhood parental death as described in the article by Salar and Skolnick (1992)\(^6\). The study found that those that experienced low levels of depression said they did so due to the high levels of interactions with the surviving parent and to the supporting nature of the family environment after the death. These individuals commonly described their surviving parent as empathetic and warm, and as promoting rules and standards while allowing them the opportunity to mourn. Those that suffered high levels described that they did so due to the lack of interactions with the surviving parent.

How this might manifest itself and the impact on the receiving child is highlighted in a number of articles by Sandler (2001)\(^7\) where the study found that positive parenting may generate an environment that meets the child’s needs and goals to the child’s satisfaction and allows for the opportunity for the child to accomplish age appropriate developmental tasks. An environment where positive parenting is prevalent will, according to research highlighted in the article by Patterson (1982)\(^8\), be one where patterns of negative reinforcement and undue harsh punishment will be kept to a minimum or non-existent, while allowing for the child to be aware of the consequences of misbehaving. Positive parenting may develop the social skill-set and


\(^7\) Sandler, I. N. (2001).

\(^8\) Patterson, G. R. (1982).
problem solving abilities of the child while highlighting the advantage of non-aggressive conflict resolution and may allow for an environment where the child’s individual talents are allowed to flourish. These patterns were found to be present in a study described in the articles by Pettit, Dodge & Brown (1988) ⁹ and by Sandler, Tein & West (1994).¹⁰

Even when positive parenting is found to be present, studies have shown that formal interventions delivered in a structured and timely manner have helped the child and the remaining parent to adjust to the death of a loved one. In the article by Schmiege and his colleagues (2006) ¹¹ the long term findings of a study where the children and parent met separately for 12 two-hour weekly sessions was described. In these sessions, the skills targeted by the program for children included positive coping, stress appraisals, control beliefs, and self-esteem. The parent program targeted the parent’s mental health, life stressors, and improved discipline in the home. Both programs emphasized the importance of the quality of the parent-child relationship.

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A second study examined if a modified version of cognitive behavioural therapy could be effective in the treatment of childhood traumatic grief if delivered in a timely manner. These findings were captured by Cohen and Mannarino (2004)\textsuperscript{12} and a number of subsequent articles. In the study 22 children who had suffered a trauma, along with their parents, received a manual-based trauma-focused cognitive-behavioural therapy, which included grief-focused interventions over a 16 week period a short time after suffering the trauma. The results showed that the children experienced significant improvements in post traumatic stress disorder (PTSD), depressive, anxiety, and behavioural problems. Along with the children the parents also experienced significant improvement in depressive symptoms when compared to those parents that did not take part in the study.

Perhaps the most compelling study that promotes the effectiveness of a structured and long-term bereavement program was a trial in the USA carried out over a six year period. The trial known as the Family Bereavement Trial Program was described in the article by Ayers et el. (2010)\textsuperscript{13} and referenced in many more. The study consisted of a randomised trial sample of 244 youths aged between 8-16 years who had experienced the death of a parent.


The participants were drawn from 156 families indicating that a sub group of the sample group were made up of brothers and sisters. The sample consisted of almost an equal split of boys (53%) and girls (47%) who were drawn from a number of ethnic and social backgrounds. The groups were split up - which saw 135 of the youths and their families randomly assigned to the bereavement program. The bereavement program targeted the positive parenting skills of the parents and developed the self-esteem and coping skills of the child and emphasized the importance of positive family interaction. Throughout the six year period there were refresher courses which again emphasized the importance of family interaction and when required, specialized one to one sessions. Those that did not take part in the study were for the most part contacted only at the agreed points of measurement over the six year period. Using the Texas Revised Inventory of grief and the intrusive grief thoughts scale, the study measured the problematic grief, which the participants had experienced at four distinct points. These were pre-test, post-test, an 11 month followup and a 6 year followup.

The results of the trial showed that when compared to the non bereavement program the Family Bereavement Program group showed a greater reduction in their level of problematic grief and demonstrated lower levels of social detachment and insecurity than those who did not take part in the program.

Even when the question in general has been raised as to whether or not specific targeted grief therapies with children were any more effective and delivered any further benefits than other established professional psychotherapeutic interventions in helping a child to adjust to the death of a loved one. Studies such as the one described
in the article by Currier, Holland & Neimeyer (2007) found that some form of therapy was better than none and that the effect of the therapy was a time-sensitive issue and produced better outcomes overall if it was delivered in a timely manner.

