AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF ADULTS' ACCOUNTS OF THE LIVED EXPERIENCE OF PARENTAL DEATH IN ADOLESCENCE

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DECLARATION

This work, or any part thereof, has not previously been presented in any form to the University or to any other body whether for the purposes of assessment, publication or any other purpose.

Other than the expressed acknowledgements and references cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person.

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ABSTRACT

This qualitative study aimed to hear the subjective lived experiences of adults who experienced parental death during adolescence in order to gain insight into how their experience has impacted them from adolescence to adulthood. The findings from this research endeavour to contribute to a theoretical understanding of this experience and highlight the clinical implications for Counselling Psychologists working with individuals who have experienced parental death during adolescence. An Interpretative Phenomenological Analysis was the methodological design used to facilitate an understanding of how participants make sense of their experience. Seven participants were recruited via a purposive snowball sampling method. Participants spoke about their experiences of parental death from adolescence to adulthood in 45-50-minute semi-structured telephone interviews which were then transcribed and analysed. The Findings illuminated the following four superordinate themes, Managing Emotions, Interpersonal Changes, Complex Grief and Positive Changes. Participants appeared to have an impaired ability to manage and regulate their emotions relying instead on maladaptive coping and defence mechanisms to attenuate their emotions. This could be attributed to their difficulties with grief expression, lack of support in both aiding their grief and helping the development of these regulatory skills. Emotional regulatory difficulties could also be symptomatic of their unique developmental period. Participants appear to exhibit an array of symptoms pertaining to the diagnosis of Persistent Complex Bereavement Disorder (DSM-5, 2013) and Prolonged Grief Disorder (ICD-11r, 2018). Participants reported experiencing vast interpersonal changes and experienced subsequent attachment difficulties which were influenced by a range of developmental, psychological and psychosocial factors and stressors post parental death. Although indicators of growth were also apparent, the findings support the potential association of parental death in adolescence to ongoing developmental, psychological and psychosocial effects, from adolescence to adulthood. Implications for Counselling Psychologists' clinical practice, training and consultancy have been addressed. How the humanistic and psychodynamic counselling framework addresses the needs of the individual parentally bereaved in adolescence are illuminated. Furthermore, a range of directive and non-directive therapeutic interventions and clinical suggestions have been recommended as Counselling Psychologists work in an integrative manner in line with the nuanced need of the individual client. Early intervention inclusive of a comprehensive complex grief assessment and a developmentally informed formulation is suggested. Psychological therapy to aid the development of emotional regulation skills is also suggested. Parent-child/Family therapy and a range of treatment and preventative initiatives and interventions across the education, health and community sector is recommended with both the bereaved individual and existing family.

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CONVENTIONS

APA	American Psychiatric Association
BPS	British Psychological Society
DSM-5	Diagnostic and Statistical Manual- 5th Edition
EPHPP	Effective Public Health Practice Project
FFGT	Family Focused Grief Therapy
GDPR	General Data Protection Regulation
GP	General Practitioner
HCPC	Health Care Professional Council
ICD-11r	International Classification of Diseases-11th Revision
ICG	Inventory of Complicated Grief
IPA	Interpretative Phenomenological Analysis
PEO	Population, Exposure, Outcomes
PICO	Problem, Indicator, Comparison, Outcome
PCBD	Persistent Complex Bereavement Disorder
PCT	Person-Centred Therapy
PGD	Prolonged Grief Disorder
PTSD	Post-Traumatic Stress Disorder
WHO	World Health Organisation

Transcript Notations:

…	Significant pause
[ ]	Additional material for context
[…]	This is used between the quotes that are not in chronological order
(…)	Semantic and Paralinguistic inserts

Notes:

1. The author of this thesis is the researcher of the study, a Counselling Psychologist in training and an adult female who has experienced parental death in adolescence. Thus, the author writes in the third person throughout to enable her to clearly specify her various identities when present within the research.

2. Early parental death, early parental loss and early adversity all refer to death, loss or adversity taking place from 0-19 years. Offspring is a generalised term used to refer to all children, adolescents and adults of a parent, regardless of age. Children refers to 0-12 years. Adolescence refers to 12-19 years whilst early adolescence refers to 12-15 years, middle adolescence refers to 15-17 years and late adolescence refers to 17-19 years. Young adults refer to 19-26 years, whilst the period of youth is a generic term referring to the period from childhood to adulthood.

3. When referring to therapeutic practice, the terms ‘counselling’, ‘therapy’, and ‘psychotherapy’ are used interchangeably due to their similar meanings and considerable overlap within literature.

4. Symptomology pertaining to PCBD, or complicated grief as it was previously known, as defined by the DSM-5 (2013) and the APA, and symptomology

pertaining to PGD as defined within the ICD-11r (2018) as approved by WHO (2018), will be commonly referred to under the umbrella term of ‘complex‘ ‘complicated’, persistent’ or ‘prolonged’ grief, as the main differences between PCBD and PGD are deemed semantic, as opposed to having substantive differences (Maciejewski, Maercker, Boelen & Prigerson, 2016). Moreover, the author utilises these non-diagnostic and informal terms to ensure that the lived experiences of participants in this research are not being diagnosed, whilst indicating potential symptoms of persistent/complicated and/or prolonged grief as they are presented. However, within the literature review the author will refer to the precise term used within the paper to ensure clarity of the research. Lastly, if symptomology presented is distinct to a particular diagnosis, it will be referenced accordingly to criteria pertaining to the DSM-5 or ICD-11r.

5. Although the terms grief and bereavement are often used interchangeably within the literature, it should be noted that grief is related to the subjective experience of loss (Kirwin & Hamrin, 2005) whilst bereavement refers to status with respect to loss, regardless of subjective experience (Buglass, 2010).

6. The author and researcher of this study is a Counselling Psychologist in training but will be referred to as a Counselling Psychologist for the purpose of this thesis.

7. CHAPTER 1 - INTRODUCTION TO THE THESIS

1.1 Introduction to the Research

This research will illuminate the subjective lived experiences of adults who retrospectively experienced parental death during the period of adolescence. The researcher was inspired to explore this field of study, due to her personal experience of the phenomenon and subsequent desire to understand the subjective experiences of others who had experienced parental death in adolescence. The qualitative method of Interpretative Phenomenological Analysis (IPA) was utilised as it allowed for an in-depth analysis of the participants' unique meaning of their experiences (Barker, Pistrang & Elliott, 2002). As the researcher has an "insider status" into the phenomenon, IPA facilitated the researcher to be an integral part of the interpretative enquiry.

1.2 Structure of the thesis

This thesis comprises of three main sections: a literature review, a research report and a Critical Appraisal.

The literature review in Chapter 2 is not exhaustive, but it aims to clarify and synthesise understanding of the impact from experiencing parental death during adolescence, through to adulthood. Chapters 3-5 consist of the research report which is divided into 3 sections. Chapter 3 encompasses the methodological processes of the research, whilst Chapter 4 outlines the research findings from the data analysis and Chapter 5 elaborates on the existing literature base by providing a discussion of the research findings and highlighting a plethora of counselling psychological implications. Additionally, how preventative initiatives and/or treatment measures from education, health and community sectors can be informed in response to the findings, are discussed. Chapter 6 presents a critical appraisal

of the development and progression of the research process from a reflective and personal position. How the author experienced growth as a therapeutic practitioner, researcher and from a personal perspective in response to this research is explored.

CHAPTER 2 - LITERATURE REVIEW

2.1 Overview

This chapter begins by highlighting the background and prevalence rates of parental death in adolescence, followed by explaining the scope of the literature review, methodology for the literature search, and the structure of the literature review. In succession, an overview of the literature relating to the lived experiences of individuals bereft of parents during adolescence will be provided. This chapter concludes by illuminating the gaps in knowledge within the literature and critically examining the consequential implications of the disparities within academic research, on therapeutic provisions for individuals subjected to parental death in adolescence.

2.2 Background and Prevalence Rates

According to Parsons (2011), 4.7% of young people will have experienced parental death by the age of 16. Approximately 41,000 young people under 18 are bereaved of a parent each year in the UK (Childhood Bereavement Network, 2017), whilst 7,000 to 12,000 children in the United States lose a parent to suicide (Cerel, Jordan & Duberstein, 2008). The likelihood of experiencing parental death also increases as individuals progress through adolescence, due to ageing parents (Harris, 1991). Although, parental bereavement during childhood cuts across socioeconomic classes (Luecken & Roubinov, 2012), it is two to five times more common amongst lower socioeconomic statuses, twice as likely amongst racial minority members (Feigelman et al., 2016) and more common with families with lower parental education levels (Feigelman et al., 2016; Berg, Rostila, Saarela, & Hjern, 2014; Fauth, Thompson, & Penny, 2009, Ribbens & McCarthy, 2006; Harris, 1991) and/or from parents of who are manual workers (Hancock & Draper, 2011).

Whilst major advances have been made in understanding of the phenomenology and course of grief in adults (Prigerson, Horowitz, Jacobs, Parkes, Aslan, Goodkin et al., 2009), an understanding of the phenomenology and the course of grief in children and adolescents bereaved by parental death has received relatively less scientific attention (Cafferky, Banbury & Athanaisadou-Lewis, 2018; Melhem, Shamseddeen & Porta, 2011), despite their vulnerable phase (Bylund-Grenklo, Fürst, Nyberg, Steineck, & Kreicbergs, 2016). This may be attributable to the increased life expectancy in most developed countries where it is more typical for adults to experience the death of parents in adulthood than in childhood (Watkins, Menken & Bongaarts, 1987).

2.3 Scope of the Review

The literature review is focused on the literature on the lived experiences and impact from experiencing parental death in adolescence, through to adulthood. Literature regarding factors such as age, developmental period when bereft, mode of death, support network, psychosocial and familial circumstances, risk and protective factors of the bereaved, grieving processes and the pre-existing or contextual factors that influenced the experience of individuals whom experienced parental death during adolescence was considered for inclusion in the review, if the literature provided insight into how these factors impacted the overall lived experiences of parental death during adolescence. These aforementioned factors were considered relevant through the initial examination of the literature early within the research project. Furthermore, although the review is concerned primarily with the experiences and psychological impact from the experience of parental death in adolescence, factors such as the psychosocial, developmental or physical impact from experiencing parental death were within the scope of the review, if they pertained to the overall lived experiences and impact from experiencing parental death in adolescence, as they were also considered relevant through the initial examination of the literature within

the research project. As the focus of the review was on the experience of adolescents, adult grief models were not included, despite being vastly present amongst the bereavement literature. Moreover, literature on therapeutic interventions went beyond the scope of the review, as the focus was on the experiences and impact from facing parental death in adolescence.

2.4 Inclusion and Exclusion of Literature

The inclusion criteria in Table 3 in Appendix R, and the exclusion criteria in Table 4 in Appendix R was based on the aims of the review, the participants in question and the phenomena of interest, where the literature can be sought from, and the types of studies included in the review. The purpose of this highly specific and narrow inclusion and exclusion criteria was to help guide the literature search process in order to reveal to most relevant literature, which is further explained in section 2.6. However, as a non-systematic review was conducted, literature was not necessarily included or excluded based on this inclusion and exclusion criteria. Highly relevant literature accessed through the inclusion and exclusion criteria that marginally went beyond the scope of the inclusion or exclusion criteria may have been considered for inclusion, in order to ensure a broad, theoretically informed and robust literature review. Moreover, as the aim of the review was to be informative as opposed to all-encompassing, whilst literature that met the inclusion criteria was predominately included, literature may have been excluded if it was not deemed by the researcher to be highly informative to the review or did not adhere to the quality criteria (this is discussed in section 2.7). Thus, although a judgement approach for literature inclusion was adopted, a comprehensive and valid approach to literature inclusion was adhered to, as all literature had a rationale for inclusion, was deemed by the researcher to be highly informative to the aim of the review and all literature was subject to a quality assessment prior to inclusion.

Table 5 provides an example of the key papers that were included, that adhered to the inclusion and exclusion criteria and was deemed beneficial to the review. This table also displays contextual information such as the title, year and authors of the study, methodology, country of publication, details of the participants and if the literature has been peer reviewed.

2.5 Method for Literature Search

Although a non-systematic literature review was conducted, the search strategy and methodology of the review was to an extent systematically informed. The researcher located, organised and assembled literature pertaining to the aim of the review in an organised fashion. The researcher began by aligning the aim of the literature review to the PEO qualitative framework (See Table 1 in Appendix R) and PICO quantitative framework (see Table 2 in Appendix R) as shown by Bettany-Saltikov (2012). The researcher included qualitative or quantitative research from a range of methodological approaches, rather than limiting the review to phenomenological studies in line with the methodology of this research as it provided a broader and more complete understanding of what is known.

The PEO framework guided the selection of the literature sources, based on the following factors; population, exposure and outcome(s) whilst the PICO framework guided the selection of the literature sources based on the following factors; problem, indicator, comparison and outcome(s). The PEO and PICO framework helped to illuminate the most appropriate qualitative search terms (see Table 1.1 in Appendix R) and quantitative search terms (see Table 2.2), which facilitated a focused literature search by pertaining to the PEO and PICO of the literature objective. Although Table 1.1 and Table 2.1 in Appendix R illuminated search terms that went beyond the precise scope of the review question, the terms shown are within the scope of the review as it was important to ensure that relevant

literature embedded amongst broader studies relating to the aim of the review could be accessed. As there is particularly poor indexing by databases and lack of explicit identifiers for qualitative and quantitative methodology (Dixon-Woods et al., 2007) the use of both PEO and PICO searches ensured that all relevant qualitative and quantitative studies that may not have emerged from the qualitative or quantitative search, emerged in the alternative search. Thus, two literature searches were conducted, based on the search terms illuminated from the PEO framework and from the PICO framework, using the same process.

