

DUBLIN BUSINESS SCHOOL

**A psychotherapeutic exploration of the long-term effects of  
the death of a parent in childhood**

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## ABSTRACT

Parental death is possibly one of the most traumatic events that can occur in childhood, a reality faced by approximately 5% of the general population, with several studies suggesting negative outcomes over the long-term for those who have experienced such an event.

The purpose of this study was to explore, from a psychotherapeutic perspective, the long-term effects of the death of a parent in childhood, with a view to gaining a qualitative insight into such experiences in order to supplement the wealth of quantitative data available.

Existing research into the consequences of parental bereavement in childhood was examined, which was broadly indicative of a range of disadvantages over the long-term for individuals within this category. In particular, a higher incidence of depression, anxiety and low self-esteem amongst those who had been parentally bereaved in childhood emerged in the findings, compared with their non-bereaved counterparts.

A further key element, which transpired from the existing literature, related to additional factors contributing to outcomes in adulthood. Specifically, the level of support provided to the bereaved child by the surviving parent seems to play a key role in determining any potential long-term effects, as does the age of the child at the time of bereavement and also possibly their gender. Based on the literature reviewed, younger children were at greater risk of negative outcomes, as were females.

In terms of supplementing this literature with a psychotherapeutic exploration of the long-term effects of a parental death in childhood, four therapists were interviewed, each of whom had experience of working with clients who had experienced such a loss. A total of eight clients in this category were discussed and the semi-structured nature of the interviews allowed for a deeper level of insight into the experiences of these individuals, than is necessarily conveyed within existing studies.

Similar to the reviewed literature, the findings which emerged from the interviews also pointed towards a prevalence of anxiety, depression and low self-esteem in those who had experienced an early parental bereavement. Of additional note, however, was the way in which these difficulties manifested into the lives of those affected, quite often impacting on personal relationships.

Finally, this research also notes that despite the emphasis on negative long-term effects of the death of a parent in childhood, not everybody who experiences this type of loss goes on to experience difficulties in later life as a result. Specifically, those who receive a strong level of support from the surviving parent appear less likely to suffer negative consequences. A key recommendation arising, therefore, suggests a greater level of education and support be made available to the surviving parent in order to provide them with the tools to minimise for their child, insofar as is possible, the type of negative outcomes at the focus of this research.

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## CHAPTER 1: THESIS INTRODUCTION

“The loss of a loved person is one of the most intensely painful experiences any human being can suffer” (Bowlby, 1980, p.7). Inevitably it is a pain that few will escape during the course of their lives.

Much has been written about the grieving process and the multitude of emotions that are associated with the death of a loved one but the long-term consequences are perhaps less spoken about and possibly even overlooked completely.

This research seeks to address the issue of the long-term effects of bereavement, specifically in relation to the lasting effects of the loss of a parent in childhood, a phenomenon which affects approximately 5% of the general population (UK Childhood Wellbeing Research Centre [CWRC], 2011).

Findings from the Harvard Child Bereavement Study<sup>1</sup> have shown the short-term consequences of parental death on school age children but establishing longer-term effects appears to be less straightforward. There has, however, been substantial interest in this question, stretching back as far as Freud’s seminal paper ‘Mourning and Melancholia’ (1917[1915]). In it, Freud theorised that incomplete mourning as a child would make a person more prone to depression in adulthood.

Many clinicians and researchers have gone on to examine a variety of symptoms and behaviours in an attempt to establish a relationship between childhood loss and adult experiences. The results of these studies are conflicting but Worden (1996) concludes that not all children who experience parental loss go on to develop adult

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<sup>1</sup> The Harvard Child Bereavement study was carried out by William Worden and Phyllis Silverman and followed 125 school-age children from 70 families for 2 years after the death of one parent

psychopathology. Most of the studies of long-term consequences focus on psychological, medical, and behavioural consequences of childhood parental loss.

The aim of this study is to explore, from a psychotherapeutic point of view, the potential long-term effects the death of a parent in childhood can have on an individual. For the purpose of this study, the definition of childhood includes persons up to and including the age of seventeen.

Such an exploration is best achieved by gaining an insight into the experiences of those directly affected by such an event, with the purpose being to supplement and provide a different perspective to the existing quantitative studies.

This was accomplished by conducting semi-structured interviews with a number of psychotherapists, who discussed the experiences of a sample of their clients who were parentally bereaved in childhood. From these interviews, a number of themes emerged in relation to difficulties encountered in adulthood, many of which were consistent with the findings from existing literature.

In terms of the structure of this research project, the following chapter comprises a review of the existing literature, while Chapter Three provides detail on the specific methodology employed to conduct this research. Chapter Four contains an in-depth analysis of the data collected and Chapter Five sets out the links between the literature review and the data which emerged from the interviews. In the main, both sets of findings suggest a correlation between early parental bereavement and the incidence of depression, anxiety and low self-esteem. The nature of the psychotherapeutic exploration of this particular research, however, provided further insight into how such difficulties impacted on the lives of the individuals in question, with an emphasis

emerging on personal relationships. Additional factors contributing to long-term consequences were also explored.

Finally, Chapter Five closes with conclusions based on the central findings of this research, as well as a key recommendation with regards to future outcomes.

## **CHAPTER 2: LITERATURE REVIEW**

In order to provide some background and context on the research topic outlined, this literature review begins by considering various statistics in relation to the incidence of parental bereavement in children and some of the reported impacts on those who have been affected. Precipitating factors which may contribute to long-term consequences are then examined before exploring in further detail some of the findings in relation to the long-term effects, specifically with regards to the psychological, medical and behavioural consequences. Also briefly addressed are the limitations of this research to date.

### **2.1 Statistical Overview**

Every 22 minutes a child in Britain is bereaved of a parent, which means that over 24,000 children are bereaved of a parent each year in Britain. Or put another way approximately two children under 16 are bereaved of a parent every hour of every day in the UK (Winston's Wish, 2014).

As part of a programme undertaken to inform policy development, the UK Childhood Wellbeing Research Centre ([CWRC], 2011) analysed data in relation to childhood bereavement from the 1970 British Cohort Study (BCS70)<sup>2</sup>. Of the 11,261 respondents who took part in the study at age 30, a total of 548 (just under 5%) had experienced the death of a parent before the age of 17. Of these, 155 (c.28%) had lost their mother, while 393 (c.72%) lost their father. This overall figure is reflective of the U.S. Bureau of the Census figures quoted by Tremblay & Israel (1998), which

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<sup>2</sup> The 1970 British Cohort Study (BCS70) is one of four British birth cohort studies. BCS70 gathered information on all 17,281 babies born in one week in 1970. Since 1970 there have been seven follow-up surveys, with the scope of enquiry broadening from a strictly medical focus at birth, to encompass physical and educational development at the age of five, physical, educational and social development at the ages of ten and sixteen, and then to include economic development and other wider factors at 26, 30, 34 and most recently at age 38.

report approximately 1 in 20 children experience the loss of a parent before their eighteenth birthday.

