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A Phenomenological Exploration of the Loss of a Parent in Childhood

Abstract

We investigated how the death of a parent, in childhood, represents a profound psychological insult. Although a number of studies have examined rates of depression and anxiety in bereaved children, less attention has been given to understanding predictors of children's adjustment to the loss. Data collection involved a one-time semi-structured interview. Data are presented from 4 participants in which a parent had died. The participants were split into two groups those whose parent had died when they were under 7 and those over 7, the interviews being conducted by one of the researchers. Using multiple regression questions, potential predictors of children's psychosocial adjustment to parental death are examined and their relative importance is discussed. Among the predictors considered were child's age, child's gender, deceased parent's gender, time since death, length of illness, presence of siblings, sense of responsibility and parental communication patterns. The child's perception of the surviving parent's level of openness in parental communication was found to be significantly correlated with lower levels of depressive symptoms and state anxiety in bereaved children. The single man reported lower levels of depressive symptoms than did the women, and the participants reported lower levels of state anxiety as the years had passed.

Introduction

The 4 researchers are integrative therapists. We wished to explore parental death, rather than parental loss, because:

- All participants had experience in the death of at least one of their parents in the early stages of their lives. Parental death is supposed to be exogenous. We wished to further our understanding of clients and to

increase our own understanding of our processes and agency.

- We were fascinated by the relationship between loss and adult psychopathology, which varies as a function of the kind of loss (death vs. separation), the parent involved, and the form of psychopathology.
- Integral to this is that there is an increased risk for major depression and generalized anxiety disorder associated with parental separation but not parental death and with separation from either mother or father (Kinard, 2002); here a healthy bereavement process can assist.
- There is an increased risk for phobia and fantasy, associated more with parental death, rather than parental separation.

Working collaboratively it enabled the group to approach the research with the fullness and depth it deserved, along with opening the mind to other people's processes. We also welcomed the opportunity to work as a unity with the richness and challenge that would bring (Reason, 1994). By choosing a research project that was 'close to our heart and emotionally challenging', and addressing the myriad of literature available we hoped that by "...heightening awareness and creating dialogue research can lead to better understanding and through that insight lead to improvements in practice" (Barrit, 1986).

Literature

In his 1917 paper, 'Mourning and Melancholia', Freud pointed out that there is a distinct psychological process normally exhibited by individuals who experience the loss by death of an emotionally important person; while such a process also occurs under related conditions of object loss, such as the loss of an emotionally meaningful symbol, the process is most typically associated with the death of close relatives and friends and tends to be most completely manifested under such circumstances. 'Mourning', Freud wrote,

'is regularly the reaction to the loss of a loved person ... although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful' (Freud, 1917, cited in Menes, 1971, original italics).

It was Freud's view that the emotionally powerful process of mourning served a most important function for the bereaved individual.

Responsibility, specifically when adults hand this over as a deliberate policy, can be a kind of 'letting your children down' at a critical moment. Winnicott, 1971, states, "A child of any age (say six years) may suddenly need to become responsible, perhaps because of the death of a parent or because of the break up of a family. Such a child may be prematurely old and must lose spontaneity and play and carefree, creative impulse," (p.146). This responsibility continues through a child's life and, "only with the passage of time and experience of living can a boy or girl gradually accept responsibility for all that is happening in the world of personal fantasy" (Winnicott, 1971, p.148).

The loss of a parent by death while the child is still in the process of growing up presents an extreme emotional exigency. Studies suggest that the child is developmentally unprepared for Freud's 'work of mourning', where there is the gradual, painful de-cathexis of the image of the lost object. Wolfenstein in 1966, puts forward the hypothesis that mourning becomes possible only after adolescence, which serves as a trial mourning, an initiation into the way of de-cathecting a major love object. Research by Kuntz, 1991, identified variables and themes that appeared to have possible significance for how adolescents coped. Children who have lost a parent at an earlier age tend to retain their intense cathexis of the image of the parent. They acknowledge superficially the fact of the parent's death, maintaining a dual and contradictory attitude toward a major reality of their lives. There is a splitting of the ego insofar as the two opposing views of the lost parent are not mutually confronted. Not only is a child unprepared for 'mourning', but the way in which they are informed can be profound. Marshall's 1993 research maintains that support is an imperative need, noting that even an adult child losing parents can experience a loss of their own identity (some loss of self) and abandonment. She finds that the younger a child is the "harder" the death hits them and their sense of where they fit in the world can be more profound, "It is ... unrealistic to make the normal demands on someone who is stunned and isolated by the impact of death" (Marshall, 1993, p. 38).