Conclusion

Parental death is one of the most traumatic events that can occur in childhood and is more common than thought. For example, a report carried out in 2000 by the Social Security Administration Department in the United States found that an estimated 3.5% of children under the age of 18 (approximately 2.5 million) in the United States have experienced the death of their parent and anecdotal evidence suggests that Ireland is in line with this. Although there is an elevation of risk for negative outcomes, this is not to say that all parentally bereaved children will suffer these, some may adapt well and will not experience serious problems due principally to the positive parenting practiced in their home environment.

Those that do suffer a negative impact may require the support of a formal program to help both them as individuals and their families manage in the short term and hopefully prevent further negative outcomes in the future. The need for such a program and the form it should take is still in its infancy.

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The reviews of the above literature, which comprise of a snapshot of published descriptions of research, interventions and programs for children and families following the death of a parent, have a number of common trends.

The first of these is that the death of a parent places children at a high risk for a number of negative outcomes both at the time of the death and in later life. These may include mental health problems such as depression, anxiety and post-traumatic stress symptoms. They may suffer traumatic grief, where the person may yearn for the deceased and where there may be a lack of acceptance of the death. The child may go on to suffer low academic success and self-esteem throughout their life.

Facilitating and developing a positive parent-child relationship by the surviving parent is the single most consistently supported mechanism in the successful adjustment of parentally bereaved children. A positive parent-child relationship can allow for open communication and will include a balance of warmth and effective discipline and an explanation at a level that the child can understand that it is normal to have feelings of hurt and anger upon the death of a parent.

There is a need to develop an education program to increase the awareness of both those that are directly affected by death and the wider society on the grief process. This process should inform the public that it is normal as part of the grieving process that everyone involved may feel a wide range of emotions, including anger and guilt. Children should be taught that the death is never their fault and that it is not only acceptable, but good to talk about the parent who has died.
The wider society should be made aware of the importance of positive parenting and the need to create a safe environment for parentally bereaved children to mourn.

A Family Bereavement Program, regardless of the model that it is based on, can help reduce the risk of negative outcomes if delivered in a timely measured manner. The primary goal of this program would be to decrease children’s exposure to stressful changes following the death and to strengthen the child and families resources for dealing with those stressors through cognitive, emotional and behavioural skill building.

Working with the child both separately and in conjunction with their parent the program will aim at increasing the child’s self-esteem with the aid for example of developing the skill of self talk and reframing negative self-statements into more positive self talk. This reframing could for example change the following sentence from “things are bad now they are never getting better” to “things may seem bad now, but they will get better” and encouraging the remaining parent to provide positive feedback.

The program should also target increasing the child’s sense of control. Parentally bereaved children can feel more helplessness and believe that they have less control over events that are happening or can leave them believing that they must control everything for example “It’s all up to me if I don’t do it, it will not be done.” The program should focus on the child developing the skills to distinguish the problems that are the child’s “job to fix” versus the problems that are adults’ responsibility.
Coupled with this will be the improving of the child’s general and specific coping skills. Most of the programs reviewed in the articles advocate the need to develop specific skills for example; positive reframing, problem-solving utilizing both cognitive and behavioral skills to deal with daily life, the ability to seek out emotional support at the appropriate time should they believe they cannot manage the stressful situation presenting itself.

The increasing of the child’s sense of belief in themselves will be an ongoing target of the program. This could be achieved by a number of methods including continued positive feedback from the parent and the program itself.

Central to the program will be the development of the child’s ability to receive and adhere to effective discipline that is imposed on them by their parent.

At all times the program will provide a safe and supportive platform that will allow the child to express the emotions that they are feeling which can include feelings of sadness, guilt, anger, and anxiety. This platform will demonstrate to the child that their feelings are seen and understood both by the program and the significant others in the child’s life.

For the remaining parent, the program will develop their parental skills. This may include the development of their listening skills, such as reflecting what they hear. It will develop their ability to express warmth, conveying acceptance, expressing affection, fostering open one to one communication, and providing emotional support to their child and the ability to develop a consistent and appropriate discipline regardless of mood or context.

Another central pillar of the program will be the promoting and the facilitation of positive family interactions.
These potentially form the foundation or at least a starting point for the development strategies to promote the healthy adaptation of those children and their families in need of such support, which in turn, may allow them to cope in their current crisis and help in the prevention of future negative outcomes.

However, overriding to all the research reviewed in the articles is the importance of Positive parenting and how it forms the best opportunity for the child to avoid future negative outcomes.
Methodology

Introduction

This chapter describes the methodology used in this study. It explains the rationale for the particular design, who the participants were, the materials used and the procedure adopted. In conclusion the ethical considerations, which underpinned the study are outlined.

