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Children's Experiences of Parental Death, "Lost But Still Remembered"

Nour Salem

A Dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Psychology

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FACULTY COMMITTEE:

Committee Chair: Anne Stewart, Ph.D.

Committee Members:

Kelly Atwood, Psy.D.

Cara Meixner, Ph.D.

Dedication

To my family... I am nothing without your love and support.

And, to all the children who have lost a parent.

Acknowledgements

This dissertation is the final milestone of my doctoral program and represents the end of a long journey and the beginning of a new chapter. There were so many times I felt that I would not be able to finish this project. I would not be here without the love, guidance, and support of so many people. First, I would like to thank all the people who have contributed to my academic journey. I want to thank my teachers for instilling in me a love of learning and showing me the value of being a lifelong learner. My undergraduate and graduate professors, thank you for introducing me to the field of psychology and preparing me for success. And thank you to each and every person I met at James Madison University's Clinical and School Psychology Program. Thank you for sharing your love for psychology, your wisdom, and your expertise with me. Thank you for shaping me into the psychologist I have always wanted to be. I will be forever grateful that I ended up in Harrisonburg, all the way from Lebanon! A special thank you to Dr. Anne Stewart, I have no words to express the extent of my appreciation. Thank you for seeing me for who I am and believing in me. Thank you for advising with patience and love as I went through my "being versus doing year," tried to figure out my theoretical orientation, and fought with imposter syndrome and home sickness. When we first met, you told me that once an advisee enters your life, they are there forever; I am so grateful to be one of those privileged advisees.

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Abstract

Parental death is prevalent during childhood, and the emotional, social, and behavioral effects on children's development are well-documented. Although there is extensive literature on grief in children, most studies on children's grief have obtained data about children's experiences through collateral interviews with parents or caregivers, from adults who lost a parent as a child, or through quantitative measures with children and caregivers. Few studies have implemented a qualitative exploration of parental death by asking bereaved children. The objective of the current study was to involve parentally bereaved children in responding to the research question, "what is it like to lose a parent to death?" This was explored through five semi-structured one-on-one interviews with children between the ages of seven and eleven. Interpretative phenomenological analysis (IPA) was used to analyze and interpret the data. Six themes emerged that helped elucidate the experience of losing a parent to death: 1) Grief is a meaning making process, 2) Grief is a complex emotional process, 3) Death is "taking mommy away", 4) "Lost but still remembered", 5) "I remember..." the announcement of death, and 6) Grief is supported through attuned relationships. The results from this study are explored in light of previous research on children's grief, attachment theory, and resilience theory. The study offers new insights into children's experiences of parental death including the significance of death on a child's life, the importance of time on healing, and the importance of honoring children's expertise and following their lead.

Introduction

Parental death is a prevalent and significant event in childhood. It can be one of the most painful experiences in a child's life. According to New York Life's new Child Bereavement Estimation Model (CBEM), 1 in 5 children will experience a death in their family before the age of 18. During the COVID-19 pandemic, rates of sudden death, especially among younger adults, increased significantly. Estimates indicate that there was approximately a 17-20% increase in parental death. A recent study indicated that over 37,000 children under the age 17 had lost at least one parent to COVID-19 as of February 2021. The authors predicted that this number could continue to rise to over 100,000 parental deaths (Kidman et al., 2021).

Parents serve as primary attachment figures for their children and create secure bases and safe havens for them as they explore the world (Cassidy & Shaver, 2016). The loss of a parent to death can have several implications on a child's life, some extending well into adulthood (Bifulco et al., 1987; Tremblay & Israel, 1998). Some short-term effects on the child include school and learning problems, behavioral and emotional problems, and developmental regression (Gray, 1987; Harris, 1991; Machajewski & Kronk, 2013; Siegel et al., 1996; Tremblay & Israel, 1998). Some effects have also been noted to affect the whole family system which could compound the effects of grief (Bifulco et al., 1987; Dowdney, 2000; Tremblay & Israel, 1998). As adults, bereaved children are at higher risk for many psychological and adjustment problems (Bifulco et al., 1987; Tremblay & Israel, 1998).

The literature on parental death in childhood is extensive. Previous research has explored children's understanding of death, the impact of death, variables affecting grief, children's responses to death, and the tasks of bereaved children. Researchers have also tried to understand what and who can help children after experiencing death. However, most studies investigating

children's experiences with death have used primarily quantitative approaches. Data is typically collected from parents, caregivers, or teachers. Studies that have implemented qualitative methods have typically relied on interviewing adults who lost a parent to death in childhood. More research is needed that explores children's experiences of parental death. Children are the experts on their lived experiences and can offer rich information about their experiences.

The purpose of the current study was to explore the lived experiences of children who have lost a parent to death. The study hopes to give voice to children's journeys through parental death from their perspective. This was accomplished by completing individual interviews with children where they were asked to reflect on their experiences with parental death. A qualitative design using interpretative phenomenological analysis was used to explore individual experiences with death. The exploration was guided by an understanding of grief, attachment theory, and resilience theory. The research question guiding this study was "What is the experience of losing a parent to death in childhood."

Literature Review

“Would you give up a year of your life to have one more day with your late mother or father?” (Zaslow, 2010, para 1) Over 1,000 adults who lost a parent as children were asked this question, and most responded that they would gladly give up a whole year of their lives just to spend half a day with their deceased parent. This finding provides a small window into the pain of losing a parent early in life. Losing a parent to death in childhood has many implications on a child’s life. The impact of this loss can be seen during childhood, and many times, has long-term effects that linger into adulthood and continue to affect an individual’s emotional, social, and mental health.

Defining Grief Terminology

The loss of a loved one to death is a significant event in a person’s life. Following death, children and adults grieve the absence of their loved one. To understand grief in children and the relevant literature, we must first understand the different terms referenced in grief research. According to the American Psychological Association (APA) dictionary of psychology (2020), grief is defined as the normal and multifaceted response to a significant loss, usually the death of a loved one. Grief encompasses great sadness, anguish, and pain that extends into physical, cognitive, emotional, behavioral, and social aspects of an individual’s life. Grief can be short-lived, or it can become complicated and more pervasive. Grief is distinguished from bereavement and mourning which are commonly used terms in the literature (American Psychological Association, 2020b). Bereavement is defined as losing a loved one to death (American Psychological Association, 2020a). The term bereaved will be used in this manuscript to refer to individuals whose loved ones have died. Bereavement does not indicate the response to grief. A child or an adult is considered bereaved after the death of a significant individual. An

individual can be bereaved without showing outward signs of emotional pain or distress. This outward, often culturally and socially mediated, response to grief is referred to as mourning (American Psychological Association, 2020c). Individuals often rely on religious, cultural, and societal norms in determining rituals and practices to mourn their deceased. Such rituals aim to aid the bereaved individual in integrating and expressing their loss while providing meaning, security, emotional regulation, and a sense of coherence as they cope with the death of a loved one (Kagawa-Singer, 1998; Neimeyer et al., 2002).

Prevalence and Significant of Childhood Bereavement

Unfortunately, childhood bereavement is common, and many children lose a loved one, such as a parent, sibling, or grandparent, earlier than is expected in their lives. The current national US data suggest that 6.8% of children, nearly 5 million children, will experience the death of a parent or sibling by age 18. According to New York Life's new Child Bereavement Estimation Model (CBEM) (Burns et al., 2020), 1 in 15 children will lose a parent or sibling before adulthood.

One of the most profound losses that a child can experience is the death of a parent. Children are brought up and develop within family systems. As such, a significant aspect of childhood is family and attachment to caregivers. Throughout childhood, children rely on their parents, grandparents, relatives, and other caregivers and attachment figures to help them grow, develop, and thrive (Cassidy & Shaver, 2016). Parents serve as primary attachment figures for their children. They create safe and secure bases for them as they explore the world (Cassidy & Shaver, 2016). Throughout life, children encounter adverse events that could potentially influence them. As they maneuver these adversities, they rely on their attachment figures to help

them cope with these events. When a parent dies, an attachment figure is lost, and the child's world is changed.

The loss of a parent can have several implications on a child's life, some extending well into adulthood (Bifulco et al., 1987; Tremblay & Israel, 1998). Some short-term effects on the child include school and learning problems, behavioral and emotional problems, and developmental regression (Gray, 1987; Harris, 1991; Machajewski & Kronk, 2013; Siegel et al., 1996; Tremblay & Israel, 1998). Academic struggles can be significant after a parent dies. Children also start to manifest social difficulties, such as becoming withdrawn from friends and family or backing out of activities (Coyne & Beckman, 2012). Some effects, such as role reversals and tensions in the surviving parent-child dyad have also been noted to affect the whole family system which could compound the effects of grief (Bifulco et al., 1987; Dowdney, 2000; Tremblay & Israel, 1998). In addition, many long-term effects of childhood bereavement can continue to impact the individual well into adulthood. As adults, bereaved children are at higher risk for many psychological and adjustment problems (Bifulco et al., 1987; Birtchnell, 1978, 1978; Tremblay & Israel, 1998). The prevalence of childhood bereavement along with its potential short and long-term effects on children and families makes it a very important topic to study, both to understand and ultimately intervene effectively.

Given the prevalence and impact of childhood bereavement, it is imperative to better understand how children understand and experience death and grief. In the following sections, this literature review will examine previous research and findings on children's understanding of death, their response to the death of a loved one and their experience of grief, the tasks of bereaved children, and the variables that impact the grieving process. Attachment theory and

resilience theory will also be examined in relation to understanding parent-child relationships and the impact of losing a parent to death.

Do Children Grieve?

The short answer is, yes children do grieve. As adults, we might be quick to conclude that children, given their developing minds and cognitive capacities, might not understand death and therefore do not grieve. Parents may express that their young children don't understand what happened, won't remember the person who died, or have forgotten already (Corr, 2004). It may also be difficult to accept that children grieve and adults may be powerless to ease the pain (I. Smith, 1991). Grief can look different across people and especially across ages. Although children may not "show" their grief the same way adults do, it is believed that they share the same feelings of grief (Machajewski & Kronk, 2013). After a loved one dies, the bereaved child must begin to adjust to their loss and adjust to the separation from their loved one. They will grieve their absence and mourn the death based on their developmental understanding of death (I. Smith, 1991).

When infants are born they begin to form attachments to their primary caregivers (Cassidy & Shaver, 2016). Early attachment literature has described the effects of separating an infant from his or her attachment figure (Bowlby, 1960a, 1960b). When the primary attachment figure is physically separated from the infant, the infant becomes aware of their loss, expresses grief, and subsequently goes through three phases: protest, despair, and detachment (Bowlby, 1960a, 1960b; Norris-Shortle et al., 1993). Since parental bereavement represents a severe and permanent separation from an attachment figure (Norris-Shortle et al., 1993), children as young as weeks old will have some awareness of a parent's death, experience the loss, and grieve.

How Children Understand Death

All children grieve, but grief in childhood can look very different from grief in adulthood. It also differs depending on the child's age, the type of loss they have suffered, their life circumstances, and what happens post-loss (Willis, 2002). Children are still developing cognitively, emotionally, behaviorally, and socially, which impacts their understanding of death. Therefore, to understand how children grieve and how they experience their grief, we must first examine their understanding of death. A child's understanding of death is influenced by their age, cognitive ability, and their experiences with death. Research findings indicate that children who have experienced the death of a loved one tend to have more a mature understanding of death. Parental communication can also impact a child's understanding of death. When parents have open conversations about death and allow their children to ask questions, they help their children develop more complete understandings of death (Hunter & Smith, 2008; Reilly et al., 1983). More recent findings indicate that involving children in cultural and religious rituals also help develop their understanding of death (Menendez et al., 2020).

Research suggests that children's understanding of death hinges on understanding and attaining three components of the death concept: irreversibility, nonfunctionality, and universality. Irreversibility refers to the finality of death, once something or someone dies, they can never be alive again, death is a permanent state. The second, nonfunctionality, addresses the biological aspect of death, the body ceases to function, and all biological functions come to a halt, like sleeping, dreaming, pain, thirst, hunger, etc. The last component, universality, brings the understanding that death will come to all living things and is inevitable; anyone can die at any point in time, and everyone, including the child themselves, will die one day (Melear, 1973; Norris-Shortle et al., 1993; Speece & Brent, 1984; White et al., 1978). A child's developing

understanding of the death concept and its components aligns with the child's cognitive and psychosocial stage of development (Machajewski & Kronk, 2013; Norris-Shortle et al., 1993).

The literature on the age of acquisition of the different components of the death concept is variable. The way in which the information is obtained may impact the data (Weininger, 1979). Children may not be able to provide a full description when asked to verbally express their understanding of death. Children in the same developmental stage may also have different understandings of death based on their unique life and family experiences, including socio-economic status and culture (Slaughter, 2005). Speece and Brent (1984) also identify two possible methodological discrepancies that could explain the variability in pinpointing the age of acquisition for each concept. Across different studies, researchers have used different statistical criteria to determine acquisition at a certain age (e.g., while some determined acquisition when 60% of children had acquired the concept, others reserved the determination of acquisition to 100%). The second concern indicated was that some researchers did not report the criterion used for the age of acquisition (Speece & Brent, 1984). The findings presented next offer insight into the development of the three aspects of the death concept taking into consideration the potential variability in the data. Children's understanding of death is presented over four developmental stages: infants and toddlers, early childhood/ preschool children, middle childhood/ school-aged children, and adolescents.

Infants and Toddlers

Infant and toddlers under the age of two are believed to have a limited understanding of the concept of death, and research has focused on understanding their reaction to separation (Lyles, 2004; Machajewski & Kronk, 2013; Torbic, 2011). At this age, infants and toddlers experience the world through their senses and their caregivers as they learn basic trust versus

mistrust (Machajewski & Kronk, 2013; Torbic, 2011). Despite not cognitively understanding death or being able to verbally express their emotions, infants and toddlers express an awareness to the absence of their loved one. After the death of a loved one, infants will cry and call out to their loved one. They may have changes in their eating and sleeping patterns as well. The death of a mother is especially difficult at this age since infants may still be relying on their mothers to meet basic needs, most notably feeding. At this age, children benefit most from being comforted by a supportive adult. This helps mitigate some of the behavioral manifestations of grief and avoid regression and detachment (Busch & Kimble, 2001; Machajewski & Kronk, 2013).

Early Childhood/ Preschool Children

Between the ages of two and five, children's cognitive and linguistic development is advancing. At this age, children are learning to use language to express their needs. Their thinking is concrete and often magical, and they exhibit an egocentric view of the world around them (Busch & Kimble, 2001; Machajewski & Kronk, 2013; Torbic, 2011; White et al., 1978; Willis, 2002). Children start to develop their understanding of death. Researchers hypothesize that the universality of death is associated with cognitive development. It is mostly understood by the age of five (White et al., 1978). According to White et al. (1978), universality is a spontaneous concept that is acquired from everyday experiences (Vygotsky, 1962 as cited in White et al., 1978), and as such, it develops as children start to develop concrete operational thinking between the ages of five and seven.

On the other hand, the concepts of irreversibility and nonfunctionality are still not developed between the ages of two and five. As preoperational thinkers, preschoolers believe that death is both reversible and temporary. The finality of death is not understood (Busch & Kimble, 2001; Machajewski & Kronk, 2013; Melear, 1973; Slaughter, 2005; Speece & Brent,

1984; Willis, 2002). Death is linked to concrete behaviors and is thought to be similar to sleep or sickness (Slaughter, 2005; Speece & Brent, 1984). The dead have intact biological functions making revival possible (Melear, 1973). Coupled with their limited understanding of time, it can be difficult fully understand that death is “forever” and different from any other prolonged separations they experience (Machajewski & Kronk, 2013). Preschoolers might repeatedly ask questions about the deceased person, especially about visiting them or when they are returning, in an attempt to negotiate a different ending and better understand the disappearance of their loved one from their lives (Busch & Kimble, 2001; Dowdney, 2005; Machajewski & Kronk, 2013; Willis, 2002). In addition, preschool children’s egocentrism and magical thinking is applied to their understanding of death, often leading them to believe that they could have been responsible for the death which can cause extreme feelings of guilt (Busch & Kimble, 2001; Machajewski & Kronk, 2013; Melear, 1973; Speece & Brent, 1984; Torbic, 2011; Willis, 2002).

Middle Childhood/ School-Aged Children

As children enter middle childhood and school between the ages of six and eleven, they start to develop a better understanding of death and its permanence. As their cognitive development continues, they transition into a more complete understanding of the universality of death with the more concrete notions developing first, followed by the complex and abstract ones. Children also develop an understanding of their own personal mortality. (Busch & Kimble, 2001; Dowdney, 2005; Reilly et al., 1983; Slaughter, 2005). Around the age of six, more than half of children develop the understanding that death is a final and irreversible state. With the emergence of concrete operational thinking, all children understand that all living things must die and that death is final and permanent (Sheldon, 1998 as cited by Busch & Kimble, 2001; Melear, 1973; Slaughter, 2005) . According to early psychoanalytic research, most children under the age

of ten view death as an extended separation or “a going away” to a place designated for dead people where they continue to live (Nagy, 1948; Von Hug-Hellmuth, 1964 as cited in Slaughter, 2005). Towards the end of middle childhood, the notion of nonfunctionality becomes solidified. At this point, children understand that death is permanent and that those who die can no longer feel or think, and their biological functions have ceased (Melear, 1973; Menendez et al., 2020).

With a deeper understanding of death, children may develop anxiety surrounding their own death or the death of their surviving loved ones (Melear, 1973). Given that school age children still exhibit magical thinking, they may personify death in an attempt to understand it. For example, they may create explanations such as the “boogey man” who comes to take loved ones away. On the other hand, at this age, children can better understand that they did not cause a death to occur. They may still believe that death is a punishment, and they can influence the outcome by changing their behavior. Their concrete reasoning allows them to intellectually understand death, however they still remain overwhelmed by it, and may seek reassurance by obtaining factual knowledge about death and its underlying mechanisms (Busch & Kimble, 2001; Machajewski & Kronk, 2013; Slaughter, 2005). In addition, this may also lead children to develop notions of an afterlife where they will have the chance to visit their loved ones who have died (Busch & Kimble, 2001; Melear, 1973).

Adolescents

As children enter adolescence, they develop formal operational thinking and abstract reasoning. Adolescent years are marked by several biological, cognitive, emotional, identity, and social changes. During this developmental phase, teenagers are developing their sense of self, identity, and self-esteem while differentiating from their families. Peer groups start to become more important and play an important role in their development (Busch & Kimble, 2001; Noppe

& Noppe, 2004; Torbic, 2011). At this age, the understanding of death is similar to that of an adult, however there are still significant differences that impact a teenager's understanding and ability to process death (Noppe & Noppe, 2004). They understand that death is universal, irreversible, and that the life cycle of living things ends with death which is characterized by nonfunctionality (Busch & Kimble, 2001; Noppe & Noppe, 2004; Slaughter, 2005; Torbic, 2011). However, while adults bring their life experiences and wisdom to this understanding, adolescents lack the social and emotional maturity to understand and incorporate death into their understanding of the world and themselves (Noppe & Noppe, 2004). Adolescents attempt to cope with the understanding of death and its inevitability by engaging in risky, impulsive, or reckless behaviors that allow them to be highly aware of their own mortality while defying death (Busch & Kimble, 2001; Noppe & Noppe, 2004; Torbic, 2011).

Having laid the foundation for children's understanding of grief, the following sections will explore what happens after children experience death. Since the current study aims to understand the experience of losing a parent in children between the ages of six and eleven, this age group will be highlighted in following sections.

Children's Tasks Following the Death of a Loved One

After a loved one dies, the child is left with the task of coping with this death and finding ways to heal and move forward with life. Depending on who in the child's life has died, the process of coping may look different. However, what is clear is that things have changed, and the child needs to address these changes to adapt to their new world reality. There are different theories to how a child copes with death. Some common theories include the stage theories of death, such as the five stage model of grief developed by Kübler-Ross and Kessler (2005). They outline five stages: denial, anger, bargaining, depression, and acceptance. Despite the useful

framework offered by stage theories, there is an assumption that death progresses in a linear fashion and that the stages are arranged sequentially such that finishing one allows you to enter the next. Worden (2018) offers an alternative to the stage model. The task model acknowledges the fluidity of grief. It is flexible and does not assume an order or sequence in grief. Each of the tasks is important in its own right. The tasks can be addressed in any order. One might start addressing a task and complete it or return to it at a later date with greater readiness. These tasks underly the emotional healing and growth post loss and offer areas for interventions (Heath et al., 2008; Pacaol, 2021; Worden & Winokuer, 2021).

According to Worden, the bereaved individual has four tasks. The first is to acknowledge and accept the reality of the loss. That is, to be able to cope with the death you have to first acknowledge that it happened, and it is real. The acknowledgement or acceptance of death is not only knowing that the person has died but allowing yourself to believe it. Although a child can know factually that their parent is dead, they may not mentally acknowledge it. They may be aware that their parent is dead but still go to greet them when they get home. It is the cognitive awareness that this individual is no longer present and the emotional acceptance that the loved one is gone (Heath et al., 2008; Pacaol, 2021; P. R. Silverman & Worden, 1992; I. Smith, 1991; Worden & Winokuer, 2021).

The second task relates to the emotional experience of grief. The bereaved needs to create space to experience and process the loss. The level of pain and grief associated with the death might vary depending on who died, the circumstances surrounding death, and other individual and familial factors. (A more in-depth discussion of the variables that affect grieving will follow in a separate heading.) Here, it is important to note that regardless of the emotions expressed, the bereaved needs to allow space for their emotions. For some, this is pain, sadness, or anger, while

for others it may be relief or guilt. Children need to express and process their feelings in ways that feel appropriate to them. Denying, suppressing, or avoiding feelings typically delays and complicates the healing process. Usually, this is accomplished with the help of trusting and caring adults who help create a warm environment where emotions are welcomed (Heath et al., 2008; Pacaol, 2021; I. Smith, 1991; Worden & Winokuer, 2021).

The third task is adjusting to a world without the loved one. This task will vary depending on the type of death experienced and the circumstances surrounding the death. For example, the death of a classmate may not have the same effect on a child as the death of a sibling. The same is true for the same type of death under different circumstances. The death of a parent in middle adulthood is not the same as in childhood. When adults lose their parents, they are devastated, however, their day-to-day functioning may not be significantly impacted. However, a child who relies on their parent for meals, clothing, rides to school, bedtime stories, and cuddles will be more affected. As such, the adjustment in each of these situations will be different. There are three common subtypes of adjustment, internal, external, and spiritual. External adjustments refer to the pragmatic changes in life. When a school-aged child's mother dies, the system has to make changes to accommodate basic needs such as rides to school and making meals. The internal adjustments are more personal. They reflect changes in how the bereaved view themselves, a widower, an orphan, a single parent, etc. It also involves understanding what this new role or identity means, and how it will affect their view of the world and how they fit into this new world. Heath et al. (2008) refer to it as redefining the self. Lastly, spiritual adjustments are changes made to their belief system. At times, the death of a loved one can change a person's beliefs and cause them to reevaluate their assumptions about the world (Pacaol, 2021; Worden & Winokuer, 2021). Part of this adjustment also involves making

meaning of the loss and finding meaning in life after death. For children, this also involves understanding what happened to their loved one (Heath et al., 2008; P. R. Silverman & Worden, 1992).

Another possible task which might be related to the adjustment involves reinvesting in life. Life continues after a loved one dies and the bereaved needs to find a way to keep living. Children need to go back to school, and parents go back to work. A part of healing and healthy adaptation is rejoining life and continuing to participate in activities. This is a time when children and families create new memories, make meaning, and continue to hold onto their loved one (I. Smith, 1991).