Literature searches were conducted through a variety of media. The researcher sought papers from the year 2009 to manage the amount of reading required and to ensure that the review was up to date. Database searches using ABI Inform, Google Scholar, PsychINFO, PsychARTICLES, Medscape, Medline, Researchgate Science Direct and Web of Science were undertaken. Electronic versions of relevant books and articles were also identified through the University of Wolverhampton's online library catalogue and were obtained through accessing the online full text service from the Learning Centre. Books, Thesis's and Dissertations were also sourced through accessing the library catalogue.

From the literature search, as a result of the broad search terms utilised which ensured that all relevant literature was acquired, a plethora of studies emerged. All titles from the literature search were then read to ascertain if they were within the scope of the review and the inclusion and exclusion criteria. The abstracts of the literature that appeared relevant or closely abided to the inclusion and exclusion criteria from their title, were then further read, whilst abstracts of the literature that did not present relevancy or did not closely adhere to the inclusion and exclusion criteria from their title were excluded. From reading the abstracts, literature that was deemed to be within the scope of the literature review

and/or closely abided by the inclusion and exclusion criteria were then read in its entirety, whilst abstracts from literature that did not appear to meet the scope of the review or the inclusion and or exclusion criteria, were excluded from further reading. When reading the literature in its entirety, the researcher established whether the literature was highly informative and deemed of good quality (this is further discussed in section 2.7) for inclusion. Due to the dearth of highly relevant literature that emerged, a snowballing literature search was also conducted (see section 2.6) to access further relevant literature. Figure 2 on page 237 presents a chart that the researcher created, which briefly depicts the overall processes of the search strategy for the literature review.

2.6 Snowball Literature Search

The citations of all included literature were scanned via a hand search and the process of reading titles, abstracts and literature in full to discern if they met the inclusion criteria, was akin to the process of the primary search. Moreover, the quality of all proposed literature for inclusion was assessed (see section 2.7). To the researcher's knowledge, all literature that met the inclusion criteria from the snowball method was included. However, emerging literature that did not entirely adhere to the inclusion and exclusion criteria such as earlier seminal research predating 2009, may have been included if the researcher deemed the literature to be highly beneficial to the review. Akin to the processes of the included literature in Table 5 in Appendix R, Table 6 in Appendix R, provides a small number of examples of some of the salient literature emerging from the snowballing approach.

2.7 Quality Assessment for the Literature Review

In order to critically evaluate the quality of the selected qualitative literature, the researcher selected the qualitative framework developed by the Critical Appraisal Skills Program (CASP, 2019). The template used can be seen Table 7 of Appendix R. Due to the wealth of

papers assessed for quality, a single example will be provided in Table 7. This framework was used as it was an accessible framework, which is compatible with a range of qualitative traditions and theoretical approaches. The table comprises of two columns; one containing the 10 questions utilised in the framework and the second that indicates if the paper in question adheres to the question. 'Yes', 'Somewhat' and 'No', were the three possible indicators for the framework. The questions address the validity of the research, the results of the research and if the results will help locally. The researcher adapted the final question of, "How valuable is the research?", to "Is the research valuable?". This was altered so that a categorical indicator could be used, instead of a descriptive answer.

To assess the quality, reliability, objectivity, external and internal validity (Swandon, 1996) of the quantitative research, a quality framework adopted from the EPHPP (2018) was utilised. This evaluated the risk of bias, the methodological quality and appropriateness of the study design and method papers needed to display. Appendix S presents the quality assessment tool used for the quantitative literature, along with an example of a paper assessed (Bylund-Grenklo et al., 2016). The questions used to evaluate the quality of the literature, and the answers to these questions can be seen in Appendix S. These questions rate the following components; Selection Bias, Study Design, Confounders, Blinding, Data Collection Methods, Withdrawals and Drop-Outs, and Intervention Integrity. Table 1 in Appendix S presents the answers to these questions and the overall rating of the literature examined. The overall quality of the literature assessed is indicated as being Strong (which indicates that there has been no WEAK rating of the categories assessed).

In line with Shavelson & Towne (2002) the findings from the quality assessment of the included literature revealed that the overall standard of the selected studies was of good

quality, as they were transparent, appropriate, culturally sensitive, reliable, cogent and were conceptually framed. The studies predominately posed important questions that could be investigated empirically and applied methods that best addressed the research question. They contributed to the knowledge base, adhered to quality standards of reporting and a peer review process, assessed for the potential impact of bias, evaluated alternative explanations for findings and ensured an independent, balanced and objective approach to the research, whilst supporting and justifying their research by a complete coverage of the relevant literature. However, as the focus of the quality assessment tools was more to assess and inform the overall quality of the selected literature, literature was not excluded on the basis that it did not strictly adhere to all aspects of the quality (Dixon-Woods et al, 2007; Noyes & Popay, 2007), if the literature was deemed highly beneficial for the review.

2.8 Structure of the Review

The literature review is structured using a funnelling approach, whereby the literature review begins by highlighting the overreaching experiences and the psychological impact from encountering parental death in adolescence. The review then illuminates the most prevalent themes that arose from the analysis and synthesis of the reviewed literature. This includes the physical impact from experiencing parental death adolescence, the influence of the mode of parental death on the experience of the bereaved offspring, the impact of the adolescents' developmental stage on their grieving process, the experience of complicated grief, the impact of parental death in adolescence, through to adulthood, the impact of psychosocial factors, the psychosocial risks from the experience of parental death in adolescence and positive growth. Moreover, a range of interpersonal effects from experiencing parental death in adolescence onwards into adulthood has been explored throughout. This review concludes with a critical examination of the literature review, with an emphasis on the key findings and inherent gaps of knowledge within the literature.

2.9 The Psychological Impact from Experiencing Parental Death in Adolescence

A range of studies consistently associate early parental death as being a profoundly stressful form of adversity (Luecken & Roubinov, 2012; Biank & Werner Lin, 2011; Harrison & Harrington, 2001), linked to maladaptive patterns of stress responsivity or chronic postraumatic stress (Luecken & Roubinov, 2012; Norton, Smith, Ostbye, Schwartz, Corrcoran, Breitner et al., 2011). It is associated with a range of short or long term psychological, physical, interpersonal, social, behavioural and personality issues or acute or prolonged grief reactions (Hamdan, 2012; Draper & Hancock, 2011; Melhem et al., 2011; Benjet, Borges & Medina-Mora, 2010; Robin & Omar, 2007; Servaty-Seib & Hayslip, 2003, Dowdney, 2000; Mireault & Compas, 1997) of which may potentially last until middle age or older adulthood (Kendler, Gardner & Prescott, 2002; Agid Shapira, Zislin, Ritsner, Hanin, Murad et al., 1999; Kivela, Luukinen, Koski, Viramo, & Kimmo, 1998).

Depression (Li et al, 2014; Jakobsen & Christiansen, 2011; Schoenfelder, Sandler, Wolchik, & MacKinnon, 2010; Harrison & Harrington, 2001; Tyson-Rawson, 1996) was associated with parental death in adolescence, whilst proneness for developing depression-prone personality characteristics in adulthood (Korkeila et al., 2005) was associated with early childhood adversities. Agoraphobia, Anxiety and panic (Tremblay & Israel, 1996) suicidal thoughts and suicidality (Feigelman et al., 2016; Himaz, 2013; Luecken & Roubinov, 2012; Rostila & Saarela, 2011; Hollingshaus & Smith, 2005), experiencing pessimism about the future (Himaz, 2013) and self-injurious behaviour (Bylund-Grenklo, Kreicbergs, Valdimarsdottir, Nyberg, Steineck & Furst, 2014) have all been associated with parental beraevement. Antisocial or criminal behaviours or delinquency, stoicism, anger and greater consumption of alcohol and illegal drugs (Feigelman et al, 2016; Draper

& Hancock, 2011; Wilcox et al., 2010; Brent, Melhem, Donohoe & Walker 2009; Wolchik et al., 2006; Lenhardt & McCourt, 2000) have all been associated with parental bereavement. Additionally, parental death in adolescence has been associated with the development of distress and dysphoria, which was particularly evident within the first year following the death (Draper & Hancock, 2011). It has also been associated with anxieties surrounding health and eventual death (Marks et al., 2007; Zall, 1994), viewing health less favourably (Feigelman et al., 2016), being sensitive to illness in others (Keenan, 2014) and impacting one's future social wellbeing (Li et al., 2014).

Studies also suggest that parental bereft adolescents have an increased risk of adjustment difficulties as well as experiencing emotional scarring (Berg et al., 2014; Cramer et al., 2007). It has also been reported that adolescents bereft of a parent may lack the resources to accurately perceive or appraise potential threats in the environment and thus have a heightened sense of danger, poor self-regulatory capabilities and less developed coping mechanisms (Springer at al., 2012; Luecken, Kraft, Appelhans, & Enders, 2009; Morris, 2007; Stroebe, Schut & Stroebe, 2007; Evans, Gonnella, Marcynszyn, Gentile, & Sapelkar, 2005; Sroufe, 2005).

Parental bereft youth were found to be at a greater likelihood of being introverted (Dietrich, 1984) and having difficulty in controlling personality issues (Hamdan, 2012; Rotheram-Borus, Weiss, Alber & Lester, 2005). Parental death serves as a threat to the offspring's maintenance of basic needs, including a sense of self-esteem, self-efficacy, social relatedness, self-image and confidence (Mack, 2001). Early Parental death is associated with unstable and lack of meaningful and supportive interpersonal relationships, lower levels of intimacy (Mack, 2004), being suspicious of others, having trust issues (Abeles, Victor & Delano-Wood, 2004) and having fewer social resources in adulthood

(Wolchik et al., 2006; Johnson & Barer, 2002; Ragan & McGlashan, 1986). One in five parental bereft offspring (up to 16 years of age) is likely to develop a psychiatric disorder (Draper & Hancock, 2011), and they are at a greater risk for hospitalisation for psychological and psychiatric disorders (Berg, Rostila, Arat, & Hjern, 2019; McClatchey & Wimmer, 2012; Wilcox et al., 2010). They are also more likely to access mental health counselling, treatment clinics or drug rehabilitation (Feigelman et al., 2016).

2.10 The Physical Impact from Experiencing Parental Death in Adolescence

Whilst Keenan (2014) found that parental death in adolescence was associated with a location of feelings as bodily symptoms, Robin & Omar (2007) found that parental bereaved adolescents may experience a change in thought patterns or behaviour such as experiencing preoccupation, depersonalisation, hallucinations, forgetfulness, confusion, disbelief and decreased concentration, during their grieving process, particularly in the acute phase of bereavement (Boelen, Van Den Bout & Van Den Hout, 2003).

Parental bereft adolescents have reported to experiencing headaches, dizziness, indigestion and chest pain or tightness (Stroebe et al., 2007), crying, sensitivity to noise, stomach hollowness, restlessness, shortness of breath, weakness (Bylund-Grenklo, Fürst, Nyberg, Steineck & Kreicbergs, 2016), dry mouth and eating issues (Robin & Omar, 2007). Unresolved grief was also associated with sleep problems such as insomnia and fatigue (Bylund-Grenklo et al., 2016; Robin & Omar, 2007). Luecken & Roubinov (2012) and Springer et al. (2012) assert that early parental death is associated with an increased risk of long-term physical health problems across the lifespan, and the development of illnesses (Li et al., 2014; Brown et al., 2010) such as Alzheimers Disease (Norton et al., 2011) or Dementia (Ravona-Springer, Beeri & Uri Goldbourt, 2012). These maladaptive experiences may contribute to dysregulation and breakdown of bodily systems and

potentially modify the developmental trajectory of the brain leading to longer term effects within the offspring (Berg et al., 2019). The stress associated with the death may initiate direct physical psychobiological changes, such as the experiencing myocardial infarction from "broken-heart syndrome", particularly if the grief results in an intense feeling of shock (Rostila et al., 2013; Cramer et al., 2007). Higher rates of cardiovascular morbidity, smoking rates (Feigelman et al., 2016) and type II diabetes, were evident amongst individuals exposed as children to traumatic experiences, even 60 years after their occurrence (Springer et al., 2012).

2.11 Influence of the mode of parental death on experience

Grief related trauma and complicated grief amongst the offspring is more at risk of developing when death is sudden, unexpected, and/or violent (Berg et al., 2019; Robin & Omar, 2007; Barry, 2002). Melhem et al., (2011) found that adolescents bereft by sudden parental death reported higher scores on a negative coping frequency scale, after three years post parental death, and a subset of parental bereaved adolescents experienced symptomology of PCBD after these three years. Child and adolescent offspring of suicide decedents were at a 50% increased risk of all-cause mortality into early adulthood (Li et al., 2014), were at a greater risk for depression (Pham, Porta, Biernesser, Walker Payne, Iyengar, Melhem & Brent, 2018) and the hospitalisation for depression (Appel et al., 2013), anxiety (Harrison & Harrington, 2011; Brent et al., 2009; Pfeffer et al.,1997) and posttraumatic stress. They were also found to be at a greater risk for psychiatric issues (Li et al., 2014; Wilcox et al., 2010), bipolar disorder (Geulayov, Gunnel, Holmen & Metcalfe, 2012, Pfeffer et al., 1997), personality disorders, violent criminal convictions or high risk behaviours and a suicide attempt (Wilcox et al., 2010), in comparison to those subjected to parental death by natural causes (Berg et al., 2019; Wilcox et al., 2010). Melhem, Walker,

Moritz, & Brent (2013) and Brent et al., (2009) found that adolescent offspring of suicide decedents had higher rates of substance abuse whilst the study conducted by Wilcox et al. (2010), found the opposite.