The findings of the BCS70, based on longitudinal data, point towards the existence of adverse consequences into adult life as a result of childhood bereavement. While the study found that some of the poorer outcomes reported were related to factors other than the loss of a parent, a number of these reported outcomes were considered to have a direct correlation with such a loss (CWRC, 2011).

The analysed data further suggests that there is a difference between how men and women adjust over the longer-term following the death of a parent, with women reporting more difficulties than men. The study found that men who had lost a parent in childhood had a higher likelihood of being out of work at age 30 compared to their non-bereaved counterparts. This was also the case for women, who additionally were less likely to have gained any sort of qualification, more likely to smoke and also more likely to experience symptoms of depression (CWRC, 2011).

This particular research, therefore, has found that experiencing the death of a parent between birth and age 16 is associated with at least one long-term disadvantage for men, and possibly more for women (CWRC, 2011). This gender differential in coping with parental bereavement is borne out by further studies, as will be discussed further below. It is worth noting, however, that the study made no reference to the age at which the bereavement occurred, a significant factor which will also be considered in more detail.

In the United States, the findings of a survey released by Comfort Zone Camp<sup>3</sup>, also suggests that the impact of losing a parent in childhood can last well into adult life. Of the 1,006 adults age 25 and over surveyed, approximately 11% reported losing a parent before turning 20 (Comfort Zone Camp [CZC], 2010). Although these findings suggest a higher rate of childhood parental bereavement than outlined above, this is likely to be explained by the broader age range (up to age 20) and a smaller sample size. Commenting on the survey results, Brian Perlman, Ph.D., who directed the study, pointed out the scale of the issue, noting that for every one child diagnosed with cancer in a year, an estimated 35 children will lose a parent (CZC, 2010).

In terms of reported impacts of such a loss, more than half (57%) of those surveyed by Comfort Zone Camp (2010) said they would trade a year of their life for one more day with their parent and almost 7 in 10 respondents who lost a parent during their childhood said they still think about their parent frequently – including over 60% of respondents who lost a parent 35 years ago or more. Nearly six in 10 (58%) of Americans who lost a parent as a child said that the experience was ‘the hardest thing they’ve ever had to deal with’.

As with the BCS70, the results of this particular study also highlight differences in reported effects between men and women. When asked to comment on a series of statements, women generally reported more intense feelings of loss than their male counterparts. For example, 38% of women strongly agreed with the statement that ‘Losing a parent as a kid was the toughest thing I’ve ever had to deal with’, compared to 29% of men and while 57% of all men surveyed agreed with the statement that ‘Death is a part of life; people need to get over it’, only 36% of women agreed (CZC,

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<sup>3</sup> Comfort Zone Camp is the largest non-profit provider of childhood bereavement camps in the United States. A poll of 1,006 adults was carried out by polling firm Greenwald & Associates in 2009 on a range of issues relating to childhood bereavement

2010). Although subjective, these results indicate that grief is felt more deeply by, and is more enduring for, women compared to men.

It is the view of Comfort Zone Camp Founder and Chief Advocate Lynne Hughes (2010) that a variety of reasons can result in children suffering a range of emotional, psychological and behavioural difficulties, which can last into adulthood. These include a sense of isolation, the fear of burdening their surviving parent and subsequent upheaval in the child's life, which can include moving home and financial difficulties. Some further factors which play a role in a child's ability to adapt to the loss of a parent over the short and long-term are discussed below.

## **2.2 Factors Influencing Ability to Adjust**

The gender of a child can have an impact on both the short and long-term effects of losing a parent early in life. Other factors which appear to be significant in terms of the ability of the child to adequately adjust following bereavement, include the age at which the child experiences the loss and the extent of support available following the death.

### ***Age and cognitive development***

The age and cognitive development of a child will inevitably play a role in their basic understanding of death, which in turn may influence their long-term ability to adapt to the loss.

There appears to be many differing views regarding when children develop the capacity to grieve and understand the finality of death. It is the view of some that a

child is unable to properly grieve until they reach the 'formal operational stage' at age eleven or twelve, which is the fourth and final stage of Piaget's theory of cognitive development. In contrast, John Bowlby, in his studies of attachment, believed that infants as young as six months experience grief reactions similar to those of adults. Others have put the age at which children acquire the capacity to grieve anywhere between the age of one and four years old (Bowlby, 1963; Furman, 1964; Worden, 1996).

Worden (1996) believes that only when a child can understand the abstract concepts of 'finality' and 'irreversibility' will they be able to accept the reality of the loss of a parent. This, he believes, is primarily achieved at the stage of operational thinking, although some level of understanding will be attained at earlier cognitive stages. In effect, Worden is suggesting that if a child loses a parent before the operational stage, the true extent of their grief may be delayed until the reality of the loss is fully comprehended. Children of approximately five to seven years of age, therefore, are particularly vulnerable in that they can understand the finality of death on some level, but lack the cognitive reasoning to cope with the intensity of the loss.

Regarding other significant stages in a child's life, infancy is also regarded as a vulnerable stage due to potential attachment issues if the loss involves the primary caregiver. Such issues may include difficulties around trust, as well as feelings of anger or depression as the child grows and is unable to attach or become intimate with others (Worden, 1996).

Speece & Brent (1996) further highlight the role age plays in a child's understanding of death, noting that age has been widely studied in this regard and that the vast majority of these studies suggest a significant relationship between children's age and

their concepts of death. Older children's concepts are, in general, more realistic and abstract than those of younger children.

In her study, Angela Nickerson of the Massachusetts Veterans Epidemiology Research and Information Centre at the University of New South Wales, sought to determine how both the age of the child and the quality of the parenting following a death affected these children across their life span. The study analysed data from 2,823 adults, each of whom had experienced the death of a parent during childhood, in order to assess psychological impairment, parental care, and other factors that could contribute to difficulties later in life. Nickerson and her colleagues found that the younger a child was at the time of the loss, the more likely they were to develop mental health problems, including anxiety, mood, or substance abuse issues (Aderka, Bryant, Hinton, Hofmann, & Nickerson, 2011).

This conclusion is consistent with Rutter (1984), who posits that while young children may initially display milder symptoms of grief over a shorter period of time than those of adolescents, the long-term psychological consequences are greater for young children.

These findings suggest that how a child responds to grief at the time of the bereavement, which is influenced to a large degree by the age and cognitive development of the child, will in turn play a role in ultimate outcomes.

### ***Support following bereavement***

In terms of the role that the family environment plays in affecting adult outcomes following childhood bereavement, Nickerson concludes that there is strong evidence to suggest that the quality of the relationship with the surviving parent is a key factor.