The final task involves creating a connection with the deceased loved one while also moving forward with a new type of life. Bereaved individuals find ways to keep their loved ones alive in their memories while acknowledging their physical absence and still allowing themselves to move forward in life. The challenge of this task is to find ways to remain emotionally connected to a loved one without allowing this bond to hinder healing and growth (Worden & Winokuer, 2021). This is often achieved by honoring memories of the loved one, creating new memories through rituals, and using mementos to strengthen the memory and relationship (Heath et al., 2008). Often this final task can take many years. The connection and relationship to the deceased is everchanging and maintaining a relationship to someone who is no longer present may prove challenging at different stages of life (Baker, 2001; Pacaol, 2021). Part of this final task also involves the ability to make new connections without fear or worry (Baker, 2001).

Children's Responses to the Death of a Loved One

The event of death is stressful to most children as it may impact many aspects of a child's life. When a parent dies, it can change the child's home life, from who makes the food, who helps with homework, to who provides emotional comfort (P. R. Silverman & Worden, 1992). It impacts their world outside the home as well, impacting friendships and socialization and school functioning. It also changes their understanding of the world and challenges their ability to make meaning (P. R. Silverman & Worden, 1992). Children's responses to death are the outward signs of grief and mourning that have been observed by adults in the child's life. It is the impact that the death of a loved one has had on the child's functioning and wellbeing across settings. This includes both short-term impacts, in the first few months or years, and long-term impacts, including the effect of childhood parental bereavement on adult functioning. These responses vary with children's developmental age and their understanding of death.

Following the death of a parent, bereaved children have been reported to show a variety of symptoms. Surviving parents and caregivers report that their children seem to have changes in mood, appetite, sleep difficulties, and behavior. Many children become withdrawn and socially isolated. Others, act out aggressively and show declines in their school performance. In addition, many bereaved children regress to earlier developmental stages (Coyne & Beckman, 2012; Eerdewegh et al., 1982; Thompson et al., 1998). Many of the immediate effects of the death of a parent can be fleeting, and most children do not have symptoms that rise to the level of clinical significance (Dowdney, 2005; P. R. Silverman & Worden, 1992). In fact, post death, many bereaved children had levels of anxiety and depression that were not significantly higher than community populations, and many bereaved children show high levels of resiliency and adaptability in the months following the death (Siegel et al., 1996).

Despite the adaptability that may be observed in most bereaved children in the first few months (Melhem et al., 2011), the implications of parental death appear to be more pronounced in some children and may appear later on in the grieving process and extend well into adulthood (Bifulco et al., 1987; Machajewski & Kronk, 2013; Melhem et al., 2011; Tremblay & Israel, 1998). In the months and years following the death, bereaved children may continue to experience school problems, behavior problems, delinquency, attentional difficulties, and higher levels of anxiety and depression. In older children and adolescents, alcohol abuse may appear. In addition, underlying psychological, emotional, and behavioral problems may be exacerbated (Birtchnell, 1978; Harris, 1991; Siegel et al., 1996). In addition, adults who were parentally bereaved as children have been shown to have higher levels of depression and anxiety. Parental bereavement can also have long lasting effects on how adults view themselves which can impact self-esteem and self-worth (Birtchnell, 1978; Ellis et al., 2013; Tremblay & Israel, 1998).

Given infants and toddlers' developmental stage, their response to death has been documented by caregivers as an awareness of the separation from their loved one. Infants will cry out for their loved one, show changes in their sleeping and feeding schedules, and changes in their behaviors (e.g., increased crying, sucking, or biting). Infants and toddlers might show signs of longing for their dead loved one and develop fears of being abandoned or separation anxiety (Busch & Kimble, 2001; Lyles, 2004; Torbic, 2011). The most important thing for these young children is to start to establish new routines that help fulfil their basic needs as well as recreate their sense of safety and security through the satisfaction of psychological needs, physical touch, and closeness (Busch & Kimble, 2001; Torbic, 2011).

In early childhood, between the ages of two and five, children respond to grief by regressing to earlier developmental ages or milestones (Dowdney, 2005; Machajewski & Kronk,

2013; Willis, 2002). Their experience of grief is cyclical and is accompanied by anger and sadness and distress over small inconveniences. This may provide insight into how overwhelming emotions surrounding grief are for children (Dowdney, 2005; Machajewski & Kronk, 2013; Torbic, 2011). At this age, children's emotional responses to grief tend to mimic those of the adults around them (Willis, 2002). Children may become noncompliant and aggressive as a result of the changes in their routine and the absence of their primary caregivers, which may interfere with their social relationships (Machajewski & Kronk, 2013; Willis, 2002). In addition, children start to develop anxieties and fears. Most significantly young children start to have nightmares, become afraid of the dark, and develop separation anxiety. Children start to actively search for their loved ones and become overly dependent and clingy (Dowdney, 2005; Machajewski & Kronk, 2013; Torbic, 2011).

As children enter middle childhood at the age of six, many of the same emotions seem to be expressed, however the manifestation of these responses change. At this age, children have physical or somatic complaints related to their grief. Children express frequent headaches, stomachaches, changes in appetite and sleep (Christ, 2000; Dowdney, 2005; Machajewski & Kronk, 2013). As a result, children between the ages of six and eleven report problems at school and at home. At school, children report a hard time concentrating (Dowdney, 2005; Machajewski & Kronk, 2013). Socially, bereaved children may feel different which leads to a sense of isolation, loneliness, or inferiority (Koblenz, 2016; Machajewski & Kronk, 2013). At this age, gender differences may emerge, with boys becoming more aggressive and girls appearing more anxious and shy (Machajewski & Kronk, 2013). Emotionally, children at this age need frequent breaks from their grief. They may feel the need to avoid their grief by engaging in activities or seeking out friends (Christ, 2000; Machajewski & Kronk, 2013). Fears and anxieties continue to

be prevalent at this age. With their increased understanding of death, children start to fear their own death or the death of surviving loved ones. This may lead to separation anxiety. In fact, many children fear going to sleep and may not sleep unless they are with their attachment figure. Other children may express a desire to be dead to be reunited with their loved one. This is not typically accompanied by suicidal ideation, plan, or intent (Christ, 2000; Dowdney, 2005; Machajewski & Kronk, 2013). Given their developing reasoning skills, school- aged children can become very curious about death and ask many questions. They ask for facts and details about the death to gain control over death and decrease their anxiety. This increased reflection about death and their loved one may bring closure and comfort, however it might lead to feelings of guilt about the parents death and worries about the child's responsibility for the death (Christ, 2000; Dowdney, 2005). At times, children also mourn by sharing happy memories and stories of their loved ones to keep the relationship alive (Christ, 2000).

In adolescence, death continues to be confusing and difficult to understand. Teenagers need to balance their need for independence and differentiation from the family with their need for support from adults in their lives. Some adolescents withdraw from their families while other gain a greater appreciation for family (Busch & Kimble, 2001; Dowdney, 2005; Noppe & Noppe, 2004). Teenagers experience their feelings intensely and may express primarily feelings of sadness, anger, guilt, and regret (Busch & Kimble, 2001; Dowdney, 2005). However, they also might grieve silently and hide their feelings from important others. Peer groups become very important and bereaved teenagers often gravitate towards each other (Busch & Kimble, 2001; Dowdney, 2005; Torbic, 2011). Teenagers also experience anxiety about their own mortality and their loved ones. Often they combat this anxiety by engaging in risky behaviors, such as substance use or reckless behaviors (Dowdney, 2005; Torbic, 2011).

Variables Affecting the Grieving Process

Although all parentally bereaved children have lost a parent, there are significant differences that can be observed in children depending on the variables that surround the death. Research has highlighted several risk and protective factors both before and after the death that can play an important role in determining the impact death has on a child emotionally, socially, behaviorally, and developmentally.

Pre-death Factors

There are important individual and familial characteristics that can act as protective factors for a child's grief journey before the death occurs. Unique child qualities such as age and gender also impact how the child will cope with death. Male children tend to externalize their grief and "act out" their feelings. At times boys are encouraged to contain their feelings. Females are more likely to internalize their symptoms and may have more somatic complaints (Hope & Hodge, 2006; Lawrence et al., 2006; P. R. Silverman & Worden, 1992). Younger children tend to be more affected by the death of a mother due to the potential change in their daily routine and primary caretaker (Dowdney, 2000; Hope & Hodge, 2006). A child's personality and temperament can also affect the grief response. Children who have more positive outlooks will tend to cope more positively with the loss of a parent (Gray, 1987).

Children do not create new ways of interacting with the world when they face adversities, rather they interact with the world in their known and predictable ways. Children who have more adaptive coping styles can effectively address difficulties in their lives. These same coping styles will impact the child's functioning post-death. Children with avoidant coping styles might experience higher levels of depression, especially in girls (Lawrence et al., 2006). Children from minority and marginalized groups might show less externalizing symptoms of distress after

parental death, which may be in part due to their more developed coping skills (Thompson et al., 1998). It is also important to note that children do not cope with adversities alone. They rely on their families and attachment figures to help them regulate and cope during times of intense stress. Therefore, the quality of relationships within the family before the death also have a significant impact on a child's experience of grief post-death (Gray, 1987; Greeff & Human, 2004).

The cohesion and strength of the family unit before death provides the child with a safe and secure environment. This prepares the child to cope with adversities effectively. Factors such as communication, support, openness, and availability are all important in creating a strong family unit and predict fewer grief symptoms post-death (Greeff & Human, 2004; Traylor et al., 2003). In addition, the child's relationship with the deceased parent, and their relationship with the surviving parent before death can act as either a risk or protective factor. Children with more secure attachments to their caregivers before death tend to cope with their grief in more adaptive ways (Bowlby, 1980; Stroebe, 2002; Stroebe et al., 2005). In addition to support within the family, social support from the community also has a positive impact on the grieving process. Belonging to a religious institution, participating in afterschool activities, and having close ties to extended family all act as protective factors and can contribute to resilience post-death (Coyne & Beckman, 2012; Dopp & Cain, 2012; Greeff & Joubert, 2007; Greeff & Human, 2004; Harris, 1991; P. R. Silverman & Worden, 1992; Thompson et al., 1998).

Factors Surrounding Death

The cause of death is an important variable in the grieving process. Children whose parents die of suicide report higher levels of depressive symptomatology and interpersonal problems than those who lose a parent to illness (Pfeffer et al., 2000). On the other hand, a long

period of illness may be linked to better adjustment for some children. Even though parents have worsening health conditions during this time, they are still present and can be available for their children. They can support and prepare their children for the changes. Dying parents may also be able to make mementos for their children during this time which can help them through the grieving journey (Clabburn et al., 2021). Some children may even show more significant symptoms of anxiety and depression during the sickness than after the death (Raveis et al., 1999; Siegel et al., 1996).

In addition to the cause of death, the gender of the deceased parent can have an impact. Research has shown that there is an interaction between the gender of the deceased parent and the child. Although the research is limited and controversial, there is evidence suggesting that girls who lose a mother and boys who lose a father may be at higher risk for developing depression. The loss of a mother is also linked to higher levels of depression, suicidal ideation, and hopelessness in both boys and girls (Dowdney, 2000; Lawrence et al., 2006).

Post-death Factors

After death, parents and other adults can help the child through their grief. Studies indicate that this starts with how surviving parents address death with their children. Communication acts as a protective factor against distress. Parents who openly communicate with their children about their loved one's illness and death allow their children the space to process their experiences and feelings and start to understand what happened. (Bergman et al., 2017; Ellis et al., 2013; Fearnley, 2010; Saldinger et al., 2004; Traylor et al., 2003). This is linked to lowered levels of anxiety and confusion in children (Fearnley, 2010). An important aspect of communication is open discussion about death, different experiences, and coping skills. It also includes a focus on emotional awareness and expression (Saldinger et al., 2004; Traylor et

al., 2003). When children are given inaccurate information about the death or are not allowed to discuss their experiences with their parents their anxiety and distress increases. This also increases their fear of death and leads to additional confusion (Ellis et al., 2013; Fearnley, 2010; Holmgren, 2022).

Additional protective measures include the rituals that surround death. The opportunity to take time to say goodbye can help give closure and reduce feelings of anger and resentment towards both the deceased and the surviving parent. This can be accomplished through different family rituals, such as funerals or memorial services (Harris, 1991; Machajewski & Kronk, 2013; Saldinger et al., 2004). These techniques may later be used to create new rituals and traditions for the family that can be used therapeutically to help work through grief (Rando, 1985).

Changes in routine and parenting post-death can be distressing for children. Parents who are able to provide continuity in their children's lives and maintain their parenting capacity reduce their children's distress (Ellis et al., 2013; Saldinger et al., 2004). It is important to note however, that when a parent dies, both the child and the surviving parent are grieving. The surviving parent is tasked with the job of supporting their child while also coping with their own grief. So, an effective way of supporting children's grief is supporting the surviving parent. When the parent is more regulated, they are more effective in supporting their children (Bergman et al., 2017). They become available to provide warm, responsive, and consistent parenting (Bergman et al., 2017; Wolchik et al., 2008). This style of parenting also reinforces the child's belief in their ability to confront current and future stressors (Wolchik et al., 2008).

The continued cohesion of the family unit post-death can help support children and other family members after the death (Greeff & Human, 2004). Positive parenting and child-centered parenting have been shown to help lower psychological problems in bereaved children, by

creating a positive environment in the home that can support children's needs and allow them to continue on their developmental path (Saldinger et al., 2004). When positive parenting strategies are taught and enforced post death, the surviving parent is less likely to resort to punishment and harsh parenting methods which could harm the relationship and attachment in the parent child dyad. Moreover, parents are able to model socially appropriate ways to cope with emotions and help their children develop adaptive coping strategies (Haine et al., 2006; Kwok et al., 2005; Raveis et al., 1999; S. M. Silverman & Silverman, 1979).

In addition to positive parenting practices and maintaining the relationship with the surviving parent, continuing the relationship with the deceased parent also had a positive impact on grief. Children who were able to maintain a connection to their deceased parent, with the help of their surviving parent, found comfort in their parent's continued presence. They were able to hold onto the memory of their parent and keep the relationship alive. This relationship also helped children find meaning and accept their new reality. Being a bereaved child became part of the child's identity (Holmgren, 2022; Koblenz, 2016; Muriel et al., 2020; Saldinger et al., 2004).

Lastly, children who received high levels of support from their social networks showed more adaptive coping. This includes social networks such as school, friends, extracurricular activities, and neighbors (Coyne & Beckman, 2012; Dopp & Cain, 2012; Ellis et al., 2013; Greeff & Joubert, 2007; Greeff & Human, 2004; Harris, 1991; P. R. Silverman & Worden, 1992; Thompson et al., 1998). Children need to feel that they have trusted others who can provide emotional, physical, and social support (Saldinger et al., 2004). A particularly effective form of social support seemed to come from belonging to a religious or spiritual group. In addition to belonging to a supportive group of like-minded people, spirituality and religion helped promote meaning making after death (Boynton & Vis, 2011). Religion allowed children to rely on their

belief systems to envision a safe place, such as an afterlife or heaven, for their parent. This also provided them with an effective coping skill, prayer, to navigate difficult times (Becker et al., 2007).

What do we Know About Children's Experiences of Grief

Thus far in the literature review, I have reviewed several aspects of children's grief. A lot is known about how children develop their understanding of grief. Adults have observed and documented children's responses to bereavement and noted the tasks that children need to accomplish as well as different ways that adults can help grieving children. Despite this wealth of knowledge, it is important to note that most of these studies do not involve bereaved children directly. Typically, researchers conduct interviews and complete structured questionnaires and measures with children's parents or teachers (Eerdewegh et al., 1982). At times, older children and teenagers are included in research, however the focus tends to be on collecting quantitative data using structured assessment measures (Gray, 1987; Harris, 1991; Lawrence et al., 2006; Melhem et al., 2011; Siegel et al., 1996; P. R. Silverman & Worden, 1992; Thompson et al., 1998). Although these studies provide valuable information about children's psychological state after death, they do not allow children to express their lived experiences. Another common resource are adults who were parentally bereaved as children. These studies include both quantitative explorations of grief as well as in-depth qualitative narratives (Ellis et al., 2013; Harvey & Chavis, 2006; Koblenz, 2016; Muriel et al., 2020). Despite the richness that emerges from analyzing these adult narratives, these are retrospective accounts. Adults are remembering what it was like for them when they were children. They also report the change in their experiences over time. However, looking at childhood experiences from an adult's lens may not provide the best insight into how the child experienced the event. The most direct and effective

way of eliciting children's narratives of their lived experiences is asking children to share their experiences.

Some studies in the literature have explored children's narratives of deaths. Each had a specific focus on one aspect of death. For example, Glazer (1998) used expressive drawings to elicit children's opinions about the effectiveness of a grief program. Operating from the understanding that children do not always have the language to express themselves, they relied on play and expressive arts. They found that after participating in a grief camp, children were happier, less isolated, and had a better understanding of death. Children were able to express a reorganization of their internal world to adapt to their new reality (Glazer, 1998). In recent years, there has been an increased focus on including children in research. In 2018, a French study explored the narratives of children who lost a parent to cancer. Using interpretative phenomenological analysis, the authors were able to explore children's lived experience through the parent's illness and death (Flahault et al., 2018). Another qualitative study explored children's experiences after a mother died. Rather than explore the experience of death, they focused on the children's lives after a mother had died. They allowed children to explore their experiences at home and at school (Holmgren, 2022).

In the book *Researching Children's Perspectives* (Lewis & Lindsay, 2000), the authors highlight the importance of including children in research. They explore the inclusion of children as participants in educational, social, and psychological research. A simple conclusion that emerges from this book is that children view the world in a unique way. They are the authors and experts of their own experiences. And they form opinions and make meaning of their lives in unique ways that are typically unlike the meaning derived by adults around them. Therefore, the most meaningful and accurate way to understand children's experiences, opinions, or lives is to

ask children. It is clear that, given the right tools, children can engage in research and including their perspectives enriches our understanding of their inner worlds (Harcourt & Einarsdottir, 2011).

Even though children's responses to loss and death are documented, we do not have adequate information about how children experience the death of a parent. By eliciting narratives from adults in children's lives, we gain access to children's responses to grief. Responses are the outward and visible impacts of death. It includes how children are doing at school, their eating and sleeping habits, or their emotional wellbeing. What is missing from these studies is each child's experience with death. How is the child experiencing their loss. How is the child making meaning of this loss and what are the internal processes associated with coping with the death. I believe that this is an important and significant area of the literature that needs to be explored more fully. The aim of the current study is to focus on children's lived experiences following the death of a parent.

Attachment Theory

Attachment theory provides a framework for understanding the importance and impact of the relationship between a child and their primary caregiver. The death of a parent represents an attachment disruption. Understanding the basic tenets of attachment theory and the impact of disruptions and losses, helps formulate a more complete understanding of a child's reality after the death of a parent.

Attachment theory originated in the 1950s with the work of British child psychiatrist John Bowlby. Departing from his Kleinian psychoanalytic training, Bowlby highlighting the importance of lived experiences and early relationships within the family. He believed more attention needed to be placed on children's early environments. He highlighted the importance of

an infant's relationship with their primary caregiver. At the same time, Mary Salter Ainsworth expanded the tenets of security theory. She introduced the notion of a "secure base," the relational security in a family that provides the launching space to explore the world and develop the self (Bretherton, 1992). Attachment theory established the understanding that health and hurt occur in relationships, or lack thereof. A child can be helped by helping the parent and by nurturing a healthy relationship between mother and child (Bretherton, 1992). The importance of warm and nurturing relationship between children and parents is central to attachment theory (Bowlby, 1988).

For the purposes of understanding attachment theory, it is important to understand some of the major guiding principles, as conceptualized by Bowlby and Ainsworth and later expanded by contemporary attachment researchers. Understanding healthy attachment and their impact on typical child development, provides a lens through which to view parental bereavement.

One of the most important aspects to understanding attachment theory is its biological basis. Bowlby explains that the attachment system, which is the organization of attachment behaviors in an individual, is a universal and biologically engrained system that evolved to increase a child's chances of survival. Infants are born with an innate need to form attachments with caregivers, usually a parent. From an evolutionary perspective, an infant who maintains proximity to a primary caregiver is more likely to survive into adulthood. The primary caregiver monitors the environment for potential threats and responds to the child's needs. (Cassidy, 2016; Simpson et al., 2022). Given that the attachment system serves the biological function of protecting children, Bowlby believed that the attachment system will be most activated during threatening and stressful situations (Cassidy, 2016).

Infants increase proximity to their attachment figures by engaging in “attachment behaviors.” This includes behaviors such as verbalizing, smiling, crying, or seeking comfort. This leads to the development of an “attachment bond” which Bowlby and Ainsworth differentiate from an “affectional bond”, indicating that an attachment bond is a special and unique type of relationship (Ainsworth, 1985; Bowlby, 1977; Cassidy, 2016). There are several important aspects of an attachment bond. The attachment bond is an emotionally significant relationship that persists and evolves over time. The bond is characterized by proximity seeking behaviors both in times of calm and distress. It is unique and specific to one person. Although a child can have several attachment bonds, typically two to three, one attachment bond is not replaceable with another, the bond is specific to the person. Therefore, if a child has an attachment to both their mother and father, the loss of one relationship cannot be replaced by the other. The loss of an attachment bond typically leads to distress. Lastly, one of the important aspects of an attachment bond is that the child will seek their attachment figure in times of dysregulation and distress to attain comfort, security, and regulation (Cassidy, 2016; Simpson et al., 2022).

When caregivers respond to attachment behaviors in a consistent and sensitive manner, a secure attachment is formed between the infant and the caregiver. This secure attachment provides a secure base from which the infant can explore the world and develop healthy relationships with others. It also provides a safe haven that welcomes the child in times of distress, organizing and coregulating feelings. According to Bowlby, when a child has a secure base, they can confidently venture out into the world to explore, knowing that he can return [sic] knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened. In essence this role is one of being

available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when clearly necessary” (Bowlby, 1988, p.10). Bowlby is describing attunement. A parent is attuned to their child’s physical, emotional, and social needs, and is responsive, i.e., ready to provide what their child needs at any given moment. This results in a felt sense of security and safety, which is the basis of a secure attachment (Bowlby, 1988; Bretherton, 1992; Cassidy, 2016; Simpson et al., 2022; Waters et al., 2015). On the other hand, if the caregiver is inconsistent, unresponsive, or neglectful, the infant may develop an insecure attachment. Insecure attachment can take different forms, such as anxious attachment, avoidant attachment, or disorganized attachment, depending on the specific behaviors and strategies the infant develops to cope with the caregiver's behavior (Ainsworth et al., 2015). According to Ainsworth, maternal sensitivity and responsiveness, or attunement, is a central aspect of developing healthy and secure attachments (Ainsworth et al., 2015; Cassidy & Shaver, 2016; Waters et al., 2015).

Infants have an innate need to seek comfort and protection from their caregivers when they feel scared, threatened, or overwhelmed by their environment. While the secure base provides the child with the safety and security to explore the world around them, the safe haven provides a safe space for the child to return to their attachment figure seeking comfort and support, and regulation and organization of feelings. The safe haven provided by the parent can take many forms such as being present, validating overwhelming feelings, providing physical comfort, or soothing words. When the children seek out their attachment figures, their stress and anxiety is decreased, and the adult helps them make meaning of their experiences and regulate their emotions. For a secure attachment to develop, both a secure base and safe haven must be provided to the child through an attuned and sensitive adult who welcomes the child and delights

in them (Bowlby, 1977, 1988; Cassidy & Shaver, 2016; Simpson et al., 2022; Waters et al., 2015).