Adolescents who are exposed to sudden parental death are at an increased risk of developing bereavement-related PTSD, during the first year post parental death and persisting into the second year after the death (Pham et al., 2018; Brent et al., 2009). Bereavement-related PTSD is characterised by dissociative flashbacks or distress from triggers of the event or loss, intrusive thoughts and images of the deceased (Boelen, Spuij & Reiintjes, 2017), the experience of restricted emotional affect and feelings of numbness, detachment, confusion, irritability, difficulty with concentration, hypervigilance or experiencing a lack of participation in activities (Shaw, 2003). The long-term effects from developing PTSD in adolescence can lead to a significant vulnerability to mental health problems, difficult intrapersonal and interpersonal relationships, disruptive behaviours, lower levels of intimacy and unstable employment (Geldard et al., 2009; Shaw, 2003). However, Bylund-Grenklo et al. (2016) found that although illness related death might be conceptualised as anticipated and hence less traumatic than sudden death, these losses involved the classic risk-factors for loss- or grief-related consequences, as the death was both untimely for the deceased and the death itself was typically experienced as being unexpected, as it is not a normative life transition for adolescents (Balk, 1996).

2.12 Impact of the Adolescents' Developmental Stage on their Grieving Process

Li et al. (2014) asserted that a child's age is significantly correlated with mental health outcomes post parental death, whilst Luecken, et al. (2009) and Tyrka et al. (2008) observed no age-related differences. Berg et al. (2019) and Agid et al. (1999) suggest that children and adolescents are at greater risk than adults of showing signs of emotional and

behavioural disturbances post parental death. This may be interpreted in light of bereaved adolescents' hasty and superficial processing of bereavement (Tremblay and Israel, 1998) or from neurobiological studies that show that the developing brain is more sensitive to adversity and stress, and thus are more vulnerable (Lupien, Mcewen, Gunnar, & Heim, 2009; Kaufman & Charney, 2001). It also may be in line with psychological models, such as attachment theory which attempts to describe the dynamics of interpersonal relationships between individuals (Waters, Corcoran & Anafarta, 2005).

The presence of a consistent attachment figure is deemed essential for a child's short- and long-term adaption and their development of healthy emotional growth (Biank & Werner Lin, 2011). Loss of a secure relationship and critical attachment may lead to a decline in wellbeing, increase the risk of antisocial behaviours, depression, anxiety, withdrawal and social and interpersonal difficulties such as difficulty with trusting, empathising or relating to others and it may negatively influence one's expectations of others (Berg et al., 2019; Akerman & Statham, 2014; Parkes, 2013; Luecken & Roubinov, 2012; Marks Jun & Song, 2007; Wolchik et al., 2006; Sroufe, 2005; Bowlby; 1970). Early loss of a loved object may render the individual fearful of future losses (Caserta & Lund, 1992; Frued, 1961) and vulnerable to depression, symptomology of complex grief and/or having earlier grief reactivated, when loss is experienced in later life (Wijngaards-de-melj et al., 2007). Furthermore, Keenan (2014) stated that even the threat of a loss reactivates feelings of abandonment. Whilst Schoenfelder et al. (2010) suggested that the fear of abandonment post parental death is related to anxiety in romantic relationships and subsequent feelings of depression, Waters, Merrick, Treboux, Crowell, & Albersheim, (2000) suggest that early parental bereavement may result in previously securely attached offspring developing an insecure attachment style (Parkes, 2013).

Although adolescents are mature enough to understand the permanence and enduring consequences of their loss, can identify emotions, show empathy to others affected by death and verbally communicate their feelings (Christ, 2000), they are more likely to lack the necessary experience and interpretive skills to process and integrate the experiences of death (Noppe & Noppe, 2004), experience more intense grief reactions than adults (Draper & Hancock, 2011; Geldard, Geldard & Foo, 2009; Christ et al., 2003) and have more existential questions than children (Balk & Corr, 2010, Cohen, Mannarino & Deblinger, 2006; Cohen, 2002). Adolescents' experience of parental death may result in an inability to resume normal cognitive and emotional abilities and thus they may experience hindered normative developmental processes, which may affect their grief expression (Ohannessian, 2007; Schultz, 1999) and increase their likelihood of experiencing complicated grief (Robin & Omar, 2007; Christ et al., 2003). Bereaved adolescents may withdraw from their family to establish their independence as a non-normative response to death, whilst it could be a normative developmental desire for their age, as adolescents are at the stage where overcoming barriers to fulfil their developmental tasks for adult development and independence are paramount (Keenan, 2014; Smith, Hanson, Norton, Hollingshaus, & Mineau, 2014; Robin & Omar, 2007).

Delayed, traumatic and inhibited grief are major types of grief in young people (Bylund-Grenklo et al., 2016). Adolescents tend to rely on dysfunctional coping or defence mechanisms such as partial processing, unproductive wishful thinking, idealisation or identification with the deceased, affect or grief restriction (Noppe & Noppe, 2004; Lenhardt & McCourt, 2000), suppression, projection, regression and dependence on others (Harris, 1991). Adolescents often avoided grief (Bylund-Grenklo et al., 2016) or grieved in isolation to potentially avoid social repercussions or ostracism, particularly if there was a

social stigma attributed to the death (Hawton, 2007), such as death by suicide or homicide (Vigil & Clements, 2003). Engagement with dysfunctional coping or defence mechanisms may be an attempt to control grief and modulate behavioural responses (Bylund-Grenklo et al., 2016; Geldard et al., 2009). These coping and defence mechanisms may be utilised to limit exposure or avoid the painful processing of parental death (Bylund-Grenklo et al., 2016; Rochlin, 1996). They also could be employed as a result of misunderstanding of the reality and finality of parental death (Ratnarajah & Schofield, 2007). The dysfunctional use of coping or defence mechanisms may lead to depression (Clayton, 2015; Kirwan & Hamrin, 2005), anxiety (Clayton, 2005), impairment or distortion of the grief process (Marks et al., 2007; Schultz, 1999; Harris, 1991) and increase the likelihood of developing symptomology of complex grief and functional impairment (Melhem et al., 2011; Allumbaugh & Hoyt, 1999) and reoccurring grief in adulthood (Robin & Omar, 2007).

Establishing and solidifying one's identity is one of the most significant developmental tasks in adolescence (Keenan, 2014). Identity theory states that stressful life event such as the loss of a parent during adolescence may threaten one's identity (Rugala, 2000), predict a regression in identity development and forces individuals to reconsider their personal identity (Erikson, 1965). However, Moor, Van Der Graaff, Marloes, Van Kijk, Meeus & Branje (2019) did not find that find evidence that experiencing the death of a parent predicted a change in identity during adolescence.

Acquiring peer relationships and gaining peer and social acceptance assumes priority during adolescence (Geldard et al., 2009; Morris, 2007) and peers play a salient role in the development of a teenager's identity (Robin & Omar, 2007). Although friends and romantic partners are especially important for offering support and protection after parental death (Keenan, 2014; Noppe & Noppe, 2014; Schoenfelder, 2010), some bereaved

adolescents were reluctant to express emotions or grief in front of peers as they felt different to their peers and perceived them as lacking understanding (Servaty-Seib & Hayslip, 2001). Parental bereaved adolescents may experience significant peer related attachment issues (Brent et al., 2009) and strained peer relations (Harris, 1991). Although experiencing trouble with peers is a normal grief response for adolescents, it could be linked to complicated grief if it persists (Robin & Omar, 2007; Christ et al., 2003). Furthermore, a rejection of friendship during adolescence could leave them feeling particularly distressed (Harris, 1991).

Although early adolescents (12-14 years) can understand abstract concepts like death, can think critically and creatively, and have unique methods of processing information (Biank & Werner Lin, 2011; Geldard et al., 2009), they are particularly sensitive to parental death. They may remain immersed in the death, have conversations with the deceased, engage in intense longing, feel the presence of the deceased and be comforted by the deceased's possessions (Harris, 1991). Their reaction can appear egocentric because they may be more concerned about how the death impacts their lives as opposed to the specifics of the parental loss, as they are less independent (Harrison & Harrington, 2001). However, due to the physiological, biological, sexual and emotional changes that are experienced as part of the process of puberty (Geldard et al., 2009), early adolescents' experience of grief may influence their development of psychopathological factors and cause an increase in mood swings and explosive displays of emotions (Robin & Omar, 2007).

Middle adolescents (15-17 years) are typically better equipped to confront death, because of their increased understanding of death (Kristjanson, Chalmers & Woodgate, 2004) and ability to integrate the future with the present and past (Christ et al., 2002). Although, middle adolescents tend to be more empathetic, thoughtful and allocentric, they tend to

truggle to balance the needs of others (Christ et al., 2002). Thus, their egocentricity can be a barrier for their grieving process due to their belief of their invulnerability and omnipotent strength (Geldard et al., 2009). Both middle and older adolescents (17-19 years) were found to escape the reality of death and engage in intense denial as a dysfunctional coping strategy (Davies, 2001; Harris, 1991) and, according to Dowdney (2000), reported rates of depression were found to increase with older parental bereft children.

2.13 Experience of Complicated Grief

Whilst grieving is normal, complicated grief encompasses symptoms of grief that are chronic, prolonged, intensified, life-altering and/or disabling (Geldard et al., 2009; Robin & Omar, 2007). The symptoms of PCBD and PGD consist of an overlap of extreme yearning for and rumination of the deceased, desire to join the deceased, identity confusion, destructive thoughts and behaviours, trust issues, anger, bitterness, numbness, feeling purposelessness, depression, inability to accept reality the death, feeling a loss of security, low self-esteem lost sense of control, loneliness and emptiness (ICD-11r, 2018; DSM-5, 2013). These symptoms affect 10-12% of the bereaved population (Cruse, 2017). According to the ICD-11r (2018) complicated grief and bereavement are synonymous of an adjustment disorder with depressed mood and may share similarities with major depressive disorder (Harrison & Harrington, 2011). However, experiencing complicated grief or depressive disorder does not necessarily increase the risk of developing a mental illness in adulthood (Rotheram-Borus et al., 2005; Harrison & Harrington, 2001).

In a study conducted by Apelian & Nesteruk (2017) complicated grief was experienced by adolescents who faced parental death. According to Christ, Siegel & Christ (2002), the experience of complicated grief in adolescents is often characterised by adolescents

making somatic complaints with no obvious aetiology, school refusal, persistent anhedonia, shoplifting, shifting to delinquent friends, being demanding, argumentative or oppositional, along with an increase in sexual behaviour and consumption of alcohol or illegal drugs It also may be characterised by experiencing social and occupational functioning impairment (Melhem et al., 2013; Hawton, 2007), feeling stuck in the grieving process, having difficulty with pursing interests, failing to develop close relationships and experiencing adverse effects on health (Wakefield, 2017; Lenhardt & McCourt, 2000). As adolescents commonly have conflictual familial relationships, they may at a greater risk of developing complicated grief if their conflictual relationship is interrupted by death (Harris, 1991). Moreover, as adolescents typically do not have a strong sense of self (Balk, 1996) and they need to redefine themselves as bereaved, they may be vulnerable to complicated bereavement if they had trouble with self-definition before the death (Robin & Omar, 2007). Although prolonged grief was associated with increased levels of functional impairment and depression that went beyond other psychopathological conditions, functional impairment was also evident amongst those experiencing a decrease in grief reactions (Melhem et al., 2011). Thus, this may highlight the potential longer-term psychological effects from experiencing early parental death, regardless if grief is prolonged.

2.14 Impact of Parental Death in Adolescence, through to Adulthood

The risk of psychiatric problems, suicidal behaviour and depressive episodes amongst parental bereft children and adolescents was found to be at its greatest during the first year following a parent's death (Niederkrotenthaler, Floderus, Alexanderson, Rasmussen, & Mittendorfer-Rutz, 2012; Gray, Weller, Fristad, & Weller, 2011; Brent et al., 2009; Cerel, Fristad, Verducci, Weller, & Weller, 2006; Agerbo, Nordentoft, & Mortensen, 2002;

Dowdney, 2000). Stikkelbrook et al. (2012), Cerel et al. (2006) and Tennant et al. (1980) believe that the most detrimental adjustment behaviours fade as they enter into young adulthood and that it has little effect on adult depressive morbidity (Kessler, et al., 1997), as the youth have time to ameliorate psychic distress and are resilient to adapt to their loss circumstances to advance their healing process (Feigelman et al., 2016). Various studies from different countries conclude that distress and problematic adjustments from various diverging bereavement populations diminish over time (Feigelman et al., 2016; Levi-Belz, 2015; Bonanno, 2009; Kreicbergs, Lannen, Onelov, & Wolfe, 2007; Ott, Lueger, Kelber, & Prigerson, 2007; Himaz, 2003). However, Bylund-Grenklo et al., (2016) reported that parental bereft adolescents by cancer reported little or no grief resolution six to nine years following their parent's death, whilst grief distress did not appear until two years after the death. Moreover, Biank & Werner Lin (2011) assert that a child's grief is never resolved, whilst Keenan (2014) stated that whilst mourning is a lifelong process, the effects can be mediated if the grief is processed.