Although the study focused on the impact of poor parenting on psychological difficulties, she points out that the possibility that positive family relationships and good parenting practices may act as a protective factor against psychopathology following the loss of a parent (Aderka et al., 2011).

A separate study exploring the impact of early parental death has also revealed the long-term damage and suffering that can be experienced by individuals in adult life if appropriate levels of support are not provided at the time of bereavement. The research, published in the *Journal of the Royal Society of Medicine*, describes the low self-esteem, loneliness, isolation and inability to express feelings of some individuals who lost a parent in childhood, with some reporting these effects as much as 71 years after the bereavement (Ellis, Dowrick & Loyd-Williams, 2013).

Ellis et al. (2013) found common themes among those who reported long-term effects such as those outlined. These included disruption in the child's social and family life following a loss, which frequently included moving home and separation from friends and family. This led the researchers to conclude that experiencing long periods of this type of upheaval meant the bereaved child was being effectively denied the support and stability required in such circumstances, resulting in an increased likelihood of the individual experiencing emotional difficulties in later life. As with Nickerson's study, this particular research suggests that if the appropriate supports are in place to address the necessary 'mothering or fathering' then a child is less likely to be affected in adult life.

Additional research by Comfort Zone Camp (2010) further highlights the importance of a supportive environment following the death of a parent. They surveyed 104 people between the ages of 13 and 19 who had experienced the death of a parent and

it was the surviving parent who was deemed the most important source of support following such a loss. Friends were considered the second most helpful group in terms of helping to cope with the loss.

### **2.3 Reported Long-term Effects of Childhood Parental Bereavement**

Having noted some of the headline statistics in terms of parental loss and explored some of the primary factors contributing to reported short and long-term difficulties, this section examines in further detail some of the specific long-term effects associated with experiencing the death of a parent in childhood.

#### ***Psychological Impact***

As borne out by some of the studies referred to earlier, adults bereaved of a parent in childhood seem to be more vulnerable than the general population to psychiatric disorders, particularly depression and anxiety (Birtchnell, 1970, Worden 1996). Depression, in particular, is often associated with early parental loss. While Freud may have been one of the first to suggest this link, there have been a number of studies carried out since providing further evidence for this hypothesis. Lloyd (1980) examined eleven of these studies and found that in eight of the eleven there was a link between childhood bereavement and adult depression. Lloyd also noted that early loss correlated with the severity of the depression. Worden (1996) theorises that such a link may result from the idea that losses in adulthood reactivate the trauma experienced at the time of the original loss in childhood.

Brent, Donohoe, Melhem, & Walker (2009) indicated that the death of a parent more than quadruples the risk for depression for children, adolescents, and young adults. The research further concluded that those who display symptoms of depression nine months after a parental death are more likely to continue to suffer from depression during the second year after the loss. This could suggest there is a crucial timeframe following the death of a parent during which intervention will be most effective in preventing long-term depression, which is reflective of a number of the findings set out earlier in relation to the importance of adequate support following bereavement.

This is a point reiterated by Birtchnell (1980) and Worden (1996) who point out that additional factors such as the quality of the relationship with the surviving parent, may have a greater impact in determining the risk for later depression than simply the experience of the loss itself.

In addition to Birtchnell (1980), research by Tennant, Bebbington & Hurry (1980) has also suggested a relationship between early parental loss and the development of anxiety disorders. This is consistent with a report commissioned by the Department of Social Protection (2014) on Generalised Anxiety and Panic Disorders, which cited early parental death as a significant contributory factor in generalised anxiety disorder.

A further potential psychological consequence following the death of a parent relates to an individual's self-esteem. It is the view of Worden and Silverman (1996) that such a loss can have a significant negative impact on children's self-esteem, which can last into adulthood. Negative events, such as the loss of positive interactions with significant others following a bereavement, can lead to a reduction in self-esteem. Lower self-esteem has been associated with greater mental health problems in

parentally bereaved children, leading to potential difficulties in later life (Ayers, Haine, Sandler, Weyer & Wolchik, 2003).

### ***Medical Consequences***

There is mixed evidence suggesting that childhood bereavement impacts the general health of an adult. Several studies have suggested that parentally bereaved children are more likely to display symptoms of ill health in adulthood and are more likely to have accessed some form of healthcare than their non-bereaved counterparts (Raphael, 1983; Seligman, Gleser & Raugh, 1974). The findings of a study by Bendiksen and Fulton (1975), which followed a group of school children into their thirties, would appear to support this. However, despite their reported findings that children who had suffered an early loss were more susceptible to serious medical illnesses, data on the nature of the illnesses was not included and thus it is difficult to draw conclusions from this.

### ***Behavioural Issues***

Studies have also been carried out in the area of antisocial behaviour in an attempt to establish potential links between this issue and childhood bereavement (F. Brown & Epps, 1966; Rutter, 1984). Once again, however, the findings have been somewhat mixed and there appears to be a lack of recent data on the issue. The Brown and Epps study back in 1966 did find an excess of parental death amongst a group of prisoners but in the absence of further study to establish cause and effect, these results are suggestive at best.

In terms of other patterns of behaviour, the BCS70 study did find a link between the death of a parent in childhood and increased rates of unemployment, a lack of formal

qualifications and increased rates of smoking among those affected by such a loss. However, many of their findings in relation to outcomes were associated with pre-existing family circumstances (CWRC, 2011).

Worden (1996) reiterates this point and suggests there are several reasons for inconsistent findings in studies linking early parental loss to long-term consequences. Firstly, many of the studies have been retrospective in nature, in that a target group of people (e.g. those suffering from depression) is identified and a link to parental loss is then sought. Other studies group together all types of parental loss, including abandonment, while others don't take into account additional contributory factors leading to the consequences described. Sampling weaknesses, in relation to both size and makeup, is a further reason quoted for these inconclusive findings.

As Worden (1996) notes, not all children who experience parental loss go on to develop adult psychopathology and the factors that predict the development of such conditions following early loss have yet to be fully determined. Although the various theories outlined may enhance our understanding around why a particular client may present with certain issues, the primary purpose of this research project is to explore, from a psychotherapeutic point of view, what these particular issues are and how they may be impacting on a client's life.

## **CHAPTER 3: METHODOLOGY**

This chapter sets out the research methodology used in this study to explore, from a psychotherapeutic perspective, the long-term effects of the death of a parent in childhood. It outlines the rationale for choosing this particular design, who the participants were for this research and how they were recruited. The method by which the data was collected and analysed is also set out, as are the ethical considerations in relation to this research.