Another important aspect of attachment theory is that it is a lifespan theory. A frequent misconception is that attachment systems and bonds are only important during the first years of a child's life. Although it is true that the relationship between caregiver and infant in the first two years of life plays a significant role in the development of this bond, and that the nature of the attachment behaviors changes over time, both Bowlby and Ainsworth conceptualized attachment as a life-long phenomenon (Ainsworth, 1985). Bowlby is frequently quoted for noting that "attachment behavior is held to characterize human beings from the cradle to the grave" (Bowlby, 1977, p. 203). The attachment bond between a child and their attachment figures lays the foundation for all other relationships in the child's life. The primary attachment relationship affects the individual's psychological development and future relationships through the development of an internal working model (IWM) of the world. IWMs were first introduced by Bowlby to describe the mental representation of the attachment system (Bowlby, 1982; Simpson et al., 2022). In essence, an IWM is the child's blueprint of the world, it can be thought of as the lens through which they see and interact with the world. It is formed through the small moment-to-moment interactions between the infant and their caregiver. The caregiver's sensitivity and responsiveness to the infant's needs shapes the infant's sense of security and trust. Over time, infants develop mental representations or templates of how relationships work, which are based on their experiences with their caregivers. These internal working models include beliefs about themselves, others, and the nature of relationships. An IWM is the child's dynamic understanding of the world around them. Children who grow up with nurturing, warm, and responsive attachment figures learn that the world is a safe and secure place where needs are

met. On the other hand, children who develop insecure attachment relationships with their caregivers develop internal working models that warn them of the instability and danger of the world around them. As the child grows up, their IWM of the world guides the way they form peer and romantic relationships (Bowlby, 1982; Simpson et al., 2022).

Attachment and Loss

In many of his writings, Bowlby talks about the impact of maternal deprivation, separation, and loss on the developing child (Bowlby, 1952, 1960a, 1960b). In any parent-child relationship, separations are normal and a natural process of childhood. Children separate from their primary caregiver to explore the world, learn skills, and develop, then they return to their secure base. After a separation, the child may be distressed. Parents and caregivers need to be attuned to the child's emotional needs and respond in a sensitive and responsive manner to the distress expressed by a child after being separated (Bowlby, 1960b). This secure attachment provides the child with a sense of safety and security.

On the other hand, when this separation is involuntary, repeated, or prolonged, it can have negative consequences on the child's emotional wellbeing, the attachment bond, and the child's future relational health (Bowlby, 1960b). Death of a caregiver represents a permanent separation. Bowlby describes three emotional reactions in infants after separation from their mothers, protest, despair, and detachment (Bowlby, 1960a, 1960b, 1973). Protest refers to the child's initial response to separation, where they may display signs of distress, crying, and calling out for their caregiver. This response is an attempt to re-establish contact with the caregiver and regain the sense of security. Despair is the second stage of grief, where the child appears to be more withdrawn and less reactive to external stimuli. The child may seem sad, disinterested, or lethargic, and may have lost hope that their caregiver will return. This stage is marked by a sense

of helplessness and hopelessness, as the child comes to accept that their caregiver may not be coming back. Finally, detachment is the last stage. The child seems to have lost interest in re-establishing contact with the caregiver and may appear to be self-sufficient. However, this detachment may be a defense mechanism to protect the child from the pain of loss, rather than a sign that the child has fully processed their grief (Bowlby, 1960a, 1960b).

Early experiences of loss and grief can have a profound impact on a child's emotional development and ability to form attachments later in life. Infants and young children can experience grief and mourning in response to the loss of a loved one, even though they may not yet have the cognitive or verbal abilities to express these emotions. Bowlby suggests that the child's emotional and behavioral response to loss is influenced by their attachment style, which is shaped by their early experiences with their caregivers (Bowlby, 1973, 1980). Children with a secure attachment style are better able to cope with separation and loss. They are more likely to have healthy mourning experiences, while those with an insecure attachment style may struggle with anxiety, anger, despair, prolonged grief, or difficulty forming new attachments (Bowlby, 1960a, 1973, 1980). Parental sensitivity and responsiveness in helping children navigate grief is especially important. Parents need be attuned to their child's emotional needs and be available to provide comfort and support in times of loss. This can help children develop a sense of trust and security that can facilitate healthy mourning and resilience in the face of future losses and facilitate forming new attachments in the future (Bowlby, 1960a, 1973, 1980).

Looking at current knowledge about bereavement from an attachment lens, it is clear that early childhood experiences and the nature of attachment bonds play a big role in how an individual experiences, copes, and adjusts to grief and loss (Bowlby, 1980; Stroebe, 2002; Stroebe et al., 2005). As mentioned earlier, children who receive consistent, responsive, and

attuned parenting develop secure attachments. And as a result of these early interactions, children build internal working models of the world. This later influences a child's ability to form, maintain, and even let go of relationships. Children who are anxiously attached to parents might ask more questions about the death and worry about the parent's absence. An avoidant child may push away their feelings and seem unaffected by the death. Securely attached children seem to fare better after the death of a loved one. They are able to cope in adaptive ways with their loss. From this perspective, adjustment to death is not a linear or stage-like progression, rather it is an individual and dynamic process which is impacted by the child's early life experiences and the systems they are currently embedded in (Stroebe, 2002; Stroebe et al., 2005). In adults, it was found that secure attachments were a protective factor. Individuals with secure attachments were less likely to develop depression or interpret the death negatively. They were secure in their relationships, their view of themselves and the world. On the other hand, insecurely attached individuals experienced more grief symptoms, depression, anxiety, and somatization (Wayment & Vierthaler, 2002).

Another important aspect of attachment and loss is the state of the attachment bond after death. Early theories viewed death as an end and a detachment. The goal of successful mourning was to let go of the deceased and move on (Baker, 2001; Epstein et al., 2006; Field et al., 2005). However, this does not seem to be the case, studies have found that the attachment bond continues after the death of a loved one, and that maintaining a sense of connection to the deceased can be an important part of the grieving process. In fact, this ongoing relationship or continued bond between the individual and their deceased loved one is common (Epstein et al., 2006; Field et al., 2005; Stroebe et al., 2005). The relationship is maintained through various means such as keeping photos, talking to the deceased, mentally reliving the relationship, and

participating in rituals or activities that remind them of the deceased. This ongoing relationship with the deceased can provide comfort, security, and support. It allows the individual to maintain a sense of connection to the deceased and find meaning in their loss. This facilitates the mourning process by helping the individual incorporate the loss into their sense of self and creating a space to express emotions related to the loss and to work through their grief.

Individuals who maintain a continuing bond with the deceased tend to report better psychological adjustment and lower levels of depression and anxiety (Epstein et al., 2006; Field et al., 2005; Karydi, 2018).

Research shows that this continued bond can have many potential benefits, but it may also be associated with negative outcomes. The individual's attachment style and the nature of the continued bond can impact the outcomes (Epstein et al., 2006; Stroebe et al., 2005). For example, while feeling the loved one's presence can be adaptive, dreaming and yearning for the deceased loved one was consistently linked to maladjustment, anxiety, and higher levels of depression (Epstein et al., 2006). In addition, Stroebe et al. (2005) posit that individuals with secure attachment styles are more likely to maintain their attachment bond while allowing the nature of the bond to change over time. The deceased stays with the bereaved and is a part of their life while acknowledging and accepting the death and their physical absence. On the other hand, insecurely attached individuals may not be able to make use of this continued attachment bond in adaptive ways. They might not accept the absence of their loved one or conversely remove all memories and connections to the loved one in an attempt to avoid their grief. This might lead to more persistent or complex grief patterns and in turn, maladjustment (Stroebe et al., 2005). The continued relationship risks the individual include becoming "stuck" in the grieving process, having difficulty moving forward, prolonging the feelings of sadness, longing,

and depression, or feeling guilt and shame for continuing to maintain a connection to the deceased. The bereaved may also feel socially isolated because of the perception that continuing the bond with their loved one is abnormal or pathological (Field et al., 2005).

From an attachment theory perspective, attachment bonds are enduring and the loss of an attachment figure can be experienced as a profound disruption to the attachment system. Continuing bonds can be seen as a way for the attachment system to maintain a sense of connection and security in the absence of the attachment figure. According to a systematic review of the literature on bereaved children and adolescents conducted by Clabburn et al. (2021), young people also establish and maintain a sense of connection with their deceased loved ones. The authors found three main ways continued bonds are expressed in children, unintentional, intentional, and internalized connection (Clabburn et al., 2021). Unintentional connections are described as natural or spontaneous occurrences that are not sought out by the child. These include children feeling their loved one watching over them, seeing their ghosts, helping them through rough times, or having conversations with them (Clabburn et al., 2021; Lohnes & Kalter, 1994). Unintentional connections could be triggered by different senses such as hearing a special song or being exposed to a familiar smell. Although these unintended reminders help the child reestablish the connection with their loved one, many children actively seek out reminders of their relationship. This is typically done by holding on to mementos of the loved one, for example, pictures, jewelry, and other possessions (Clabburn et al., 2021; Lohnes & Kalter, 1994). This was especially helpful if the memento was created by the deceased before their death. Some studies reviewed also highlighted the importance of creating memory boxes that can hold precious reminders of the deceased loved one. The authors also noted the importance of not disposing of the deceased's belongings early in the grieving process. Another

avenue for intentional connections was writing letters to the deceased, either on online platforms or in written forms, and exchanging stories about the loved one. Lastly, at later stages of healing, the child internalizes their deceased loved one. At later stages, they are less likely to need physical mementos. They have recreated their relationship with their loved one and start to take on qualities from their loved one's identity. Children may align themselves with that person's beliefs and values, engage in specific activities, or adopt personality traits. This allows the deceased to remain an active part of the child's life, and incorporate the deceased into one's sense of self (Clabburn et al., 2021; Field et al., 2005). The child's task is to remember and find ways to move forward (Lohnes & Kalter, 1994).

To understand and address the bereaved child, we need to understand their attachment style early life experiences, and their continued attachment to their loved one. The death of a loved one is therefore understood as “the transformation of that attachment into a sustaining internal presence, which operates as an ongoing component in the individual's internal world” (Baker, 2001, p.55) rather than letting go. In other words, “death ends a life, not a relationship” (Albom, 2007, p.174). Adults can play an important role in supporting a child's journey through grief by supporting the child's emotional response to separation. Adults need to be attuned, responsive, and available. In the case of parental death, a child's secure attachment to the surviving parent facilitates coping by providing a secure base and safe haven. It provides the child with a safe relationship to process their grief and explore their experiences. Surviving parents also play a role in facilitating the continued bond with the deceased parent (Karydi, 2018) which in turn may have a positive impact on adjustment. As a result, parents and caregivers can help promote healthy emotional development and resilience in the face of loss.

Resilience in Childhood

Resilience is the ability to overcome a negative incident. A resilient child is not one that is unbreakable or unaffected by the difficulties faced (Masten, 2001). A resilient child is a child who lives through a potentially traumatic event and stays on an adaptive developmental track (Echterling & Stewart, 2014; Masten, 2001). Often resilience in childhood also relies on the resiliency of a system, a system that can be flexible and malleable enough to adjust without breaking in the face of adversity (Sapienza & Masten, 2011). Defined from a systemic lens, resilience is not a static concept, it is dynamic. It refers to the changes and adaptations that a child, and their system, go through after a negative or potentially traumatic event.

The idea and hope for resilience have existed for centuries. Humans want to believe that they can rise above and overcome the pain and adversity life presents. Around the 1970s, research in developmental psychology and science started to explore this phenomenon in children (Masten & Reed, 2002). Early conceptualizations presented resilience as an extraordinary process. It was believed to be a unique and innate ability. A child was either born resilient and would be able to overcome challenges, or they did not have resilience within them. It was the equivalent of winning the genetic lottery. Resilience was reserved for a select psychologically strong subset of children (Masten, 2001). As more was learned about resilience, it became clear that most children were resilient (Masten, 2001). In fact, resilience was the rule and not the exception. Resilience was the product of “the everyday magic of the ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities.” (Masten, 2001, p.235).

As the field of psychology moved towards a more conceptualized view of humans, the study of resilience in children has shifted as well (Hadfield & Ungar, 2018). Resilience theorists

moved to a more systemic and contextualized view of what resilience was, and how children could develop it. Resilience should not be thought of as something that resides within the individual. To understand it, we need to expand the focus to the systems that a child is embedded in, their families, schools, and broader communities (Ungar, 2005). A child is embedded in a multicontextual system (Bronfenbrenner, 1992; Härkönen, 2007) and each system impacts the child's development. Applied to resilience, children develop their resilience by relying on the resources surrounding them in addition to their internal systems. Resilient children draw on positive attachment to caregivers, their family system, school system, and the communities and culture they are embedded in (Hadfield & Ungar, 2018; Ungar et al., 2013).

Although much of the study about resilience and how children develop resilience center on the child, research suggests that the child may not be the driving force for their own resilience. The focus should be shifted towards the interaction between the child and their environment (parents, family, community, and culture). To develop and understand the social ecological framework of resilience, Ungar (2011) posited four main principles; decentrality, complexity, atypicality, and cultural relativity. Decentrality pushes the focus towards the interaction between the child and their environment. Rather than focusing on how the child was changed by the environment, we must look at the growth in both. Complexity refers to the complex ecology within which children exists. To understand a complex system, we cannot oversimplify the relationship between the factors that influence resilience and the ultimate outcome. We cannot and should not be looking for a one-to-one predictive relationship. This is closely linked to the idea of atypicality which highlights the importance of equifinality and moves away from a dichotomous presentation of protective factors and resilience outcomes. Lastly, cultural relativity stresses the importance of the child's holding environment, their culture

and its history (Ungar, 2011). This framework helps explain how some children demonstrate resilience while others do not. Rather than a limitation of the child, the “individual qualities associated with coping under adversity are activated to the extent there is capacity in the child’s social and physical ecologies to facilitate processes that protect against risk and promote positive development.” (Ungar, 2011, p.4).

To work with children who have experienced adverse life events we first have to understand the impact of these events on their lives. Then, we must understand how we can help support and develop their resilience by relying on their attachment system, family, community, and culture. By bringing together multicontextual and social-ecological theories, we can build a deeper understanding on resilience. One that guides us towards implementing actionable change (Ungar et al., 2013). Resilience will be defined according to Ungar's (2008) contextualized and ecological definition of resilience:

In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in culturally meaningful ways. (p.225)

Factors Promoting Resilience

The multicontextual social-ecological framework allows us to view resilience through a transactional and contextual lens. This allows us to change resilience from an innate and inherent ability, a trait that lives within the child, to one that can be developed. Therefore, as adults who are invested in the wellbeing of children, we have the ability to create systems and an environment that foster and promote resilience.

The social -ecological framework lends itself to developing practices that focus on the child in the broadest sense. This means, that to promote the resilience of the child, we must find ways to support and nourish the parents/caregivers, family, and community that the child is embedded in. As the system thrives, it is able to provide the child with the support and resources needed for resilience and growth (Ungar, 2008). Based on the definition of resilience provided earlier, three main themes arise. The child must have the capacity to find and utilize the resources their environment is providing. The environment must have resources, physically, socially, and psychologically, to offer the child. And the system must find a way to make meaning of the potentially traumatic event. The resources being referenced include, but are not limited to, healthy attachments, parental availability, emotional attunement, access to resources, access to education, access to health care, and social support. “Combined, individual, family, community and cultural resources need to be there for children if they are to succeed following exposure to adversity.” (Ungar, 2008, p.9).

According to Echterling and Stewart's (2014) review of resilience literature, the factors that promote resilience can be categorized into four broad areas. The first is supportive caregivers. Aligned with the social-ecological framework and attachment theory, children can thrive in the context of supportive relationships. Caregivers provide the physical and emotional safety and security through which children explore their world. Children draw on their strong attachments and connectedness to supportive caregivers to protect and comfort them and help navigate the potentially traumatic event.

The second factor is meaning making. Children benefit from support to create a narrative that makes sense, makes meaning, of the event. A story about the role that event plays in the child and the system’s life is developed. Optimally, there are lessons learned and growth is

achieved. Meaning is made in a variety of ways, including through play, music, storytelling, art, or acting. Making meaning does not mean accepting or healing from the event. Rather, it allows the child and the family to contextualize what has happened and incorporate it into the shared lived experiences of the system.

The third factor is emotional regulation. After a potentially traumatic event, emotions are abundant. Many times, that becomes overwhelming, and the tendency is to shut those feelings down. The intensity of feelings can be dysregulating and overpowering. However, an awareness and attunement to a range of emotional responses, both positive and negative, is needed. In addition, children learn to understand and regulate their emotions through interactions with their trusted caregivers. As caregivers interact with their children, they help them develop a template of how to cope with “big feelings.” Adults are attuned to the child’s needs and emotions and respond to them and help co-regulate them. Through this process of co-regulation, a child learns how to manage and cope with their feelings.

Lastly, resilient children develop adaptive coping strategies. When the traumatic event is avoided, or the feelings associated with it are avoided, children are less likely to learn how to cope with distressing events. This eventually leads to a diminished capacity to develop resilience. Children who develop adaptive and effective coping skills tend to be more resilient. These coping skills, like other factors, are developed within the safe and secure relationship with caregivers. Adults support children by creating boundaries around the event, adapting routines, and supporting a child in their coping efforts. Overall, it is the family unit, and the supporting community, that guides the child towards making meaning, coping, regulating emotions, and ultimately developing their resilience.

Resilience Theory and Death

In many ways, the death of a loved one, especially the death of a caregiver, can be a traumatic event in the life of a child. As with most potentially traumatic events, the majority of children who lose a loved one will show resilience. Over half of parentally bereaved children show a decrease in the manifestation of grief symptoms after one year (Melhem et al., 2011). They will find ways, with the support of their systems, to acknowledge the loss. They will make meaning of the loss, find ways to express their emotional worlds, create sources of support in their family and community, and adapt. However, there will be a portion of children who will continue to show grief symptoms for years after the loss. These children are subsequently at higher risk for developing anxiety, depression, school problems, and functional impairment (Melhem et al., 2011).

Using a contextualized view of childhood and applying what we know from theories of attachment and resilience, supportive adults can find ways to promote resilience in children who have lost a parent to death. In doing so, they promote a child's ability to cope with the death. They allow the child to remember their loved one, maintain a representation of their loved one, and adapt successfully. In doing so, the deceased will always be a part of the child's life while knowing and accepting that their physical presence is gone.

Conclusion

This review of the literature began by exploring the prevalence and incidence of death in the lives of children. I reviewed children's understanding of death at different developmental stages, and the tasks of bereaved children. I then outlined the typical grief responses along with the different variables that impact children's grief following the death of a parent. I then offered an overview of attachment focusing on attachment theory as it pertains to the loss of a parent.

Lastly, I described resilience theory, focusing on four main components, meaning making, emotional expression, coping skills, and sources of support. Throughout the literature review, I pointed out that most the data we have of children's experiences with death comes from quantitative studies and qualitative research relying on caregiver reports and reports of adults who lost a parent in childhood. By collecting qualitative data from children, we can deepen our understanding of the experiences of bereaved children. Therefore, the primary aim of this study is to give voice to the experiences of children who have lost a parent.

Methods

The current study used interpretive phenomenological analysis (IPA) to explore the experiences of children who have lost a parent to death. The broad research question was to relate the experience of a child after one or both of their parents dies. Sensitizing concepts of attachment theory and resilience theory were used to guide data collection and analysis. The following section begins by exploring the selection of IPA as the research methodology and the significance of this research method in light of my positionality. Next is a description of participant recruitment methods, participant descriptors, instruments, and data collection and analysis procedures employed.

Positionality Statement

Throughout this study, I maintained a positionality journal as a trustworthiness tool (Stenfors et al., 2020). In this journal I wrote my initial positionality statement and continued to update it throughout the research process. There were 5 entries, beginning on December 2nd, 2022, as I was preparing to meet my first participant and begin data collection. The last entry was made at the completion of the data analysis phase on January 30th, 2023. The main goal of this project is to tell the stories of children and honor their journeys through grief. And, as Saldaña (2018) reminds us, you have to first learn to tell your own story before you can tell someone else's story, and "you can't analyze others until you've analyzed yourself" (p.1). This journal allowed me to claim my positionality, tell my own story, and understand myself through the lens of grief, before diving into the stories of my participants. In qualitative research, the researcher is not considered a passive bystander, instead, the researcher is the instrument of data collection and therefore central to the analysis process. Subjectivity is inherent in qualitative research because of the interaction between researcher and participant (Merriam & Tisdell,

2016). This is especially true in IPA due to its interpretive nature (Reid et al., 2005). When immersing myself into data collection and analysis, it was very important to claim my views and biases and make every attempt to bracket them. As part of my positionality, I reflect on my choice to study children's grief and the beliefs I approached this topic with. I also make note of the theoretical lenses that I bring with me into my research.

Below is a summary of my current positionality, at the time of writing this manuscript. Although the text below is static and may appear final, I would like to note that this is only a representation of my current positionality. My positionality is dynamic and will continue to change and grow as I do.

As a child I often heard my mother's stories of losing her mother. She lost her twice, first to Alzheimer's and then to death. I remember hearing the tenderness in my mother's voice and seeing the pain in her face. My mother, the strongest person I knew, was brought to tears by hearing her mother's favorite song at Christmas time. I grew up thinking I understood the pain of losing a parent. Years later, I watched my grandparents get sick and die. I noticed how death changed our family, people took on new roles, we adapted traditions, and changed our beliefs. Most importantly, we got through it together, loving and supporting one another. It was not until I started working as a school counselor in Lebanon, my home country, that I truly understood what it meant to lose parent in childhood. I met a 6-year-old boy whose mother had died two years ago. He was brought to my office after losing a sticker and becoming inconsolable. Eventually, he shared that he was afraid he was forgetting what his sticker looked like and his sticker would not know how much he loved it. He shared how unfair it was that he always lost all the things he loved. He could not understand why other children didn't lose their stickers.

I chose to study death and grief in children in hopes of understanding the experience of losing a parent and learning what children need. I want to hear the stories that children have to tell. I want to give them the space to share their memories, feelings, and loved ones. And, if I can, learn enough about their experiences to learn how to best support them. Over the course of this study, I learned a lot about children's experiences with death. I am grateful to have been allowed on children's journeys. And I am grateful for what I have learned. Death of a parent is painful, and it changes a child's world, and children find the beauty in it, in their own child-like innocence. Children shared beautiful memories of their loved ones. The stories they shared were not just painful ones, they were stories filled with triumph, resilience, and connection. Going into this study, I was not prepared to see the strength and the connectedness, but I am glad that it found its way to the surface.

Selection of Methodology

My goal for this study was to understand what it was like for a child to lose a parent to death. It is my belief that each child is the expert on their own experience, and the only way to truly understand "what is it like to lose a parent" is to create opportunities for children to share their stories. So, I was interested in providing each child the space to share their unique story to honor their individual journey and arrive at the essence of their experiences. I wanted to explore how each child was making meaning of their experience. Although many research methodologies were initially considered for this study, IPA was ultimately chosen because of the alignment between my research goals and the guiding principles of this methodology. The goal of IPA is to allow the researcher to conduct a detailed exploration and analysis into a bounded phenomenon experienced by the participants. Participants are recruited because of their experiences, and the researcher uses an inductive approach to get at how participants are making

meaning (Pietkiewicz & Smith, 2012; Reid et al., 2005; J. A. Smith & Osborn, 2008). Since “IPA aims to capture and explore the meanings that participants assign to their experiences” (Reid et al., 2005, p.20), it allowed me to go on a meaning making journey with my participants.