2.15 Impact of Psychosocial factors

According to Parkes (1996), grief is part of a reconstruction process called 'psychosocial transition'. Parental bereaved adolescents may experience a range of unique post-death stressors and environmental, socioeconomic, social and familial transitions after their loss (Berg et al., 2019; Luecken & Roubinov, 2012; Breen & O'Connor, 2007; Tremblay & Israel, 1998; Tyson- Rawson, 1996; Rutter, 1974) which may affect parenting behaviours, practices and caretaking abilities and the quality of parent-child interactions. Bereaved adolescents may experience a loss of security, stability and predictability of family routines, transition to a single-parent household, increased family responsibilities, economic hardship, involvement of child welfare interventions, potential relocation (Apelian & Nesteruk, 2017; McClatchey & Wimmer, 2012), destabilisation of the familial

unit (Robin & Omar, 2007) and an increased risk of abuse and neglect (Berg et al., 2019; Goodman & Gotlib, 2002). Early parental death was associated with negative evaluations of parents and an inability to recall positive memories (Christ et al., 2003), whilst Feigelman et al.'s (2016) study reported that the bereaved were being forced out of their parents' homes, which is suggestive of familial conflict and discord. Their psychosocial and familial changes may precipitate feelings of stress, influence and/or exacerbate their grieving process, potentially exacerbate psychiatric symptoms and poor emotional regulation abilities in the bereaved (Luecken & Roubinov, 2012; Pfeffer et al., 1997; Tyson-Rawson, 1996; Davies, 1991) and overall increase the vulnerability risk (Biank & Werner Lin, 2011; Robin & Omar, 2007) and adjustment risk of the offspring (Berg, Rostila, & Hjern, 2016; Tremblay & Israel, 1998).

However, the extent to which socioeconomic factors have over the psychological risks within the bereaved offspring is difficult to ascertain, particularly as high rates of hospital admissions and outpatient care and indicators of substance abuse, psychiatric disorders or criminality, were seen for children whose parents were of a lower socioeconomic status (Berg et al., 2019), whilst these rates were decreased after the parental bereft offspring adjusted to socioeconomic and sociodemographic confounders (Berg et al., 2019). The surviving parents' well-being in predicting the wellbeing or subsequent risk of the bereft offspring is highly significant (Melhem et al., 2013; Sandler et al., 2010; Brent et al., 2009; Tein et al., 2006; Kalter et al., 2002) as their pre-existing psychosocial issues or parental psychopathology may increase the offspring's vulnerability risk of developing mental health problems (Weller, Weller, Fristad, & Bowes, 1991). Melhem et al. (2011) found that the combination of complicated grief in the surviving parent was particularly potent in predicting incident depression in children and adolescents as long as three years after the

death. However, as parental bereft offspring with prolonged grief reactions had higher rates of previous personal history of depression or a family history of bipolar disorder (Melhem et al. (2011), they may be more vulnerable as a result of a genetic risk factor or heritable trait (Berg et al., 2019). Thus, indicators of pre-existing psychological issues may also influence the impact from experiencing parental death (Berg et al., 2016; Luecken & Roubinov, 2012; Melhem et al., 2011) as youth who reported having one or more depressive episodes prior to parental death were at a greater risk for depression (Brent et al., 2009). Although it is difficult to ascertain if the consequences from parental death in adolescence are from the effects of the death itself or from environmental, genetic or familial circumstances, Sandler (2001) suggests that the cumulative impact of multiple risk, vulnerability and protective factors can help explain differential mental health outcomes within the bereaved.

Although adolescents need the adult's permission to grieve, adults often assume that children and adolescents overcome grief quickly, at a decreasing rate and with a clear ending (Black, 2005) due to their semblance of adulthood, increased autonomy, maturity and independence (Cafferky et al., 2018; Geldard et al., 2009), despite the fact that grief can potentially last years with varying degrees of intensities (Black, 2005). Thus, support is often withheld from adolescents and prioritised to younger siblings (Niederkrontenthaler, et al., 2012).

The reconciliation and adjustment of grief from parental death is believed to be heavily dependent on the level of support received (Biank & Werner Lin, 2011; Cait, 2005; Christ, Bonanno, Malkinson & Rubin, 2003). Fewer reports of stress, physical issues and a tumultuous grieving process was reported when there were greater levels of parental care from the surviving parent (Luecken et al., 2009; Ringler & Hayden, 2000). Surviving

parents are a critical protective factor that predict lower mental health problems for bereaved children (Biank & Werner Lin, 2011; Fauth, et al., 2009; Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Kendler, Gardner & Prescott, 2002). They assist children through grief, adjustment and adaption to the parental death (Melhem et al., 2011; Auman, 2007; Cait, 2005). Parental bereaved adolescents have been found to be particularly vulnerable without parental support (Apelian & Nesteruk, 2017) and the negative effects from parental loss are mediated by disruptions and reduced cohesion in the family environment (Partridge & Kotler, 1987).

An absent and/or grieving parent, as a result of parental death, may hinder the adolescent's ability to master their developmental tasks (Balk, 1996) and subsequent transition to adulthood (Noppe & Noppe, 2004). However, the bereft adolescent may not receive the emotional support they need due to the emotional unavailability of their surviving parent (Luecken & Roubinov, 2012; Harris, 1999). Depression, acute and long-term crisis in the surviving parent could be attributable to having to deal with an untimely death of spousal loss (Tremblay & Israel, 1998; Stroebe & Stroebe, 1993) and/or having had to be a carer for their spouse (Bylund-Grenklo et al., 2016) if death was experienced through illness (Stroebe & Stroebe, 1993). The bereaved offspring may be employed to support the grieving or distressed parent or family, which may increase their own risk of maladjustment as they may feel overwhelmed, resentful or intolerant of the emotional dependence or perceived neediness of their bereaved family or surviving parent (Balk & Corr, 2010; Tyson-Rawson, 1996) whilst needing to manage their own grief (Cait, 2005).

As all family members will grieve differently, depending on their relationship with the deceased, dis-synchronous expressions of grief may inhibit feelings of connection in families (Tyson-Rawson, 1996), thus further isolating the bereaved child (Biank & Werner

Lin, 2011). Moreover, as children and parents often hide their grief to protect one another (Penny, 2004), their mutual relationship can be hindered and they may fail to process their grief and reality, thus possibly increasing their vulnerability to distress and/or leading to symptomology of complex grief, such as experiencing intrusive memories or thoughts associated with the avoided area of thought (Clayton, 2015). Without parental stability or guidance and the opportunity to learn to emotionally regulate through observational learning, modelling and social referencing, parental bereft adolescents' ability to regulate may be strained which may regulate negative emotions to cause emotional and behavioural problems (Luecken & Roubinov, 2012; Morris, 2007). Moreover, pre-existing poor socialisation of emotional regulation in bereaved young people was found to exacerbate generalised adjustment difficulties including poor social adjustment, psychiatric symptoms and difficulties with the grieving process within bereaved adolescents (Morris, 2007; Pfeffer, et al., 1997; Tyson-Rawson, 1996).

2.16 Psychosocial Risks from the Experience of Parental Death in Adolescence

Adolescents were more adversely affected by their parental bereavement than their younger siblings as they likely needed to assume parental responsibilities alongside educational attainment (Niederkrotenthaler et al., 2012). Parental bereft offspring were also likely to be lacking in material advantages, have experiences of being dispossessed and living independently from their parents (Feigelman et al., 2016). Thus, the negative impacts on their financial state, welfare and overall socio-economic disadvantage, could be impacted by their accumulation of human capital (Himaz, 2013; Evans et al., 2005). Along with having financial issues (Apelian & Nesteruk, 2017), they also experienced less occupational success (Akerman & Stathman, 2014) and educational attainment (Feigelman et al., 2016; Berg et al., 2014, Draper & Hancock, 2011; Harris, 1991).

2.17 Positive Growth

Despite the various psychological and psychosocial negative effects that can result from experiencing parental death in adolescence, Apelian & Nesteruk (2017), Brewer & Sparke (2011) and Wolchik et al. (2009) found that parental bereaved young people had experienced positive psychological change or post-traumatic growth, such positives included a heightened positive outlook, a greater caring for one's support network, increased closeness to one's support network, a fuller appreciation and gratitude for life and existence, becoming more altruistic and having increased resiliency (Fauth et al., 2009). Balk (1996) found that growth may occur if one responds well to parental bereavement. Wolchik et al. (2009) found that over six years after the death of a parent, intra- and interpersonal coping processes explained improvements in several areas of positive growth, which included developing a new area of interest, accepting help from others and realising one's personal strength and self-reliance. The outcome of parental bereavement may also lead one to becoming closer to religion (Balk, 1996), developing a greater sense of maturity (Tyson-Rawson, 1996) strengthening friendships with siblings due to their shared experience and ability to identify with their experiences (Apelian & Nesteruk, 2017; Mack, 2004) and making and maintaining supportive friends (Davies, 1991).

2.18 Critical Analysis and Assessment of the literature Review

Although section 2.8 highlighted that the overall quality of the literature was of a good standard, several limitations have been noted. A plethora of research examines the impact of childhood 'adversities' though the type of adversity is frequently unspecified, despite the vast differences amongst the impact of these various adversities. A large amount of literature spoke about specific modes of death, i.e. illness or suicide as opposed to parental

death as a whole, whilst a great deal of literature focused on parental loss, which may not necessarily include parental death or highlight the inclusion of what constitutes ‘loss’.

In addition, the overly inclusive term of ‘early parental death’ often does not specify age or developmental criterion. Throughout the literature, there was also frequently poor stipulation of the exact age or developmental stage of the ‘young person’,’ adolescence’ ‘child’, ‘offspring’, of whom has experienced parental death. As developmental differences in cognitive and emotional growth may alter the adjustment and experience of parental death of the bereaved, there is a lack of clarity and understanding relating to their adjustment post parental death and the differential impact of experiencing parental death according to the age of the offspring. This resulted in a lack of clarity and understanding of the implications of parental death during adolescence and the risk to psychological issues, depending on these various factors. Also, the scarcity of prospective, longitudinal studies, particularly for a considerably long period after the parental death, makes it difficult to form conclusions about age effects or critical periods. Overall, there was a lack of focus on the experience of adolescents as a distinct group, amongst bereavement and grief literature. There was a greater emphasis amongst ‘childhood’ parental death and many papers that spoke about children and adolescents together did not acknowledge their differences but included them within the same group. Additionally, although adult grief models were present amongst the bereavement literature that went beyond the scope of this review, there appeared to be a lack of well-recognised frameworks to aid understanding of parental bereaved adolescent’s process of grief. This review also illuminated that the impact of which the mode of death has on the subsequent experiences of parental death is conflicted within the literature.

Overall, although studies suggest that negative effects on the bereft occur, the association between long-term psychological and psychosocial effects from experiencing early parental death, encompassing the longevity and severity of the effects, is heavily debated and conflicted within the literature. Additionally, most of the research on the long-term effects of parental death focuses on the vulnerability to depressive disorders in adult life, as opposed to the overall impact of the experience. There are very few empirical studies establishing a causal impact between early parental death and the long-term familial outcomes, such as familial relationships, family disharmony and familial absence, despite the plethora of research exploring various other psychosocial factors that influence the parental bereft offspring. Although there is an understanding of the effects of parental death during adolescence, in comparison to young children and young adults (up to 26 years), there are few studies exploring how parental death during childhood or adolescence differs from parental death in adulthood, and their comparative impact across the lifespan.

Although qualitative research exists on the experiences and impact of parental death during adolescence through to the lifespan, retrospective experiences of parental death and the impact from specific modes of death, there is a lack of recent research conducted by Counselling Psychologists that collated these factors and employed IPA as the methodology of the study. Thus, the researcher's questions using the methodology of IPA are the following; What is the lived experience and perceived impact from facing parental death in adolescence, regardless of mode of death? And, how does the experience of parental death in adolescence impact on the bereaved through to their adulthood? As the researcher is a Counselling Psychologist, the findings will be used to inform further academic research and counselling psychological intervention., The findings will also inform support services and service delivery within counselling psychology and across the health, education and community sector.

2.19 Chapter Summary

This chapter has reviewed the relevant research, pertaining to the understanding of the psychological and psychosocial impact from experiencing parental death in adolescence, to adulthood. The review foregrounds the developmental significance of adolescents in terms of their grieving process and included the various cognitive, physical and biological factors that influenced the impact and adjustment from parental death. However, as numerous aforementioned factors went beyond the scope of the review, the most salient themes were presented and explored. The researcher also critically examined the relevant research and illuminated the gaps in knowledge relating to the impact of parental death in adolescence and the subsequent adaption to this life event, through the life course.

CHAPTER 3 - RESEARCH REPORT

3.1 Overview

This chapter will begin by outlining the aims of this research, providing justification for the chosen research methodology, highlighting the advantages of this chosen methodological design and exploring the philosophical assumptions that underpin the study. The research methodology will be explained by detailing the research procedures, followed by an explanation of the quality criteria for which the research adhered to and by which could be judged. The ethical considerations, strengths and limitations of the study will then be highlighted. The chapter will then conclude with the researcher's reflexive account of the methodological process.

3.2 Aims

As a researcher, and trainee Counselling Psychologist, the author of this study aims to understand the wholeness and essence of the impact and grieving process from experiencing parental death in adolescence. This understanding aims to be obtained by listening to the experts of this actuality, through hearing the lived experiences of participants from adolescence to adulthood. The literature highlighted a gap in knowledge in relation to understanding the subjective and individual impact of experiencing parental death in adolescence, particularly in relation to how this informs counselling psychological intervention. Thus, the expected outcomes of this study are to formulate a range of insights into this experience of parental death in adolescence, contribute to relevant theories underpinning the consequent impact of parental bereavement during adolescence and inform counselling psychological understanding of the impact of this experience. Although it is not within the scope of this thesis to create a specific therapeutic model, approach or intervention for working therapeutically with individuals bereaved by parental death in

adolescence, the primary aim of the research is to synthesise the findings from the research to highlight the implications for Counselling Psychologists and related professionals, and implications across the health, education and community sector, with regard to individuals who have faced parental death in adolescence. Furthermore, the findings intend to guide the amelioration of support and preventive interventions for this population.