### **3.1 Research Design**

A qualitative approach to the research was chosen for this study and the reasons for this were two-fold. Firstly, studies into the long-term effects of parentally bereaved children largely appear to be quantitative in nature and thus the findings are generally statistically based. The statistics only tell one side of the story, however, and it was anticipated that a qualitative approach to research would provide a different perspective and add to existing research, which has proven to be the case. The aim of qualitative research is to supplement existing theory by turning to those individuals who have personal experience with the phenomenon under study (McLeod, 2001).

Secondly, the aim of the research was to explore, from a psychotherapeutic point of view, the long-term effects of losing a parent in childhood. The purpose of this type of exploration is to gain a deeper insight into the experiences of those who were parentally bereaved in childhood and how it has impacted their adult life. By employing a qualitative approach, it has been possible to achieve this aim and gain a

perspective that might otherwise have been overlooked among the plethora of statistics available.

### **3.2 Recruitment**

The nature of qualitative research involves selecting a small sample, specifically chosen because of their experiences with the research topic in question (McLeod, 2001). In this particular case, four psychotherapists, each of whom has had experience of working with adult clients who have lost a parent in childhood, were interviewed. In order to capture as wide-ranging a perspective as possible, the selection criteria were deliberately broad and included any practicing psychotherapist who had come across this phenomenon at any time in their work.

The psychotherapists in question, thus, had varying degrees of experience in this area but each was in a position to provide insight into the experiences of their clients and could contribute to the research in a meaningful way. The four participants between them discussed a total of eight clients, each of whom had lost a parent in childhood. There were no further criteria specified in terms of selecting which clients to discuss, so it is interesting to note at this point that all eight clients discussed by the therapists were women.

The participants were selected by way of snowball sampling. A small number of psychotherapists known to the researcher were approached, who in turn were able to suggest others in their field with the possible requisite experience. An information sheet (see Appendix A) detailing the nature of the research and what was involved for those agreeing to participate was circulated to potential interested parties. Contact

was subsequently established with four of these parties in order to set up one-to-one interviews to progress the research.

### **3.3 Data Collection Method**

To ensure that a thorough account of the clients' experiences could be explored, the interviews were semi-structured to allow for open-ended responses, while at the same time ensuring that the discussion remained on topic. The interviews, which varied in length between 25 and 35 minutes, were recorded and subsequently transcribed.

In advance of each interview, the participants were verbally briefed on the aim of the research and on their rights as participants, which included their right to withdraw from the study at any point up to a specified date. Their explicit consent was sought to partake and to have the interviews recorded for use in the research (consent form included in Appendix A). An assurance was provided to the participants that any identifiable material, relating to either themselves directly or their clients, would be suitably coded, thus ensuring absolute anonymity.

The questions for the interviews were designed to help ensure that information collated would be broadly consistent across participants to allow for thematic analysis. The specific questions asked during the interviews are included in Appendix B, and cover topics relating to basic background information on the clients under discussion, their memories of their relationship with the deceased and the level of support they received following their bereavement. Other topics covered include the clients' current presenting issues, relationship experiences, psychopathologies and any other general difficulties encountered in adulthood.

The semi-structured nature of the interview provided the flexibility and scope to vary the order in which the questions were asked, as well as being able to pose further questions in order to elicit further insight or clarify particular issues (Bryman, 2004). In addition to the specified questions, participants were encouraged to include anything they considered relevant to the research topic.

### **3.4 Data Analysis**

Each interview was transcribed verbatim and the data assessed by way of thematic analysis in order to identify particular themes emerging. Thematic analysis is a widely used analytical tool in qualitative research, which has been described by Braun and Clark (2006) as a method for identifying, analysing and reporting patterns within data.

In terms of the process involved, the interview transcripts were thoroughly reviewed to allow for comprehensive note taking. The data were subsequently coded to include as many potential themes as possible. Following a review of the initial themes identified, only those that were deemed the most relevant and of interest to this research were developed.

In advance of proceeding with the definitive written analysis of the data, a final refinement of the themes was carried out. Braun and Clark (2006) describe this last stage of thematic analysis as the piece which identifies the essence of what each theme is about. The purpose of this piece was to ensure that the final analysis could be written up in a concise and logical manner, conveying fittingly the narrative contained within the key themes generated.

### **3.5 Ethical Considerations**

In terms of ethical considerations, this research was carried out under the fundamental principles of a person's right to privacy and protection from harm and abided by the IACP Code of Ethics in terms of the client confidentiality. In advance of any interviews taking place, the participants were provided, both verbally and in writing, with information regarding the nature of the interviews and the purpose of the research being undertaken. They were also informed of their rights as research participants, which included the voluntary nature of the study and their right to withdraw from the study at any stage up to a specified date.

The participants were further assured of anonymity regarding both their identities and any identifiable material discussed in relation to any of their clients. Accordingly, pseudonyms have been used on all submitted documents and similarly, identifiable features in transcripts have been modified to protect the privacy of those involved. The recordings have been stored on the researcher's personal computer in a password protected file.

The participants each signed a consent form in advance of the interviews commencing, confirming their willingness to partake under the conditions set out.

## CHAPTER 4: FINDINGS

### 4.1 Introduction

This chapter outlines the findings from the semi-structured interviews carried out with four therapists, which incorporates information relating to the experience of eight clients who were parentally bereaved in childhood. The questions posed to the participants were informed by the literature review and arising out of these a number of themes emerged under three broad headings – **psychological problems in adulthood, relationship issues** and **support following bereavement**. Sub-themes contained within these headings, along with any other findings of note, are supported by quotes from the participants and detailed below.

The interviewees are referred to as T1 for therapist 1, T2 for therapist 2 and so on, while the clients are similarly referred to as C1, C2, up to C8. A summary of the basic information relating to the clients discussed is contained in the table below.

Therapist	Client	Sex (M/F)	Age at time of bereavement	Age at which therapy sought	Maternal / Paternal death
<b>T1</b>	C1	F	2	55	Paternal
	C2	F	12	30	Maternal
<b>T2</b>	C3	F	2	32	Maternal
	C4	F	6	40	Maternal
	C5	F	10	34	Paternal
<b>T3</b>	C6	F	6	30	Paternal
<b>T4</b>	C7	F	7	26	Maternal
	C8	F	5	62	Maternal

## **4.2 Psychological Problems in Adulthood**

Using a small sample of clients whom they had worked with and who had lost a parent in childhood, each therapist was asked questions relating to their clients' presenting issues and any other difficulties experienced in their adult lives.

In the majority of cases, the therapists reported few differences between what their clients presented with and other difficulties arising in their lives.

### ***Anxiety and Depression***

The primary recurring theme in terms of difficulties experienced was the incidence of anxiety and/or depression. T1 discussed two clients, one of whom (C1) presented with symptoms of depression following the death of her husband and the other (C2), who presented with a high level of anxiety and low self-esteem. According to T1, C2 "displayed a high level of anxiety in our first few sessions, which quickly became apparent that this was playing a significant role in her everyday life".