IPA has three main theoretical underpinnings, phenomenology, hermeneutics, and ideography. Phenomenology, first developed by Edmund Husserl, is a branch of philosophy that aims to understand the structure of conscious experience and perception by understanding the unique factors of a phenomenon or experience. The phenomenological method involves bracketing or setting aside preconceptions and assumptions about the phenomenon under study and attempting to understand it in its own terms. In IPA, the researcher aims to understand the meaning and lived experience of the participants in the study, through an iterative process of data collection and analysis. This typically involves conducting in-depth, semi-structured interviews with participants and analyzing their narratives to identify themes and patterns that illuminate the participant's lived experience. The researcher's goal is to produce a rich and detailed description of the phenomenon being studied, rather than testing hypotheses or making generalizations (Alase, 2017; Eatough & Smith, 2017; Pietkiewicz & Smith, 2012; Shinebourne, 2011; J. A. Smith, 2017).

IPA draws on hermeneutics as a theoretical principle. Hermeneutics was initially developed by Husserl's follower, Martin Heidegger. Hermeneutics deals with the interpretation of experiences. In IPA, hermeneutics is an interpretive process used to understand the meaning and significance of the participants' experiences within the context of their lives. The researcher uses an iterative process of interpretation and re-interpretation to arrive at an understanding of the participants' experiences. The researcher has an active role as an interpreter and is trying to make meaning of the participants' meaning making process. From that perspective, IPA engages

in a double hermeneutic. This highlights the two levels of interpretation, the first is the participant interpreting their own experiences while the second involves the researcher interpreting and making meaning of the narrative. The researcher must also consider how the participants themselves interpret and make sense of their own experiences, and how they might have constructed their own narratives. This double hermeneutic approach recognizes that the researcher's background, perspective, and preconceptions can influence their interpretation of the data, and that the participants' perspectives and interpretations of their experiences can also influence the researcher's interpretations. As a result, the researcher needs to be reflexive, meaning being aware and acknowledging their own perspective and interpretive process. This helps ensure that the interpretation is as faithful to the participants' experiences as possible (Alase, 2017; Eatough & Smith, 2017; Miller & Barrio Minton, 2016; Pietkiewicz & Smith, 2012; Shinebourne, 2011; J. A. Smith, 2017).

Lastly, IPA is guided by ideography which emphasizes the importance of understanding individual cases and particular situations, as opposed to understanding general patterns. The focus is placed on individuals and their unique experiences and perspectives. In contrast to nomothetic approaches IPA does not aim to generalize findings to a larger population, but rather to produce rich and detailed in-depth descriptions of participants' experiences that capture their unique meaning and significance. It strikes a balance between idiographic and nomothetic approaches by generating experiential themes that highlight the uniqueness of each individual participant while also looking for commonalities and patterns across narratives. Together, these three theoretical underpinnings are integrated in IPA, to allow the researcher to understand the meaning of participants' experiences in the context of their lives, their interpretive process, and

the importance of individual uniqueness (Alase, 2017; Eatough & Smith, 2017; Pietkiewicz & Smith, 2012; Shinebourne, 2011; J. A. Smith, 2017).

Participant Recruitment

Participants for this study met three inclusion criteria. Participants had to be between the ages of six and eleven. The second inclusion criterion was the loss of one or both parents to death. Lastly, all participants would have no identified cognitive deficits, as indicated by their primary caregivers. Non-native English speakers were excluded from the study.

Participants were recruited through a children's grief program housed in a hospice center. The term "Center" will be used to refer to this organization throughout this manuscript. Participants were recruited through an email and recruitment flyer that was sent out by clinical staff members at the Center. The email was sent to 31 parents whose children met all the inclusion criteria and were actively or previously enrolled in one or more of the services offered by the Center. Parents and primary caregivers of 11 children indicated an initial interest in participating in the study. Of the 11 interested parents, five agreed to participate in the study and provided consent for their children's participation. Caregivers cited concerns for their children's emotional wellbeing, a desire to avoid triggering children, and practical constraints (such as time or location) as reasons for not participating.

Sample sizes in IPA are typically small to allow the researcher to conduct a detailed case-by-case analysis of each participant's account. IPA does not have specific rules about the number of participants that should be included in a study. Rather, "IPA researchers should concentrate more on the depth, rather than breadth of the study" and "the richness of individual cases" (Pietkiewicz & Smith, 2012, p.364), as well as the depth of analysis at the single case level (Pietkiewicz & Smith, 2012; J. A. Smith & Osborn, 2008). Most IPA studies are published with

one to 15 participants, with larger sample sizes appearing less frequently (Pietkiewicz & Smith, 2012). Smith and Osborn (2004) recommend that first time IPA researchers limit their sample sizes to three participants. Turpin et al. (1997) as cited in Pietkiewicz and Smith (2012) note that clinical psychology programs in Britain have suggested using six to eight participants in IPA studies. Since the goal of IPA is to generate idiographic statements that highlight an understanding of each individual participant's experience rather than nomothetic generalized claims, an in-depth analysis of a small group of participants is recommended. Pietkiewicz and Smith (2012) offer additional guidelines on sample sizes, highlighting the importance of how the analysis across cases is conducted to generate experiential themes that provide an in-depth understanding of the phenomenon being studied.

In addition to small sample sizes, samples in IPA are typically homogenous. The goal of IPA is to examine a specific phenomenon that people have experienced. Therefore, purposive sampling is used to recruit participants who share common experiences. This may include recruiting participants from similar background, socioeconomical statuses, or from the same area (Pietkiewicz & Smith, 2012; J. A. Smith, 2017; J. A. Smith & Osborn, 2008). For this study, all the participants were recruited from the same grief program. All the participants were living in the same state at the time of recruitment and data collection. And all the participants had experienced the death of a parent during childhood. Participant recruitment was by invitation. Participants were purposefully identified by clinical staff members at the Center because they met all the inclusion criteria.

Lastly, IPA offers a reminder that sampling should be done pragmatically. By that they mean that there will often be pragmatic restrictions on sample sizes. This may be because of the topic being studied (Pietkiewicz & Smith, 2012; J. A. Smith & Osborn, 2008). For this study,

pragmatic limitations included caregivers and parents' hesitation. A concern that was shared across several parents who did not participate and two of the parents whose children were interviewed, was the risk of reliving the pain of their experience. Parents and caregivers expressed concern about the difficulty of discussing death and loss with a new person. This may have impacted how many families expressed initial interest in participating in the study.

Participants

Of the 11 participants who expressed interest, a total of five children completed interviews. One caregiver had initially indicated interest, however, later withdrew from the study before the interview was conducted due to scheduling conflicts. One caregiver was not reachable given the contact information provided. Four others indicated interest, however, were unreachable after the initial contact. Participants included three females and two males between the ages of seven and eleven. Three of the participants identified as White, one identified as Black or African American, and one as biracial Asian and White. According to caregiver reports, two of the participants indicated that they were spiritual but not religious, while one other indicated they were religious, and two indicated that they were neither religious nor spiritual. Of the six participants, three had lost their fathers and two had lost their mothers. The most recent loss was five months before the interview while the most distant loss was four years. Three of the six participants had lost their loved ones to cancer, while the other two deaths were accidents, a motorcycle accident and a shooting.

Procedures for Data Collection

Approval for this study was obtained following a full board review by the Institutional Review Board (IRB) at James Madison University (JMU). Data was collected in a one-on-one individual interview with the primary researcher. Families were given the option to complete the

interview in-person at one of two locations, a university-based counseling clinic or the Center's clinic space, or online using a HIPAA-compliant videoconferencing platform. After initial contact with the child's parent or primary caregiver, the interview modality was chosen based on participant preference. Before conducting the interview, informed consent and assent were obtained from each parent and child. Based on the caregiver's preferences, three interviews were conducted in-person, one at the Center's clinic, and two at the university-based counseling clinic. Two interviews were conducted virtually. All the interviews were videorecorded and transcribed by the primary researcher. All video recordings were stored on an encrypted and secure cloud-based software, Supervision Assist. All transcripts were stored in an encrypted and secure password-protected file.

Data was collected in one-on-one interviews with each child using a semi-structured interview that was developed for this study (See Appendix A). During the interviews, children were asked to verbally answer questions. They were also given the opportunity to draw or act out answers to facilitate sharing. Emotion cards were made available to children during the interview to identify feelings and help with emotional expression. Diagrams, such as genograms and ecomaps, were created to support children's narratives and promote engagement as well. During some parts of the interviews, children got dysregulated. This was more common when talking about difficult feelings. Usually, children were able to become regulated again easily within the relationship. They were provided with validation and normalization of their feelings. When children were dysregulated, they were offered breaks. Each participant took one break during the interview. Although each of the participants described a distressing experience, during the interview, they were able to remain regulated and engaged. Interview times ranged between 35 and 62 minutes.

As with most qualitative methodologies, IPA considers semi-structured interviews to be the exemplary method for data collection (J. A. Smith, 2017; J. A. Smith & Osborn, 2008). An interview outline, reproduced in Appendix A, was created by the primary researcher, through consultation and collaboration with experts in IPA, attachment theory, and resilience theory, and the Center's clinical staff. The basic outline of the interview was developed in advance to allow the researcher to reflect on the goals of the interview. This also allowed for a reflective conversation with the research team about potential issues that might be encountered and how to address them during the interview. At the same time, the semi-structured nature of the outline allowed the researcher to approach each interview with an open and curious stance. This created opportunities to follow each child's lead and allow them to author their own narratives (J. A. Smith & Osborn, 2008). While interviews were being conducted, parents were asked to complete a brief questionnaire. The questionnaire involved demographic questions as well as questions specific to the parental loss. Parents identified who had died and the circumstances surrounding the death.

Analysis of Data

Analysis in IPA is an interpretative and iterative process. The analysis is done case-by-case. The researcher reads and rereads the transcript, creates exploratory notes which are later clustered to develop experiential statements, then a table of personal experiential themes is created. During this process, the researcher returns to the transcript frequently to ensure that the themes are true to the participants' experiences and grounded in the data. Special attention is made to take into consideration how the participant is making meaning of their experience, not only how the researcher makes meaning of the narrative. When writing results, IPA researcher use excerpts from participants to support each personal experiential theme. Once the analysis of

the first case is completed, the process is repeated for each participant. After all the transcripts have been analyzed individually, a cross case analysis is completed looking for convergence and divergence between cases. Below is a detailed outline of the step-by-step process used during data analysis. It is important to note that although this is the basic procedure used for analysis, it is not a prescriptive procedure, rather it is a flexible, reflexive, and iterative processes between the researcher and the transcripts (Miller & Barrio Minton, 2016; Pietkiewicz & Smith, 2012; J. A. Smith & Nizza, 2021; J. A. Smith & Osborn, 2008).

Primary Reading and Rereading

The process begins by reading and rereading the transcript to become familiar with the participant's narrative. As the primary researcher, I transcribed all the interviews by watching the videos. This process allowed me to become more familiar with the experiences of my participants and allowed me to attend to both verbal and nonverbal information. Initial thoughts and comments were written down at this point. Usually these are noticed, reflected on, and noted in a separate location. This process presents an opportunity for contextual text analysis and interpretative musings about the entire narrative and the participant. At this stage, the whole transcript is read and reflected on.

Exploratory Notes

Next, the transcript is read again, and exploratory notes or comments are made. At this stage, notes can be made about language use, conversation style, interactions style, etc. Exploratory notes are also written to describe what is happening. While creating exploratory notes, I kept the research question in mind and made comments that attempted to summarize or rephrase what the participant expressed. It is the first attempt at understanding what the participant is trying to say. Some preliminary interpretations are made. During this phase of

writing exploratory notes, the transcript is divided into meaning units. Once I had read the entire transcript, and made all the exploratory notes in the margins, I returned to the beginning of the transcript and started the next phase.

Formulating Experiential Statements

This phase begins by rereading the transcripts and focusing on the exploratory notes. The aim is to focus on the meaning units and develop experiential statements. These statements attempt to make meaning of the narrative by using a higher level of abstraction and interpretation. Essentially, this stage aims to transform the exploratory notes “into concise phrases which aim to capture the essential quality of what was found in the text” (Smith & Osborn, 2008, p.68). Experiential statements are interpretative summaries of what is happening in the narrative. They need to strike a balance between theoretical interpretations and remaining grounded in what participants say.

Clustering Experiential Statements

Once all the experiential statement for a transcript have been made, they are written out in chronological order, as they appear in the transcript. At this point, I tried to find the connections between the themes. This is an analytical and theoretical process. The aim is to cluster the experiential statements theoretically. At this stage, a hierarchical organization of themes may start to emerge. During this process, the researcher must return to the transcript to check that the connections are in line with the participant’s words. This process is iterative, after making interpretations of the meaning making process, I returned to the transcript and read the data, then returned to the experiential statements again. During this phase, a list of phrases and quotes were collected from each participant to support each clustering. This ensures that the statements remained grounded in the data.

Creating a Table of Personal Experiential Themes

At this point, the clusters of experiential statements are compiled in a table in a meaningful order. They are given titles which are the personal experiential themes. The aim is for the personal experiential themes to tell the story of the participant's experience and what that experience meant to them. They capture what is most important about the narrative in light of the research question. At this point, some experiential statements may be dropped while others are added. This phase is also iterative, it requires that the researcher continue to recheck the transcript, making sure to stay close to the participant's words. The quotes are collected and placed in the table as well.

Cross Case Analysis

Once the first five steps are completed for the first interview, that interview and the table of personal experiential themes is put away and the process begins with the next interview. Every attempt is made to put the first interview aside and approach the new interview without biases or preconceptions. Although IPA does allow the researcher to use themes from previous interviews to inform coding, Smith & Osborn (2008) suggest that when the sample is small, starting from scratch with each interview is preferred. Once the process is repeated for each interview, the personal experiential themes from each participant are looked at to find connections across cases. The researcher notes commonalities as well as discrepancies between the interviews. At this stage, a final table of group experiential themes is created with higher and lower-level themes. Titles of previous themes might be changed, and the hierarchy of themes can be edited. Final themes are determined based on the richness of data supporting them.

Quality in Qualitative Research

In qualitative research, trustworthiness is typically assessed using four criteria, credibility, dependability, confirmability, and transferability (Stenfors et al., 2020). All four aspects were attended to throughout the development and implementation of this study. As an additional confirmability measure, I maintained an audit trail throughout the research process. In addition to the positionality journal, the audit trail served as a trustworthiness tool. A detailed timeline of the research project was kept. In addition, themes and codes were explored in the audit trail. The process of arriving from the participant's narrative to a personal experiential theme was documented in the audit trail. This process was also shared with members of the dissertation team, including a qualitative methodology expert and the researcher's advisor. Discussions about emerging themes and exploration of alternatives served as corroboration to support the confirmability of the analysis. After the initial themes were developed, they were shared with the team and the I returned to the interview transcript to review the narrative and ensure that the themes were accurate and represented the participant's experiences. This process was detailed in the audit trail as well. This detailed documentation of procedural steps also serves to increase the dependability of the research and the results (Shinebourne, 2011; Stenfors et al., 2020).

Additional guidelines for validity and quality in qualitative research are taken from Yardley (2000). Four key dimensions are suggested in her article, sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. Showing sensitivity to context can be established at many levels and throughout the research process. This began by familiarizing myself with the extensive literature on grief and childhood grief as well as the literature on attachment and loss and resilience theory. Additionally, IPA embodies

sensitivity to context through its idiographic approach. Each interview requires an understanding of the participant, their context, and their life story (Shinebourne, 2011). Sensitivity is also shown by grounding analyses in each participant's words and lived experiences, by staying true to the participants (Shinebourne, 2011).

Commitment and rigor were established through the data analysis process. As demonstrated above, the interpretive process in IPA requires an immersion into each participant's narrative followed by a rigorous examination of the data. During data collection, a commitment to recruiting participants between the ages of six and eleven who had lost a parent to death demonstrates commitment to the research question and process. Throughout data collection, I maintained the commitment to honor their narrative and allow their unique stories to come through. Throughout data analysis, a meticulous examination of each transcript demonstrated my commitment to individual participants' narratives as well as the importance of arriving at accurate and representative group experiential themes (Shinebourne, 2011; Yardley, 2000).

Transparency was established through detailed record keeping and an audit trail. The clarity of the research method and the steps taken to arrive at each theme further support the transparency of this study. Coherence is established by the choice of methodology and the alignment between the research question and IPA's guiding principles (Shinebourne, 2011). The last dimension of importance and impact lie in the conclusions derived from this study. This study is unique in that it allows children to share their experiences with loss and highlights their voices and narratives. It is a first-hand account of children's experiences of death. These narratives provide important insight for families and providers as they strive to understand children's experience and help them on their journeys.

Conclusion

A qualitative design based on interpretative phenomenological analysis was conducted to explore the experiences of children who lost a parent to death. Once the participants who met the inclusion criteria were identified, they were contacted for participation in this study. Five individual interviews were conducted either in-person or virtually. They were all recorded and later transcribed. Each transcribed interview was analyzed individually culminating in a personal experiential theme table for each participant. The five personal experiential theme tables were then analyzed to create a group experiential theme table that noted the convergence and divergence across individual experiences and meaning making processes. This process allowed themes to emerge that helped make meaning of the experience of losing a parent to death during childhood.

Results

The purpose of this study was to explore the experiences of children who have lost a parent to death. This was accomplished by interviewing five children between the ages of seven and eleven and asking them to reflect on their lived experience. The aim of the data collection and analysis was giving voice to each child's journey through parental death and grief. This chapter will provide the phenomenological and interpretative narrative of these lived experiences.

Six group experiential themes, each with related subthemes, emerged from the analysis of the children's narratives. Although each theme is meaningful independently and provides an important piece of each child's story, all the themes are connected. To truly understand a child's experience, all six themes need to be examined and understood. Together these themes create the child's story and offer insight into the totality of a child's lived experience. The six group experiential themes are: 1) Grief is a meaning making process, 2) Grief is a complex emotional process, 3) Death is "taking mommy away", 4) "Lost but still remembered", 5) "I remember..." the announcement of death, and 6) Grief is supported through attuned relationships. Each of the themes and their subthemes are presented in Table 1.

Table 1

Group Experiential Themes and Related Subthemes

Group Experiential Themes	Subthemes
Theme 1. Grief is a meaning making process	It starts with disbelief Then confusion, as the world stops making sense Attempts at making meaning/ understanding A new understanding of the world emerges The process is mediated by time
Theme 2. Grief is a complex emotional process	A range of negative feelings are associated with death The intensity of feeling can be overwhelming

	The feelings can be hard to explain or express in words
Theme 3. Death is “taking mommy away”^a	The hardest part about death is losing the connection Death is missing the special connection
Theme 4. “Lost but still remembered”^b	Continuing the relationship after death is a form of healing
Theme 5. “I remember...”^c the announcement of death	Remembering and reliving the moment that changes your life
Theme 6. Grief is supported through attuned relationships	Emotionally attuned relationships with caregivers Presence of family, friends, and community supports Helping others through their grief helps

^a An in-vivo code from Isabelle, ^b An in-vivo code from Lori, ^c An in-vivo code from Abby

Each group experiential theme and its related subthemes, along with participant quotes, will be presented and discussed below. Quotes are derived from all participants, and every effort was made to provide ample quotes from each participant to allow each child’s voice to be heard and understood. The narrative will highlight the convergence and divergence across participant experiences. Lastly, first names will be used when presenting lived experiences to allow the reader to connect with each of the participants. However, to maintain children’s confidentiality, pseudonyms are used.

Theme 1. Grief is a Meaning Making Process

This group experiential theme emerged across all five narratives. It represents each of the children’s journey with grief as an attempt to make meaning of their experiences. Across varied times since the loss, this journey is presented as a long and sometimes difficult one. It can be filled with obstacles and setbacks. It does not progress in a linear fashion, and it cannot be

rushed. For some, the journey resolves with hope for a new type of beautiful life, whereas for others, what emerges is a bleak and painful reality.

It Starts with Disbelief

When children first heard that their parent died, their initial reaction was disbelief, “when I first heard it – and - I couldn’t believe it” (Neil). Lori shared that when her mother first told her that her dad had died, she thought it had to be a joke,

What?! (Laughs, surprised tone) and I was smiling I thought that she was joking ... but she wasn’t ... we went to my house, and I saw him and I’m like no you- you’re joking it’s I- to- I just didn’t believe I couldn’t believe it.

As she started to allow herself to believe that her father had died, she still could not believe that this was her new reality,

Waking up every morning thinking that it was just a bad dream and realizing oh it’s real life and to this day I still think oh I’m in a dream it’s like not real cause I just don’t believe it and I never will.

Mark and Abby share similar experiences. They could not believe what had happened, they were sure it had to be a dream, “the next day I thought it was all a dream” (Mark). According to Abby, she had to remind herself that her father died, even when she didn’t want to believe it was real:

When we first figured out that he was dead it was like ... it’s like you know when you wake up from a dream and you still think it’s real? But then you, then reality hits and it’s like a dream for – so, sometimes even now I still think still think like that’s he’s still there but it’s – he’s not, it’s just – it’s – yeah.

Then Confusion, as the World Stops Making Sense

The initial disbelief is followed by confusion, “it just it - it confused me so much” (Lori). The reality that the child once knew and understood does not seem to make sense anymore. Isabelle, knew her mother died of cancer, but she thought that cancer killed those who did not take care of themselves, so why was her mother dead; “she had cancer - yeah but no one knows how she got it ... I was also confused because she mostly just eat healthy stuff.” And, healthcare professionals, who are meant to help and cure diseases, failed, “the doctors couldn’t help her... the doctors tried all they could to get rid of the cancer, but they couldn’t.” Mark also struggled to understand how his father could have died in the care of doctors. He expected his father to go to the hospital, get better, and come back home. Unfortunately, his father died, and Mark’s understanding of the world is shattered, “um like, why did he die?”

Developmentally, children’s world views are built on a belief that things happen for a reason. This makes death confusing. It does not follow the same rules and therefore doesn’t make sense. In his developmental understanding of the world, Neil could not understand why his mother died, “I felt like so confused why - why was she dead? ... I don’t know nothing! ... Why [what] did she ever do why was she dead?” Things happen for a reason, and death seems to challenge this reality for him. This can also be gleaned from Abby’s question, “there’s this ‘why me’ feeling like why did it have to be me? No, our life was really good it couldn’t have been us!” Their family was “good,” and their lives were “really good.” So, what happened, what caused her father’s death?

Lastly, even when a child understands that death is part of the natural order of the world, losing a parent in childhood is confusing. Lori seemed to have an understanding that one day she would experience death, but fathers are not supposed to die, and her understanding of death led her to believe that parents should not die when their children are five-years old. “[I was]

confused like why did it happen to me, why did it happen so soon? ... Especially at my age I didn't understand that much about how it happened or why."

Attempts at Making Meaning/ Understanding

In an attempt to make meaning of death, Lori tries to understand her dad's death. Things happen for a reason, so she must have done something wrong, and her punishment was her father's death, "completely [my fault] I thought I had done something because I was little, and I felt like oh I did something that caused this yeah." She expresses a need to understand what happened, she describes her curiosity and meaning making process. "Curious... to find out ok I know this happened but how ... like why? I wanna get to the bottom of this I still haven't figured out quite what the cancer did to him, but I told myself well I'm going to find out eventually." Abby describes a similar process as she shares the regret she felt when she failed to save her father. "I also feel regret in a way that sometimes that makes myself think that it's my fault. I didn't do something, or I should have done something."

Mark also tries to understand how his father could have died. He believed the doctors were meant to save him, so he questions what went wrong. What happened that deterred the doctors from saving his father's life, "why weren't the doctors there? ... He couldn't breathe for like a - he wasn't breathing for like a while, and no one was there!" He tries to make meaning of his own role, "why couldn't I come come in come in the hospital." Isabelle tries to understand cancer. She attempts to understand why her mother died while others with cancer didn't, "you can sometimes not stop cancer ... but you just never stop trying ... yeah because sometimes you can."

Other children, like Neil, are not able to find meaning. "I don't know nothing" and instead, must try to "just get used to it" and "stay strong." He tries to distract himself from his

mother's death and convinces himself not to worry, "just don't worry about it - like in just like build or something ... I just focus on that instead of just like doing like worrying about my mom."