3.3 Methodological Rationale

Having identified the chosen subject area and subsequent research questions (see section 3.9), which were of interest to the researcher and intended to address the gap in research, the next step for the researcher was to choose the research method best suited to address the identified research questions and aims of the study. Qualitative research was deemed an appropriate methodological fit in line with the aim of this research, as it facilitates a deeper exploration and interpretation of the textual unquantifiable data which lends itself to the discovery of themes and unanticipated findings (Barker, Pistrang & Elliott, 2002). The idiographic approach of qualitative research is highly advantageous in that it works towards defining phenomena in terms of experienced meanings.

Moreover, qualitative research focuses on the process of enriching understanding rather than verifying earlier theories through experimentation and surveys (Maxwell & Loomis, 2003) and represents the experiences and subjective perspectives of individuals as they encounter particular situations (Cormack, 2000). Qualitative research illuminates themes from direct qualitative fieldwork as opposed to the method of quantitative research whereby data is assessed through the use of statistical methods (Elliott, Fischer & Rennie, 1999). Although some quantitative research has provided an understanding of the frequency and extent of parental death in adolescence, it fails to consider the complexity of the emotional, social, psychological and interpersonal adaption following such an event

and its consequence on adulthood, which qualitative research can achieve (Barker, Pistrang & Elliott, 2002).

3.4 Design

3.4.1 Qualitative Approach Utilised

IPA - in the tradition of Smith and Osborn (2003) and Smith, Flowers and Larkin (2009) - was the chosen qualitative methodology as it is a thematic method that is dictated by the research question and is consistent with the aim of the study. IPA is an established qualitative approach utilised by researchers within the field of counselling psychology due to its commitment to understanding the subjective lived experience of phenomena from a first-person perspective as a method for psychological understanding. It facilitates the researcher to identity and analyse multiple subjective interpretations and perspectives individuals may make of their lived experiences (Smith et al., 2009).

The intention of IPA is to explore in detail the participants' self-reflections and accounts of their experience of their personal, psychological and social world, in order to gain an understanding of their lived experiences through their perceptions and idiosyncratic views (Reid, Flowers & Larkin, 2005). IPA is informed by the following main areas of philosophical knowledge; phenomenology, hermeneutics and idiography. Phenomenology concerns itself with consciousness as experienced by individuals, whilst hermeneutics is essentially concerned with how individuals understand, make sense and interpret experiences, and ideography relates to the individual meaning and perspective that an individual ascribes to their experience in a given context (Smith et al., 2009)

3.5 The Theoretical Underpinning of IPA

3.5.1 Epistemological Positioning

Epistemology is the study, theory and justification of knowledge (Carter & Little, 2007). It examines how we make knowledge through identifying the characteristics of knowledge, how people use such knowledge, what meaning it has for them and ultimately how this knowledge then impacts their behaviour (Schmidt, 2001). The researcher's epistemological stance of an interpretivist underlined the entire research process, as the researcher was concerned with "interpretation, multiplicity, context, depth, and local knowledge" (Ramey & Grubb, 2009, p. 80). Thus, IPA was the chosen methodology as an interpretivist approach is generally synonymous with a constructivist philosophical viewpoint.

The aim of IPA is underpinned by the phenomenological philosophy initiated by Husserl in which a 'phenomenological attitude' is adopted (Husserl, Sheehan & Palmer, 1997). As phenomenology is about how we experience events and objects, IPA attempts to explore and examine one's subjective perceptions and lived experiences of an object or event instead of offering objective statements. Additionally, it does not speculate on the causes of such experiences (Neubauer, Witkop & Varpio, 2019). According to Schmidt (2001), there can be no objective view as all truths and knowledge are socially constructed by human interaction with the world instead of objective empirical observation. According to Carr (2006), human perception is dependent on background theories and thus is prejudiced by an interpretive element which determines how perceptions are understood.

3.6 The Philosophical Underpinning of IPA

3.6.1 Ontological Positioning

The construction of meaning (epistemology) and the construction of a meaningful reality (ontology) are mutually dependent. Ontology is concerned with both the nature and conditions of social reality and its existence (Ramey & Grubb, 2009). Constructivist research is relativist and subjectivist as relativism relates to the ontological standpoint that knowledge arises from an evolved perspective (Raskin, 2008) and posits that there is no objective truth. Therefore, IPA subscribes to relativist ontology by having a symbolic interactionist perspective (Sheldrake, 2010), which is the ontological viewpoint of the researcher. Therefore, the researcher's philosophical and theoretical stance informed the chosen research methodology. IPA does not attempt to reduce the findings to predefined or overly abstract categories (Smith et al., 2009), claim 'truths' or compare participants' experiences to an external 'reality' (Willig, 2001). However, interpretative enquiry can claim a stance of objectivity as 'over-arching' narratives of the reality are recognised through the 'double hermeneutic', whereby the researcher engages with a two-stage interpretation process, involving interpretations of how the participant makes sense of the world and how the researcher makes sense of the participants' world (Smith et al., 2009; Smith & Osborn, 2003).

> "IPA's idiographic nature is also in keeping with the objects of the study as it is committed to understanding how a particular experiential phenomenon has been understood from the perspective of particular people, in a particular context" (Smith et al., 2009, p. 29).

Therefore, IPA has the capacity to illuminate shared commonality (Shinebourne, 2001) alongside highlighting the subjectivity of one's experience. Despite IPA receiving scrutiny

over the generalisability of its findings (Cresswell & Plano Clark, 2007), IPA does not aim to make generalisations, but by delving deep into a particular experience through painstaking analysis, it takes us closer to the universal meaning of such phenomenon (Warnock, 1987).

3.7 Rationale for the use of IPA

3.7.1 Advantages

IPA also offers flexibility to deal with the complexities of human experience alongside providing a rigorous framework to aid the researcher and reader to make sense of the material insofar as although questions are pre-determined, the structure of the questions allows the participant to speak freely (Smith & Osborn, 2003). As sample sizes are small, they give full appreciation to each participant's account (Smith et al., 2009; Cresswell & Plano Clark, 2007), in contrast to the use of a nomothetic approach, of which arguably can lose sight of the 'whole person', due to its focus on quantitative data (Luthans & Davis, 1982). Although IPA does not make generalisations, it illuminates shared commonality (Shinebourne, 2001).

IPA also considers the personal bias and interpretation of the researcher (Cresswell & Plano Clark, 2007) which was pertinent given the shared experience of the researcher and participants in relation to the experience explored. As opposed to bracketing off the researcher's experience, which is a method used in qualitative research to mitigate the possible deleterious effects of suppositions that can potentially taint the research process (Tufford & Newman, 2010), IPA supports the critical view that the researcher's personal influence over the findings, when sufficiently examined, enhances the understanding of the IPA process (Smith, 2007).

As one aim of counselling is to investigate the past so that it can be faced, renegotiated and in some respects even relived, with a new ending (Jacobs, 1986), the methodological approach of IPA is aligned with the philosophical standpoint of counselling psychology. When utilising IPA, participants are encouraged to re-interpret their experiences of which reconstructive function is a key aspect of many counselling psychological therapeutic approaches. Thus, IPA is a relevant approach to inform counselling psychological intervention.

3.7.2 IPA, Grounded Theory, Thematic Analysis and Narrative analysis

IPA was the chosen methodological design for this research as it focuses on the participants' nuanced accounts of their psychological world, in line with the aim of this study. Moreover, it enabled the researcher to acquire an 'insider' perspective into individuals' cognitive reasoning along with the social and cultural contexts of experience (Smith et al., 2009). Although Grounded Theory is a useful approach that has a clear relationship with IPA as it adopts a similar perspective in capturing the essence of an experience (Jamshed, 2014), it was rejected due to its greater focus on social processes, rather than individual experience and meaning (Charmaz, 2008). IPA was chosen over Thematic Analysis as it offers a more interpreted and conceptual account in order to understand the subject matter, which goes beyond the use of Thematic Analysis. IPA is more concerned with presenting an explanation through understanding the subject matter (Smith, Flowers & Larkin, 2009). Narrative analysis was considered but rejected due to its focus on just one way of meaning-making, whilst IPA is more concerned with cognitions and sense-making and thus less constrained in terms is of how it can make sense of participants' experiences (Smith et al., 2009).

3.8 Justification for using a Semi-Structured Interview

Semi-structured interviews were chosen as the method of enquiry, which is the usual approach adopted for IPA (Cohen, Manion & Morrison, 2018). According to Cohen et al. (2018), the research interview provides access to participants' knowledge, information, attitudes and beliefs, thus aiding the elicitation of rich primary data. Semi-structured interviews allow for flexibility, as the researcher can modify their responses in light of the participants' responses. This promotes the establishment of a rapport between participant and researcher, due to the researcher's ability to embrace spontaneity and initiative.

3.9 Research Questions

The researcher aimed to explore the phenomenological and interpretative features of participants' accounts of experiencing parental death in adolescence and the impact of this experience in adulthood. The following are the primary research questions of this thesis:

1. What is the lived experience of having faced parental death in adolescence and how does this progress through to adulthood?
2. What is the perceived impact of experiencing parental death in adolescence through to adulthood?

The provisional list of interview questions created and utilised to help answer these primary research questions, can be seen in Appendix A.

3.10 The Recruitment Process

As participants were interviewed retrospectively about their bereavement experience, they were less likely to currently be in therapy, thereby few clients at bereavement counselling services would have met the inclusion criteria. Thus, as the study was researching a somewhat "hidden" population, where participants were unlikely to be found in one particular service or by one specific sampling approach, there was no obvious alternative to recruit by using a snowball sampling method. This consisted of identifying participants

who could then refer the researcher to other participants, which takes advantage of the social networks of identified participants to providing the researcher with an ever-expanding set of potential contacts (Atkinson & Flint, 2001).

Recruitment advertisements were provided in the form of posters (see Appendix B) to notice boards across various bereavement and non-bereavement services that included University common areas of the University of Wolverhampton, libraries and Primary Care clinics and via posts on social media sites (Twitter and Facebook) and posts within specialised groups on Facebook ('Bereavement Support' and 'Friends Together Bereavement Support Network') and websites ('Survivors of Bereavement by Suicide' and 'Palliative, Neurological and Bereavement Support'). By advertising within services in the community and digitally, the researcher aimed to attract a large audience in order to increase the likelihood of accessing a homogenous sample of potential participants, defined by the inclusion and exclusion criteria, whom wished to partake in the research. The researcher wrote to the service managers or emailed the administrator of these websites and social media groups to seek permission prior to advertising (see Appendix C). The letter granting Ethical Approval from the University of Wolverhampton (see Appendix D) was attached to these correspondences to evidence that the research had been formally approved.

The posters and online advertisements included the minimum inclusion criteria for participants (i.e. age requirement), alongside the contact details of the researcher. If the potential participant contacted the researcher to share their interest in participation, an invitation letter (see Appendix E) was emailed along with the participant information sheet (see Appendix F). If the participant was deemed to meet the inclusion criteria, they were then sent the consent form (see Appendix G) and requested to return a hard copy to the

University or electronically to the researcher's email address. The participants did not have to confirm participation by a set deadline as the researcher believed it was pertinent to give participants' optimal time to contemplate whether they wished to take part or not. In line with the snowball sampling method, participants were also informed that they could pass on the researcher's contact details to individuals that they knew had encountered the experience, if they also wished to take part. If these potential participants contacted to share their interest in participation, they were also sent an invitation letter (see Appendix E), participant information sheet (see Appendix F) and consent form (see Appendix G) and the research process continued using the same method as the original participants. The researcher interviewed those on a first come, first serve basis. Two participants were acquired from the snowball sampling method whilst five participants were recruited from the research advertisements.

3.11 Participant Information

3.11.1 Sampling

There is no set rule on how many participants to include for IPA as the ideal number of participants suggested is varied within literature (Smith & Osborn, 2003), as it depends on the depth and richness of analysis per case study and pragmatic restrictions such as the feasibility of recruiting participants within the time limitations of the study (Turpin et al., 2007). The primary concern of IPA is to give full appreciation to each participant's account by conducting a detailed and time-consuming case-by-case analysis (Smith et al., 2009).

Smith & Osborn (2003) suggest between six to eight participants is optimal for an IPA study as it is believed to facilitate the opportunity to examine similarities and differences between individuals, and offer the opportunity to consider connections between different

aspects of participants' experiences whilst collating a pragmatic amount of data that can be analysed in depth (Turpin et al., 2007). The researcher aimed to interview between 4-10 participants in keeping with IPA requirements to have a small and fairly homogenous purposive sample. Seven interviews were conducted as the researcher intuitively believed that key superordinate and subordinate themes had emerged at that point, where a comprehensive amount and depth of data was collated. Therefore, no further interviews were conducted.

3.11.2 Inclusion Criteria

The inclusion criteria consisted of individuals over 20 years of age who had not experienced parental bereavement from 12-19 years of age. Retrospective experiences of parental death in adolescence was researched as it was deemed that the participants' had time to reflect on their experiences, thus increasing the likelihood of receiving 'richer' data.

However, individuals at 20 years of age whom had experienced parental death in the last did not meet the inclusion criteria, as the researcher deemed it less likely that would be able to connect to their experiences in as much depth, due to the lack of time to process their grief. Moreover, from an ethical standpoint, exploring their experience in depth, so soon after this event may too overwhelming and possibly traumatising to explore. English speakers were permitted for this research as the researcher believed that connection to the participants' lived experiences could be lost if a translator was required. Also, having a translator would impact the level of confidentiality that could be achieved. Therefore, as the researcher is not fluent in a language apart from English, only fluent English speakers were considered for participation.