Research Design

A qualitative approach was chosen for this study, “We choose a qualitative method if our research question is oriented towards the exploration and understanding of meaning”15 (Dallos & Vetere, p45).

The aim of the research is:

To identify the perceived long term effects and benefits of a bereavement counseling program (or the lack of it) for a distinct group of parentally bereaved adolescents (age 12-17) in the 1980’s in working class Ireland from their perspective.

Examine the counseling participation rate in the 1980’s by the participants and compare this to the expected and actual rates today.

To specify the bereavement counseling, if any, that was offered at the time and to suggest how this could change for current times.

To determine if the participants believe that their coping skills in dealing with the bereavement would have been improved in the participation of such a bereavement program.

Examine the role of the remaining parent and the impact of positive parenting or the lack of it during and after the bereavement.

Semi-structured interviews was the preferred method as the key questions helped to define the areas to be explored, but allowed for the interviewer to diverge in order to pursue an experience or response in more detail unhindered by pre-conceptions or presumed outcomes. This approach it is hoped “produced richer and perhaps more genuine responses” 16 (Coolican, p145).

The data was analysed using a thematic approach which allowed for the identification of a limited number of themes which adequately reflected the collected data from the interviews. The researcher was not attempting to prove any existing theory or generate any new theory.

Rather the purpose of the research attempt was to gauge and measure the acceptance

of the concept of bereavement counseling both in the 1980’s and today. It measured the participants experience of positive parenting during the period and what form it took. It measured the participants understanding of what could have been achieved if they participated in bereavement counseling in the 1980’s and if required today.

The research will also test the hypotheses that no offer of a counseling service was provided in the ‘80’s and that the situation may not have changed a great deal.

**Participants**

There were eight participants in all. Each had suffered the loss of a parent between the formative years of 12 to 17 in the 1980’s. All came from similar social, religious and economic backgrounds. Although there are eight individuals, they are represented by three distinct family groups. Seven of the eight are now parents themselves. In the case of two of the participants family groups there still remains one living parent.

**Materials**

A digital voice recorder was used to record the interviews. A laptop was used to transcribe and store the results.

**Procedure**

The research was conducted by the means of a face-to-face interview, with the eight members of the identified group.

The questionnaire was structured to aid consistent and useful analysis with some less structured feedback in the form of free text comment, which allowed for the capture of personal reflections on each of the participants part.

The interview process was delivered in a four-phased approach:
Phase 1: Briefing

Each of the participants was fully briefed as to the expectation of the outcome and the process that was to be adopted. And agreement again was sought to take part in the research project.

Phase 2: Interview

The participants were known to the interviewers, the interviews themselves took place in the home of the interviewer over the course of a number of evenings as to “capture life as it is, and permit participants the greatest liberty to act as normal research needs to be conducted in naturalistic settings” 17 (Coolican, p225).

Before each interview the purpose of the research was again explained. The interviewees were again informed that the interview would be recorded and asked if they agreed to this. All of the participants agreed to the interview being recorded. The voice recorder at all times remained in the open view of the interviewees.

The interview course was roughly guided by the questions (see appendix 1 Sample questions). Sometimes the questions were mixed up, or asked in a slightly different way to follow the natural flow of information; this was considered a more natural approach. Participants were encouraged to include anything they considered relevant to the topic. Interviews ranged in length from 1-2 hours.

The findings were subsequently transcribed on to a laptop and analysed. The laptop

was kept in a secure location and access to it was password protected.

Phase 3: Individual feedback.

Each of the individuals were brought through the findings from their interview and the statistical analysis. This was done on a one to one basis. Permission, in the form of written consent was again sought to use the individual findings in the overall research.

Phase 4: Presentation

With the overall findings collated a group presentation to all the participants was given and signed consent again for the use of the findings in the published paper was given.

**Ethical Considerations**

According to Coolican “The investigator is obliged to give the participant every chance not to participate”. The participants were fully briefed before, during and after the interviews themselves.

Although each of the participants had already agreed to take part in the interview they may have, upon mature reflection, decided not to participate in the process.

Confirmation on the day of the interview that they were happy to proceed was sought. Written consent both to take part in the interviews was sought both prior to the interviews themselves and just prior to the publication.
Research participants have the right to remain anonymous\textsuperscript{18} (Coolican, p221). The participants in this study were informed that their identities would not be revealed in the research results. Pseudonyms were used in the place of real names throughout the text. In order to maintain the gender and family context,

Family 1: Which had children of 2 males SmithMale1 & SmithMale2 were used

Family 2: Which had children of 2 males and 1 female, JonesMale3, JonesMale4 & JonesFem1 were used.