A New Understanding of the World Emerges

When the current world view no longer seems to fit their reality, some children are able to find a new understanding, a new hope. Mark's understanding of the world has changed and matured, "life can't be perfect," but at the same time he knows that "it's gonna be ok," and despite his grief, "I feel um I don't know I feel better." He has found new hope in his life and now can help others through grief "when my dad died, we my mom never thought life would be the same ... now we're living the same life and every time like my mom cries, I tell her that it'll be ok."

Abby shared her newfound understanding of the world and the power of death. "I didn't understand death as much as I did I do now. I didn't know how powerful it was because like once death takes somebody they don't come back." While Lori understands that "eventually you are going to lose somebody, sooner or later and you have to prepare for it whether you want to or you don't because it gonna happen," and "letting go of certain things" is helpful. Abby learned the important lesson of cherishing each moment with her loved ones,

You don't realize how much you should have loved or hugged or told how much you love them before they go. I would have told him how much I loved him... Definitely love your parent while you can because you might not have as much time as you expect, so use your time and love them as much as you can.

While Lori realized that her father will always be with her, "you have to remember that they even if you can't see them in person, they're always with you in spirit and mind."

Lori's new world view recognizes that everything is always changing which has pushed her to acknowledge the good parts and accept the bad. "Things will always change whether you want them to or not so try and embrace the good parts instead of the bad." Abby also made room in her new world view for nuances. Even in grief, there can be hope and positive changes, "it also is it opens opportunities and stuff."

Although a new world view emerged for some, for Isabelle and Neil, the world just stopped making sense. There was no new understanding that emerged. Isabelle continued to express confusion and a lack of understanding of death, "I don't know." While Neil attempted to distract himself and tried to "just forget about it."

The Process is Mediated by Time

Although not all the participants experienced this change, Mark, Lori, and Abby, felt that time had an impact on their understanding and experience of grief. Mark shared that "it's hard to explain it the first day," but as time passed, he was able to accept that "it's gonna be ok." His perspective changed, "when my dad died, we my mom never thought life would be the same ... now we're living the same life." For Abby, as time passed, she was able to realize her father's death was real, "I just feel like it's not real and then I realize that it is." And her initial regret and disbelief changed to acceptance, "I've kind of gotten used to it."

Lori initially believed that she could never accept or understand her father's death, "it's like not real cause I just don't believe it and I never will." She told herself, "Well I'm not going to accept it now," but time helped. She was eventually able to accept his death, "I'm just going to accept it- that it happened... I now believe it" Her perspective also changed with time. When she first learned about the death, she blamed herself, "completely [my fault] I thought I had done something" and could not move beyond her grief. She shared that she ended friendships because

she was not ready to move forward or accept her new reality, "Oh, just forget about it it's not important anymore ... it didn't help was people telling me it's gonna be fine... that just made me even more angry about it so." But, as time passed, she was able to let go and move on.

It was just like I had to accept it at some point. Because me just never understanding what had happened to him would have never brought him back... It's taken a few years for me to like realize there was absolutely nothing that I could have done even when he was still alive to prevent him because he was sick... and there was just nothing that we could do anymore.

She was able to forgive herself and accept that her father was dead. "Acceptance. Acceptance and umm forgiveness of myself for ever thinking that it was my fault." And, eventually, allowed herself to feel "relieved that he passed in his sleep, and he didn't have to suffer."

Theme 2. Grief is a Complex Emotional Process

As children spoke about their experiences of death and grief, it became evident that grief is an emotional process with many "faces." Although some emotions seemed universal, other were unique to each child and each situation. Over time, some children saw changes in their feelings, both towards death and towards their deceased parent. For some children, the nature and intensity of their feelings was overwhelming, sometimes so overwhelming that their feelings could not be described with words.

A Range of Negative Feelings are Associated with Death

A common theme across participants was the large range of emotions they associated with death. Most feelings relayed were negative and painful. Each child had their own unique way of experiencing the death and sharing their feelings, however, it was notable that each of the children started by expressing sadness. For Neil, the initial sadness developed into depression, "I

was sad when I first heard... I was depressed.” He even seemed let down by his mother and the world, “I was disappointed to um she was away.” Isabelle was so sad that her mother had died, “sad. I was sad because she was going to be gone.” She even expresses being surprised at the intensity of her sadness “surprise ... from my sadness ... mhmm from dying.” For Lori, she was not only sad that her father had died “I was feeling sad”, but that she knew that eventually, she would have to accept that he was he was dead. “I’m just going to accept it later that it happened and that’s what was sad for me.” While Abby only realized that she was sad when her and her younger sister started crying, “then me and [sister] started crying because we realized what had happened.” And Mark experienced his sadness so deeply that it led to a sense of hopelessness, “umm the next day I was just thinking what’s the point of life.”

Some children expressed madness and anger, at death, at the world, and even at themselves. Neil shared how upset he was at the world and his mother’s death, “I just feel annoyed! I am so upset.” He was also angry at others who did not understand what had happened, especially at those who took their mothers for granted “I am so upset I’m like mom or something I feel like annoyed like I feel like like given disrespect they, they don’t know.” As for Isabelle, she expressed anger at a world where her mother was absent, “that she was going to be gone,” and at the cancer, “mad... [at] the cancer killing my mom.” Lori seemed to be experiencing her anger in a way that was confusing to her. At times it was projected towards the world that allowed a five -year-old to lose her father, while at other times, she was mad at herself for allowing it to happen.

I was feeling mad. I was upset that it happened, and I was mad that I that I couldn’t do anything about it anymore. I always feel like there was something more I could have done.

While Mark expressed his anger by projecting it onto the doctors. He could not understand how his father could be allowed to die, and more so, to die in his absence. “Mad at the doctors ... Why weren’t the doctors there?!” For Abby and Lori, their anger turned to regret. Lori felt that she had failed her father and should have tried harder to save him, “I always feel like there was something more I could have done.” Whereas Abby expresses anger towards herself and a regret that turned into a sense of culpability.

I also feel regret in a way that sometimes that makes myself think that it’s my fault. I didn’t do something, or I should have done something ... Regretting that you should have done something or why didn’t you do think, or you shouldn’t have done that like regretting some of the decision that you made.

Losing a parent is also described as a scary experience. Neil was worried about himself and what would happen in his life after his mother died, “I feel scared.” Whereas Isabelle worried about her mom. “Hmm I guess I was worried... about mommy.” She explained that she was worried that her mom would miss all the family time and trips Isabelle and her father were taking. And, for Mark, he feared the consequences death would have on his life. His mother, who supported him prior to his dad’s death, was acting in unfamiliar ways. He could not understand what would happen next, and the ambiguity and uncertainty led to fear, “I was scared when my mom was thinking about moving and my life not staying the same.”

Lori identified additional feelings that did not seem to be a part of other children’s journeys. She shared feeling surprised that her dad died as early as he did. She also struggled with the injustice of losing her father that resulted in jealousy, “It’s just hard when um when we’re at like festivals and um we see everybody with their parents, and I just say in my head it’s just not fair! [I’m] jealous of other people who have their dad.” Eventually, Lori’s emotional

journey resolved with positive feelings. For other participants, the negative feelings did not seem to resolve, whereas as for her, she was able to accept her father's death, forgive herself, and find relief that he died in his sleep.

The Intensity of Feeling can be Overwhelming

As the participants relayed their emotional experiences, they often paused and hesitated. They shared that the feelings, and the experience of death, were distressing and overwhelming, "it's like overwhelming" (Abby). At least once during each interview, the conversation was paused because the child was feeling overwhelmed. Some children became tearful, like Isabelle and Lori, whereas others asked for breaks because they needed a break from talking about their deceased loved ones. Despite the overwhelming nature of the conversation, each of the participants was able to quickly regulate after sharing their feelings. At the time of the death, the feelings were described as overwhelming and intense as well. Neil shared that when he first heard about mother's death, all he could do was cry.

That's when I heard she said it she said my mother passed away. I went in my room and started crying... When I ever heard like when I first heard the story about her I just my heart just stopped. I just I wanted [the pain] to stop."

When Isabelle became tearful, she was not able to express her feelings. She resorted to acting them out and drawing faces. She shared that learning about her mom's death was painful, she described it as "hurt... on my inside. [It feels] not happy." As Abby and Lori shared their experiences, they each became emotional and were only able to express how hard it was to hold those feelings, "yeah it's just really hard (tearful)" (Lori); "well no it's - it's all pretty hard it's kind of it's not really yeah."

The Feelings can be Hard to Explain or Express in Words

Lastly, for many of the children, feelings were hard to explain or express with words. They were embodied or felt experiences. Many times, the child described a physical experience that helped cue them into their emotions. Both Abby and Isabelle shared that they cried before realizing or labelling their feelings. The first response was embodied, it was then followed by a cognitive realization. Abby was even able to explain that what she had experienced could not be expressed in words, and that maybe, it could not even be understood. “It’s hard to understand – mhmm ... you probably don’t really understand... You don’t really understand this unless you’ve gone through what I’ve gone through.” Neil shared that he felt sick and unwell after his mother died “I don’t feel well.” While Mark experienced his feelings psychosomatically, his feelings left him feeling empty and drained. He experienced his grief with his whole body, “Emptiness, well like my stomach feels empty and um like when I uh my mouth it just feels like nothing is inside like I can’t swallow. Then it feels like my heart stops.”

Theme 3. Death is “Taking Mommy Away”

This theme was taken from Isabelle’s transcript. As she shared what it was like to lose a parent, she described it as “taking mommy away.” This theme was evident across all five participants’ narrative. All the children shared that death was losing a special connection, it was losing the person that they loved. What kept coming up was missing the time spent in relationship with the deceased parent. The importance of the relationship. And understanding death as the thing that deprived them of that relationship. What emerged was the understanding that the hardest part about losing a parent was losing the person and missing the special connection with them.

The Hardest Part About Death is Losing the Connection

Across all five participants, death was described as “hard” (Isabelle), “no it’s - it’s all pretty hard.” (Abby) When children were asked to describe what the hardest about losing a parent was, each child, in their own way, shared that losing the relationship and the connection was the hardest part. It was losing the way the parent made them feel in the world. As children shared their experiences, it seemed that they were mourning an irreplaceable connection, “I don’t wish that I could do anything with him. I just want him back” (Abby). Lori explained that the hardest part for her is “probably just missing him.” She struggled to imagine her life without that special relationship and wished that she could get that connection back. “It’s just really hard (tearful). ... and whenever my friends say what was your birthday wish? And I said to get my dad back every time every birthday wish.” Abby explains the relationship between her and her father simply, it is a unique relationship, one between a father and a daughter. One that cannot be replicated. One that is safe, loving, and caring:

We just he was my dad and I was his daughter and we loved each other and I felt safe around him... um like you love your dad and he loves you. He just was there that made me feel safe because he was there. He just was very caring ... [and] kind and generous.

For Neil, it was the special “out times we spend the together” that made him feel special and close to his mother. They “just spend time together” and that brought him joy. After she died, the hardest part for him was missing her presence, “I just feel like I feel like I miss her.”

Mark and Lori describe their relationships as validating. Their fathers made them feel special. They were seen, known, and valued for who they were. “He always used to makes compliments me.” (Mark) Dad was the person each of them could always count on. When that person was gone, they missed the way they felt in that relationship. Lori shares a memory of when she was in a preschool play to show how her father supported her, “I was the star of a little

play in my preschool... and my dad and his coworker keep going like yeah that's my daughter yeah it was like really fun."

After his father's death, Mark describes an emptiness, or a void in his life. Him and his dad spend their time fixing the house, playing and fixing his toys, and playing outdoors, now he is alone; "usually when mom and dad were there um uh they they were somewhere in the house well no most of the time I'm just alone in the house." Mark looked up to his father who found a way, who fixed the unfixable toys and who accomplished anything he put his mind to. Now that he was gone, Mark misses their quality time and the "things we used to do together." Isabelle also seemed to experience this emptiness when her and her mom were no longer "doing stuff together." Isabelle and her mother connected emotionally and physically; their special times were the morning. Isabelle and her mom would "hang out with each other in the morning" and they would "cuddle and watch TV." Isabelle even shares her special memories sleeping near her mom and waking up together.

Death is Missing the Special Connection with your Loved One

Simply put, it's not what you do, it's who you do it with. This theme continued to come up across participants. They didn't miss the big events or the extravagant outings, they missed the everyday activities. Going to the store, doing math, reading a book, and getting picked up from school. The activities that brought them joy because they brought them closer to their loved one. And even though they still have to do most of those activities, it's no longer special. Lori offers the important reminder that even though there is a lot she misses doing with her dad, "there's nothing like truly special that I miss... the thing that I will always remember about him is that it's never it's um sometimes um probably all the time we spend together."

Mark's special memories were while studying math, his least favorite subject. "I never liked it but now I just miss it." He claims that "I don't usually do it anymore because I don't understand it" because his dad "he made it he made it s- he made it sound easy." While for Abby it was going to a department store to run errands with her dad:

I didn't want to go but my mom said that I had to go so I went with him but instead of taking me to Lowes he took me to an um ice cream place that as by us and we got ice cream for my sister, my mom and us.

And for Neil, any time with his mother was "happy um happy, fun and joy." They always spent time together and made memories, "we went somewhere fun ... and we was taking picture." Isabelle remembers "eating pain au chocolat and baguettes" with her mother and "playing" and just "having fun pretty much." Her most special memory is having a fondue party with her parents and her friends that she feels would not be as special without her mother present.

More than missing the special times together, death seems to have stolen future opportunities to connect. Mark and his father did many special activities together, but the one that Mark was looking forward to doing was learning to fish. Mark proudly shared that his father was a self-made man, "He taught himself just from reading a book," how to swim, how to fix things around the house, and he was going to learn how to fish. Mark was excited to go fishing with his dad, "he told me he we would learn to fish but we never got to do it." For Lori it was taking a trip without her father, "well me and my mom were both sad when so few weeks ago we went to Disney ... Disneyland in Florida um and we wished he would have been there with us." Her family frequently took trips together, and now her father couldn't be with them anymore. It made her "miss spending time with him" and being able to connect over their shared silliness. Isabelle was worried about everything her mother was missing out on. She shared how much she

missed traveling with her mother and having fun together, “[I miss] going on trips cause she gets to miss out on all the fun” And, her mother was not part of her growing life, “she didn’t get to see them [friends] first.”

Lastly, for Isabelle, Abby, and Lori, traditions were lost. They were learning how to keep their tradition alive after a parent had died. Isabelle and her family took trips to Paris, and she remembers the last trip with her mom, “when we went to Paris all 3 of us um mommy was um holding a bag for my daddy to take a picture and I was just picking up the leaves and putting them in the bag so I wasn’t even looking at the picture we have it.” Now she talks about the missed opportunities when her and her dad continue to take trips on their own. For Lori, the traditions were Comicon and baking moose farts:

One thing I wish we could do together was um um probably we used to make around Christmastime moose farts the little cookies with caramel pretzel and stuff I miss doing that. I have a picture in my room of me dressed up as Elsa making moose farts with him I was sweaty. So that’s one that I really miss.

And for Abby, it was an everyday bedtime routine, “Um so we before we would go to bed before I would go to bed me my sister and my dad we used to have these tickle fights. My mom was just like helped us if we needed it.”

Theme 4. “Lost but Still Remembered.”

“Lost but still remembered” is the name that Lori gave to her school club. A club she created to support herself and friends who had experienced loss.

Well it’s I don’t care what grade you’re in or if you’re it’s um about if you’ve lost someone and how to deal with it and how like what you can do to make yourself feel better so we have club meetings every now and then but um so what I do is we’ll talk

about memories and then like ok well how do we create that with the parent that we do have right now to help you remember but not forget ever.

To remember but not forget ever... this was a sentiment shared by two other participants as well. They found ways to continue the relationship with their deceased parent, and in continuing that relationship, they found ways to heal from their losses. As described by the participants, remembering can be a powerful tool, it is a form of healing.

Continuing the Relationship After Death is a Form of Healing

Even though a parent dies, they are not forgotten. Their children hold onto their memories. Children find ways to keep their parent alive in the family. This can be done by holding onto memories, recreating and honoring them, by keeping traditions alive, by following in their footsteps, or by creating mementos of the person and the relationship. As Lori wisely notes, “you have to remember that they even if you can’t see them in person, they’re always with you in spirit and mind.”

Memories. The importance of memories is clear throughout theme 3. Each child has special memories of their deceased parent, and these memories hold a special place in their hearts. However, Lori, Mark, and Isabelle used their memoirs to honor their deceased parent. Remembering and recreating their memories allowed them to keep the relationships alive. Lori describes her relationship with her dad as “funny” and full of “love and silliness.” Since his death, she has tried to recreate the special memories of her father. She shares how her mother helped her recreate a snowball fight, “We tried to re-create this he - he used to do things ... like we did snowball fights against my mom that was really funny.” While her paternal grandmother tried to recreate one of Lori’s favorite and “really fun” memories of her dad:

We had a yellow mustang that we were driving around and my favorite memory of the mustang ... he would go super fast down a hill ... it was really fun... (laughs) yeah grandma tries to do that, but we don't have a mustang.

Even though she could not have her dad back, she shared her delight at riding down fast hills, thinking of her dad, and keeping him with her in "spirit and mind."

Mark shared special memories of his father taking care of him when he was sick. Now, Mark's mother helps keep those memories and traditions alive by recreating what his father would have done to take care of him.

Every time I got sick, he always used to give me garlic water and honey, and if he was still alive right now my mom told me he would give me this terrible tea ...and my mom told me dad used to give that to me all the time.

Now when Mark gets sick, his mother reminds him of his dad and makes sure he gets his special "terrible tea."

For Isabelle, what helps her remember her mother is recreating their trips to Paris with her dad. Her and her dad go to Paris and visit a special gingko tree, eat mommy's favorite treat, and recreate pictures they took together on family trips.

Me and my daddy call it mommy's tree because we always go there ... and we still go to it still. We get a chocolate crepe with banana and whipped cream, [and] we sit down and look at the gingko tree... it [mommy's tree] turns yellow when it gets near mommy's birthday.

And back home, Isabelle has a special blanket she made that she keeps with her. "[I] got to make a blanket ... On one side it has a heart."

Recreating traditions seems to be a healing process for Lori and her family as well. Lori and her family are Star Wars fans, it was one of the ways her and her dad connected. When he was alive, they went to a Comicon convention. She shared the details of that trip and relayed how close she felt to her father. Now, she finds ways to keep that tradition alive, “my room was painted Star Wars colors so when I would wake up, I would think of him.” And her and her mother are continuing their tradition and keeping another one of Lori’s favorite memories alive, “my favorite memory that me and my mom are going to recreate this year is at Comicon because our whole family are Star Wars dorks.” As for her family, Lori shares their yearly “celebration of life picnic” where they celebrate, remember, and honor her father.

We have a family reunion every time every year. We - we celebrate how dad passed away, but we celebrate all the good times and we go down to my uncle [name’s] house and um we swim in his little creek because my daddy liked the creek and we go and catch crawfish to have for um lunch there. It was a lot of fun and um then it was like around 4th of July and then we would shoot off fireworks but sometimes they have his name on them they would go (fireworks noise) [dad’s name] or (fireworks noise) dad.

And she keeps mementos of her dad close by to remind her of him. “I have a locket with his ashes in it I almost always wear it.” She also makes sure to keep a special baby blanket close by “because it has his scent on it.”

Following in their Footsteps. In addition to holding onto memories and recreating traditions, Lori, Isabelle, Mark have continued to look up to their deceased parent and follow in their footsteps. Lori shares that her father worked at a zoo and taught her the importance of connecting with animals. She shared many stories of her love of animals, namely cats and tigers, and how she continued to go to her father’s zoo to visit the animals he took care of. For Isabelle,

it was her mother's love of travel and the outdoors that she continues to embody. As for Mark, he has taken over his father's fix-it and do it yourself attitude. His father took care of him, of his mother, and of the house, even when it felt impossible, his father showed up for him "so when I was younger, I always used to break my toys by accident, and he always fixed them. Sometimes it wasn't able to be fixed but he still found a way." Now Mark has taken over that role. He comforts his mother when she appears to be struggling and reminds her "that it'll be ok." He aims to teach himself and be independent, just like his father.

Theme 5. "I Remember ..." the Announcement of Death

As each of the participants shared who had died in their family, what stood out most was the way they relayed the information. For some, it had been months since the death while for others, it had been years. However, that did not change how they remembered or relayed the memory of how they learned about the death of their parent. The memory of the announcement of death was an episodic memory. The children did not simply know this information and share it, they were actively remembering the moment they heard the news. It was not a recollection of the past, or factual information gathering, they were in the past, experiencing, and living through the moment. The memory was detailed, it had sensory and emotional components to it, and as I heard it, I was transported back to that moment with each child. They remembered who was present, how they found out, what they said, and what feelings they had in the moment. And they were experiencing the same feelings as they shared the memory.

Remembering and Reliving the Moment That Changes Your Life

Neil remembered where he was when he heard that his mother died, who told him, and how his feelings developed.

At [caregiver's] um [caregiver's name] [told him]. I was not there- I was not where the accident happened. They um they put me in the living room while I was in my room watching tv and I heard her screaming I think then [she] started crying I came in there and that's when I heard she said it she said my mother passed away then I went in my room and started crying.

In his narrative, the sense of disbelief is apparent. More than that, he remembers, and maybe is reminding himself, that he heard it, that someone said it, and it became part of his reality.

Isabelle learned that her mother died when she was at home with her father and their neighbors. She was playing and her world changed, she had to say goodbye to her mother.

Well, everybody was downstairs um uncle [neighbor] came up to tell me that mommy died. So, I was upstairs playing in my room and my uncle came over and told me mommy died. So I was by myself when I was upstairs.

In Isabelle's world, even though she was surrounded by people, she was alone. She was alone in her experience and her feelings. As she shared her memory, her affect changed, she was withdrawn and sullen, as though recreating the loneliness that surrounded the announcement.

I came down and saw mommy. Daddy was holding mommy's hand the whole time. I got to hug her right before she died. He [daddy] was crying. Daddy lifted me up onto the bed so I could give mommy a hug. [neighbor] she lives with uncle [neighbor] [was there] she stayed downstairs and that was everybody other than my dog (laughs)

As she talked about her father's emotional experience and getting to say goodbye, her affect brightened, and she smiled.

Mark remembered what he was doing, where he was, and who was with him when he learned about his father's death.

The first person to tell me was (points to [paternal uncle] on genogram) ... I was going to a soccer game and then um with the parents who were driving me there, took me to the hospital and then my uncle [uncle's name] was in the hospital and then he came out and we sat on the bench and he told me... When my uncle told me my dad passed away, he, he my [friend's name] came out of the car and he hugged me

When he shared who told him the news, he couldn't talk. He looked for the genogram that we had created earlier in the interview and simply pointed to his uncle. He waited for me to confirm who had told him before he went on. Again, the change in affect was clear as he became quiet then sad. When returning to the memory later in the interview, he had a positive affect as he shared how his friend comforted him.

Lori shared the news with me as it had been shared with her. The story unfolded from a bad feeling, knowing something was wrong, to learning that her dad had died, to uncovering her emotions.

I think sometime in summer, and I spent the night at my grandma's house and my mom she called grandma and grandam had a sad look on her face and I said, grandma what's wrong? and she said, oh nothing your mom will come to pick you up soon. And when she got here, my mom was crying, and she said your daddy passed away. What?! (Surprised tone, laughs) and I was smiling, I thought that she was joking, but she wasn't. Um my neighbor across the street, she was with him that night when he passed, and then we went to my house, and I saw him and I'm like no you- you're joking it's I- to- I just didn't believe I couldn't believe it.