Regarding C1, T1 observed that her symptoms of depression appeared to be in line with "a normal grief reaction" following the death of her husband and that she hadn't reported any prior depressive symptoms. T1 did note, however, that C1 also displayed a level of fear and anxiety around "lapsing into the type of depression that my mother did following the death of my father". C1 was two when her father died and while she had no conscious memory of her father, she was able to vividly recall her mother's grief. However, it was the view of T1 that this anxiety, while significant, had not been a notable feature prior to the death of C1's husband.

T2 discussed three clients, each of whom had presented with varying levels of anxiety, which had also been present throughout their adult lives. In terms of C3, the anxiety frequently manifested itself in concerns about her health. Her mother had died of cancer when the client was two and T2 described her client's level of anxiety regarding her health as "bordering on obsessive". This particular client had also suffered from post-natal depression.

Regarding C4 and C5, T2 noted that while the primary presenting issue centred around anxiety, each also reported symptoms of depression. According to T2, C4 appeared to blame a difficult work situation for "dragging her down" and to cause her to feel depressed. C5, on the other hand, reported feelings of depression on and off throughout her life, which "she seemed to consider almost part and parcel of her lot following the traumatic death of her father when she was ten".

T3 focused on one particular client he had worked with and while the presenting issue was low self-esteem and lack of confidence, he also described his client (C6) as being "up and down a lot with her emotions during her twenties" and that it did appear she suffered from a form of depression during this time. T3 went on to discuss a "low episode" his client was experiencing some months into the therapy, which required a referral to her doctor. C6 was subsequently prescribed anti-depressants for a six-month period.

With regards to the two clients T4 discussed, C7 presented with anxiety, which was resulting in panic attacks, while C8 presented with depression. For C7, anxiety had been a feature throughout her adult life, which in T4's view was ultimately linked to her experience of "waking up one morning to find her mother gone".

For C8, her symptoms of depression had only emerged in the year preceding attending therapy and, according to T4, were triggered by her step-mother's death and being forced into early retirement.

### *Self-esteem*

Second to anxiety and depression, self-esteem issues were the most common of the sub-themes to emerge regarding psychological problems experienced by the clients in question.

In addition to high anxiety, C2 also presented with low self-esteem, which according to T1 "had held her back throughout her life". She was the youngest of four children and never felt she could never measure up to her siblings. T1 noted that her client was "constantly seeking approval" from family, friends and colleagues.

A lack of self-confidence and low self-esteem was an issue for one of T2's clients (C5). This particular client had been present when her father died in a drowning accident when she was ten and it was the view of the therapist that her client's mother "overcompensated by molly-coddling her to a degree, perhaps creating a level of over-dependence". T2 observed that this appeared to result in a lack of independence and ultimately a lack of self-confidence, manifesting itself in "difficulties finding and maintaining employment" and "an inherent insecurity when it came to relationships".

In relation to T3's client (C6), low self-esteem and low self-confidence were the primary presenting issues. She was six when her father was killed in a car crash, which had occurred after he went for a drive following a row with her mother. The client believed the row was about her and that the crash was therefore somehow her fault. According to T3, this resulted in an "introversion of her pain", causing her to

“feel ugly inside and out”. Her low opinion of herself subsequently manifested itself in difficulties maintaining relationships with men.

In addition to C8’s presenting issue of depression, it was the view of T4 that she also had suffered from low self-esteem throughout her life. She had failed her Primary Certificate and “grew up feeling stupid” as a result. T4 commented that her client would “use negativity about others to feel half okay about herself”.

### **4.3 Relationships**

Each therapist provided feedback regarding their clients’ relationships, both past and present, with partners. All four therapists considered this to be an area where at least one of their clients had struggled to varying degrees.

In relation to C1, who had presented following the death of her husband, T1 noted that her client regularly emphasised how close she had been to her husband, that he had been her best friend and that she was “totally lost without him now”. On further exploration with her client, T1 established that her client had been with her husband since her teens, that she had stuck by him despite a period of infidelity and that it was her husband who took charge of many of the practical aspects of running the household – her client was unable to drive for example. T1 observed that there appeared to be a “strong dependency” and considered “on reflection whether she was overly attached to him”.

Regarding C2, T1 commented that this client “found it difficult to be on her own and seemed to believe that being in a bad relationship was better than being in no

relationship”. This client was twelve when her mother died after a long illness and she seemed to fall from one relationship to another from the age of fifteen. It was the view of T1 that her client’s need to be in a relationship at all times resulted in “a level of dependency that did not appear to be healthy”.

T2 noted that out of her three clients, C4 did not appear to have had any particular issues in this area and was content in a long-term relationship. C3 was married but rarely brought this relationship into the therapy room. T2 noted that “there appeared to be a level of indifference towards her husband” but that it was difficult for her to comment any further as the therapy was primarily focused on addressing her client’s high levels of anxiety, particularly around her health.

C4, on the other hand, “has struggled considerably in her relationships” according to T2. It was the view of T2 that her client found it extremely difficult to come to terms with her father’s traumatic death when she was just ten, contributing to a strong sense of insecurity in her teens and into her adult life. T2 described her client’s relationship with her mother as one of “co-dependency” and further noted that her client was “very much the dependent one” in her current long-term relationship. T2 went on to say that although C4’s relationship did not appear to be particularly happy, “there appeared to be an underlying fear of her being on her own”.

T3 spoke at length about his client’s relationship difficulties and considered this area of her life to have been impacted the most by the death of her father, which was contributing to her presenting issue of low self-esteem. When she began therapy at the age of 30, it had been over four years since she had last been in a relationship. It was the belief of T3 that the nature of her father’s sudden death “resulted in trust issues with men, leading her to believe that somehow they would leave her too or

something bad would happen”. As a result, his client would “sabotage her relationships”, which only served to reinforce her belief that “it was her fault that significant men in her life left her”.

Both of T4’s clients had experienced relationship difficulties. T4 described C7 as “closed and untrusting in her relationships” and had ended a long-term relationship shortly before she began therapy as she was unable to commit.

C8, who was in her early sixties when she began to attend therapy, had never married and “the only really close relationship she had was with somebody who wasn’t available”. It was the view of T4 that this was “no accident”.

#### **4.4 Support Structures**

The level of support available to the bereaved child following the death of a parent emerged as the third primary theme of significance arising out of the interviews. It was the view of each therapist that where there was a lack of adequate support from the surviving parent following the bereavement, it played a role in subsequent difficulties experienced by their clients in later life.

Regarding C1, T1 commented that following the death of her father, “her mother was very much unavailable and took to the bed for ten years as my client recollects it”. T1 suggested that it was this fear of “following in her mother’s footsteps and lapsing into depression” that brought her client to therapy.