Family 3: Which had children of 2 Females and 1 Male , RyanFem2, RyanFem3 & RyanMale 5 were used.

How to ensure the confidentiality of sensitive data while grappling with the view that according to Coolican once results are published they are no longer confidential is a difficult issue. Every effort has been made to ensure this right of the participants to remain anonymous throughout the process including the destroying of the interviews once the analysis had been completed.

By the very nature of the approach that was adopted the feedback received was subjective. The subjectivity that was reflected in the interviewees answers reflected their memories, feelings, beliefs, and desires from his or her own perspective from a

now adult relating the experiences as a child, some of which proved to be factually incorrect.

Every effort was made to reduce this including the cross referencing of the answers received by each of the family members, ascertaining the support services that were available from the local community in the 1980’s for example the local Health Clinic, the Parish Services and from the local schools that the participants attended that may have been offered unbeknown to the participants and in the case of two of the participants family groups there still remains one living parent and if it had been appropriate and with the interviewees permission verification of facts could have been sought from these parties.

The approach adopted by the interviewer to the interviews was the same manner that the interviewer, a trained psychotherapist, would approach and deal with a client and did reflect the ethics of the psychotherapy profession. By the very nature of the subject matter issues may arise for the interviewees. This may have required therapeutic support. Before, during and after the interviews, the interviewer encouraged the participants to be mindful and to safeguard themselves. The interviewer did as practice check in with them throughout the interview to ascertain their feelings and to ensure that they were at all times being mindful.

Although it was not the case during the interviews, should it have been the case that the subject matter was proving difficult the interviewer would have immediately suspended the interview and offered the name of an appropriate psychotherapist for them to consult.
Findings

Introduction

This chapter looks at the findings from the research. Themes arising from analysis of the transcribed interviews are identified and supported by quotes from the interviewees. There were a number of specific questions asked, some of which arose out of the literature review. The themes that were identified were present in both the past and the present. The broad headings of these themes are:

The Parental Experience, External Support, Coping Skills and Self Esteem.

Many other sub topics emerged and these are detailed below.

Mix

<table>
<thead>
<tr>
<th>Family</th>
<th>M/F</th>
<th>Age (at time of bereavement)</th>
<th>Current Age</th>
<th>Parent</th>
<th>Experience with counseling as adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>Male1</td>
<td>15</td>
<td>42</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Male2</td>
<td>13</td>
<td>40</td>
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<td>Yes</td>
</tr>
<tr>
<td>Jones</td>
<td>Male3</td>
<td>17</td>
<td>47</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Fem1</td>
<td>15</td>
<td>45</td>
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<td>Yes</td>
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<tr>
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<td>Male4</td>
<td>12</td>
<td>42</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ryan</td>
<td>Fem2</td>
<td>15</td>
<td>41</td>
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<td>No</td>
</tr>
<tr>
<td></td>
<td>Fem3</td>
<td>13(twin)</td>
<td>39</td>
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<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Male5</td>
<td>13(twin)</td>
<td>39</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
None of the contributors reported enjoying a positive parental experience, prior during or immediately after the bereavement.

SMITHMALE1 “She went to bits herself she was lost in her own grief we were told by my uncle who tried to take charge to get on with things”.

JONESFEM1 “Dad went to hospital within weeks of Ma dying following his nervous breakdown. We had to pick up the pieces and get on with it. We pushed everything behind us and just got on with the immediate. We were kids we didn’t know any better.”

JONESMALE3 “We had some support from our uncle and our Granny but it was as if we had lost both parents one to cancer and the other to grief, we had no choice we just got on with things”

RYANFEM2 “It was as if Ma was just like the rest of us she knew as much about what was happening as we did and seemed as able to cope as we did”

All the participants reported that they believed that although it would not be without its challenges they believe that their children would enjoy a more positive parental experience in the event of a parental bereavement.

JONESMALE4 “Having seen what happened with Dad and the impact of Mum’s death on myself I believe I could work through my own grief and at
least explain to my daughter what she was feeling was normal. It would be hard but you’d have no choice you’d have to force yourself to get out of bed and be there for her”

JONESFEM1 “Our relationship with our own kids is different from the one I enjoyed with my parents. Dad took up the traditional role of provider although we knew him we didn’t really know him. It was Ma that was there for us, she was the special one, so when she went there was a practical stranger at the end of the table. That’s not the case with us, my kids have two parents. That’s not to say that it wouldn’t be difficult it would be, but you’d be there for them and them for you. But depending on their ages I’d move heaven and earth to ensure they’d have a childhood.”