Although she was sharing this memory four years after her father's death, she was reliving it as she shared it with me. She remembers the call that her grandmother got, and the conversation

they had. She remembers her mother arriving, first crying then sharing the news. And she remembers her exact words and replicated the same tone and emotional valence of her reaction to the news.

Lastly, Abby's memory of her dad's death was very specific and detailed. She remembered who was with her before, during, and after the announcement. She remembered her feelings and relayed them to me in the order that they happened. She started by simply sharing who was present:

Um my mom, my cousin [male name], my Auntie [name], my uncle [name], my Mimi, my Grandpa, Nino, I can't remember if my papa was there, I think he no I can't remember and then Ms. [name] my mom's best friend um Aunt [name], Uncle [name], and that's it I think.

Then, her thoughts as she saw people gather around her and her younger sister.

Well, what happened was my mom they - they had gotten there because my mom they wanted they wanted to be there when my mom told me so that's why they were that's why there were that many people. Except my aunt and my uncle and my cousin because I was at their house

Since that time, Abby has learned that her family members were all there because they were together when they learned of the death. They came to her aunt's house at her mother's request, to support her and her sister. However, at the time she was hearing the news, she did not know that. So, when she was telling me about it, she shared her thoughts and experiences as they were at the time of death. What she believed to be true in her memory. She was not reflecting back; she was reliving her memories. Next, she shares when she found out and what she was doing before her mother arrived at her aunt's house.

So, I - I remember that the last time I saw my dad was on a Wednesday, and then my Nino (her name for her maternal aunt) came and took me to her house and then I went to my um Mimi's (grandmother's) house, and I was there for a while. And then, my aunt came over and we just kind of hanged out my sister was napping, but before my aunt came over my mom had called and asked if I wanted to go see my dad but um she I um I - I didn't want to because I felt bad for [sister] because she couldn't go. And then I changed my mind, and she said I couldn't come so that made me pretty upset that - and then my aunt came over and we looked at pictures on her phone and just kind of waited and then she took us me and [sister] to her house. And we - we just kinda played with my cousin the whole time and then people started showing up. My mom came in first and then everybody was walking behind her, and I jumped. I like jumped at her but like because I - I hadn't see her in a while. And then we went to sit on the couch. And everybody started crying and me and [sister] didn't know what was happening at first and neither did [cousin] because we were the only children that didn't know what was happening because we hadn't been told anything. And then me and [sister] started crying because we realized what had happened and that that's what happened.

Theme 6. Grief is Supported Through Attuned Relationships

The death of a parent is a difficult and long journey. As presented throughout this chapter, children experience a range of emotions and thoughts. They struggle to rebuild their world view and make meaning of the death. They do this while still holding onto memories of their loved ones and finding opportunities to honor them. Although this is a lofty task, fortunately, children seem to be supported in their grief. Each of the participants described people, places, and things that helped them cope with their grief. Overall, the most helpful

coping strategy seemed to be relying on attuned relationships. These were emotionally and physically attuned and responsive caregivers, community members, teachers, counselors, and friends that supported each child as they navigated their new complex reality.

Emotionally Attuned Relationships with Surviving Caregivers

Across all five participants, surviving caregivers emerged as the most significant source of support. As children grieved, they relied on their caregivers to organize their emotional worlds. As they heard the news, children looked to their caregivers to understand the significance of what was happening and to help them make sense of their own emotions. Lori knew from her grandmother's face and tone of voice that something was not right, her attunement to her grandmother's emotional wellbeing acted as a cue. "My mom she called grandma and grandma had a sad look on her face and I said grandma what's wrong?" The same was true for Abby. As her family gathered around her and her sister, they realized something was wrong. They both started to cry before knowing what had happened. Seeing caregivers distressed led to her distress. "And everybody started crying and me and [sister] didn't know what was happening at first and ... then me and [sister] started crying because we realized what had happened." For Isabelle, seeing her father crying seemed surprising. "I came down and saw mommy. Daddy was holding mommy's hand the whole time. He [daddy] was crying." After seeing her dad cry, she allowed herself to cry as well, "yeah, I cried."

In addition to helping children understand and organize their emotions, attuned caregivers were able to support children. And, at times, the child was able to support the parent through their own grief. Both adult and child were able to rely on this important relationship to cope with the death of a loved one. After Neil's mother died, he moved in with her best friend, now he

refers to her as his mother, and her family has become his family and support system. They helped Neil through his grief,

Umm [caregiver], my sister not my actual sister like my [caregiver's] daughter talked to me like said like it's ok like just forget about it. Mmm my - my God mom's sister and my God mom's mom they like spoke to me and gave me a hug and said like it's ok it's ok there's nothing to be afraid about.

For Isabelle, attunement has a physical and an emotional component. Her father supported her through her grief in many of the same ways that her and her mother connected, with physical touch and closeness, "sleeping with her ... cuddle and watch TV." When she was dying, Isabelle got to say her final goodbye to her mother in a way that honored their special relationship, "I got to hug her right before she died ... daddy lifted me up onto the bed so I could give mommy a hug." After her death, Isabelle was comforted by her father, "mmm my daddy... he comforted me ... Give me hugs... He cuddled with me."

Mark and Abby found that when their moms were doing well, they were too. That speaks to their attunement with their caregiver, they only felt safe and secure when their mothers were taken care of. Abby shares that her mom's best friend was one of the biggest supports to her and her sister. When asked to share about her experience, it seemed that her mother's best friend was meeting her mother's needs which allowed her mom to be available to support her children's grief. "She just was encouraging mostly to my mom though." Mark helped his mother by remaining her that they would be okay, "every time like my mom cries, I tell her that it'll be ok," and by making sure she too was surrounded by a community of helpers, "when I talked to [friend], my mom talked to his mom and now they're really close friends." Lori and her mother realized that they would get through their grief together, she shared that "my mom helped me,

she comforted me because we were both sad but she, she was like it'll be ok you know we'll get through this."

Presence of Family, Friends, and Community Supports

In addition to caregivers, having a community of attuned and responsive relationships helped support children through their grief. This was accomplished by supporting the child and their immediate family in meeting their needs. This included meeting basic needs, such as groceries, food, and school pickups. Mark's friends and neighbors helped cook for him and his mother in the first few weeks. "Some people the [friends] ... they gave us food, I liked it." His friends also helped by driving him to soccer practice, to karate class, and even letting him sleepover. "We had a soccer tournament our - our car was low on gas and my mom didn't really want to waste it so [friend's] mom offered us to ride with them." Sometimes the support came in the form of physical tokens. Abby's family got gifts, "a lot of people that knew my mom send us flowers and stuff" and lots of encouraging words, "she just talked to us and encouraged us."

Another form of support was being there, being present and available to meet the need for connection and friendship. Abby offers a reminder that the most important thing people can do is be there to support the grieving process "nothing, they don't need to do anything." Even though her father died during the COVID-19 pandemic, her family still showed up to support her, "they wanted - they wanted to be there." Just being present was enough to meet the child's emotional needs. This was achieved by offering kind and supportive statement, like Neil's family reminding him to be strong, "they like spoke to me and gave me a hug and said like it's ok it's ok there's nothing to be afraid about." And Isabelle heard that she would get past it, "told me um it's OK I think." It can also be achieved by being available for a grieving family. Mark shared the impact his soccer team had when they honored him and his father:

When my dad passed away my coaches they came to my house and brought sandwiches and then the next week my - my - my whole soccer team they got me some like a gift basket and then um for a for our games they got yellow socks because that was my favorite color... yeah oh and my soccer team came to my dad's funeral too.

And the importance of having his friends around him to talk, "after my dad passed away like we never really talked but then we started." His mom's friends even threw a party to honor his father's memory, "they were friends, but they helped us because June somewhere in June there was a Sunday that they put us they threw us a party for dad."

Lori shared how touched she was when all her dad's friends showed up for her and her mom after he died. Some got her gifts, which seem very special to her, but above all, she felt supported in her grief because she felt that they cared enough about her and her dad to make the trip, "Some of his friends ... from all over the world came ... a lot of people showed up the exact same day he died... it was so nice to be surrounded by people who actually cared." Her family also continues to show up for her. They were there when her father died, and now, her paternal grandmother picks her up from school every day and spends the afternoon with her. And every year, Lori's dad is honored at the family reunion, "we have a family reunion every time every year ... we call it celebration of life picnic."

Helping Others Through Their Grief Helps

Lastly, for some participants, sharing their wisdom and experience with other children acted as a coping mechanism. Isabelle wanted to help other kids by telling them "something nice" to help with their grief. In return, that seemed to help her. She insisted that her "mommy and daddy" would know what to say. And so, as she got help from her important others, she could help those around her. Neil shared that he "writes them a note." He is referring to other

children who have experienced death in their lives. He shared that he would draw on comforting comments he received from his community to support others.

For Lori, she achieved this by creating her school club to support anyone who has experienced a loss. This was especially true after her best friend lost her father:

I try to help her as much as I can... I started a little small club at my school called "lost but still remembered." It's I don't care what grade you're in or if you're - it's um about if you've lost someone and how to deal with it and how like what you can do to make yourself feel better, so we have club meetings every now and then. But um so what I do is we'll talk about memories and then like ok well how do we create that with the parent that we do have right now to help you remember but not forget ever.

This club was private, for her and her friends, "I haven't really told my family about it I don't know why I just haven't" and helped her create a community of children who could walk the journey together.

Discussion

The purpose of this study was to further the understanding of children's experiences of parental death. Children's understanding and response to death is well-documented in the literature. However, as previously mentioned, most research about children and death has not included in-depth experiential narratives of bereaved children. By focusing on children's lived experiences of parental death, this study was able to give voice to children's experiences from their unique perspective. This study adds to the current understanding of the unified themes and experiences of bereaved children, as well as the uniqueness of each individual experience. In this chapter, I will review the results of this study in light of the three theoretical constructs introduced in the literature review (grief, attachment, and resilience). I will discuss how the results of this study align with the literature as well as new insights provided by the participants. I will also focus on implications of the results, the study's limitations, and directions for future research.

The discussion is structured around the three constructs of interest starting with grief, then attachment, and ending with resilience. It should be noted that although the results are being discussed separately in light of each construct, they are intercorrelated. As results are being presented, the commonalities and linkages across constructs will also be highlighted and discussed. For example, the fourth theme, "lost but still remembered" builds on previous knowledge across all three constructs. In reviewing the tasks of bereaved children, as well as the variables affecting grief, the continued relationship with a deceased loved one is highlighted. In attachment theory, "lost but still remembered" is presented as the continued bond and the robustness of an attachment bond with a caregiver. And in resilience theory, the presence of supportive caregivers is central to healing and growth after potentially traumatic events. In the

sections below, the importance of connectedness with a deceased loved one will be explored individually while also highlighting the interplay across constructs and using each construct to add richness to the overall findings being presented.

Findings Related to Grief

Definitions and Significance of Death in a Child's life

The literature review began with a review and differentiation of grief terminology. A distinction was created between grief, bereavement, and mourning (American Psychological Association, 2020b, 2020c, 2020a). While grief is defined as the response to death, mourning is the outward expression of grief. However, in children's description of their experiences, there was no distinction made between the internal process of losing a loved one (grief) and the outward expression that was readily observed (mourning). Children tended to focus on what was happening for them as they worked through the death of their parent. There was minimal focus in the narratives on their outward expression of grief. Often, children didn't seem to be aware of the external presentation of their grief till after the fact. Many of them became angry or frustrated at others for not knowing about the death, then realized that they had not shared about the death. This distinction between grieving and mourning may not be as important in the lived experiences of children. It may be more useful as a research construct than a practical tool. It may also be more important when reporting on the experiences of adults who might be more aware of the differences between personal and public processes. Adults may create more of a distinction between their internal experiences and their representations to the world.

In the literature review, the prevalence of death in a child's life was also presented. Many children will experience the death of a loved one before they turn 18 (Burns et al., 2020). In addition, death has a profound impact on the child, their caregivers, and the family system

(Coyne & Beckman, 2012; Machajewski & Kronk, 2013; Tremblay & Israel, 1998). The results of the current study show that children are significantly impacted by the death of their parent. An important finding that was not present in the literature was children's memory of the announcement of death (Theme 5). As noted in the results section, each of the five participants had an episodic memory of the moment they learned about their loved one's death. This was true for recent deaths and more distant ones, such as in the case of Lori and Isabelle. The children were taken back to the memory and seemed to be relieving their experiences as they shared their memories. They experienced their emotions as they had when they initially learned about the death. This finding highlights how impactful the announcement of death, and ultimately the death itself, is on a child's life. The announcement of death and losing a loved one creates a sense of being "stuck" in the grief. Even though children were able to describe how they moved on, found new meaning in their life, and renewed their hope, the announcement of death remained significant. Children became withdrawn and sullen, like Isabelle, and were unable to fully verbalize their thoughts, like Mark. And, as they ended their stories, they noted supportive adults and friends who were there and the healing that emerged, and they were able to successfully return to a more regulated psychological space and maintain their engagement in the interview.

Another related finding from this study is the intensity of feelings associated with grief. In the results section, the wide range of emotions associated with grief was shared. This aligned with previous research related to responses to grief (Christ, 2000; Machajewski & Kronk, 2013; P. R. Silverman & Worden, 1992). However, this study highlights the prevalence of psychosomatic symptoms associated with grieving. This was described by Mark who felt empty and felt like there was nothing left in him, and by Neil who shared a general malaise after his

mother died. However, one of the themes that emerged focused specifically on how overwhelming and intense the feelings are. Many of the children, could not express themselves verbally. They could only describe the pain, difficulty, and overwhelming nature of their feelings. Taken together, these findings show the significance of studying childhood bereavement and the importance of understanding children's lived experiences. It is important for caregivers, teachers, and counselors to be knowledgeable of the significant role that death plays in a child's life in order to effectively intervene in supporting children after death.

Children's Understanding of Death

A detailed discussion of children's understanding of death at different developmental stages was presented in the review of the literature. Children's understanding of death hinges on the acquisition of three death concepts, irreversibility, nonfunctionality, and universality. Universality is typically the first concept understood by children. By age five, most children are aware that all living things die. By age six, more than half of children understand that death is a final and irreversible state. During middle childhood, children also understand that death ends biological functioning which contributes to their understanding of both the nonfunctionality and the irreversibility of death (Busch & Kimble, 2001; Melear, 1973; Menendez et al., 2020; Slaughter, 2005).

Several aspects of the children's narratives in this study aligned with the research. Abby reflected on how her perspective on death changed after she experienced it. She learned about the finality and irreversibility of death, while Lori, at the age of nine, shared her understanding of the universality and inevitability of death. However, even though she understood that everyone will die, her understanding of the universality of death was still underdeveloped. A mature understanding of death takes into consideration that all living things will die, and that death can

happen at any time. Although Lori showed an understanding that all living things die, she struggled to understand how or why her father died when he did. Her belief aligns with the biological understanding that death is the last stage of the life cycle, but it does not allow for the nuanced understanding of how the final stages of life are represented. Although Mark, Neil, and Isabelle did not directly mention their understanding of death, all three children seemed to understand that their parents were not coming back. However, Isabelle did not show a clear understanding of the nonfunctionality of death. Although she knew that her mother died of cancer, she may not have understood how that happened and the difference between those who die from cancer and those who survive it. This raises the question, how much impact does the child's age at the time of death versus their current age have on their understanding of death?

The narratives obtained in this study also serve to highlight how the understanding of death is expressed across developmental stages. Abby, at the age of nine, still views death as a form of punishment. Her father's death did not make sense to her, because her life was good and her family was good. Lori's narrative also sheds light on how children's understanding of death changes over time. When Lori's father first died, she was five years old. She believed that she had done something to cause his death. However, at the time of the interview, at the age of nine, she shared that she had forgiven herself for thinking that it was her fault. She was aware that she could not have caused his death. This is consistent with the change observed in children's understanding of death as they develop from magical and preoperational thinkers to concrete thinkers.

Another important aspect that appeared across narratives was the difference between understanding the concepts underlying death and understanding the phenomena of death. Understanding is the process of grasping the nature, significance, or meaning of a concept. In the

literature, understanding death is explained as understanding the three death concepts. However, even when children grasped the concepts of nonfunctionality, the finality and irreversibility, and the universality of death, they did not seem to know what the meaning of death was. Although they understood some of the mechanics of death, they were still confused by it. As highlighted by Theme 1, confusion was a common reaction. Children's true understanding of death, and their ability to grasp its meaning, may require more than the understanding of the three death concepts. In addition, it may be a more individualized process influenced by variables related to the child, such as development, family variables, attachment styles, personality, and coping skills, and factors surrounding the death, rather than a cognitive understanding that unfolds with cognitive development. There may also be a difference between understanding the underlying concepts of death and understanding death within the context of the child's life.

Bereaved Children's Tasks

Bereaved children have four proposed tasks to accomplish, accepting death, expressing their emotions, adjusting to their new reality, and creating or continuing the bond with their loved one (Heath et al., 2008; Pacaol, 2021; Worden & Winokuer, 2021). The results obtained in this study support the task theory presented in the literature review rather than a stage approach. The children in this study did not show a stage-like progression through grief. Grief was a truly unique and individualized process with some common themes. Even though some of the children shared stories that aligned with some of the stages, not all the stages were represented in the narratives. And more importantly, they did not progress in a linear fashion or in the order presented in stage theory (Kübler-Ross & Kessler, 2005).

Children's narratives represented a cyclical progression through grief with different tasks having greater salience for different children. Also, there was evidence to suggest that children

were completing several tasks simultaneously. For example, expressing a range of emotions and remembering deceased loved ones helped children acknowledge and accept death. One example is Lori who shared that she initially did not allow herself to accept her father's death, she seemed to consciously choose to engage in disbelief. However, as she expressed her feelings and allowed herself to be mad, sad, upset, and jealous, and found ways to keep her dad with her, she started to accept it his death.

For most of the participants, the announcement of death brought disbelief, which seems to be associated with a difficulty believing and consequently accepting the death rather than denial. Disbelief was expressed through statements such as "I couldn't believe it." In denial there is a rejection of truth. The participants in this study did not reject the reality of the death but could not understand it or find logic to support it which made believing it difficult. The resolution of disbelief was acknowledging and accepting the death. This task seemed to be one of the more difficult tasks that was not attempted immediately following the death. For some participants, like Abby and Lori, it took years to accept the death. For others, the process was shorter. Mark seemed to accept his father's death after eight months. This may be related to each of the children's age at the time of death. Mark was 11 when his father died while Lori was five. Another factor that influences the healing process is the child's relationship to their deceased parent, their surviving caregivers, and the support surrounding the family. The importance of these factors was highlighted in the attachment and resilience theory literature.

All five participants attended to the task of emotional expression throughout their grieving process. Emotional expression is a task for bereaved children as well as one of the variables that impacts the grieving process and a factor that promotes resilience. This aspect of grief will be addressed from these three perspectives. Different children expressed different

emotions. The intensity and mode of expression was also unique. While Lori was able to verbalize all her feelings, Mark expressed his feelings both verbally and somatically, and Isabelle was able to express some of her feelings verbally but resorted to drawing and acting to express some of the more overwhelming feelings. Although the influence of time is not discussed in the literature, it appears to be an important factor in the grieving process. Emotional expression changed over time. Alongside other supports that were helpful to participants, time seemed to play an important role. Healing and emotional expression cannot be rushed. As children progressed through different tasks and developed their understanding of death, their emotions changed as well as the intensity and mode of expression. What started as confusion and disbelief often turned into anger, pain, or hurt, and resolved with acceptance, relief, and forgiveness.

The next task, adjusting to a new reality without the loved one, was also expressed across narratives. However, the largest part of this task seemed to be meaning making. Children were trying to understand what happened to their parent and how that fit into their current schemas, internal working models of the world, and belief systems. As explained in the literature, adjusting to a new reality focused mainly on shifting belief systems and adjusting world views. Meaning making was explained as one part of the adjustment process. In this study, meaning making preceded the ability make adjustments. It seemed to be the main task that each of the children was grappling with. The adjustments were a result of successfully making meaning. This is evidenced by Isabelle and Neil's narratives. They were unable to find meaning in their mothers' deaths and did not have a new understanding of the world. Therefore, the current results align more with resilience theory and support the importance of meaning making as a task for bereaved children and as a factor promoting growth and healing.

Lastly, forming a connection with the deceased loved one is an important aspect of the grieving journey. It will be discussed as a task, a variable in the grieving process, an attachment construct, and a component of resilience. Isabelle, Mark, and Lori found ways to continue the relationship with their parents. They succeeded in maintaining an emotional connection to their parent while moving forward with their lives, realizing that even if their deceased parent was not present physically, they would remain with them emotionally. This represents a successful completion of this task. Although all three created lasting bonds with their parent, this theme seems most prevalent for Lori who relied on her continued bond and memory of her father as a primary coping mechanism.

Children's Responses to Death

Although children's responses to death were not directly elicited, the narratives supported many of the previously reported responses that appear in middle childhood. Mark and Neil exhibited somatic complaints. Isabelle felt alone in her feelings even though she shared that everyone around her knew about her mother's death. Abby did not want anyone to know about her father's death. Mark was upset that others did not know about his father's death. All three of them felt alone and isolated in their grief. Lori promised herself that she would understand how her father died. And, consistent with the literature, both Lori and Abby, felt responsible for the fathers' deaths (Christ, 2000; Dowdney, 2005; Machajewski & Kronk, 2013).

Variables Affecting Children's Grief

Some of the results regarding the variables affecting grief aligned with the current research while other findings were unexpected.

Expected Findings. The results from the current study support the importance of family cohesion and stability (Ellis et al., 2013; Saldinger et al., 2004), relationships with surviving and

deceased parents before and after death (Greeff & Human, 2004; Holmgren, 2022; Koblenz, 2016; Muriel et al., 2020), family and community support (Coyne & Beckman, 2012; Dopp & Cain, 2012; Ellis et al., 2013), open communication and emotional expression (Saldinger et al., 2004; Traylor et al., 2003), and post-death rituals (Machajewski & Kronk, 2013; Rando, 1985). The participants all gave examples of their unique relationships with their deceased parent and their family functioning pre-death. From their narratives, it is clear that all the children had special connections to their deceased parent. Isabelle relied on her mother for morning cuddles while Mark got to do “crazy” activities with his father. Lori and her father were silly and fun, Abby’s father was special by just being himself and being a father, and Neil and his mom had special “out times.” After each of the parents died, their children remembered the unique relationship and honored it in their special way. For some, it was recreating the memories with other loved ones, and for others it was finding ways to keep the special memories close to their hearts. For Lori, it was also creating special family rituals surrounding her father’s death, such as the celebration of life party. The relationships in the family before and after death will be discussed in more detail in the following section on attachment. These important attachment bonds played a big role in helping children express and process their grief. Other important relationships included family, community, and peer supports. All five of the participants shared supportive relationships that helped them cope with their grief. Supportive relationships are also an aspect of resilience and facilitate adaptive coping. This variable was particularly salient for Mark who formed new relationships based on communication and emotional support after his father’s death.

As previously mentioned, emotional identification and expression were important parts of children’s narratives. Each child was able to identify a range of emotions associated with their

grief. They associated different emotions to different parts of their journey. For example, sadness was associated with the initial announcement. Anger, hurt, and pain were associated with gaining a better understanding of what happened and attempting to incorporate the events into a new world view. Regret and culpability also played a role in meaning making attempts. Acceptance, forgiveness, and even relief emerged with a new understanding of the world, a strong continued bond with the deceased, and time to heal. Emotional expression will also be discussed as a factor promoting resilience and healing post-death.