There was no maximum age criterion for participants as the grieving process can be life-long and does not have a cut-off point. Participants could also have been only children or had siblings, could have lost both parents or did not have a surviving parent. Despite this inclusive criterion, the researcher deemed the sample to be a homogenous group due to the degree of similarity from all participants, as they were all White Females from the British Isles. In addition, all participants experienced parental death between the ages of 12-19 years, thus, experiencing parental death within this specific seven-year period. Moreover, given the relative rarity of the phenomenon (Smith et al., 2009) and the fact that the group were of a somewhat "hidden population" (Atkinson & Flint, 2001), the researcher needed to be aware of pragmatic considerations in terms of the ease and difficulty of accessing potential participants and thus did not include a maximum age.

3.11.3 Exclusion Criteria

Participants, who experienced parental death before the age of 12 and over the age of 20, were not permitted to take part. The researcher excluded adults who experienced parental loss in the last year (adults who are currently twenty years of age) as the researcher believed that their ability to be reflective may be compromised due to their recent grief and interviewing the recently bereaved posed a potential risk to creating psychological damage. Also, the researcher wished to interview those who were likely to have insight into how their loss has affected them from a retrospective viewpoint.

The research excluded individuals who were not fluent English speakers and who were friends or family members of the researcher. The researcher believed that by interviewing one's friends or family members, anonymity would be compromised, and it could influence the level of the depth reached by the participant and boundaries may be more difficult to maintain given this interpersonal relationship. The research excluded those with severe learning/communication difficulties or compromised cognitive abilities as it was

pertinent that the researcher would be able to make sense of the participants' lived experiences for data analysis. The researcher determined whether a potential participant was likely to have learning, cognitive or communication difficulties by utilising their clinical judgement and psychological awareness of these difficulties, during the telephone 'pre-interview' (see section 3.14.2) whereby the researcher and potential participant conversed about the research and participant eligibility. Additionally, from the pre-interview, participants would have been excluded if the researcher had serious concerns relating to the risk of participation on their mental health and wellbeing, based on their presenting state.

3.11.4 Participant demographics

The demographics of participants can be fully seen in Table 3.0 below. The seven participants who came forward for participation were White British/White Irish females between 22 and 58 years of age. The rationale for the inclusion of a wide age range and how this group remains homogenous as a result, can be seen in section 3.8.2. To ensure participant anonymity, table 3.0 below, shows the Pseudonyms used, alongside the inclusion of their current age (in decades).

Table 3.0: Table of Participant Demographics

Pseudonym	Parent Lost During adolescence	Cause of Parental Death	Age when bereaved	Ethnicity	Marital Status & Children	Current Age (decade)
Doris	Mother	Terminal illness (sudden)	14	White British	Separated + Children	In 50s
Eve	Mother & Father	Terminal Cancer	16	White Irish	Single + No children	In 20s
Pam	Mother	Terminal illness (sudden)	12	White British	Married + children	In 40s
Lucy	Mother	Lung Cancer	18	White British	Divorced + children	In 40s
Nora	Father	Suicide	13	White British	Married + children	In 40s
Mary	Mother	Suicide	14	White British	Married + 1 child	In 50s
Vera	Father	Suicide	12	White British	Single & no children	In 40s

3.12 Materials Used

3.12.1 Recording Audio Equipment

A digital Dictaphone was used to record interviews. This Dictaphone was attached to the researcher's mobile phone using a Universal Serial Bus (USB) lead. A unique Subscriber Identity Module (SIM) Card was used by the researcher when contacting participants to protect her personal phone number, in line with ethical considerations for researcher personal anonymity. Participants were informed of the recording method and the data protection policy was reiterated to each participant at the beginning of each interview.

3.12.2 Participant Information Sheets

The potential participants, who showed interest in taking part in the study, were given a 'Participant Information Sheet' (see Appendix F). This stated the aims of the study and the

potential benefits and consequences of taking part. It also stated the data protection, confidentiality of the research and how participants can withdraw from the study. It also stated the people who had reviewed this study at the University, for the purpose of ethical considerations and it provided contact details for the researcher. Although the participant information sheet highlights that interviews would take place in person, potential participants that came forward were informed via telephone or email, that all interviews would take place by phone. Prior to receiving participant interest in the study, the researcher submitted a letter to the ethics committee (See Appendix D1) to request the use of telephone interviews. The specific rationale for this change is highlighted in this letter, whilst section (3.13.2) explains the usefulness of telephone interviews. The ethics committee granted approval for this change in procedure (see Appendix D2).

3.12.3 Consent Form

If potential participants contacted the researcher to share their interest in taking part, a consent form (see Appendix G) was given, whereby the participant had to confirm they understood all implications and protocols of the research including how research is conducted, how data is managed and how confidentiality may be breached for safeguarding purposes. This consent form was required to be signed and returned to the researcher via a paper copy or electronically. The researcher also verbally reiterated the content of the consent form and verbal consent was obtained prior to recording. All participants were ensured that provision of consent did not impact their ability to withdraw from the study.

3.12.4 Interview Schedule

The researcher created a schedule of interview questions (See Appendix A) that aimed to address the research question and aims of the study. These questions were developed sensitively from the researcher's clinical experience as a therapist, with empathy

established from her ‘insider status’ of having experienced parental death in adolescence. Although these questions were open-ended to ensure that the participant was not being directed to give pre-determined responses; they related sufficiently to the research questions. However, after the pilot interview, the researcher decided to use the initial schedule as a topic guide (See Appendix A), whereby questions were used from a position of flexibility as opposed to chronological order, as the researcher believed that this would further help to achieve the balance of breadth and depth in the interviews. Moreover, this accommodated the various impromptu factors of each interview and subsequently was in line with the researcher’s focus on facilitating a nuanced individualistic interview for each participant, thus embodying the essence of IPA. Thus, the delivery of questions varied considerably between participants. Not all questions from the topic guide were answered as the sole focus was answering the overall research questions. In reality, less than 50% of the questions were asked were in chronological order of the interview schedule as the researcher facilitated participants to respond naturally from their own discourse. However, the use of pre-determined questions as per the interview schedule was helpful in times where the participants struggled to continue their thought process yet did not elicit a strict and structural response. Exploratory prompts and probes such as ‘How did you feel?’, ‘Would you like to expand on that?’, and ‘What does that mean to you?’ were integrated before or after the use of these questions, when the interview aimed to elicit more information on a particular topic. However, the researcher ensured that probing or prompting did not involve leading or closed questions, to ensure participant autonomy.

3.13 Data Collection

3.13.1 Interview Process

The interviews intended to last from approximately 45-50 minutes. However, in some instances, this was extended to 60 minutes. The rationale for this extension is further explained in the summary of the researcher's journal, as seen in section 6.6. At the beginning of the interview, the details of the information sheet (See Appendix E), were reiterated and how the semi-structured interview would be conducted, were explained. The option to ask questions was offered, along with sharing that a post-interview (see section 3.14.3) could take place after the research was conducted. Moreover, details of the ethical data management protocol were explained, along with their right to withdraw (this is further explained in section 3.13.6).

3.13.2 Semi-Structured Interviews

Semi-structured interviews conducted in the form of open-ended dialogue were utilised as this method helped to ensure that participants felt that they had control over what was disclosed. This also facilitated the interviewer to follow the participants' pace and allow the participant to take the lead, which was crucial given the sensitivity of content shared.

The researcher was constantly aware of the direction and depth of the interview, so that relevance was constantly monitored (Burgess, 2016). As a topic guide was used instead of the proposed interview schedule, considering the researcher's reflections of using the interview schedule within the pilot session, participants were enabled to talk widely and in depth about their experience of parental death in adolescence. The researcher began the interview by asking broad questions (Smith, 1995) from the topic guide, which facilitated the subjective experiences of the participants to emerge. The researcher then frequently used 'probes' (as discussed in section 3.12.4) in order to elicit more detailed responses

from the initial broader questions of the participant's response. However, as they were also phrased using broad language and aimed for the participant to expand their responses as opposed to gaining specific information, participant autonomy was ensured as the participants could answer as generally as they wished. The researcher did not use probes continuously as the responses to many specific questions relating to the topic guide frequently arose naturally over the course of the interviews. In order to make certain that although there was not significant deviation from the addressed topic, this guide facilitated the researcher to adopt questioning based on the emerging material from the participant. For example, in response to a participant's explanation of experiencing a changing relationship with her surviving parent, the researcher enquired, "And how has your experience of parental death influenced your relationships outside from your family?" as opposed to strictly following the proposed interview schedule. Achieving the balance between structure and versatility is the key strength of using a semi-structured style. Furthermore, the researcher ensured that all questions were easily understood by all participants, by being constructed free of jargon (Jamshed, 2014). Further information on the interview schedule can be seen in section (3.11.4).

The interviewer reflected after each interview over the course of the week that the interview was conducted, prior to the subsequent interview, and kept reflective notes to inform subsequent interviews in terms of the established rapport, conduction of sensitive and ethical interviewing and the impact of the researcher's personal positioning in the context of the interaction (Hitchcock & Hughes, 1995). A sample of the researcher's reflections can be seen in a summary of the researcher's research journal within section 6.6. How the researcher ensured to engage with the participants' accounts whilst maintaining an explicit awareness of their own preconceptions, experience and knowledge

and subsequently documenting its influence on the research findings and on the research process in general, is explained in the section on Reflectivity on pg. 72.

3.13.3 Telephone Interviews

Telephone interviews were chosen as it was a convenient and effective method for both the researcher and participant. Studies that compare telephone and face-to-face interviews conclude that telephone interviews produce data at least comparable in quality to face-to-face interviews (Carr & Worth, 2001). According to Aday (1998), telephone interviews include decreased cost and travel for both the interviewer and participant. Moreover, as participants were not recruited face-to-face, the use of telephone interviews enhanced interviewer safety (Bernard, 2002) and minimised the potential risks of meeting unknown and unverified individuals from the internet. It also meant that the research was not limited by geographical location as any participant could take part if they had access to a telephone or a software application that facilitates audio calls (Aday, 1998). The researcher believes that the use of telephone interviews was beneficial as they enabled the participant to speak about their experience in their familiar environment and without the additional exposure of being face-to-face with a researcher, thus potentially enabling the participant to delve deeper into exploring their experience (Carr & Worth, 2001). Moreover, telephone interviews are considered to be particularly useful when exploring traumatic and sensitive topics (Trier-Bieniek, 2012). The researcher ensured the interviews were conducted sensitively in a safe and confidential space, due to the sensitivity of the topic being discussed.

3.13.4 Pilot interview

The first interview was intended as a pilot interview but due to the richness of the data that emerged and effectiveness of the execution of the interview, it was decided to be used as the first interview for analysis. As the researcher became aware of several themes that

emerged from this interview, a sufficient understanding of the lived experience of the participant was received which is the primary aim of IPA. As the success of an interview is heavily dependent on interpersonal skills, the use of a pilot interview aided the development of these skills and enabled the interviewer to test the suitability, coherence and comprehensibility of the questions asked, through scrutinising the interviewing style adopted. As stated in section 3.12.4. the researcher reflected on her strict adherence to the interview schedule in the pilot interview and decided to use topic guide for subsequent interviews. This further aided to accommodate the participants' pace and facilitated the voices of participants to be heard, which was conducive to achieving the aim of the research. Moreover, the use of exploratory prompts and probes between questions were used, which was conducive to staying present with the experiences shared by the participants and thus offering a sensitive response in light of what the participants shared.

3.13.5 Grounding Questions

Grounding questions were used at the end of each interview, for example, "What do you aim to do for the rest of the day?" These were asked to ensure that the participant was emotionally grounded after finishing the interview, that the interview had a clear ending and that the participant had the opportunity to gather their thoughts in order to be able to ask any remaining questions about the research process.

3.13.6 Transcription Process

The audio-recordings were not transcribed purely verbatim as the researcher omitted personal identifying information of the participant or information mentioned by the participant regarding other individuals. Moreover, as the researcher believed she was intuitively capable of discerning the key data from the varied preambles, certain preambles concerning vastly irrelevant information was omitted. However, all non-lexical conversational sounds, false starts and interjections, stutters and repeated words were

included. All Semantic recordings of significant pauses, periods of high or low emotional affect, experiences of laughter and sighing and the timely use of an alternative form of communication were documented along with paralinguistic recordings of varying tone, inflection and pitch were recorded in the transcription process, when the researcher intuitively felt that such verbal and non-verbal cues were informative of the participants' experience.

The types of brackets and ellipses used to document these recordings on the transcript, along with how additional material to provide context for the quote is signified and how the researcher indicated when participants quotes were not illustrated in chronological order, can be shown on page 14. Although body language communication could not be detected as interviews were conducted via telephone, the aforementioned explicit and implicit communications that could be recognised were analysed when the researcher deemed these communications to be informative of the participants' meaning of their experience.

3.13.7 Data Management and Analysis

In line with Smith et al., (2009) six guidelines for conducting an IPA, the first stage of analysis consisted of closely reading and re-reading within the transcripts, as also recommended by Murray & Chamberlain (1999). Although time-consuming, this process facilitated the researcher to become more embedded with the research through additional exposure to the data. Further immersion in the data was further achieved as the researcher continued the process of entering the participants' world by listening to the audio recordings of the interviews several times. Then the researcher typed each transcription into a computer document, which further enhanced the researcher's familiarity of each transcript.

As part of the second stage of data analysis, the researcher began noting initial emerging thoughts, observations and reflections, which proved highly advantageous when later interpreting the data. Although Smith et al. (2009) suggests the use of manually written analysis, the researcher found annotating and thematising electronically, on the computer more efficient as it ensured consistent legibility which cannot be guaranteed when relying on handwriting. The use of annotation, noting and providing commentary on the transcript was conducted by creating and labelling individualised codes, using different fonts and colours, to help aid individual recognition of the emerging themes, as they arose (see sample transcript in Appendix Q). These were documented directly underneath the participants exchange where the theme was present. The exhaustive list of these codes used, can be seen in Appendix H. All transcripts, including annotations on transcripts are available by the researcher, upon request.