SMITHMALE1 “If I went tomorrow I know my brother would have a role to play with my kids and if it was my Mrs that went I think he’d move in with me to help.”

RYANFEM3 “I’ve talked to some of my kids about what happened when Dad died, I’ve answered their questions and told them what was appropriate and what I thought they’d understand. They are half reared now, sure my babies nineteen even today he’s three years older than I was.”
Other themes that were identified under this heading were that

All the participants reported that they went on to enjoy a strong and loving relationship with the remaining parent, however it did take time.

JONESMALE3 “It was only when we were older that we could appreciate that he lost his partner, I could only imagine what it would feel like and can’t really contemplate losing my own partner”

All the participants reported that the remaining parent never reclaimed the responsibilities associated with being a parent.

RYANFEM3 “Mam became my best friend she was a great mate she wasn’t a parent”

Only one of the participants reported that they received support from another significant adult during this time.

SMITHMALE1 “My uncle was great help”

All the participants reported that they knew that the support network that they currently enjoy from their friends and family would be there not only at the time of their death for their kids but more importantly afterwards.
SMITHMALE2 “My brothers kids are the nearest I will get to having kids of my own and if anything ever happened to him or his Mrs. He knows I’d be there for them”

JONESMALE4 “We would not leave them, the way we were left …it was wrong the way we were left…we were just kids”

**External Support**

Although some of the participants enjoyed some informal external support none participated or could remember any formal support or educational program being offered before, during and after the bereavement of the parent.

SMITHMALE2 “I was thirteen when my Dad died going from primary to secondary school. My teacher in primary school asked every now and again how I was and explained to me some of the things that were happening to me……..I used to talk to him throughout my secondary years as well.

JONESMALE3 “St Vincent De Paul came to the house once in a while and tried talking to us but we weren’t interested and saw it as interference. They stopped coming but we still took the hamper at Christmas.”

RYANFEM2 “We weren’t aware of any formal training support and being honest we would have seen it as interference.”
The majority of the participants were unaware of what formal support was on offer today. Although they believed there would be some. They believed that this support would take a number of forms the particulars of which they were unsure of.

RYANFEM2 “I am sure there is some, sure there’s support for everything these days”.

JONESFEM1 “I know they offer a support service at schools these days I think its Rainbow something?”

SMITHMALE1 “It’s not like before you don’t think the authorities are there to take your kids from you, they’re there to help”.

All the participants reported that there was no concept of counseling / psychotherapy at the time of their bereavement.

SMITHMALE2 “It was the eighties Dublin sure no one had any idea what counseling was, its not like today.”

JONESFEM1 “It’s only been a relatively recent concept that talking to someone about how you feel was as normal as going to the doctor.”
RYANFEM3 “Sure back then you’d have been seen as washing the family’s dirty laundry – why would you talk to a stranger?”

JONESMALE2 “Even if you could find someone you wouldn’t have believed them if they told you it was confidential”

All the participants bar one, reported that the concept of counseling / psychotherapy held positive connotations in their lives today.

JONESFEM1 “I got a lot out of the counseling I received a number of years ago and very much believe that it would be an option I would explore and I would recommend that my kids might take part in it if faced with a situation that merited it.”

SMITHMALE1 “Although its not for me, I don’t think, I can see some people get a lot out of it”

RYANFEM2 “They’re only a specialist after all and they might be of help.”

SMITHMALE2 “As part of my job I receive counseling around major incidences, its accepted practice and I’ve gotten a lot out of it”

RYANFEM3 “Why would I pay someone to listen to me because they’d only keep you talking to get more money out of you and then tell you its something
got to do with your ma not loving you enough or giving you enough attention as a kid.”

All the participants reported that they were unaware of how to go about getting more information as to what supports were available but presumed the web would be the first point of contact and search for the information.

**Self Esteem and Coping Skills**

All the participants indicated that they did suffer self esteem issues as a result of the bereavement of their parent but weren’t aware of it at the time and these have at different times throughout their lives resonated.

SMITHMALE1 “I was always angry I always felt inferior you know the slow one. Even when dad died I was told just to get on with it. What does that even mean to you when your only fifteen, and now that I think of it I think I still am angry. It shows at work at home and with the kids, and I know it all started around Dads death.”