Family cohesion and stability emerged as an important variable in the grieving process. Four of the five participants lived in families with two biological parents. When one of the parents died, the other parent maintained the family's stability. The children noted how similar their lives were before and after the death. On the other hand, Neil was living with his biological mother. After she died, he moved in with his mother's best friend. His father was not involved in his life before or after the death. Neil lost his primary attachment figure and had to form new attachments while attempting to cope with his mother's absence. His home environment, parenting style, routines, family rituals, etc. all changed. Neil's narrative focused mostly on negative aspects and emotions of losing his mother. He was not actively making meaning of the death, he struggled to accept the death, and was not attuned to his own experience. He was coping with the death by trying to "just forget about it" and distract himself by building Legos. Although there are other important factors that could have impacted his journey with grief, the lack of family stability and continuity seems to be a contributor.

Unexpected Findings. According to previous literature, differences have been noted in how children grieve based on the child's gender and age (Hope & Hodge, 2006; Lawrence et al., 2006) and the gender of the deceased parent (Dowdney, 2005; Lawrence et al., 2006). Additional

differences were noted surrounding cause of death (Clabburn et al., 2021; Pfeffer et al., 2000) The current study showed no notable gender differences in how grief was expressed. Previous research has also suggested an interaction between the gender of the parent and the child. There was no evidence of this finding in the current study. The experience of loss for participants in this study seemed independent of which parent dies. Children were grieving the uniqueness of the relationship regardless of the parent's gender. Lori was grieving the loss of a fun and silly relationship while Abby was grieving the loss of a "caring full" relationship even though both lost a father.

Previous research indicates that a time of illness before the death could be linked to better adjustment. Isabelle, Lori, and Abby lost their parent to cancer after a period of illness, while Mark and Neil experienced sudden deaths following accidents. All five children reported similar trajectories with grief. After nearly four years both Isabelle and Lori still reported "hurt" and "overwhelm." Isabelle was still surprised by her grief even though her mother was sick. Lori knew her father was dying but still experienced disbelief when he died. Although Mark's father died in an accident he reports feelings of acceptance, he has been able to make meaning of his father's death and has developed a new meaning and understanding of his life. The current results highlight other potential variables that might impact the trajectory of grief. These variables include time since the death, the child's maturity and developmental stage, and family system variables such as the level of support, regulation, and communication within the system. As highlighted by Theme 1 in the results, the process of grief is mediated by time. Time allowed children's perspective to change and facilitated meaning making and healing. There is an important interaction between time since the death, current age, and age at the time of death. The literature notes the impact of age however it is not a simple relationship. Lori and Neil are both

nine, but their understanding of death and experiences of grief are different. Lori has had four years while Neil has had five months to process the loss. Another example is Isabelle. Although she has also had four years to process her loss, she is still struggling to make meaning of her loss. She is the youngest of the five participants and was the youngest when she lost her mother. The interaction between current age, time elapsed since death, and age at the time of the death could be an important variable in the grieving process.

Findings Related to Attachment

Attachment with the Surviving Parent

As noted in the literature review, attachment to caregivers is biologically engrained. All children seek to form attachments to their primary caregivers by engaging in attachment behaviors. Throughout children's narratives, their attachment to their parents was evident. Children described their parents as supportive, attuned, loving, and comforting. Parents helped organize their children's emotional and experiential worlds. These attachment bonds were described with both parents, when applicable, before and after death (Cassidy, 2016; Simpson et al., 2022).

The death of a parent is a distressing event. From an evolutionary perspective, the death of a parent could potentially be life-threatening. As Bowlby explained, the attachment system is primarily activated during threatening and distressing situations (Cassidy, 2016). This was evident across the narratives in this study. Each of the five participants actively sought their surviving attachment figure to support them through their grief. The narratives highlight the important role of attunement to caregivers and provide examples of how children relied on their attachment figures to organize their emotional world. Abby and her younger sister realized that they were receiving bad news by watching their mother. Lori knew something was wrong by

listening to her grandmother's voice. For Mark, his mother's dysregulation following the death scared him. The person who comforts and regulates him in times of distress and organizes his emotions was feeling distressed. This led him to believe that the world was not okay, and he should be scared. In each of the narratives, children knew the significance of what was happening by watching their caregivers. Isabelle watched her father cry and hold her mother's hand. This helped her know that her feelings were acceptable. Neil watched his adoptive mother react to his mother's death which helped him believe that his mother was dead. An interesting finding that emerged from children's attunement to parents was their desire to help their parent. Not only did children use their attachment bond as a safe haven to regulate and organize their emotions, but they attempted to help their parent through the death. This was not a role reversal, rather it was an understanding that the child will be okay if their parent is okay, and a desire to help the parent and subsequently receive help.

Through the narratives presented, what seemed to be most helpful for children was their surviving parent's presence. When a surviving caregiver was available to the child, open to their feelings, and ready to provide comfort. For Isabelle, that was in the form of hugs and cuddles. For Neil, it was talking through his feelings and letting him know his feelings were acceptable.

Attachment to the Deceased Parent (the Continued Bond)

The importance of the attachment bond in each of the children's lives was evident. Each participant talked about death as the loss of a connection. The most difficult aspect of losing a parent was missing the attachment bond, missing how the parent made them feel in the world, and missing the relationship. Earlier, children's understanding of death was explored. From a cognitive perspective, understanding death is a result of understanding the three underlying death components, universality, irreversibility, and nonfunctionality. Based on the current results, an

attachment perspective of understanding death includes acknowledging that death means losing a special connection. According to the participants, understanding death meant making meaning of the loss of a connection and missing a special relationship. Children were seen, known, and valued by their parent. They had a special and unique relationship that could not be replaced. Death signified an end to that relationship, at least in the physical sense. As noted in the literature, an attachment bond is not transferrable. Children described the void they felt in their lives after the death of a parent. A possible implication of these results is that death is understood as the loss of a special connection or relationship.

The second aspect discussed in the literature on attachment and loss is the concept of a continued bond (Clabburn et al., 2021; Field et al., 2005; Karydi, 2018). Attachment bonds are enduring and death does not end a relationship or the attachment, it transforms the nature of the attachment. Children continue to be attached to their primary caregivers and continue to rely on the attachment relationship after death. Although this was not apparent across narratives, it was an important aspect of the grieving and healing process for Isabelle, Lori, and Mark. As discussed earlier, establishing a continued bond is believed to be one of the tasks for bereaved children and is one of the variables that affects grief. Previous research indicated potential benefits as well as negative outcomes of the continued bond. The current results support the benefits of this relationship. Remembering the deceased parent and honoring their memory was a form of healing. For Lori, reminding herself that her father was still with her facilitated coping with her grief. The most salient types of connections expressed were intentional and internalized connections (Clabburn et al., 2021). For example, Lori wears her father's ashes in a necklace, she holds onto a blanket with his scent on it, and her room is decorated with Star Wars characters to commemorate their relationship. Her family also celebrates her father annually. Isabelle and her

father visit the special ginkgo tree and recreate the memories they made together as a family before her mother's death. Isabelle also created a blanket to represent her love for her mother. All three of the children created internalized connections to their deceased parent (Clabburn et al., 2021). They internalized and took on aspects of their parent's personality and identity. According to the literature, this might represent a more advanced task in the grieving process. The child no longer relies on objects to act as reminders of their loved one instead, they have internalized their person and the relationship. In other words, the connection with deceased parent has become part of the child. By doing so, the child and the parent continue to have a relationship past death. For Mark, this appears in his "do it yourself" attitude. He supports his mother and teaches himself to get things done, just as his father had. Isabelle is a traveler who enjoys learning about different cultures and meeting new people. She takes on her mother's "nice" and "kind" attitude towards life. As for Lori, she embodies her father's fun and silly attitude towards life, recreating fun memories with her mother and grandmother. The continued bond was especially salient for Isabelle and Lori.

Findings Related to Resilience

Applying a resilience framework to the death of a parent allows us to use the current results to look at post-death healing and growth. Learning what factors promote resilience, healing, and growth directly from children informs adults on what and who helps. This information could have implications on how adults support children's grief journeys. The discussion will be organized around the four factors promoting resilience that were presented in the review of the literature (Echterling & Stewart, 2014).

Supportive Caregivers

The importance of support was evident across all five narratives. Each of the children shared that they did not go through their journey with grief alone. They were supported by the systems they were embedded in (Ungar, 2011, 2012), including their caregivers, families, and communities. Parental support emerged as one of the most salient factors across narratives. The importance of the attachment bond with both the surviving and deceased parent before and after death has been presented as an important task for bereaved children, a variable that positively affects their grieving, and a manifestation of the robustness of the attachment system. Children relied on their surviving parent to help make meaning of their loss, support their emotional expression, and cope with the absence of their loved one. Parents and caregivers were able to provide emotional and physical safety for their children which gave them the space to navigate the death.

In addition to primary caregivers, extended family members also played a role in supporting the child and the surviving parent. Family members were present during the most difficult moments, the announcement of death, illnesses and hospital stays, and the adjustment to life after the death. Family members did not have special tasks, rather, children explained that being present and available was the most important form of support.

Other supportive adults and children in the community included neighbors, friends, teachers, and coaches. Each of the children shared how important others showed up for them and their families. They provided emotional, physical, and practical support. Often that support was relational, highlighting again the importance and impact of being present and available during the grieving process. Children also note the importance of their parents being supported. Some children noted their parent's friends, siblings, and neighbors as the biggest sources of support.

This aligns with the social -ecological framework. To promote the child's resilience, the system the child is embedded in needs to be supported (Ungar, 2008).

Meaning Making

Meaning making emerged as one of the central organizing themes of this study. Based on the current results, the journey through grief is a meaning making journey as highlighted throughout Theme 1. Each of the participants attempted to navigate the loss of their parent by trying to first understand what happened, trying to make meaning of the event, and incorporating it into their personal narrative. Children who were able to develop a coherent and meaningful understanding of their loss and integrate it into their view of the world and themselves, seemed to be coping with their loss more effectively. Meaning making did not necessarily result in acceptance of the death or healing from grief. Rather, making meaning allowed each child, and their system., to create a narrative about the death. They learned lessons, contextualized the death, and grew as a result of their experience. For some children, this required challenging pre-existing notions of the world and developing a new world view that could accommodate losing a parent. Children who were not able to make meaning of the death and make adjustments to incorporate the death into their world view struggled on their healing journey. Neil struggled to make meaning of his mother's death. The world stopped having meaning for him. As a result, he continued to struggle to accept his mother's death and cope despite the support he reported receiving from his caregivers. He found it difficult to share memories of her and preferred to distract himself. This also affected the lessons he feels he learned. He learned to get used to it, not think about it, and move past it.

Some participants shared important life lessons that they will carry with them in coping with adversities. Mark shared the importance of working through difficulties. Even when he was

scared and had doubts about his future, he learned that there is hope. He also learned the importance of friendships. Before his father died, he and his friends played on the same athletic teams but did not talk. After his experience with death, he learned the importance of emotional support and these friendships became a safe space for him and his friends to share their experiences. Abby learned important life lessons. She learned that death is forever. She learned the value of family and to appreciate and take full advantage of every moment she had with her loved ones. She learned how unique a father-daughter relationship can be. And she also learned to look for the silver lining in every experience. Lori learned about change and the importance of preparing for the unexpected. She also learned that your loved ones will always be there for you, even after death.

Emotional Regulation

Following negative life events, children can experience a range of emotions. Often the intensity of these feelings can become overwhelming and dysregulating. Children need supportive adults to be attuned to their emotional needs and assist them in co-regulating their feelings. As previously described, each of the five participants expressed a range of emotions after the death. Their ability to express these feelings within safe and trusting relationships is associated with less negative outcomes in grieving. Several of the participants shared the importance of seeing their caregivers express their own feelings. Being open to emotional expression and being aware of big feelings and responding to them appropriately facilitated healing. In addition, during the interviews, children shared their distressing feelings within the context of a safe relationship. Even when they became dysregulated, they were able to quickly return to a regulated psychological space when their feelings were heard and understood, reflected, validated, and normalized by an adult. At least once in all of the narratives, the

participants shared that they were told it would be okay or it was okay to feel upset or scared or sad. Through this process, children learn to manage and cope with feelings and apply these skills to future dysregulating experiences. Lori shares how she is able to support others who are grieving by allowing them to share their stories and express their feelings. Isabelle knows to say “nice” or “kind” things to other children who are struggling. Mark now talks to his friends about his feelings and opens the conversation to their experiences as well.

Coping Strategies

How children cope with potentially traumatic events plays a large role in growth, healing, and resilience. Based on the results of the current study, several adaptive coping strategies were identified. The importance of the attachment bond, supportive caregivers, and community supports were highlighted throughout the discussion. Children relied on supportive adults to be present and available after the death. Participants offered an important reminder, it did not matter what other people did, it mattered that they were there, that they cared to show up. Having someone stronger and wiser was cited as one of the most supportive coping strategies. Another coping strategy that emerged was helping others through their grief. Being present and attuned to other children’s needs helped normalize, validate, and support the bereaved child. Another adaptive coping strategy was developing a continued bond with the deceased parent. This was achieved by keeping the parent close, creating mementos of relationship, and keeping traditions alive. Some maladaptive coping strategies were also highlighted in the narratives. Based on what some children shared and their struggles with grief, it seems that ignoring feelings and pushing them away was unhelpful. Trying to ignore or distract from grief was not helpful to children. In addition, rushing the healing process rather than allowing children to progress at their own speed was also maladaptive.

Implications for Adults Working with Bereaved Children

The current study provides insight into important aspects of how children experience the death of a parent. The narratives allow adults to hear children's journeys and experience the loss from their perspective. This offers adults insight into what it is like to lose a parent as a child, what does and does not help, and who helps. It offers adults a window into how to best support children as they navigate the complexities of grief and loss.

As an adult invested in helping children through difficult life experiences, and as a child who grew up witnessing the impact of death and fearing the pain of losing a parent, this study has left an impact on me. Earlier, in the methods section, I shared my positionality statement, what led me to this work, and how I approached this research. As I wrap up this journey, I want to share the implications and lessons learned from this study, for me, for parents, for counselors and grief programs, and for educational institutes and teachers.

Parents

Children thrive in safe, secure, and trusting relationships. This is especially true following the loss of a parent. After losing a parent, children need their surviving parent to be present, available, and responsive to their needs. Surviving parents play an important role in helping their children regulate and organize their emotional world. Across narratives, attuned, responsive, and supportive relationships emerged as one of the most impactful forms of support. Ultimately, parents can have the largest impact on their children's journey with grief.

While this study focused on children's experience with grief, it is important to remember that while children are grieving the loss of a parent, their surviving parent is grieving the loss of a partner. This means that parents need to experience their own grief to help their children with their journey. In doing so, the surviving parent honors their loss and their own needs. They offer

a window into the grieving process that can provide a healthy model for their children. In addition, parents can invite their children into the grieving process through open communication, honesty, and emotional availability, allowing parent and child to support each other on their shared journey.

The findings of the current study remind us how important it is for adults to be present and available to their children and provide emotional and physical comfort and support. Parents are in a unique position to help their children feel heard, understood, and validated. They accompany their children on this lifelong journey by being open to their emotions, receptive to their concerns, thoughts, and experiences, and guiding them towards a new normal. They create new routines and rituals while upholding the safety, consistency, and stability of everyday life. In addition, parents help their children remember and honor their deceased parent and establish a continued bond. The surviving parent is pivotal in finding ways to recreate traditions, involve the deceased parent in everyday life, and keep the loved one alive in the child.

Counselors and Grief Programs

Counselor and grief programs can support bereaved children both directly and indirectly. I think the biggest implication from this study, and the most important lesson I learned, was the importance of being present, attuned, and open to the child's emotional worlds. As caring adults, we want to fix problems, help children, and take away their pain. Unfortunately, we cannot take the pain of loss away. What we can do is be there and be available. We sit in their grief with them. We experience their grief with them. We honor their loved one. Earlier, I shared the story of a 6-year-old with a sticker and a grieving heart. What I did not share was the despair I felt. I was helpless, sitting in front of a child with more pain than he could hold, wondering how I could fix everything for him and take all his pain away. What I know now and hope to share with

other counselors, is that my role was not to take his pain away. It was to sit with him, listen to him, reflect and validate his feelings, and make sure he felt heard, seen, and understood within the context of a safe and loving relationship. If I was with him today, I would not “do” anything, I may not even say anything. I would be present and I would experience the journey with him. That is our role as adults who hope to help grieving children.

Part of being attuned to children’s needs is allowing them to guide us. We need to remember to honor children’s expertise. We need to follow their lead and respect their timing. Children will let important adults know when they are ready and what they are ready for. So long as the adult is present and available, children will show them what they need in their own time. Another important note on timing is that grief cannot be rushed. As adults who care about the wellbeing of children, and as individuals in a helping profession, we struggle to see children in pain knowing that we could help. We might want to address children’s feelings and experiences in the moment. But grief cannot be rushed. We each have our own journey and a unique path to walk. Each child will set their own timeline, and our role is to listen to them and honor their desires. This also applies to grief interventions. Different children benefit differently from adult support. As they progress through their journeys, it is important to integrate the counselor’s expertise with that of the child’s.

Another form of support that should be capitalized on is grief groups and support groups. Based on children’s experiences, children support each other. They have the ability to validate and normalize each other’s experiences. As I was reminded during an interview, I cannot understand or imagine what the child is going through, because I have not gone through it. Only someone who has experience the death of their parent as a child would be able to understand it.

Groups allow children to receive social support and connect with others who can truly understand their experiences.

Indirect support comes in the form of supporting grieving parents. As mentioned earlier, children rely on their parents to support their grieving process. Surviving parents provide emotional and physical safety, security, and comfort following the death. Attending to the needs of the surviving parent and supporting the adult's grieving process may be an important part of supporting children's grief. This may also include helping parents realize the important role they play in their children's healing journey and allowing them to attend to their own needs in order to be present for their children. Support may also come in the form of family or parent-child interventions.

Teachers and Schools

Children spend the majority of their time at school. Following the death of a parent, children's lives are disrupted in many ways. Often, children need to take time off school. When they return, schools and teachers play an important role in reestablishing routines, consistency, and stability. As with other adults, teachers need to be present, available, and attuned to the children's needs. This may be especially important when addressing the child's absence and return to the classroom. Each child has a unique way of coping with their death and may express unique needs from their teacher and peers. Teachers need to follow the child's lead in how, when, and with who to share the death. Even if we have our own beliefs about the "right" way to address the death, we need to honor the child's request and trust their expertise, trust that they know what they need.

Teachers should continue to follow the bereaved child's lead and honor their choices when it comes to sensitive lessons or specific holidays, like Mother's Day and Father's Day, or

lessons about death. Checking in with children and allowing them to have control over some of these choices can be helpful on their journey.

Peer relationships emerged as an important source of support after the death of a parent. Many of the participants relayed the benefits of having a supportive group of friends to rely on during the grieving process. In addition, children benefited from support groups of peers who had similar experiences. Schools may be the ideal settings for peer and support groups for bereaved children. This may help combat the isolation and loneliness that some of the children expressed. It can also help normalize their experiences.

Limitations and Recommendations for Future Research

There are several limitations of the current study that are important to discuss. The first limitation relates to the recruitment of participants. All the children who participated in this study were enrolled in individual or group counseling services. The services offered by the Center focus primarily on supporting children through loss and grief. Given that all the participants had worked with a counselor, it is likely that the experiences presented are different than those of children who have not received similar support. Parents who enroll their children in these support services are likely aware of the negative impact of parental death on a child. These parents might also be more aware of their own grief and be more open to their children's emotional experiences. This sample represents a subset of children and families who have been open to their own grieving process and have worked towards resilience. The experiences represented in this study may not align with the experiences of other children who lost a parent to death but have not received the necessary support. Future research could explore the experiences of children who have not been enrolled in grief support services to provide insight into different children's experiences.

Another limitation of this study is the data collection strategy. The primary data collection tool was the semi-structured interview. Although other tools, such as emotion cards, drawings, nonverbal language, and acting, were used throughout the interview, children were asked to rely on verbal expression to relay their experiences. The methods through which data is collected can have a significant effect on what data is collected (Weininger, 1979). Often children communicate using play, art, music, and other nonverbal tools. When only listening to the children's words, a lot can be missed. Future research could incorporate social stories, play scenarios, or expressive arts-based activities to elicit rich narratives of children's experiences of death.

Another limitation worth noting is the variability in the time elapsed since the death. For some of the participants the interview was conducted months after a parent's death, while for others the death had occurred several years before the interview. Given this variability, it is difficult to understand what might have contributed to each child's unique experience with grief and how big the role of time was in the healing process. An interesting avenue for future research might include specifically exploring the impact of time on the grieving process.

Lastly, this study focused on children's experiences with parental death. Parents and caregivers were not interviewed. If I had interviewed parents, it might have provided insight into the role that parents play in the healing process. In the current study, children shared what they found helpful on their journey; however, I did not know what parents had done to support their children. Including parents in future studies might help draw conclusions about what children find helpful.

Conclusion

Losing a parent to death in childhood is one of the most difficult experiences. The impacts are well documented (Coyne & Beckman, 2012; Machajewski & Kronk, 2013; Raveis et al., 1999) and often extend into adulthood (Bifulco et al., 1987; Birtchnell, 1978; Ellis et al., 2013; Tremblay & Israel, 1998). After losing a parent, bereaved children have several tasks to accomplish to help adjust to their new reality while remaining on their developmental trajectory. Given the significance of losing a parent to death, developing rich, in-depth narratives of children's lived experiences is important. Learning how children experience death can help better support bereaved children and their families.

This study identified six themes that illustrate children's experiences with parental death. It allowed children's voices to be heard and honored the uniqueness of each journey. In addition to the grief framework, the current study applied attachment and resilience frameworks to the results. Attachment theory provided a contextualized view of the child and their family which helped in understanding the impact of death. Resilience theory provided a tool for understanding how children progress through their journey and what they experience as helpful and healing. This study provides valuable information about how children experience death. It allowed children the opportunity to share about their loved ones and express their journey through grief. The current results offer important insights for future research on effective interventions for bereaved children based on the needs they identified.

Appendix A

Semi-structured Interview

Introduction:

Hi! My name is Nour. It is good to see you again. I am a JMU student, and I am talking to children who had a loved one die as part of my schoolwork. Today, I will be asking you some questions, and it will take around 45 minutes.

I look forward to hearing your stories and memories. We hope to learn more about the experiences of children who lost a parent to death. Sometimes it can be really hard talking about loved ones who died, and it might bring up uncomfortable feelings. If at any point while we are talking, you have questions, concerns, or you want to take a break just let me know.

As I shared in the paper we went over (assent document), I will be recording our interview so I can remember what we talk about. I am going to start the recording now. (Share what will happen with information after the interview and how it will be kept confidential).

Do you have any questions for me before we start?

Beginning questions

1. So, to begin to get to know you I would like to hear who is in your family - have you heard of a family tree? It is a drawing that shows who is in your family. Circles are girls/women and squares show boys/men.
So, let's start with you.
(Complete a family genogram with child – include deceased family members). Get preferred name they called the person
2. One of the reasons you were chosen to participate in this study was because one of your parents died. Tell me which of your parents died?
3. How old were you/ how long ago did your mom/dad die?
4. Who was with you when you learned that your mom/dad had died?

Attachment and Resilience- Based Questions:

1. When you think about your __Name ____ and how you and her/he were together, what 3 words describe your relationship?

Relationship means how you were connected – what words tell about how it was when you were together with _____?

For example, you might say when we were together, I would say it was LOVING, or CARING, or maybe ANGRY or DISAPPOINTING. So, what are your words to describe the connection/relationship?

1 _____ . 2 _____ . 3 _____

So, you said ___1___. Help me understand – tell me a time that shows ___word 1___. Repeat for 2 and 3.