Further research has focussed on the psychological impact of bereavement on young children and how they seek to understand this (Furman, 1974). This research also offers concrete suggestions for helping children cope with their loss and apparent defences.

Contemporary views of defence have taken into account the developmental history and hierarchy

of defences; the role of defence in normal as well as pathological development; the influence of defence on other ego functions, and vice versa; change in the means and functions of defence; the relation of defensive style to character and identification; and the complexity of the defence organization in inhibition, gratification, adaptation, etc. Judith Herman, suggests that a traumatized child trapped in an abusive environment, "is faced with formidable tasks of adaptation," (Herman, 1992, cited in *The British Journal of Psychotherapy Integration*, p. ??). Anna Freud (1936) gave us the most specific, elaborate studies of defence with implications for a broad range of considerations that transcended the role of defence in psychological disturbance. Defence was related not only to ego constriction but to ego development, to coordination with, and to adaptation to the social environment and the object world. There is always a price paid for socialization and acculturation in terms of restriction and inhibition, proclivity to neurosis and guilt. But defence also has an essential protective function related to adaptation and survival, stressed in the antecedent formulation of ego instincts.

In 1996, Klass et al, conducted a further child bereavement study following on from Silverman et al's 1992 study, finding that, contrary to popular belief, children understood the finality of death. The research also showed that children's waking memories were quite literal, that adult support was integral to the mourning process and the importance of a child acquiring objects linked to the dead parent. They found it was necessary for children to construct their own inner representations of the dead parent and not to be dismissed as a process of denial. Kubler-Ross 1995 finds that children pre nine use fantasy, whereas post nine the child knows that death is a permanent biological process.

A review of the literature also indicates some evidence for an association between the early death of the parent and severe forms of depression in adulthood, Finkelstein, 1988, and Birtchnell, 1969, 1970. The relationship of early parent death with later alcoholism, other forms of depression, and milder effects within the general population also is suggested

Research Method

The phenomenological approach to our research was adopted and thought most appropriate by our collaborative research group as a way of connecting with the trauma and impact of parental loss by honouring and emphasising the subjective nature of human experience in a meaningful way. Yontef (1993) suggests that phenomenology is a search for understanding based on what is

obvious or revealed by the situation. This advocates inquiry into the lived experience with greater understanding and heightened awareness, which are concepts within both Gestalt and Integrative Psychotherapy.

Phenomenology is compatible with existentialism and field theory and according to Lewin (1952) is a way of looking at the "total situation". McLeod supports this aim suggesting, "phenomenological investigation is to illuminate the totality of how some event or human action can be perceived and described." (McLeod 1997: 90).

These considerations were fundamental when choosing our approach to this research. It was our hope to gain valuable insight of human experience as a source of knowledge using personal experience to inform our study.

Our chosen method of research is Qualitative, a postmodern paradigm and a naturalistic methodology where individualism and uniqueness are honoured within their relevant context (Wilkinson 1996:2). This methodology is sensitive and compatible with phenomenological exploration and most suitable for this particular research. We envisaged this would encourage contact at a deeper level recognising the personal emotional experience associated with parental loss and how individuals make sense of their world.

All four researchers support Barber who believes "that the researchers become not so much observers, as human data themselves on a journey of discovery" (Barber 2002: 78). We share the expectation of using self-reflection to contribute to this study. We hoped to observe, facilitate and participate with individual subjective experience with empathic understanding and respect, both of which are philosophies of integrative psychotherapy. Miles & Huberman (1994:10) suggest that qualitative data has "richness and holism". Our intention was to fully appreciate and recognise the whole life situation of the participants involved in this investigation.

Some regard this method having the drawback of producing large volumes of data from transcripts for analysis. We realised that keeping our data both manageable and meaningful was extremely important and considered this lengthy process worthwhile.

Data Collection

Our research team share a personal interest in exploring parental loss. Initially, we met to discuss our experiences and reflected on our individual opinions, feelings and perspectives. As we did, themes started to emerge based on our own personal experience of parental loss.