T1 noted that C2 had a good level of practical support following the death of her mother, in that her father had the financial means to support her and her siblings in the

years following the bereavement. It was the view of T1, however, that the emotional support her client needed appeared to be lacking, in that her older siblings were busy moving on with their lives, while her father “seemed unable to engage with her on an emotional level while he struggled with his own grief”. T1 believed that this contributed to her client’s need to seek emotional support elsewhere, often in the form of destructive relationships.

T2 considered the support available to C3 and C4 following their bereavements to be “reasonably good overall”. C3’s maternal grandparents moved in with the family to help out and while her father was also a strong presence in her life, T2 questioned whether he was “fully present on an emotional level”. C4 appeared to have received good support from her father, older sister and extended family.

Regarding C5, however, T2 commented that her mother “seemed to go off the rails somewhat” following her husband’s drowning. She drank quite heavily and was often unavailable to her grieving children. T2 also noted that there was limited support forthcoming from extended family.

T3 suggested that while C6 had sufficient practical support available to her from her mother and both sets of grandparents, emotionally the support appear to be lacking, in that the death of her father was “not really talked about” in the family home and that “a lot of her emotions would’ve been repressed”. T3 went on to say that his client “felt she couldn’t approach her mother for fear of upsetting her”.

It was the view of T4 that neither of the two clients she discussed had a sufficient level of support following their bereavements. C7 simply “didn’t have the parenting” following her mother’s death, as her father had remarried and her “new mother was

never a mother to her”. She was an only child and when her father remarried, her deceased mother’s family abandoned her.

Regarding C8, who was five when her mother died suddenly from a brain haemorrhage, there appeared to be little or no support on an emotional level. She was never told about her mother’s death and was put into her neighbour’s house during the funeral. She subsequently went to live on the other side of the city with an aunt, away from all her siblings. When the family reunited to live together some years later, she ended up being looked after by “a housekeeper from hell”.

#### **4.5 Other Findings of Note**

In addition to the primary themes discussed above, the interviews yielded data on other aspects of the research topic worth noting.

##### ***Relationship with Deceased Parent***

In terms of the nature of the relationship each client had with their deceased parent, none of the four therapists reported any particular difficulties. C1 and C3 were just two at the time of their bereavements and reported no conscious memory of their parent. C8, although five years old when her mother died, had only very vague memories of her. The remaining clients, who ranged in age from six to twelve, had “good”, “very good” or “normal” relationships with the parent who died according to their therapists.

### ***Education and Employment Status***

The findings in relation to education and employment status were mixed. In terms of the two clients discussed by T1, C1 had not completed second level education, had no formal qualifications and had never worked outside the home. C2, on the other hand, had attained a third level qualification and was working in a professional capacity.

In relation to the three clients that T2 discussed, C3 had completed third level education and was working as a teacher; C4 had completed second level education and was employed in a full-time clerical role, while C5 was long-term unemployed following completion of second level education.

C6 was a qualified accountant and according to T3 was “very good at her job”. C7 had attended third level and was working as the financial controller in her father’s business, while C8 had not completed second level education and worked in a factory job her entire life.

### ***Delayed Grief***

Another notable theme emerging from the interviews was the subject of delayed grief. When asked about other factors which may have played a role in any difficulties encountered by their clients or whether they had observed any other particular patterns when working with clients who had lost a parent in childhood, three of the four therapists considered unresolved or delayed grief to be an issue.

C2 was twelve when her mother died and according to T1, “suppressed many of her emotions relating to her mother’s death at the time”. It was only when her

grandmother died some years later, whom she wasn't particularly close to, did her pent up emotions seem to emerge.

Similarly, the death of C3's grandmother triggered a strong emotional response, which T2 considered to be a symptom of delayed grief in respect of her mother's death many years earlier. T2 also observed a similar pattern in relation to C4 when her eldest sister, who was like a mother figure to her, was diagnosed with cancer. It was T2's view that "her sister's diagnosis brought up a lot of unresolved grief over her mother's death from cancer".

T4 noted that the death of C8's step-mother was one of the contributory factors leading to her depression. T4 suggested that this loss seemed to "provide her with the opportunity to also grieve for her mother, which she hadn't been allowed to do as a child". In organising a plaque for a church bench, T4 included both her step-mother's and mother's names on it.

### ***Effect of Therapy***

One final theme of note emerging from the interviews relates to the positive impact that therapy has had on their clients. Although the therapists were not specifically asked about therapeutic outcomes, T3 and T4 in particular were keen to emphasise the change in their clients following the work that had taken place, sometimes over a period of one or more years.

T3 noted that following a lot of work around his client's relationship issues, C6 had embarked on her first relationship in over four years, boosted by an increase in her self-esteem and confidence.

T4 discussed how C7 had worked through her relationship difficulties, having been “closed and untrusting” and “unable to commit” in the past. T4 spoke about how this client is now engaged to be married and how she has planned to include her late mother in her wedding day.

T4 also discussed how C8, who was in her early sixties when she began attending therapy, had “blossomed” during their work together and had begun to “embrace life in a way she hadn’t done before”.

T1 noted a positive change in C1 following approximately seven months in therapy, commenting that her symptoms of depression “seemed less of an issue for her” by the time she had finished, while T2 observed that C3 was committed to addressing her high levels of anxiety and was “showing signs of improving”.

## **CHAPTER 5: DISCUSSION**

This chapter seeks to critically evaluate the findings from the semi-structured interviews in relation to existing literature regarding the long-term effects of the death of a parent in childhood.

### **5.1 Difficulties Experienced in Adulthood by Parentally Bereaved Children**

The findings which emerged from the interviews outlined various difficulties experienced by the therapists' clients, each of whom had been parentally bereaved in childhood.

#### ***Anxiety and Depression***

Anxiety and depression were the most commonly reported psychological conditions, with all eight clients under discussion experiencing either anxiety and/or depression in the course of their adult lives. In the majority of cases, either one or both conditions turned out to be the presenting issue, suggesting the significant impact it was having on their lives.

These results are consistent with a number of studies into the long-term psychological effects of losing a parent in childhood. Both Birtchnell (1970) and Lloyd (1980) considered there to be a link between childhood bereavement and adult depression, while Brent et al. (2009) concluded that losing a parent in childhood more than quadruples the risk for depression in young adults. Meanwhile, research by Tennant et al. (1980) and the Department of Social Protection (2014) suggests a link between childhood parental loss and anxiety.

### *Self-esteem Issues*

The incidence of low self-esteem amongst the clients emerged as the second most common psychological consequence, which was considered by each of the therapists to be a significant feature in at least one of their clients' lives.