RYANFEM2 “I never had any confidence but it just got worse around dads death and you know sometimes I wondered were we ………….were we……just that way you know ….not as good as others. Ma loved us and tried her best but we never talked about what happened.”
The majority of the participants indicated that the manner in which they coped with their parents’ death mirrors in some degree how they cope with difficult situations today.

JONESFEM1 “The way we coped with Ma’s death and its aftermath was to get through it pushing everything behind us and never going back once we got to where we wanted to go. You could say we were always going ahead pushing everything over our shoulders. I still do that today. In trying to achieve what I want I ignore any painful unwanted contradictory views or suggestions and if I’m truly honest I ignore what should be plainly obvious…….. the effect on those closest to me.”

SMITHMALE2 “I just keep very quite keep to myself. I won’t let anyone know what I’m thinking. The night dad died as he (referring to his brother) lost it and hit out at everyone standing I just sat on the stairs on my own, it’s not a great way to deal with things is it?”

SMITHMALE2 Talking about his brother’s anger “He just gets angry, angry with everything. I talk him down but you know I wore many a black eye for him as a kid.”

JONESMALE3 “Mum’s death forced me out of myself. It made me interact with people as we tried to sort out the arrangements, dad’s hospitalization, paying the bills. Had ma lived I could still be in my bedroom now.”
JONESMALE4 “I don’t know if it’s only been the last number of years that I’ve come to realize the enormity of the loss we suffered and in trying to get through it we never truly dealt with it or learned from it.”

RYANMALE5 “You know no one ever told us that the fact that we felt like crap was normal”
Discussion

Introduction

This chapter will review the findings from the study into the experience of a distinct group of now adults who experienced the death of a parent in Dublin in the 1980’s, who are for the majority now parents themselves.

The limitations of the project will be stated and previous research in this area will be examined with a view to establishing if the present study supports or contradicts the results. Finally, the implications of the results for the wider society will be evaluated.

Limitations

This study inquires into the experience of a distinct group of now adults who experienced the death of a parent as a child. Time and resource constraints prevented any inquiry into the wider society, for the sake of completeness a wider study would be useful.

Parental Experience

The participants in this study were unanimous in reporting the lack of a positive parental experience prior, during or immediately after their bereavement.

Despite this, those that have children believed their children would enjoy a more positive parental experience in the event of a parental bereavement, and through this medium of communication and explanation the confusion, hurt and anger felt by their children could be explained and supported.

This was based on their view that they believe they currently enjoy such a positive relationship with their children and the fact that they all enjoy a wider support
network than that available to their own parents. This view is supported by Sandler (2001, p25)\(^\text{19}\), who suggested that positive parenting may compensate for the harmful effects of negative situations and in the 1992 study by Saler and Skolnick\(^\text{20}\) who in their study of childhood parental death and depression in adulthood found that those children who experienced low levels of depression as adults said they did so due to high levels of interactions with the surviving parent and by the supporting nature of the family environment after the death.

The majority of the participants expressed a view that they would take part in a bereavement program and would be open to taking part in a positive parenting program. Although, how effective they believed either program might be was left open to question. This mild variation in the present study was in contrast to the findings of (Ayers et al., 2010)\(^\text{21}\) which demonstrated the effectiveness and the increase in measurable coping levels of the surviving parent who entered into a formal bereavement program. This program included multiple strategies to improve each of the aspects of positive parenting, and achieved measurable results in the participants.


when compared to those that did not take part in such a program. This was further confirmed by a pilot study by (Cohen, Mannarino, & Staron, 2006)\textsuperscript{22}, into modified cognitive behavioural therapy for childhood traumatic grief, which found a measureable reduction in stress indicators and depressive symptoms in those that took part in the study in comparison to those that did not.

All the participants were unanimous in the view that although they went on to enjoy a strong and loving relationship with their remaining parent none of them reported that the remaining parent ever truly reclaimed the traditional role and responsibilities associated with a parent, and for the most part the relationship moved to one of equals regardless of the age of the child. Although, this is a phenomenon that requires investigation in itself it is in part supported in the findings by (Ferlner, Rowlison, & Terre, 1988)\textsuperscript{23} in their research into family reorganization after experiencing a trauma.

**External Support**

The majority of the participants in this study did not enjoy any informal support and none of the participants could remember any formal support or educational program being offered before, during or after the bereavement of their parent. Anecdotal


evidence gathered from informal sources such as the local church and community confirmed this to be the case.

An exploratory interview conducted with the then director of a community based group operating within the community of the participants at the time indicated that in the vast majority of cases families were left to cope by themselves and although some support was offered by organizations, such as Saint Vincent De Paul, these were done on an ad hoc informal bases

“you must remember the families feared the consequences of involving any agency or social services as there was a general perception and belief that their children would be taken from them”.