At our second meeting we formulated interview questions based on our previous discussion. Collaboratively, agreement was reached to conduct a semi-structured interview.

Denscombe (2003) describes semi-structured interviews as a flexible research technique, which enables the participant to expand upon their views, clarify meanings and discuss the topic openly. Furthermore, this enabled the researcher to maintain a focus on the issues that require addressing. Kane and O'Reilly-De Brun suggest: "You have an agenda that you use as a reminder to ensure that you eventually cover the basic points, but your questions are tailored to the individual or category of person and to the circumstances". (Kane and O'Reilly-De Brun, 2001: 204).

Reflecting on our previous research meeting and considering further emerging themes we identified and compiled a total of six significant open-ended questions. These questions could be used to sensitively inquire about individual emotional experience attached to parental loss to inform our research. Silverman (1993) supports open-ended questions as "an authentic understanding of people's experiences".

We decided to form 2 groups as shown below consisting of 1 facilitator and 2 participants in each group. Participants were selected to represent parental loss at different ages and within each group 1 participant was a researcher willing to share their experience of loss.

Group 1	Group 2
Parental loss 7 years and under	Parental loss 7 years and over
Researcher 1 (female)	Researcher 2 (male)
Experience of parental loss:	Experience of parental loss:
Participant 1 female (mother 2½ yrs)	Participant 3 female (mother 17 yrs)
Participant 2 female (father 6½ yrs and mother 6 mths)	Participant 4 male (mother 14 yrs)

Facilitating the interviews empathically and remaining sensitive to the potential for overwhelming emotions, when participants shared their story, was our prime consideration. Arrangements were made for these interviews to take place in separate rooms at the same time. These rooms were safe and comfortable in a familiar supportive environment. Each interview was recorded and lasted for approximately one hour.

One researcher transcribed the interviews and copies were given to researchers. Researchers individually analysed these transcripts to identify themes and meanings, extract significant statements and to eliminate any unnecessary repetition. Each researcher summarised their findings and a further research group discussion was arranged to share these findings as part of our cumulative data.

The researchers considered the most appropriate way to draw together the findings and finalise the discussion. We agreed a further meeting facilitated by an outside observer, and recorded would offer the greatest opportunity to reflect and share the personal impact of this study.

Ethical Considerations

Throughout our study consideration was given to the safety and support of everyone involved in this study due to the sensitive nature of our research topic. The researchers were aware of the potential impact on participants that connecting with painful memories from childhood and thoughts and images might bring. We ensured that de-briefing sessions took place and appropriate support offered to everyone involved following these interviews.

Consent was obtained in writing and participants were fully informed of the research and possibility of publication. Assurances were given to safeguard anonymity and confidentiality.

Data Collection and Analysis

Data was transcribed after collection from two focus groups, which were for loss in pre seven year olds and loss in over seven year olds. All four researchers received a copy of the transcript to identify themes. We then had a second discussion group to examine what common themes had emerged. We looked at whether these linked with the initial six questions that the focus groups had been based around, whether completely different themes had emerged, or whether there was a mixture of themes.

The initial six questions were put together to explore both phenomenological and heuristic responses of the participants', and were based on how and when they were informed of the loss. How the way this information was given to the participant had impacted on them, and how others reacted to them at the time. What affect this has continued to have on them through their lives. What, if any, dreams or fantasies the participants had had over the years since the parental loss. What were their feelings of responsibility? The participant's last memory of their parent, whether negative or positive. What was the participants'

experience of anger, and how they managed this. Finally, the participants were asked if there were any other themes they would like to add that was important to them. The initial six themes actually resulted in the emergence of an additional thirty related common themes.

In relation to our initial question it emerged that all the participants were not told of their parent's imminent death, only that the parent had died, this did not seem to be related to age, as the age of parental loss ranged from 2 1/2 to 17. Again the common theme of response to being told, in both age ranges was to initially withdraw, and be alone. It also emerged in both age groups, that the participants had generally been kept apart from the parent, and not informed of the imminent loss prior to their death. This led to additional themes emerging within both groups, of isolation with a lack of understanding and support from those around them, a loss of belonging and of self, leading to feeling a lack of control over what was happening around them. This commonly involved retroreflection and internalisation of feelings of guilt and anger. Within the younger age group, after the loss, people outside their previous family unit cared for them, although still within their wider family unit. This compounded their feelings of being helpless and not belonging, and also led to becoming an adapted child, being who they felt they should be in the new environment.