2. Share a special memory about your mom/ dad?
 - a. Tell me about something you did together.
 - b. Tell me about something you wish you could still do with your mom/dad.
3. What has been the hardest thing about losing your mom/ dad?
4. Name 3 feeling words that would help me understand what you were feeling when you learned that your mom/dad had died? (Have feeling wheels and feelings card on hand to help with expression)

_____ . _____

And now when you think about your mom/dad dying, what feelings do you have

(Name at least 3 – same format as above)

If needed, can use more concrete expressions (ex):

Show me what (1st feeling) looks like with your face or body or voice? Show me what (2nd feeling) looks like with your face or body or voice? Show me what (3rd feeling) looks like with your face or body or voice?

5. Think back for a moment and tell me (can create a graphic or visual to show support system)
 - a. Who helped you after your mom/ dad died?
 - i. What things did they do that helped you after your mom/ dad died?
 - b. What helped you after your mom/ dad died?
6. What things (did people do that) did not help after your mom/ dad died?
7. What do you believe you have learned from your mom/ dad dying?
8. What advice do you have for other children/would you say to other children who are experiencing their ___ die?
9. What do you think would be good for
 - a. counselors to know about losing a parent? What could they do that would be helpful?
 - b. teachers to know about losing a parent? What could they do that would be helpful?
10. Tell me something you will always remember about your mom/ dad.
11. You have told me a lot about _____. What else is important for me to know?
12. These are all the questions that I wanted to ask you today. What else do you want to share with me about your experience? What questions do you have for me?

Ending:

We are all done! Thank you so much for participating today and sharing your experience with me. Like we talked about before we started, sometimes talking about a loved one who has died can be hard and it can bring up many difficult memories and feelings. Sometimes these feelings come up while we are talking and other times they come up after we are done. Talking about these feelings with people you trust like you parent or grandparent can help. You can talk about these feelings with your counselor at The Hospice of the Piedmont. Your parent/ guardian (insert name) also has my information, if you want you can contact me to discuss your experience participating today.

Thank you again for your time today!

References

- Ainsworth, M. D. S. (1985). Attachment across the life span. *Bulletin of the New York Academy of Medicine*, 61(9), 792–812.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (2015). *Patterns of attachment: A psychological study of the strange situation*. Routledge.
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Albom, M. (2007). *Tuesdays with Morrie: An old man, a young man, and life's greatest lesson* (20th ed.). Broadway Books.
- American Psychological Association. (2020a). Bereavement. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/bereavement>
- American Psychological Association. (2020b). Grief. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/grief>
- American Psychological Association. (2020c). Mourning. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/mourning>
- Baker, J. E. (2001). Mourning and the transformation of object relationships: Evidence for the persistence of internal attachments. *Psychoanalytic Psychology*, 18(1), 55–73. <https://doi.org/10.1037/0736-9735.18.1.55>
- Becker, G., Xander, C. J., Blum, H. E., Lutterbach, J., Momm, F., Gysels, M., & Higginson, I. J. (2007). Do religious or spiritual beliefs influence bereavement? A systematic review. *Palliative Medicine*, 21(3), 207–217. <https://doi.org/10.1177/0269216307077327>

- Bergman, A. S., Axberg, U., & Hanson, E. (2017). When a parent dies: A systematic review of the effects of support programs for parentally bereaved children and their caregivers. *BMC Palliative Care, 16*(39), 1–15. <https://doi.org/10.1186/s12904-017-0223-y>
- Bifulco, A. T., Brown, G. W., & Harris, T. O. (1987). Childhood loss of parent, lack of adequate parental care and adult depression: A replication. *Journal of Affective Disorders, 12*(2), 115–128. [https://doi.org/10.1016/0165-0327\(87\)90003-6](https://doi.org/10.1016/0165-0327(87)90003-6)
- Birtchnell, J. (1978). Early parent death and the clinical scales of the MMPI. *The British Journal of Psychiatry, 132*(6), 574–579. <https://doi.org/10.1192/bjp.132.6.574>
- Bowlby, J. (1952). Maternal care and mental health. *Bulletin of the World Health Organization*.
- Bowlby, J. (1960a). Grief and mourning in infancy and early childhood. *Psychoanalytic Study of the Child, 15*, 9–52.
- Bowlby, J. (1960b). Separation anxiety. *The International Journal of Psychoanalysis, 41*, 89–113.
- Bowlby, J. (1973). *Attachment and loss, Vol.2: Separation: Anxiety and anger*. Basic Books.
- Bowlby, J. (1977). The making and breaking of affectional bonds: I. aetiology and psychopathology in the light of attachment theory. *British Journal of Psychiatry, 130*(3), 201–210. <https://doi.org/10.1192/bjp.130.3.201>
- Bowlby, J. (1980). *Attachment and loss, Vol. 3: Loss, sadness and depression*. Basic Books.
- Bowlby, J. (1982). *Attachment and loss, Vol. 1: Attachment* (2nd ed). Basic Books. (Original work published 1969).
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

- Boynton, H. M., & Vis, J.-A. (2011). Meaning making, spirituality, and creative expressive therapies: Pathways to processing grief with children. *Counseling and Spirituality, 30*(2), 137–159.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology, 28*(5), 759–775. <https://doi.org/10.1037/0012-1649.28.5.759>
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development: Revised formulations and current issues* (pp. 187–249). Jessica Kingsley Publishers.
- Burns, M., Griese, B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry, 90*(4), 391–405. <https://doi.org/10.1037/ort0000442>
- Busch, T., & Kimble, C. S. (2001). Grieving children: Are we meeting the challenge? *Pediatric Nursing, 27*(4), 414–418.
- Cassidy, J. (2016). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed., pp. 3–24). Guilford Press.
- Cassidy, J., & Shaver, P. R. (Eds.). (2016). *Handbook of attachment: Theory, research, and clinical applications* (3rd ed.). The Guilford Press.
- Christ, G. H. (2000). Impact of development on children's mourning. *Cancer Practice, 8*(2), 72–81. <https://doi.org/10.1046/j.1523-5394.2000.82005.x>
- Clabburn, O., Knighting, K., Jack, B. A., & O'Brien, M. R. (2021). Continuing Bonds With Children and Bereaved Young People: A Narrative Review. *OMEGA - Journal of Death and Dying, 83*(3), 371–389. <https://doi.org/10.1177/0030222819853195>

- Corr, C. A. (2004). Bereavement, grief, and mourning in death-related literature for children. *OMEGA - Journal of Death and Dying, 48*(4), 337–363. <https://doi.org/10.2190/ORUK-J18N-9400-BHAV>
- Coyne, R., & Beckman, T. O. (2012). Loss of a parent by death: Determining student impact. *International Journal of Psychology: A Biopsychosocial Approach, 10*, 109–123.
- Dopp, A. R., & Cain, A. C. (2012). The role of peer relationships in parental bereavement during childhood and adolescence. *Death Studies, 36*(1), 41–60. <https://doi.org/10.1080/07481187.2011.573175>
- Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology & Psychiatry, 41*(7), 819–830. <https://doi.org/10.1111/1469-7610.00670>
- Dowdney, L. (2005). Children bereaved by parent or sibling death. *Psychiatry, 4*(9), 118–122. <https://doi.org/10.1383/psyt.2005.4.9.118>
- Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. In *The SAGE Handbook of Qualitative Research in Psychology*. SAGE Publications Ltd. <https://doi.org/10.4135/9781526405555>
- Echterling, L. G., & Stewart, A. (2014). Resiliency during early childhood. In T. P. Gullotta & M. Bloom (Eds.), *Encyclopedia of Primary Prevention and Health Promotion* (2nd ed., pp. 877–886). Springer US. <https://doi.org/10.1007/978-1-4614-5999-6>
- Eerdewegh, M. M. V., Bieri, M. D., Parrilla, R. H., & Clayton, P. J. (1982). The bereaved child. *The British Journal of Psychiatry, 140*(1), 23–29. <https://doi.org/10.1192/bjp.140.1.23>

- Ellis, J., Dowrick, C., & Lloyd-Williams, M. (2013). The long-term impact of early parental death: Lessons from a narrative study. *Journal of the Royal Society of Medicine*, *106*(2), 57–67. <https://doi.org/10.1177/0141076812472623>
- Epstein, R., Kalus, C., & Berger, M. (2006). The continuing bond of the bereaved towards the deceased and adjustment to loss. *Mortality*, *11*(3), 253–269. <https://doi.org/10.1080/13576270600774935>
- Fearnley, R. (2010). Death of a parent and the children's experience: Don't ignore the elephant in the room. *Journal of Interprofessional Care*, *24*(4), 450–459. <https://doi.org/10.3109/13561820903274871>
- Field, N. P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. *Death Studies*, *29*(4), 277–299. <https://doi.org/10.1080/07481180590923689>
- Flahault, C., Dolbeault, S., Sankey, C., & Fasse, L. (2018). Understanding grief in children who have lost a parent with cancer: How do they give meaning to this experience? Results of an interpretative phenomenological analysis. *Death Studies*, *42*(8), 483–490. <https://doi.org/10.1080/07481187.2017.1383951>
- Glazer, H. R. (1998). Expressions of children's grief: A qualitative study. *International Journal of Play Therapy*, *7*(2), 51–65. <https://doi.org/10.1037/h0089423>
- Gray, R. E. (1987). Adolescent response to the death of a parent. *Journal of Youth and Adolescence*, *16*(6), 511–525. <https://doi.org/10.1007/BF02138818>
- Greeff, A., & Joubert, A.-M. (2007). *Spirituality and resilience in families in which a parent has died*.

- Greeff, A. P., & Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy, 32*(1), 27–42.
<https://doi.org/10.1080/01926180490255765>
- Hadfield, K., & Ungar, M. (2018). Family resilience: Emerging trends in theory and practice. *Journal of Family Social Work, 21*(2), 81–84.
<https://doi.org/10.1080/10522158.2018.1424426>
- Haine, R. A., Wolchik, S. A., Sandler, I. N., Millsap, R. E., & Ayers, T. S. (2006). Positive parenting as a protective resource for parentally bereaved children. *Death Studies, 30*(1), 1–28. <https://doi.org/10.1080/07481180500348639>
- Harcourt, D., & Einarsdottir, J. (2011). Introducing children’s perspectives and participation in research. *European Early Childhood Education Research Journal, 19*(3), 301–307.
<https://doi.org/10.1080/1350293X.2011.597962>
- Härkönen, U. (2007). The Bronfenbrenner ecological systems theory of human development. *Scientific Articles of V International Conference, 1–19*.
- Harris, E. S. (1991). Adolescent bereavement following the death of a parent: An exploratory study. *Child Psychiatry and Human Development, 21*(4), 267–281.
<https://doi.org/10.1007/BF00705931>
- Harvey, J. H., & Chavis, A. Z. (2006). Stilled but unquiet voices: The loss of a parent. *Journal of Loss and Trauma, 11*(2), 181–199. <https://doi.org/10.1080/15325020500358290>
- Heath, M. A., Leavy, D., Hansen, K., Ryan, K., Lawrence, L., & Gerritsen Sonntag, A. (2008). Coping with grief: Guidelines and resources for assisting children. *Intervention in School and Clinic, 43*(5), 259–269. <https://doi.org/10.1177/1053451208314493>

- Holmgren, H. (2022). Navigating the gap: Children's experiences of home and school life following maternal death. *Journal of Family Issues*, *43*(5), 1139–1161.
<https://doi.org/10.1177/0192513X211022384>
- Hope, R. M., & Hodge, D. M. (2006). Factors affecting children's adjustment to the death of a parent: The social work professional's viewpoint. *Child and Adolescent Social Work Journal*, *23*(1), 107–126. <https://doi.org/10.1007/s10560-006-0045-x>
- Hunter, S. B., & Smith, D. E. (2008). Predictors of children's understandings of death: Age, cognitive ability, death experience and maternal communicative competence. *OMEGA - Journal of Death and Dying*, *57*(2), 143–162. <https://doi.org/10.2190/OM.57.2.b>
- Kagawa-Singer, M. (1998). The cultural context of death rituals and mourning practices. *Oncology Nursing Forum*, *25*(10), 1752–1756.
- Karydi, E. (2018). Childhood bereavement: The role of the surviving parent and the continuing bond with the deceased. *Death Studies*, *42*(7), 415–425.
<https://doi.org/10.1080/07481187.2017.1363829>
- Koblenz, J. (2016). Growing from grief: Qualitative experiences of parental loss. *OMEGA - Journal of Death and Dying*, *73*(3), 203–230. <https://doi.org/10.1177/0030222815576123>
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding meaning of grief through the five stages of loss*. Scribner.
- Kwok, O., Haine, R. A., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Tein, J.-Y. (2005). Positive parenting as a mediator of the relations between parental psychological distress and mental health problems of parentally bereaved children. *Journal of Clinical Child & Adolescent Psychology*, *34*(2), 260–271. https://doi.org/10.1207/s15374424jccp3402_5

- Lawrence, E., Jeglic, E. L., Matthews, L. T., & Pepper, C. M. (2006). Gender differences in grief reactions following the death of a parent. *OMEGA - Journal of Death and Dying*, 52(4), 323–337. <https://doi.org/10.2190/55WN-1VUF-TQ3W-GD53>
- Lewis, A., & Lindsay, G. (Eds.). (2000). *Researching children's perspectives*. McGraw-Hill Education.
- Lohnes, K. L., & Kalter, N. (1994). Preventive intervention groups for parentally bereaved children. *American Journal of Orthopsychiatry*, 64(4), 594–603. <https://doi.org/10.1037/h0079570>
- Lyles, M. M. (2004). *Navigating children's grief: How to help following a death*. www.childgrief.org
- Machajewski, V., & Kronk, R. (2013). Childhood grief related to the death of a sibling. *The Journal for Nurse Practitioners*, 9(7), 443–448. <http://dx.doi.org/10.1016/j.nurpra.2013.03.020>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037//0003-066X.56.3.227>
- Masten, A. S., & Reed, M.-G. J. (2002). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74–88). Oxford University Press.
- Melear, J. D. (1973). Children's conceptions of death. *The Journal of Genetic Psychology*, 123(2), 359–360. <https://doi.org/10.1080/00221325.1973.10532695>
- Melhem, N. M., Porta, G., Shamseddeen, W., Walker Payne, M., & Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death. *Arch Gen Psychiatry*, 68(9), 911–919. <https://doi.org/doi:10.1001/archgenpsychiatry.2011.101>

- Menendez, D., Hernandez, I. G., & Rosengren, K. S. (2020). Children's emerging understanding of death. *Child Development Perspectives, 14*(1), 55–60.
<https://doi.org/10.1111/cdep.12357>
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey Bass.
- Miller, R. M., & Barrio Minton, C. A. (2016). Interpretative Phenomenological Analysis: A contemporary phenomenological approach.pdf. *Journal of Mental Health Counseling, 38*(1), 47–61. <https://doi.org/10.17744/mehc.38.1.04>
- Muriel, A. C., Moore, C. W., Beiser, M., Park, E. R., Lim, C. T., & Rauch, P. (2020). What do surviving children wish for from a dying parent? A qualitative exploration. *Death Studies, 44*(5), 319–327. <https://doi.org/10.1080/07481187.2018.1554608>
- Neimeyer, R. A., Prigerson, H. G., & Davies, B. (2002). Mourning and Meaning. *American Behavioral Scientist, 46*(2), 235–251. <https://doi.org/10.1177/000276402236676>
- Noppe, I. C., & Noppe, L. D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling, 26*(2), 146–167.
<https://doi.org/10.17744/mehc.26.2.py2tk0kmay1ukc3v>
- Norris-Shortle, C., Young, P. A., & Williams, M. A. (1993). Understanding death and grief for children three and younger. *Social Work, 38*(6), 736–742.
<https://doi.org/10.1093/sw/38.6.736>
- Pacaol, N. F. (2021). Acceptance, endurance, and meaninglessness: A qualitative case study on the mourning tasks of parental death from childhood experience to adolescence. *OMEGA - Journal of Death and Dying, 003022282110244*.
<https://doi.org/10.1177/00302228211024465>

- Pfeffer, C. R., Karus, D., Siegel, K., & Jiang, H. (2000). Child survivors of parental death from cancer or suicide: Depressive and behavioral outcomes. *Psycho-Oncology*, *9*, 1–10.
[https://doi.org/10.1002/\(SICI\)1099-1611\(200001/02\)9:13.3.CO;2-X](https://doi.org/10.1002/(SICI)1099-1611(200001/02)9:13.3.CO;2-X)
- Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, *18*(2), 361–369.
<https://doi.org/10.14691/CP PJ.20.1.7>
- Rando, T. A. (1985). Creating therapeutic rituals in the psychotherapy of the bereaved. *Psychotherapy: Theory, Research, Practice, Training*, *22*(2), 236–240.
<https://doi.org/10.1037/h0085500>
- Raveis, V. H., Siegel, K., & Karus, D. (1999). Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence*, *28*(2), 165–180.
<https://doi.org/10.1023/A:1021697230387>
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, *18*(1).
- Reilly, T. P., Hasazi, J. E., & Bond, L. A. (1983). Children's conceptions of death and personal mortality. *Journal of Pediatric Psychology*, *8*(1), 21–31.
<https://doi.org/10.1093/jpepsy/8.1.21>
- Saldaña, J. (2018). Researcher, Analyze Thyself. *International Journal of Qualitative Methods*, *17*(1), 160940691880171. <https://doi.org/10.1177/1609406918801717>
- Saldinger, A., Porterfield, K., & Cain, A. C. (2004). Meeting the needs of parentally bereaved children: A framework for child-centered parenting. *Psychiatry: Interpersonal and Biological Processes*, *67*(4), 331–352. <https://doi.org/10.1521/psyc.67.4.331.56562>

- Sapienza, J. K., & Masten, A. S. (2011). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry*, 24(4), 267–273.
<https://doi.org/10.1097/YCO.0b013e32834776a8>
- Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis*, 22(1), 16–31.
- Siegel, K., Karus, D., & Raveis, V. H. (1996). Adjustment of children facing the death of a parent due to cancer. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(4), 442–450. <https://doi.org/10.1097/00004583-199604000-00010>
- Silverman, P. R., & Worden, J. W. (1992). Children's reaction in the early months after the death of a parent. *American Journal of Orthopsychiatry*, 62(1), 93–104.
<https://doi.org/10.1037/h0079304>
- Silverman, S. M., & Silverman, P. R. (1979). Parent-child communication in widowed families. *American Journal of Psychotherapy*, 33(3), 428–441.
<https://doi.org/10.1176/appi.psychotherapy.1979.33.3.428>
- Simpson, J. A., Rholes, W. S., Eller, J., & Paetzold, R. L. (2022). Major Principles of Attachment Theory. In P. A. M. Van Lange, E. T. Higgins, & A. W. Kruglanski (Eds.), *Social Psychology: Handbook of Basic Principle* (3rd ed.). Guilford Press.
- Slaughter, V. (2005). Young children's understanding of death. *Australian Psychologist*, 40(3), 179–186. <https://doi.org/10.1080/00050060500243426>
- Smith, I. (1991). Preschool children “play” out their grief. *Death Studies*, 15(2), 169–176.
<https://doi.org/10.1080/07481189108252421>

- Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology, 12*(3), 303–304.
<https://doi.org/10.1080/17439760.2016.1262622>
- Smith, J. A., & Nizza, I. E. (2021). *Essentials of interpretative phenomenological analysis*. American Psychological Association.
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In G. M. Breakwell, *Doing social psychology research* (2nd ed., pp. 229–254). British Psychological Society; Blackwell Publishing.
- Speece, M. W., & Brent, S. B. (1984). Children's understanding of death: A review of three components of a death concept. *Child Development, 55*(5), 1671–1686. JSTOR.
<https://doi.org/10.2307/1129915>
- Stenfors, T., Kajamaa, A., & Bennett, D. (2020). How to ... assess the quality of qualitative research. *The Clinical Teacher, 17*(6), 596–599. <https://doi.org/10.1111/tct.13242>
- Stroebe, M. S. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality, 7*(2), 127–138.
<https://doi.org/10.1080/13576270220136267>
- Stroebe, M. S., Schut, H., & Stroebe, W. (2005). Attachment in coping with bereavement: A theoretical integration. *Review of General Psychology, 9*(1), 48–66.
<https://doi.org/10.1037/1089-2680.9.1.48>
- Thompson, M. P., Kaslow, N. J., Kigree, J. B., King, M., Bryant, Jr., L., & Rey, M. (1998). Psychological symptomatology following parental death in a predominantly minority sample of children and adolescents. *Journal of Clinical Child Psychology, 27*(4), 434–441. https://doi.org/10.1207/s15374424jccp2704_7

- Torbic, H. (2011). Children and grief: But what about the children? *Hospice & Palliative Care*, 29(2), 67–77.
- Traylor, E. S., Hayslip, B., Kaminski, P. L., & York, C. (2003). Relationships between grief and family system characteristics: A cross lagged longitudinal analysis. *Death Studies*, 27(7), 575–601. <https://doi.org/10.1080/07481180302897>
- Tremblay, G. C., & Israel, A. C. (1998). Children's adjustment to parental death. *Clinical Psychology: Science and Practice*, 5(4), 424–438. <https://doi.org/10.1111/j.1468-2850.1998.tb00165.x>
- Ungar, M. (2005). A thicker description of resilience. *International Journal of Narrative Therapy & Community Work*, 2005(3/4), 89–96.
- Ungar, M. (2008). Putting resilience theory into action: Five principles for intervention. In L. Liebenberg & M. Ungar (Eds.), *Resilience in action* (pp. 17–38). University of Toronto Press.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
- Ungar, M. (Ed.). (2012). *The social ecology of resilience: A handbook of theory and practice*. Springer New York. <https://doi.org/10.1007/978-1-4614-0586-3>
- Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry*, 54(4), 348–366. <https://doi.org/10.1111/jcpp.12025>

- Waters, E., Bretherton, I., & Vaughn, B. E. (2015). Preface (2015). In M. D. S. Ainsworth, M. C. Blehar, E. Waters, & S. N. Wall, *Patterns of attachment: A psychological study of the strange situation*. Routledge.
- Wayment, H. A., & Vierthaler, J. (2002). Attachment style and bereavement reactions. *Journal of Loss and Trauma*, 7(2), 129–149. <https://doi.org/10.1080/153250202753472291>
- Weininger, O. (1979). Young children's concepts of dying and dead. *Psychological Reports*, 44(2), 395–407. <https://doi.org/10.2466/pr0.1979.44.2.395>
- White, E., Elsom, B., & Prawat, R. (1978). Children's conceptions of death. *Child Development*, 49(2), 307–310. JSTOR. <https://doi.org/10.2307/1128691>
- Willis, C. A. (2002). The grieving process in children: Strategies for understanding, educating, and reconciling children's perceptions of death. *Early Childhood Education Journal*, 29(4), 221–226. <https://doi.org/10.1023/A:1015125422643>
- Wolchik, S. A., Ma, Y., Tein, J.-Y., Sandler, I. N., & Ayers, T. S. (2008). Parentally bereaved children's grief: Self-system beliefs as mediators of the relations between grief and stressors and caregiver–child relationship quality. *Death Studies*, 32(7), 597–620. <https://doi.org/10.1080/07481180802215551>
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing Company.
- Worden, J. W., & Winokuer, H. R. (2021). A task-based approach for counseling the bereaved. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton, *Grief and bereavement in contemporary society* (1st ed., pp. 57–67). Routledge. <https://doi.org/10.4324/9781003199762-7>

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health, 15*(2), 215–228. <https://doi.org/10.1080/08870440008400302>

Zaslow, J. (2010, June 2). *Families with a missing piece a new look at how a parent's early death can reverberate decades later*. The Wall Street Journal.
<https://www.wsj.com/articles/SB10001424052748704875604575280400596257236>