The majority of the participants in this study were unaware of the formal support that is on offer today. Although they believed there is some. For the majority they would be open to considering it and that they would derive benefits from it. This view is supported by multiple studies including the long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents by Haine and his colleagues24. However, as to what form and how this support is accessed was unknown to the majority. Anecdotal evidence gathered by surveying ten other parents in a common workplace reinforced this to be the case. There was some awareness of the charity

group Rainbows, AnamCara and psychotherapy, but as to what exactly they offered and what could be expected was universally unknown.

The movement by all of the participants from a position of total ignorance as to the opportunities of psychotherapy to one where all the participants (bar one) held positive connotations in their current lives is slightly at odds with the anecdotal work based parent group where the results were mixed although the majority of 6 to 4 held the same view as the participants of this study. Given the variation in the findings it would be interesting to conduct a wider study to determine the true extent of the perception of psychotherapy by the wider community.

Self-Esteem and Coping Skills

The participants in this study were unanimous in reporting that the lack of a positive parental experience or the lack of an alternative support system after their bereavement had affected their self-esteem. This supports previous research, (Haine et al., 2003), which shows how positive parenting may lead to lower mental health problems for parentally bereaved children. The research presented the view that these parents may create an environment that supports the satisfactory meeting of the children’s needs. Furthermore research by among others, Patterson (1982), presented the view that positive parenting may facilitate a low occurrence of the


negative reinforcement and unwarranted punishment that has been found to contribute to mental health problems in children and later as adults.

The manner in which the majority of the participants coped with their parents’ death mirrored or informed how they now cope when confronted with difficult situations. This is supported by the research carried out by (Pettit, Dodge, & Brown, 1998), which showed that positive parenting develops and enhances “competencies such as social skills by modeling non-aggressive conflict resolution and problem solving strategies”.27

This is further supported by the research carried out by (Sandler, Tein, & West, 1994), which found that positive parenting “may encourage the development of individual resources such as active coping processes” 28 and by Sandler (2001) again which emphasized the importance of “the accomplishment of age appropriate developmental tasks”29 following the death of a parent.

This sense of loss of their childhood is seen in the majority of the contributors as they assumed roles and responsibilities following the death of their parent, which were typically that of an adult rather than that of a child.


The lack of positive parenting may have been compensated somewhat had there been a formal bereavement program such as the family bereavement trial program as proposed and researched by among others (Ayers et al., 2010)\textsuperscript{30}, (Currier, Holland & Neimeyer, 2007)\textsuperscript{31} & (Cohen & Mannerion, 2004)\textsuperscript{32} whose collective research showed when compared to a non-bereavement program that the contributors showed a greater reduction in their level of problematic grief and demonstrated lower levels of social detachment.

However, notwithstanding the limitations of this study there is a single trend running throughout. All the participants responses regarding self esteem and coping skills indicated that their lives were fundamentally altered along with their self image and their coping skills upon the death of their parent and the aftermath. That is not to say that for all the participants it led to negative connotations. In at least two of the contributors the situation required them to tap in to undiscovered skills, thus forcing


them to interact on a social basis and develop coping skills which are now reflected in both their career choice and their approach to problem solving.

However, for the majority it forced them into a situation that they were unprepared for, which has led to a life-long sense of diminished self-esteem as they had at the time of the parents death neither the coping skills or the support to manage and understand the grieving process which is supported by research carried out by (Haine et al., 2003)\(^{33}\) into the effects of loss of control and self-esteem in parentally deprived children.

**Conclusion**

The only certainty in life is that you were born to die. From the moment we come into the world and draw our first breath we are all on a journey that will eventually take us to the same destination. Despite this, the fact is the majority prefers to ignore, understand or prepare for this eventuality.

It is clear from the findings of this study that the participants were ill prepared and unsupported both by their remaining parent, their wider family and the society as a whole, to navigate the devastating effects of the death of their parent.

Due to these findings, this study adds to the increasing body of empirical evidence concerning the role of positive parenting to be delivered in an informed and structured manner as a critical resource for parentally bereaved children and society as a whole.

The belief by the participants in this study is that they would be better able to deliver a positive parental experience to their children in the event of them suffering a parental loss, is based on an assumption rather than firm facts.

This belief could be greatly reinforced if the parents participated in the positive parental course, which, could be offered in line with the antenatal courses that are offered to expectant parents with specialized modules that could focus on specific milestones in a child’s development and life experience for example starting school or the death of a parent.