As part of the third stage of developing the key emergent themes (Smith et al., 2009), the recurring and prevalent themes, were condensed to reveal the key emerging themes for each transcript (this process can be see Appendix I). Thus, themes were generated from the data, rather than using a pre-existing theory to identify themes that might be applied *to* the data (Murray and Chamberlain, 1999). Analysis was firstly conducted on a case-by-case in accordance with the idiographic underpinnings of IPA (Smith & Osborn, 2003). Instead of attempting to 'bracket off' ideas from analysis of previous cases, the researcher used reflective writing between case analysis in order to maintain a conscious awareness of the influences of previous findings and her 'insider status' in order to enhance understanding of subsequent analyses, without a constricted view of the data.

IPA supports the critical view that the researcher' personal influence over the findings, when sufficiently examined, enhances the understanding of the IPA process (Smith, 2007).

Thenceforth, the researcher engaged with the forth guideline in conducting IPA, by searching for connections across emergent themes, in order to make sense of each participants narratives, then moved onto the next case and repeated the 1-5 stages of analysis for each subsequent case. The last step involved required looking for patterns across the cases (Smith et al., 2009). The researcher achieved this through conducting a cross-case analysis, whereby all themes found across transcripts were collated and categorised under the overriding superordinate themes that emerged. The themes were then distributed into sections within their superordinate theme (see Appendix J). Appendix K shows via diagram the first provisional superordinate themes that the researcher deemed to be associated with each other superordinate theme in encapsulating the comprehensive experience of the participants' experiences. Thus, the first provisional list of superordinate and subordinate themes can be seen in Appendix L.

After further reflection and exploring emerging themes with the researcher's supervisors, the researcher engaged in the first process (see Appendix M) of altering, condensing and replacing some subordinate themes into other superordinate categories as their relevance within superordinate themes altered as a result of continuous reflection, re-reading of the transcripts and listening to the interviews. As an iterative process was utilised, the second revision of this process can be seen in Appendix N, whereby a unique colour coding process is used for each superordinate theme and encapsulating subordinate themes, of which will be maintained throughout the discussion in chapter 5.

After this process, the researcher documented the aims and provisional findings of the research and shared this as a poster (See Appendix O) at the British Psychological Society Division of Counselling Psychology Conference. Here, the researcher engaged with a wide audience on the lived experiences of the participants based on the provisional themes. The

researcher then reflected upon on the audiences awareness of the lived experiences of the participants based on the documented themes, which highlighted how the audiences' understanding of the participants lived experiences was not fully in line with the researcher's awareness of the participants' experiences. Thus, the researcher shifted the themes slightly until the emerging themes fully encapsulated the participants' lived experiences. This process continued until the salient superordinate and subordinate themes took a form which told the participants' story. The final themes are shown and discussed in Chapter 4.

3.14 Ethical Considerations

3.14.1 Research Ethical Approval

Ethical approval for the research study was obtained and formally informed by the ethics committee at the University of Wolverhampton via letter (see Appendix C).

3.14.2 Pre- Interview

Each participant had a pre-interview informal conversation about the research via telephone, whereby the researcher echoed the following information verbally to participants: researcher's name, location of university, purpose and structure of the research, role as a researcher and therapist, confidentiality and consent, data management and ability to withdraw, to ensure transparent and ethical practice. Here, it was also ensured that the participant met the inclusion criteria and that any questions by the participant could be answered. Then, each participant's demographics were verbally collated (see Table 3.0. on pg. 58).

3.14.3 Post-Interview

The purpose of the optional post-interview conversation was to offer signposting to a suitable agency if issues arose for the participant as a result of the research process and

answer any remaining queries that the participants may have had. A de-brief on the data management, confidentiality and ability to withdraw consent, was also provided. Two participants out of the seven chose to utilise the post-interview option for the purpose of answering remaining questions they had about the research, such as when the research aims to be published and how their personal identifying information will be protected.

3.14.4 Data Protection

The researcher adhered to the BPS (2018), Data Protection Act (2018), HCPC (2018) and GDPR (2018) policies on data protection. Hard copies of transcripts were not used or distributed to ensure that data was kept safe in line with HCPC (2018) guidelines. By keeping all data, including audio recordings, on an encrypted password protected computer file, the researcher could ensure that the data was processed more securely in line with GDRP (2018). Data was only exchanged between the researcher and research supervisors, and computer files containing the data of participants were not duplicated, as the researcher ensured to limit the amount of data in relation to what was necessary in accordance with GDRP (2018). Participants were only asked for key demographic data, to ensure that data acquired was limited to what was necessary, in relation to the purposes for which it was processed, in agreement with the GDRP (2018). A gender appropriate pseudonym was provided throughout, and personal identifying information was kept confidential in line with the BPS (2018), HCPC (2018) and GDPR (2018) code of confidentiality for protecting the data, and integrity of the individual. Participants were fully informed of the data protection procedure and how it would be processed lawfully, fairly and in a secure and transparent manner, and they were informed that all data will be destroyed upon completion of the research, to ensure that data is not kept longer than necessary for the purposes concerned, in line with GDPR (2018) guidelines.

3.14.5 Proving Identification

The researcher had a profile on the Counselling Directory Website which verified the researcher's credentials and identity, if the participant chose to seek information about the researcher online. However, the researcher did not automatically direct participants to this webpage or share proof of identification. Although, issues did not arise where participants sought identification directly from the researcher, the researcher believes that proving identification prior to interview would have ensured proof of identification.

3.14.6 Quality Criteria: Legitimacy and Trustworthiness

The researcher followed the suggested guidelines of conducting an IPA study as outlined in Smith et al. (2009) to ensure trustworthy and credible research. The researcher also adhered to Yardley's (2008) validity framework for qualitative research (as cited in Smith, 2007) that consists of the following principles: transparency and coherence, impact and importance, sensitivity to context and commitment and rigour. How the researcher ensured that these guidelines and principles were upheld through conducting this research will be explored directly below. To ensure homogeneity, a purposive sampling was acquired using a snowball sample method. As the researcher did not directly ask individuals to take part in the study, it ensured that individuals took part solely for their own personal reasons and did not feel any form of coercion to participate. Furthermore, the study did not provide an incentive for taking part to ensure that participants were not incentivised for monetary gain, as it ensures that those from financially disadvantaged groups do not feel an undue obligation to take part. According to Alderson & Morrow (2004), consent is not freely given if payment is involved.

Semi-structured interview questions were used in order to aid participants to share aspects of their experiences that were important to them, which aim to maintain the idiographic focus of IPA. Participants were encouraged to provide honest answers as they were

informed that they had the opportunity to speak about their subjective experience in whatever manner they chose as there were no right or wrong way to partake in the interview. If clients did not want to answer questions, they were informed prior to conducting the interview that there was no obligation to answer any question and respect to the participant regardless of their level of participant was provided throughout. To ensure transparency and validity of the identified arising themes, the researcher has provided direct quotes from participants to accompany the emerging themes. Furthermore, colour coded annotated transcripts (an example can be seen in Appendix Q) provides an "audit trail" (Vicary, Young & Hicks, 2016) of retrievable data. This demonstrates transparent evidence of an example of the thematic process and thereby providing analytical accountability of the data presentation (Tufford and Newman, 2010). Also the arising themes were double-checked to ensure they were grounded by quotes from participants.

The researcher aimed to ensure methodological legitimacy by outlining the research question before deciding on utilising an IPA approach. This ensured that the project was not forced into the methodology but that the right methodology was chosen for the purpose of the research question (Punch, 2006). The researcher ensured that a level of analysis was conducted beyond mere broadly descriptive IPA as the researcher was aware that IPA is an interpretative approach that requires a depth of analysis to ensure that analysis does not represent a standard thematic analysis (Smith & Osborn, 2008). Analysis of the data subscribed to the theoretical principles of IPA and ensured that a double hermeneutic was demonstrated (Smith & Osborn, 2008).

All transcripts were reviewed by the researcher's supervisors to ensure legitimacy, verification and, arguably, agreement or dissent of the chosen themes, though according to Smith (2007), as a result of the philosophical underpinnings of IPA, validity and quality

will always be a matter of judgement. Supervisory discussions ensured that the themes were grounded in quotes, as there can be more than one viable interpretation of themes. By presenting the findings of the research at the Division of Counselling Psychology Conference 2018 via a poster presentation (See Appendix N) and orally presenting findings of the research at the Annual Progress Review Doctoral event at the University of Wolverhampton, the researcher received peer scrutiny of the research project, to further ensure research credibility. Lastly, Reflective Journaling was used by the researcher to maintain an explicit awareness of her own preconceptions, experiences and knowledge, whilst ensuring to critically consider and document this influence on the research findings and research process (Smith, 2007), which is showcased in section 6.6.

3.14.7 Managing Potential Distress

The researcher was highly aware of the sensitivity of this research and thus ensured that the potential distress elicited in participants was minimised as much as possible. Although no participant became highly distressed, two participants became emotional during interviews.

As the researcher became aware of the sound of crying from the telephone interviews, the researcher exhibited her skills of person-centred therapy (PCT) to provide empathy, unconditional positive regard and withhold judgement, to help relieve the distress of the participant, whilst ensuring that a counselling session was taking place. Furthermore, when participants showed distress, the participants were given as much space as they desired before returning to the interview. Therefore, the researcher acknowledged their distress and contained their emotions within the safe space that was established between researcher and participant. Grounding questions were utilised at the end of interviews to ground their

emotions and provide some level of emotional stabilisation. An example of this type of questions and their purpose is highlighted on pg. 63.

To minimise participant distress, the researcher provided a wealth of information to participants beforehand, via the participant information sheet, pre-interview and briefing conversation prior to conducting the interview, to ensure that the participants could make informed decisions about taking part through understanding the nature of and consequences of the research and participation. They were also informed that they could request a break from the recording at any time and that there were no obligations to answer any specific questions and the interview could be terminated prematurely. The researcher debriefed after interviews whereby they answered any outstanding queries and enquired as to how the participants felt after interview completion, to ensure that the researcher was adhering to the safeguarding protocol and not ending the interview abruptly and without sufficient closure. The researcher aimed to build a rapport with each participant in order to aid them to open up and to create and maintain a climate of comfort during each interview where potential distress was minimised and power imbalances between the research and participant were helped to be reduced (Enosh & Buchinder 2005).

The option of a post-interview debrief conversation at a later date from the initial interview, was offered to ensure that the participant had the opportunity to ask any more questions or discuss anything from the interview or research study, after the interview took place. After each interview, participants were informed of sources of therapeutic support, such as Cruse Bereavement Service and the Samaritans, were verbally expressed to ensure that the participant was not left in a vulnerable state without the awareness of how to access subsequent support. The researcher managed her self-care by only interviewing participants on the days where she was not also working as a counsellor to avoid potential

fatigue. The researcher also committed to engaging in weekly personal therapy and clinical supervision during data collection.

3.15 Reflexivity

As the researcher experienced parental death in adolescence, the researcher was aware of her 'insider status', so that the text could present itself in all its otherness and thus assert its own truth against one's own fore-meanings (Moran & Mooney, 2002). However, as IPA recognises its dependence on the researcher's frame of reference as analysis involves a double hermeneutic, it acknowledges that interpretations are bounded by a participant's ability to share their experiences and by the researcher's analytical ability (Brocki & Wearden, 2005). As an interpretivist, the researcher accepts responsibility for her role as the researcher and acknowledges how her personal background encompassing one's prejudices, biases, assumptions and knowledge on existing theory of parental death could impact her ability to conduct the interviews objectively (Conrad, & Reinharz 1985), if not critically examined (Smith, 2007). The researcher believes her 'insider' perspective enhanced the process as it facilitated a superior understanding of the group's culture and an ability to interact naturally and develop relational intimacy with this group, which was conducive to conducting sensitive and empathetic interviewing (Bonner & Tolhurst, 2002). Through the use of self-reflectivity in her research journal, the researcher believes that she facilitated the pure essence of one's subjective experience, to the best of her ability. This is further discussed in section 6.5-6.6. However, the researcher is aware that being fully objective is impossible as all presuppositions in contemplation of an experience cannot be suspended and there is no definitive or prescribed way (Conrad, & Reinharz 1985) to analyse data to ensure its objectivity.

3.16 Chapter Summary

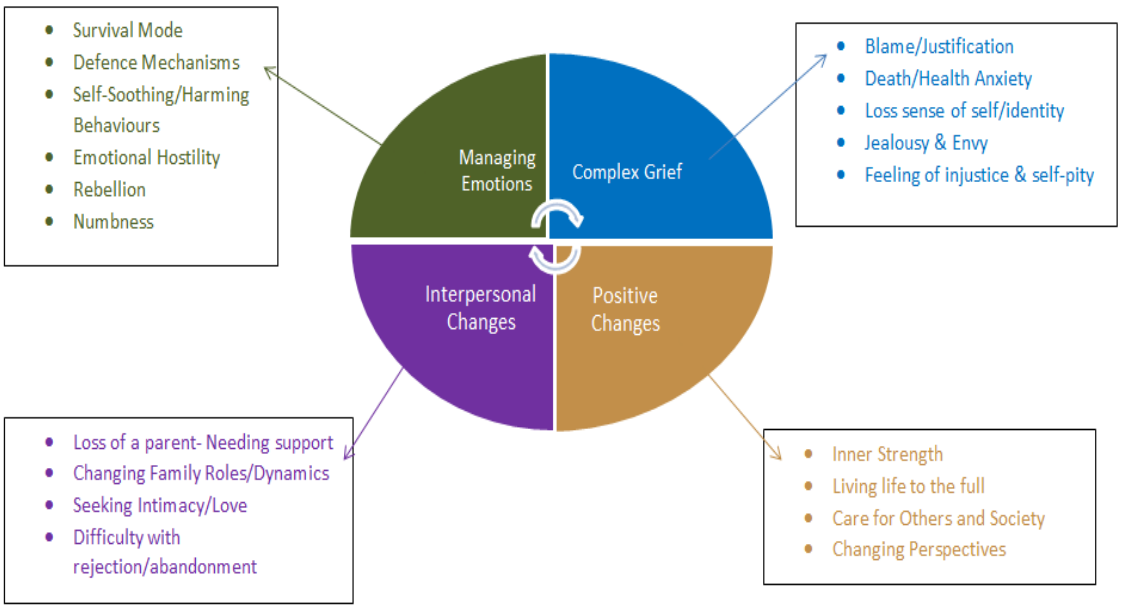
This chapter provided an overview of this research, its aims, justification for design and methodology and a detailed explanation of the procedure of the study. The chapter concluded by highlighting areas of ethical importance and how the researcher maintained awareness of her 'insider status' whilst collating and analysing the research data. The next chapter will present the findings from the IPA process, which will consist of the superordinate and subordinate themes.