Research by Worden & Silverman (1996), as well as Ayers et al. (2003), indicate a link between the loss of a parent in childhood and self-esteem issues. Ellis et al. (2013) also considered low self-esteem to be among the long-term effects of early parental bereavement if appropriate support levels were not available following the death. The support provided to the bereaved child emerged as a key theme in the findings and will be discussed in further in the next section.

### *Relationship Issues*

Relationship difficulties proved a further significant outcome across the range of clients discussed. Specifically, maintaining long-term intimate relationships was deemed to be problematic in three clients, while the nature of their relationships for a further three clients was considered a cause for concern by their therapists.

Although there appears to be little in existing research to suggest a direct link between parental death in childhood and specific relationship difficulties, Ellis et al. (2013) did consider this to be an area of risk if inadequate support is provided following a bereavement.

Further, Bowlby (1982) described the effect of parental loss in terms of both an increased likelihood and greater vulnerability to future adversity. In his theory on attachment, he believed that the earliest bonds formed by children with their

caregivers have an immense impact that continues throughout life. It is thought that primary caregivers who are available and responsive to an infant's needs allow the child to develop a sense of security. It goes to follow, thus, that a disruption of this bond may result in the emotional world of the individual being disturbed to an extent that could lead to difficulties forming and negotiating later emotional bonds.

### *Delayed Grief*

In terms of any additional difficulties experienced by their clients during adulthood, three of the therapists discussed how subsequent bereavements or significant events triggered strong emotional responses in their clients, which they viewed as symptoms of unresolved or delayed grief.

For two clients, the death of a grandparent some years after their parent had died appeared to provoke a sense of grief and despair, not experienced at the time of their original loss and perhaps more intense than would necessarily be expected following the death of a grandparent. T4 had noted a similar pattern in one of her clients following the death of her step-mother, while a diagnosis of cancer in the family of another client appeared to have the same effect.

The view that their clients' responses to these events were linked to their original bereavement in childhood is consistent with Worden (1996), who suggested that losses in adulthood reactivate the original trauma of parental loss.

## **5.2 Factors Contributing to Outcomes in Adulthood**

While the findings from the interviews pointed towards a number of specific difficulties experienced by those clients who had lost a parent in childhood, the results also suggested that other factors relating to the bereavement played a role in their experiences.

### ***Level of Support***

The level of support, both practical and emotional, appeared to be especially crucial in determining how an individual adjusted to their loss over the long term, with each of the four therapists reporting a lack of emotional support from the surviving parent to be an issue for at least one of their clients.

Specifically, for those clients who had suffered from anxiety and/or depression at some stage in their adult life, six out of the eight were deemed to have had an inadequate level of emotional support from the surviving parent. For those clients who suffered self-esteem issues, a lack of emotional support was considered to be a factor in each case.

This importance of adequate support structures in influencing adult outcomes following childhood bereavement is borne out by a number of studies. Research by Brent et al. (2009) suggest there is a critical period of time following the death of a parent, during which a strong level of support is a must in preventing depression in later life. Birtchnell (1980) and Aderka et al. (2011) placed particular emphasis on the quality of the relationship with the surviving parent, as did research by Comfort Zone Camp (2010). Similarly, Ellis et al. (2013) concluded that a lack of support and

stability in a bereaved child's life increased the likelihood of the individual experiencing emotional difficulties in later life.

### *Age of bereavement*

There is strong evidence in existing literature to suggest that the age at which an individual experiences the death of a parent plays a role in both their grieving process at the time of the bereavement and ultimately on the long-term effects of such an experience. Worden (1996), for example, considers children between about five and seven years of age to be particularly susceptible, suggesting that symptoms of their grief are more likely to manifest in later life.

The data from the interviews are worth noting in this regard, with four of the eight clients discussed falling into this age bracket. Of these, each had experienced either anxiety and/or depression, while two out of the four also suffered from low self-esteem to a significant degree.

Worden (1996) further suggested that the death of the primary caregiver in infancy can cause difficulties in later life, particularly in relation to attachment issues, which can manifest in difficulty trusting others, as well as anger and depression. Two of the clients discussed were infants at the time of their bereavements and while one had suffered from depression in adulthood, the evidence on other potential attachment issues was less clear. One of the therapists did, however, question the nature of her client's relationship with her husband, suggesting possible trust issues.

In terms of the overall breakdown of ages at the time of bereavement in the data, it is interesting to note that despite the scope of the research project encompassing any individual up to the age of seventeen who had lost a parent in childhood, the clients

the therapists focused on were all significantly younger than this upper age limit. This is consistent with the findings of Rutter (1984) and Aderka et al. (2011), who concluded that the younger a child was at the time of the loss, the more likely they were to develop mental health problems, such as anxiety or mood disorders, in later life.

### *Gender Differentials*

With regards to the data arising out of the interviews, it is interesting to note that all eight clients discussed by the therapists were women. In each case, it was the view of the therapist that either their presenting issue or other difficulties experienced during their adult life could all be linked back to the loss of their parent in childhood. While anecdotal evidence would suggest that women are more inclined to seek out therapy than men, which may help explain why only women were discussed as part of this research, it nonetheless suggests a potential imbalance in how men and women cope with the early death of a parent over the long-term.

Existing literature has further pointed towards a difference between how men and women are affected by a parental bereavement over the long-term. The findings of the BCS70, for example, suggest that women are more likely to suffer from depression than their male counterparts and are also less likely to have gained any sort of qualification by the age of 30.

While it can be noted that six of the eight clients discussed had experienced symptoms of depression in their adult life, it is difficult to draw any particular conclusions from this due to the fact that none of the clients discussed were men. Similarly, although four out of the eight clients had never gained any formal qualification following

second level, the lack of men in the analysed sample makes it difficult to make any comparisons.

The differential between the sexes was further highlighted by Comfort Zone Camp (2010) research, which found that women reported more intense feelings of grief over the long-term than men.

### **5.3 Research Conclusion**

The aim of this research project was to explore, from a psychotherapeutic viewpoint, the long-term effects of the death of a parent in childhood. In order to gain the level of insight required for such an exploration, therapists who had experience working with clients parentally bereaved in childhood were interviewed. The nature of the semi-structured interviews allowed for open and varied discussions, which yielded a number of noteworthy results and ultimately provided first-hand knowledge of the difficulties many individuals experience following an early parental loss.

In terms of the body of research already in existence, the findings of this project were broadly consistent with current literature. Specifically, long-term psychological problems appear to be a significant feature, with anxiety and depression in particular being widely reported. Other difficulties experienced by clients, which emerged during the course of the interviews, included self-esteem issues, relationship struggles and delayed grief, all of which were once again supported by existing literature.