This formal program should be both theoretically and highly skilled based and delivered in an interactive manner that at all times demonstrates the importance of positive reinforcement and the importance of the need to set aside time for quality family interaction as a whole and the need for one to one interaction between parents and the child.

The program should attempt to enhance the skill set of the parents and the child. For the parent this will include the enhancing of their ability to demonstrate and improve the projection of parental warmth. This could be achieved by enhancing the teaching of listening skills such as reflecting and summarizing content and feelings. It should build on the development of their skill in delivering effective and appropriate discipline in a clear and consistent manner that allows for the communication of the consequences to be understood by the child.

For the child the program should target the development and reinforcement of their problem solving skills and the ability to express their thoughts and feelings while preparing them at an appropriate level and time for life changing events, for example
the birth of a sibling, leaving home or the death of a loved one. The mechanism for delivery could be specific to the family or on a wider based peer group of parents, who could observe and comment in a constructive positive manner issues or scenarios presented by the group members.

Perhaps it is wrong to say that death is the only certainty in life for it is true that the future parents are today’s children, and for these parents and society as a whole to be best prepared for the future we should begin to teach the future parents how to be a positive parent now.
Reference

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Early Family experience, social problem solving patterns, and children social competence. *Child Development*, 59, 107-120.


Appendix 1

Sample questions

The Past

Q1: Was it your Mother or Father that died?

Q2: How old were you when your parent died?

Q3: Were you an only child?

If not how many siblings did you have?

Q4: Did you enjoy a positive parenting experience from your remaining parent during the period surrounding the death of your parent? (see footnote)

If yes what form did this take:

In no: why do you think this was the case?

Q5: Can you remember, what if any meaning did the concept of counseling/psychotherapy have to you and your family at the time?

Q6: To your knowledge was your family offered any informal bereavement counseling service?

If yes from where did the offer come from?

Member of the family
Friend of the Family
Doctor
Local Priest
Community elder
Teacher
Other

Q7: To your Knowledge was your family offered any Formal bereavement counseling service?

34 It was explained that this could have been a significant other adult in their lives.
If yes what form did this take?

Community service
Local support group
(if yes can you remember what the service was)
Doctor
School Service
Local Church
Other

If Yes can you remember how many sessions there were:

1
1-3
3-5
Other

Q8: Were you aware or offered any education programme to increase your awareness of the grief process.

Q9: Were you made aware of the fact that it is normal as part of the grieving process to feel a wide range of emotions, including anger and guilt?
If yes: Can you remember who it was that informed you.

Q10: Were you made aware of the fact that the death is never the child’s fault?
If yes: Can you remember who it was that informed you ….

Q11: Did you suffer self-esteem issues following the death of your parent?
If yes: Can you remember how it manifested ….

Q9: Did you feel out of control at the time of the death of your parent?
If yes: Can you remember how it manifested ….
Q10: What manner of coping skills did you adopt?
If yes : Can you remember what they were?

The Present

Q1: Are you a parent?
If so how many children do you have?
If so are any of your children the same age as you were when your parent died?

Q2: Do you believe that your child would enjoy a positive parenting experience from you if you were to be the remaining parent in the event of the death of your spouse?
If yes what form would this take:
In no: why do you think this would be the case?

Q3 :What if any meaning does the concept of counseling/psychotherapy have to you and your family ?

Q4 : Are you currently or have you in the past ever seen a counsellor?
If yes did you self refer?
Without being specific which of the following best describes your reasons for seeking counseling?
Stress
Depression
Grief
Anger
Marital Difficulties
Q5: Are you aware of any education programme to increase the awareness of the grief process?

If so how did you find out about it?

Community service website / flyer
Local support group website / flyer
(if yes can you remember what the service was)
Doctor
School Service
Local Church
Word of mouth
Other

Q6: Have you talked to your children about your spouses or your own eventual death?

If yes can you remember why and how often?

If not why not?

Q7: Have you made your children aware of the fact that it is normal as part of the grieving process to feel a wide range of emotions, including anger and guilt in the event of the death of a parent?

Q8: Have you made your children aware of the fact that the death is never the child’s fault?

Q9: Would you encourage your own children to enter bereavement counseling should they too suffer the loss of a parent?

If yes why?

If No why not?

If yes how would you set about finding the service?

The web
Community service - website / flyer / call to their office
Local support group - website / flyer / call to their office
Doctor
School Service
Local Church
Word of mouth
Other

Q10: In your opinion are you or did you suffer self esteem issues throughout your life as a result of not having the coping skills to deal with your parents death?