Following the initial impact of being informed of the parental loss, we found a very strong common theme amongst all participants of both focus groups, which had a continuing impact on all participants, of not being allowed to openly grieve for the lost parent. This commonly manifested itself in the remaining parent or other carers. Initially, in the younger age group keeping the child away from the dead parent, as described by a Participant, "I remember wanting to go and look, and not being allowed to do that... that's what I really wanted to do.", although in both age groups the death was not freely talked about, "... it's like we couldn't say how we felt.". Again this has had a continuing impact on all participants, leading them to feel they must take a degree of blame for the parent's death. In effect a common theme with all participants was that they were not allowed to openly go through the natural grieving process, but had to internalise this, and only process their grief alone.

These feelings also integrate with the participants' feelings of responsibility, which appear to have been very strong throughout their lives, encompassing all areas. "I actually take responsibility from other people without even knowing I'm doing it". "I felt that I took on the responsibility of caring for my family". These feelings of responsibility interlink with the common

themes of self-blame and guilt that emerged in both focus groups.

An interesting theme emerged from the question relating to dreams, in that a common theme in the dreams involved the lost parent and water. The dreams were also recurring over a long period of the participants' lives, "... at the bottom there's a lake .. I'm looking, through this water it's very, very clear water...". Another underlying theme relating to dreams was, an idealisation of the parent and the relationship between the participant and the parent. This theme may be related to the loss of attachment with the lost parent.

The question relating to anger produced many themes, some of which had already emerged from other questions, for example responsibility. The feelings of having to take responsibility also invoked anger at having to do this. Again a common theme was the retroreflection and internalisation of anger, due to carer's and family around the participants' not welcoming displays of anger. This has led many of the participants' to avoid and retroreflect anger throughout their lives. The anger appeared to be directed both to the lost parent, for leaving the participants', and also to the remaining parent or carers, for not involving the participant prior to the loss. "... I feel really angry with my father for not letting me be there..".

Conflicting themes emerged relating to last memories of the dead parent. Whilst all participants had, particularly in the under seven group, idealised memories, there were also memories of abandonment and rejection. This was particularly evident in the description of a visit to the hospital to see her father "the nuns from school taking me to the hospital to see him and when he saw me the look on his face I knew he didn't want me there and my interpretation at that age is that I felt rejected.". Where the participant was too young to have conscious memories, an imagined picture appeared to have been formed from information that has been imparted to the participant over the years, and also from their own research and life experiences. This theme is also relevant to positive memories, although in the older age group, whilst the positive memory may have become idealised, it is also a very conscious memory, "... she was just always always there, always very gentle and kind and loving."

A continuing theme that emerged through the interviews, related to somatic responses, where participants have repeatedly suffered illness at significant times. For example, Participant 2, whose father died just before Christmas, always feels very low and run down at this period each year. Periods of depression were also described as a common theme, although others did often not acknowledge this.

Significantly, a new and interesting common theme emerged, that we had not considered during our initial focus group discussions. All participants had lived with a fear that they would die either at the same age as their parent, or when their children were at the same age as they had been when they suffered their loss.

Table of Themes

Six Questions Covered Initial Themes

1. Being Informed
2. Impact
3. Dreams
4. Responsibility
5. Anger
6. Memory

Themes That Also Emerged Subsequently

1. Helplessness & Isolation
2. Control/Choice
3. Lack of support or understanding
4. Guilt
5. Fear & Anxiety
6. Trust
7. Internalisation & Retroreflection
8. Repression & Adaptation
9. Dissociation/detachment
10. Idealisation & Fantasy
11. Loss of Identity/Self
12. Fear of History Repeating Itself

All four participants experienced profound and lasting effects resulting from the loss of a parent in childhood and shared common themes regardless of age. So many themes emerged after the interviews that it would be impossible to discuss each one individually. An effective way of organising the discussion is to focus on each of the six themes we began with incorporating those arising subsequently, and comparing this with the literature. Interestingly, what appears to be a new

and significant theme (fear of history repeating itself) emerged at the end of each interview.