Upon further exploration of the various experiences of those who had been parentally bereaved in childhood, the level of support available to the child at the time of the

bereavement emerged as being particularly significant in terms of ultimate outcomes. Based on the views of the therapists, which is borne out by existing research, the relationship with the surviving parent appears to be paramount in determining what, if any, long-term effects arise out of such an early loss.

Other findings worth highlighting as part of this research relate to the age at which a person experiences the loss of their parent, as well as the sex of the individual. The age profile at which the clients under discussion were bereaved point towards worse outcomes for those who were aged seven and under. This is consistent with current literature, which indicates that younger children are more prone to suffering long-term psychological consequences than adolescents.

There is also evidence in existing research to suggest that long-term effects of early parental bereavement are more pronounced in women than men and while it is interesting to note that the therapists interviewed for the purpose of this research focused on the experience of female clients only, this may also point towards a greater willingness on the part of women to attend therapy.

Finally, while much of the focus of this research project has been on the long-term difficulties experienced by those who lost a parent in childhood, there are two further aspects to this that should be borne in mind. Firstly, it is worth remembering that not all children who experience parental loss go on to develop psychopathology or other difficulties (Worden, 1996).

Secondly, and arguably more importantly, for those who do go on to carry the burden of their loss into adulthood in a maladaptive way, this does not need to be the end of their story. Each of the therapists interviewed spoke about the positive changes they

had seen some of their clients undergo after attending therapy, overcoming many of the difficulties that had been holding them back in life. While they each acknowledged that such changes occurred only after a considerable amount of time and hard work on the part of their clients, it nevertheless indicates that those who experience difficulties in adulthood following an early parental bereavement do not have to be resigned to their fate. Where there is will, there is hope for positive change.

#### **5.4 Recommendations**

Turning to the old adage ‘prevention is better than cure’, the key recommendation arising out of this research project is in relation to support structures for the parentally bereaved child. Both existing literature and the findings arising out of the interview process emphasised the importance of adequate support for the child following a parental bereavement in determining how an individual may be affected over the long-term.

It is thus encouraging to note that some progress has been made in this area since the clients under discussion in this research were children, in that support services such as the Rainbows Programme is available in many primary and secondary schools.

While external support services like these are to be welcomed, they cannot replace the role the surviving parent needs to play in helping the grieving child adjust to their loss. In this regard, a greater level of support and education is required for the surviving parent in order to help them through their own grief, while at the same time

being able to provide the necessary support to their child to help them negotiate what is generally an extremely distressing and confusing time for them.

## **5.5 Final Comment**

Although the key recommendation arising out of this research focuses on the possible prevention of long-term difficulties associated with early parental loss, given the nature of this research it would almost seem remiss not to finish with a nod to the significant role that therapy can play in ‘the cure’.

Bowlby (1980) described the loss of a loved person as being “one of the most intensely painful experiences any human being can suffer” and so it is perhaps not too surprising that it can leave such an indelible mark on an individual’s psyche long after the bereavement. As has proven to be the case with many of the clients discussed as part of this research, however, a person does not need to be defined by their loss and a little guidance, coupled with no less will, can help an individual overcome whatever difficulties they may have encountered on their journey through life.

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## **APPENDIX A: RESEARCH PARTICIPATION INFORMATION AND CONSENT FORM**

### **INFORMATION FORM – Research Project**

My name is Anne Coghlan and I am currently undertaking a BA in Counselling & Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with '*a psychotherapeutic exploration of the long-term effects of the death of a parent in childhood*'. I am interested in exploring the views of psychotherapists who have experience in working with adult clients who have lost a parent in childhood. It is my hope that psychotherapists who have had such experience will be in a position to provide valuable insight into any long-term effects such a loss has had on their clients' lives.

#### ***What is involved?***

If you agree to participate in this research, I will arrange an interview with you at a time and place that is convenient to you and which should take approximately 30-40 minutes to complete. During this, I will ask you a series of questions relating to the research topic and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

#### ***Anonymity***

If you agree to participate, both your identity and any identifiable material discussed in relation to any of your clients will be kept anonymous. Pseudonyms will be used on all submitted documents and similarly, identifiable features in transcripts will be modified to protect the privacy of both you and any particular clients you may discuss. The recordings will be stored on my personal computer in a password protected file. All data that has been collected will be kept in this manner and in the event that it is used for future research, will be handled in the same way.

Your participation\* in this research is voluntary. The results of this research are due to be finalised and submitted by 25<sup>th</sup> April 2014 and you are free to withdraw at any point up to 11<sup>th</sup> April 2014 without any disadvantage.

If you would like to take part in this study or require further information about any aspect of it, please contact me by telephone at (087) 6410138 or by email at [annecoghlan@hotmail.com](mailto:annecoghlan@hotmail.com)

Many thanks for your time and consideration

Anne Coghlan

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\* If you have questions regarding your rights as a participant in this research, please contact Siobain O'Donnell, Academic Co-ordinator BA Counselling & Psychotherapy, Dublin Business School, [siobain.odonnell@dbs.ie](mailto:siobain.odonnell@dbs.ie)

**DECLARATION**

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time up to 11<sup>th</sup> April 2014 without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that neither my name, nor the names of any of my clients, will be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) \_\_\_\_\_

Signature \_\_\_\_\_

Date    /    /

## **APPENDIX B: INTERVIEW QUESTIONS**

### **Field research – interview questions:**

1. In relation to clients you have worked with who have lost a parent before the age of 17, can you provide a brief outline of their presenting issues? Using a sample of two to three clients is sufficient.
2. In addition to their presenting issues, what other difficulties (if any) have these clients experienced in their adult life? (psychological/psychopathological, medical, behavioural/social, other)
3. How would you describe the nature of your clients' relationship with their partners, both current and previous? Please also comment on the nature of your clients' relationships with other significant persons in their lives if you consider it relevant.
4. How would you describe the type of relationship your clients' had with the parent who died?
5. What support structures, both emotionally and practically, did your clients' have in place following their bereavements? Can you also please comment on whether you believe the support available was adequate for your clients' needs in terms of helping them to come to terms with their loss?

6. In your view, were there any other precipitating factors which may have played a role in the difficulties encountered by your clients in their adult lives?
  
7. In relation to the clients discussed, can you confirm the following information please:
  - Sex of your clients?
  - Current age and age at which they lost a parent?
  - Was the death maternal or paternal?
  - Nature of the death?
  - Education background and employment status?
  - Have your clients experienced symptoms of depression or anxiety in their adult lives? (if not previously discussed)
  - The general health of your client (if not previously discussed)
  
8. In relation to your clients discussed, or any other clients you have worked with who lost a parent in childhood, can you comment on any particular themes or patterns you have noticed emerging in the therapy room?
  
9. Are there any other issues relating to the long-term effects of the death of a parent in childhood that you have encountered in your work as a psychotherapist and which you consider to be relevant to this research project?