1. How the participants were informed of the death.

The participants who were under seven when a parent died had difficulty remembering this and their responses seem as though even this question was confusing. This supports the literature, Abrams 1999, Kubler-Ross 1995, that the younger the child, the more confusing the experience of hearing news that a parent has died, and that their capacity to verbally express emotion has not yet developed. The participants who were teenagers were able to remember who informed them, how they felt, where they were and what they did. Interestingly, all four participants had parents who died as a result of a terminal illness but none had been informed. None reported being held or anybody enquiring as to how they were. Participant 3 said, "... my dad came in and just said mum's died and that's as much as I can remember."

Participant 4, said her aunt informed her saying, "Oh your mother's died'...".

Fiona Marshall in her book "Losing a Parent" 1993 emphasises how much support is needed and concludes,

"The way in which the news of...death is broken...can have far reaching repercussions. It touches on the core of the parent/child relationship..."(pg5)

The data emerging from this research clearly supports this.

2. How the participants were impacted.

Again the two participants who were younger when they experienced the death seemed to struggle to coherently and concisely answer this question. Also, these two participants went to live with other family members and spoke of how this impacted them. Those who were teenagers, at the time, remained with the surviving parent and could articulate how they were impacted more coherently.

Participant 2 felt resented by her new family whereas Participant 4 felt resentful towards her family.

All four participants experienced feeling responsible, blaming themselves and inevitably feeling guilty as a result. What emerged was that subsequent relationships with others have been impacted considerably.

"...getting close to people has been really difficult because getting close to someone you love and care for you, you lose them anyway."

Also, consistent for all four participants was a sense of isolation and loneliness, that their loss was unimportant and unsupported. Rebecca Abrams in "When Parents Die" 1999 discusses the impact of isolation and relationships further stating that losing a parent whilst still young makes you different. She argues that it makes you different from friends who still believe in immortality. They cannot understand and support you and because you are not part of the adult world, you are isolated there too. In support she quotes Rosenman et al 1994 who's study of 225 bereaved children found nearly all felt emotionally alone after a parent's death.

Abrams 1999 notes that bereaved children experience a "double mourning" because they experience a loss of their childhood. Our findings support this with all four participants reporting feeling responsible for others and an expectation of them to behave like adults. In the words of participant 2 "Almost like, you know, six years old, but it's like you're an adult. It was like I was just killed and, ...I've had to be an adult from then..."

In this study none of the participants were supported and understood by their surviving families. "...it was just a shock, it's like I didn't know what to do or think. There were no adults there to explain things."

In the previously quoted literature, it is reported that some of these children had a supportive surviving parent who actively encouraged talking about the dead parent, engaging in mourning rituals, such as going to mass to celebrate the memory of the dead parent and providing the children with objects that had belonged to the dead parent. The literature supports the hypothesis that,

"Family grieving which is shared more openly and honestly with children could be a preparation for later life." (Carpenter 1994 pg80)

This is further argued by Skolnick 1992 who found that those supported in a warm and empathic environment were less likely to be at risk of depression and more likely to develop as autonomous adults.

One of the limitations of this study is that none of the participants were from families who openly shared their grieving so no comparison can be made.

3 Dreams.

"Dreams allow you to continue in your imagination the relationship that death had brought prematurely to an end." (Abrams 1999 pg11)

Dreams are considered to be a natural part of the healing process. Silverman et al 1992 found that those who dreamt of their parent four months after their death were finding life much easier to cope with two years on. This study neither supports nor conflicts with this. None of the participants could remember their dreams near the time of the deaths and participant 1 did not report memories of any dreams. Participants 2 and 3 both had recurring dreams involving water where the dead parent was quite literally "out of reach".

The difference in findings could be accounted for by many variables including the age difference at the time of interview. Here, all participants are adults compared to Silverman et al 1992 who interviewed children.

This links with the discussion in section two regarding how these four participants were informed about their parents' deaths. None could be described as having families, or a surviving parent who were able to understand their loss and provide an environment in which they could mourn.

In support of dreams being naturally healing, participant 4 did remember dreaming in adulthood and interpreted his dream as a way of saying "goodbye".

"...I just remember in the dream I'm thinking 'you're not alive you're dead, and how come I can be talking to you?...it's strange...I've never dreamt about them since then. ... like I've exorcised the ghost...I've actually said goodbye and they've actually gone."

Participant 2 redeems herself in fantasy that her dead parent is still alive and will come back and "rescue" her one-day. The fantasy presented an idealised image of the dead parent "like a 007 character". Klass, Silverman and Nickman 1996 found that children construct an internal representation of their dead parent, which is a necessary process for them to maintain contact with them.

In "Continuing Bonds" 1996 (edited by Klass) the collection of research presented acknowledges there are certain processes it is necessary to go through. However, findings indicate the death of a parent (or any loved one) is never worked through completely. Those left will always carry the dead person with them to a greater or lesser extent. With this acknowledgement, the easier it becomes to find a way of living with this and the less it

impacts on subsequent relationships. These studies, which find mourning is not time limited, such as Buchsbaum 1987, reject suggestions by others such as Pollock 1978 that mourning passes in childhood.

All four participants had fantasies of an idealised parent that they appeared to have internalised.

" I think I've always wanted to be that perfect mum..."

"...my mother...always there, always very gentle and kind and loving...always protective of me...always approved of...always encouraging me..."

4 Responsibility.

Responsibility was also a major common theme identified in the literature examining death of a parent and has been briefly discussed in 2 above. All four participants felt responsible, to varying degrees, for their parent's death. What was really significant is that they all believed that they had been "bad" in some way, "...I wasn't a good enough boy...if I'd been better, was better behaved..."

Had the participants had the support they so desperately needed, it could be assumed they would have been able to voice their fears knowing their needs for soothing and reassurance would be met. It is frequently common for adults to wonder if they could have done more to prevent a death and feel responsible and guilty. It has been a misconception for too long that children are not seriously impacted by death or that they "get over it quickly" because they are so resilient. Klass, Silverman & Nickman 1996, Murray Parkes cited in Abrams 1992 and Kubler-Ross 1995 all refute the idea that mourning is "time limited".

The under sevens described "overwhelming" feelings of responsibility for everyone else also. Both said this was an area that they worked on in their own therapy and struggled with now as adults and felt guilty when they were not prepared to take responsibility even when this was appropriate. Again, this supports the literature that this is a lifelong, evolving process involving accommodation over years Silverman and Nickman 1996.

The teenagers were very different in their responses to feeling responsible for others and it could be argued this might have been due to gender. In the literature search, nothing has been found to support this, but as the literature search could not be exhaustive it does not follow that it does not exist.

Participant 4, who was male, does not describe any feelings of responsibility for others, whilst Participant 3, who was female, states "...I took on the responsibility of caring for my family, ... my dad expected me to jump into the role of looking after the family...doing everything that mum used to do."

Interestingly, both lost their mothers, and both were already experiencing the "emotionally energetic process of mourning" that is "adolescent transition" Noonan 1994. Significantly, the female took on her mother's role. How could the male participant take on the role of his mother at this time of discovering "gender roles" and sexuality? Perhaps this is another way in which this research could be expanded upon, as it is only possible to make inferences with only one male participant.

Abrams 1999 writes of teenagers, who have lost a parent,

"It takes time to find ways to be the grown up son who can take care of himself, not the little boy whose shoelaces were always undone...But when a parent dies, there is no time anymore. Suddenly you must be able to act as an adult."

All participants talked of responsibility and anger almost interchangeably.

5 Anger

"Of course you are angry. Bereavement does not turn us into saints." Abrams 1999.

Whilst the participants acknowledged their anger at being abandoned by the dead parent, they were mostly angry with their existing relatives for the lack of support, and expectations of them to behave like responsible adults.

It might be argued that anger becomes complex for bereaved children who are unsupported because they have no alternative but to internalise this. Klass et al 1996 cite Furman 1974 who argues that death in early childhood "can lead to a void which reaches self destructive proportions." It is known that unexpressed

emotions have to impact us in some way and the four participants all described a variety of ways in which this happened to them. They described varying degrees of detachment and dissociation, feeling ill as the anniversary of the death approached, depression and anxiety. Again, none of the participants were given permission to be angry. This has affected them all profoundly and it is only as adults supported in therapy they are gradually finding their own permission.

It is significant that all four participants associated anger with their fathers and did not mention any other family members. Underlying this seemed to be the fear of being angry as it had consequences for all participants.

"...once, I think I was about sixteen I told my dad to keep his hair on and he went berserk, he went ballistic..."

Again, something the literature review has not identified specifically, but is worthy of further investigation. That is, how unexpressed anger impacts on the self, as all participants described various ways in which they internalised their anger that was harmful to them, such as drinking.

6 Memory

It has already been alluded to in the discussion headed "dreams" that all four participants held, to a certain extent, an idealised memory of their dead parent. The literature is supported in that the younger the child the more difficult it is to remember.

"The fragmented, egocentric and often contradictory images of the preschooler provide a much more tenuous ballast than do the consolidated, objective and multidimensional recollections of the adolescent." (Buchsbaum 1987 cited in Klass 1996 pg114).

They suggest that the younger the child, the more difficult it is to detach and that the sense of self remains confused and disjointed and fragmented. This affects the child's development of a sense of "self" or identity because memories are essential for the mourning process Buchsbaum 1987, Wolfenstein 1966 cited in Klass 1996. This study clearly supports this with participant 2 remembering how she carried a fantasy for years that her dead parent was alive and would come back to rescue her when he had completed his mission for the secret service.

The memories held by each participant correlate with expectations developmentally, for example, participant 1, who lost her mother age 2 had no visual representation of her mother other than from photographs. Significantly, as already discussed, the participants who were pre seven when they experienced loss gave more elaborate answers to the questions than those who experienced loss as teenagers. When comparing the answers it could be surmised that they struggled to remember and found themselves in the child ego state experiencing relative cognitive difficulties. Those who were older did not appear to experience this struggle and their answers were more concise.

Impact on the Researchers

All four researchers experienced a roller coaster ride as this study has deeply impacted them. The two researchers who were also participants experienced shock at the intensity of the feelings of sadness and anxiety they reconnected with. At times they also experienced feelings of depersonalisation as they told their stories. One experienced an old recurring dream on the night of the interview that she had not had for several years. The other experienced intense rage when trying to read the literature relating to the subject and a throat and chest infection, believed to be a somatic response. The interviewers experienced the process as it might occur with a client. Whilst emotionally impacted themselves, they contained their feelings in order to fully facilitate the process of the participants.

Limitations and Further Research

All four participants were white psychotherapy students currently attending personal therapy with other support systems available to them. This limited the diversity as no other cultural experiences could be shared. It is known that some other cultures embrace the idea that mourning is a dynamic process taking place over a lifetime. It would be interesting to compare how children from such cultures are affected by their experience..

Only one participant was male which limited an examination of any differences that may have been gender orientated. This was mentioned under "responsibility" and what may be of further interest is also how the gender of the deceased parent interacts with the gender of the child. If the male in this study had lost his father, it is possible he would have felt responsible for being "the man of the house". If the teenage female had lost her father might she have not taken on the responsibility for looking after the family?

There are other ways in which a child can experience the loss of a parent in childhood and it had been the intention of this study to accommodate abandonment. However, it soon became evident that this would not be possible given the time period and limitations. Children also experience powerful loss when their parents separate or divorce and these are all ways in which the research could be further expanded.

A significant and exciting discovery at the end of the research was that all four participants had experienced an extreme fear of "history repeating itself". Three of the participants all anticipated

their own death as they approached the age their parent was when they died. Whilst the age of participant 2's father was unknown, she feared her own death when her children reached the age she was at the time of her father's death. As previously noted, the literature review is not exhaustive and we acknowledge that research may exist regarding this phenomena.

As this was not found in the literature reviewed for this study, this could suggest it has not been widely explored. As all four participants shared this fear, it is worthy of further investigation.

Relevance to Practice

With an increased understanding of how the experience of loss of a parent in childhood affects an individual we can offer this to our clients in our attunement to and empathy with them. If a client is seeking therapy as a result of such loss it is likely that, like the four participants in this study, they have not experienced permission to mourn. As therapists we can offer this permission to our clients by sharing our knowledge and understanding.

Affect attunement and empathy allow us to reflect on the developmental needs of each client such as love and affection, which we can communicate by mirroring, twin ship and merger Evans and Gilbert 2005. Understanding & support sometimes means not physically holding the client because if prematurely given, this may calm them down or overwhelm them before they are ready.

All grieving is unique and this research allows us to remember this with clients. Some therapists still believe that a grieving client needs to find resolution. This research fully supports that this is inappropriate and a more effective way of working with clients is in accepting that this is a lifelong process. We see this deepened understanding as a huge advantage of qualitative research. Without empathy we are lost as therapists and we lose our clients.

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