CHAPTER 4 - FINDINGS

4.1 Overview

This chaper begins by presenting the emerging superordinate and subordinate themes from the data analysis. (see Figure 1). This will be followed by an introduction to the participants' idiographic narratives. In succession, each superordinate and encompassing subordinate theme, using the colour coding seen in Figure 1, will be introduced. Exemplary quotes from participants will be provided for each superordinate and subordinate theme, thus showing the emergence of these themes within the context of the participants narratives. Whilst the research findings are grounded in the participants experiences and not defined by the researcher, how the participants' experiences may relate to psychological models may be suggested. Existing links between the emerging themes will be highlighted throughout this analysis chapter, to provide a comprehensive understanding of how all themes encapsulate the lived experiences of these participants in this study who experienced parental death in adolescence.

Figure 1: Superordinate and Subordinate Themes



4.2 Participant Information

The participants demographics are seen on Table 3.0, on pg. 56, followed by idiographic narratives of the participants, from pg. 75-77 for the purpose of providing further contextual information and illustrating the overall themes as emerged from their descriptions of their experiences. The present and absent themes from each participant's narratives can be seen in Table 4.0 which demonstrates the recurrence, prevalance and salience of these themes amongst the participants experiences. This table showcases how all emerging superordinate themes were present in each of the participants narratives, with the exception of the experience of Positive Changes in Nora.

4.3 Idiographic Narratives

4.3.1 Doris

Doris shared her grieving process, inclusive of the various coping mechanisms she used to cope with her parental death from adolescence to adulthood. Doris shared how her parental death impacted her choice of career, her parenting and her attachment and relationships with her surviving parent, siblings and romantic partners, life philosophy and choices. She shared how she continues to grieve and revealed how her grief process has altered through her life. She spoke about how her parental death impacted her normative development stage after the bereavement and how that change has influenced her in adulthood.

4.3.2 Eve

Eve found death of her father more difficult due to the "unresolved issues that she had with her father prior to his death. Eve believes her relationship with her brother strengthened after her parents death, despite not previously being close. Eve shared details of the turbulency of her environment at that time and how she coped from that period through to adulthood, inclusive of how her grieving process altered. She shared how her experience of

parental death influenced and informed her life from adolescence to adulthood in terms of her perspective, personal identity, sense of growth and lack of parental boundaries.

4.3.3 Pam

Pam recalled the positive and negative aspects that have resulted from her experience of parental death, how her beliefs and values have altered as a result of this experience and how she has coped with her loss from adolescence to adulthood. She spoke about how her attachment and relationships to her surviving parent, siblings and friends changed. She also spoke about how she believes it impacted her as a parent and her desire to be fit and healthy. She stated her belief that her parental death influenced her maturity, philosophy in life, personal values and ability to be both empathetic and sympathetic to others.

4.3.4 Lucy

Lucy spoke about the injustices of losing a parent and the jealously she feels towards others who have not experienced this loss. She articulated how the familial roles and expentancies placed on her altered as a result of the parental loss, particuarly with regard to how this was influenced as a result of her gender. She addressed how she desired a female role model and how her experience impacted her relationships and influenced her difficulties with relationship endings. She explained how her experience impacted her personal philosophy and the positive growth that emerged as a result of her loss.

4.3.5 Nora

Nora spoke about how her grief process was impacted by her extended families Irish culture. She talked about the impact of not having a support network when initially dealing with her grief and the importance of romantic relationships for support. She mentioned how her experience impacted her romantic relationships and attachment to others and her methods of self-protection to protect herself from future loss. She talked about the injustice

of her experience, how she feels misunderstood and what she feels she lost in life, from experiencing parental death.

4.3.6 Mary

Mary addressed how her parental death influenced the roles within her family home and her interpersonal relationships and attachment with others, particuarly with females. She explored how it impacted her personal philosophy, engagement with life and spirituality. Mary discussed how she believes it led to engagement in coping mechanisms, such as using recreational substances and engaging in sexual relationships as a method to cope with the loss. She also explored how she believes that she used the strength used to cope with her parental death to inform her life philosophy.

4.3.7 Vera

Vera expressed about how she coped with her loss through either dangerous or creative means, how her percieved identity changed due to this bereavement and how she finds solace through periods of solitude. She expressed her difficulty with showing emotion as a result of this death and how her loss impacted her mental health from adolescent to adulthood. How her loss impacted her relationship with her surviving parent was also discussed. Vera mentioned her difficulties with managing her emotions and the ways in which she distracted herself to focus on issues apart from her loss.

4.4 Superordinate themes and related sub-themes

The superordinate theme ‘Managing Emotions’ consists of the following subordinate themes; Survival Mode, Defence Mechanisms, Self-Soothing and Self-Harming Behaviours, Emotional Hostility, Rebellion and Numbness. The Superordinate theme ‘Interpersonal Changes’ encompasses the subordinate themes; Loss of a Parent- Needing Support, Changing Family Roles and Dynamics, Seeking Intimacy and Love, Difficulty with Rejection and Abandonement. The superordinate theme ‘Complex Grief’ contains the

following subordinate themes; Blame and or Justification, Death and or Health Anxiety, Loss sense of Self and or Identity, Jealousy and Envy, Feelings of Injustice and Self-Pity. The Superordinate theme 'Positive Changes' unites the subordinate themes; Inner Strength, Living Life to the Full, Care for Others and Society and Changing Perspectives. All themes interlink to represent the lived experiences of the participants in this research.

Table 4.0: The Present and absent themes for participants

Participants	Managing Emotions	Interpersonal Changes	Complex Grief	Positive Changes
Doris	✓	✓	✓	✓
Eve	✓	✓	✓	✓
Pam	✓	✓	✓	✓
Lucy	✓	✓	✓	✓
Nora	✓	✓	✓	x
Mary	✓	✓	✓	✓
Vera	✓	✓	✓	✓

4.5 Superordinate Theme One: Managing Emotions

Participants reflected on their ability and inability to manage and regulate emotions during their grief process and life post parental loss. The adaptive and maladaptive behaviours, inclusive of self-soothing, self-harming and rebellious behaviours, thoughts, coping strategies and defence mechanisms used, were illuminated. Although frequently initially adaptive, these methods appeared to delay grief and may have led to the apparent

symptomology of complex grief in the participants. Participants also recalled being emotionally hostile and feeling numb or detached as a method to manage their emotions.

As these participants experienced disrupted parental guidance of which aids the formation of emotional regulation strategies, the development of these strategies was hindered. Thus, the parental bereaved adolescents appeared to have difficulties processing emotions and relied on predominately maladaptive coping strategies as mechanisms to manage their emotions. The list of subordinate themes within the superordinate theme 'Managing Emotions' are shown below in Table 4.1. An explanation of each subordinate theme, within the context of the superordinate theme will follow. These explanations will draw from participant's quotes, thus showing how these arising subordinate themes are indicative of the participants lived experiences.

Table 4.1: Managing Emotions

Superordinate Theme-	Subordinate themes
Managing Emotions	Survival Mode
	Numbness
	Self- Soothing/ Self- Harming Behaviours
	Defence Mechanisms
	Emotional Hostility
	Rebellion

4.5.1 *Survival Mode*

Based on the participant narratives, they appeared to operate predominately from a 'Survival Mode'. Although, this mode was initially adopted after the loss, it appeared to continue through adulthood for some participants. It seems that this mode was potentially

used for participants to as a method for participants to manage their emotions. It possibly initially protected the participants against the anxiety of the reality of the grief by focusing on pragmatic or distracting tasks. As 'Survival Mode' encouraged the engagement with other roles such as parental or domestic roles, the adolescents Ego Identity vs Role Confusion stage (Erikson, 1965), was disrupted which led to further developmental anomalies in adulthood. Also, as these adolescents may not have developed their emotional regulation strategies prior to their experience of parental death, survival mode may have acted as a defence mechanism to suppress emotional reactivity. Thus, engagement in 'Survival Mode' may have contributed to a delayed grieving process, of which increased the risk of developing complicated grief symptoms. For Example, Eve engaged in survival mode by taking on the domestic tasks previously completed by her mother. As Eve, lost both parents, engaging in survival mode ensured her survival as she took care of her domestic and physical needs.

> ***"I had to learn how to use a washing machine and stuff and I had to cop on and had to sort my life out and pay my bills. It was literal survival […] you go into survival mode." (Eve)***

Although, survival mode and engaging in pragmatic tasks was initially adaptive to ensure physical survival and cope with her loss at the outset, it appeared to delay Eve's emotional engagement with her grief, which may have later developed into her apparent symptomology of complex grief.

Pam appeared to be influenced by her familial culture in terms of her initial reaction to her grief, as she felt that she had to emotionally move quickly on from the grief because of pressure imposed by her father. Thus, it seemed that she was summoned into 'Survival Model'. Her focus on her dad's attitudes to grief illustrates how she seemed to rely on her

existing parent to aid her grieving process and self-regulation. It also may demonstrate how adolescents need permission to grieve. Although the employment of 'Survival Mode' seemed to be somewhat adaptive at the onset of the parental death for Pam, her apparent prolonged engagement in survival mode appeared to be maladaptive as it lead to a lack of engagement with the grief process, which could have contributed to the later development of symptomology of complex grief.

> ***"It was a shock, […] emotionally at the time, we got on with things […] my dad's attitude was just get on with it. At the time, we didn't emotionally deal with it […] Even though the move was difficult, I just had to get on with it. It was difficult." (Pam)***

Similarly, to Pam's reference of her familial culture, Nora shared how her cultural upbringing as "Irish" and "resilient" appeared to inform her initial reaction to the grief, which was to seek immediate survival and focus on moving on from the loss.

> ***"Everything changed. We didn't have time and the Irish are resilient, you just "get on with it […] I didn't have a support network for the loss. It was just "carry on." (Nora)***

Mary recalled that she went into "autopilot" after her parental death, as she focused on assuming adult responsibilities and the domestic maternal role and used distractions as coping mechanisms for her immediate sense of survival. Although, Mary perceived this as being initially adaptive as it kept her "logical", it appeared to lead to her emotional suppression as the 'survival mode' continued, which could have developed into her symptomology of complex grief.

> ***"I was totally on autopilot, I was numb and like a grown up and logical in thought and did what I needed to do […] I just distracted myself […]I was running the home […]Went to school the next day and carried on as normal." (Mary)***

4.5.2 *Numbness*

Participants recalled feelings of shock and numbness and appeared to emotional detach themselves from their grief. Mary experienced numbness and identity confusion as a result of her parental death and potential engagement with 'autopilot' mode. This may have been a maladaptive defence or coping strategy in managing her emotions as it continued into her adulthood, where symptoms pertaining complex grief and identity confusion were apparent.

> ***"She attempted suicide and took an overdose and I rang the ambulance as I found her and I went on autopilot […]. When I hit 29 and was successful, I looked in the mirror and didn't recognise who I was. I was still so numb." (Mary)***

Doris described how she felt numb and suppressed her grief as a potential defence mechanism to manage her emotions. Doris appeared to portray a façade of bravery in order to stay in line with her perception of how adolescents should cope with grief, thus potentially showcasing the influence of perceived cultural expectancies for adolescents and the expectancies from adults, of which could be an employment of a defence mechanism.

> ***"I didn't realise I was squashing it away. I remember a couple of episodes crying when my dad first told us and […] when I got upset, but I didn't remember crying much. I put a brave face on […] I thought teenagers get on with it and don't crumble […] It was numbing. I had no idea how to deal with it. Adults just told us to be brave and you follow the lead of the adults around you. Being a teenager, you have a certain face to show the world. You don't want to show weakness or emotions." (Doris)***

Eve recalled her reality post parental death with a lack of emotional affect or potential numbness, which suggested employment of the defence mechanism emotional detachment or suppression. She also shared how she didn't care for anything or anyone, which could suggest her employment of a defence mechanisms in order to self-protect.

> ***"It was a shock factor […] There wasn't much tears […] when she was gone it was "oh that is gone now, I'm on my own now […] "I didn't care about anything or anyone." (Eve)***

Vera highlighted how she suppressed her grief and experienced lack of emotional affect, which could have been a defence mechanism, to help her cope with her parental death. Vera's apparent numbness and methods to manage her emotions seemed to be maladaptive as her feelings manifested into feelings of shame and thus led to apparent symptoms of complex grief.

> ***"I basically stuffed it all down inside me […] I felt so ashamed and my needs felt so unmet and that I shouldn't be crying so I stopped crying […] I don't remember ever having a conversation about my dad." (Vera)***

4.5.3 *Self- Soothing and Self-Harming Behaviours*

Participants utilised various substances and behaviours which may have acted as coping or defence mechanisms, such as the use of distractions, in response to their loss. The purpose of these behaviours may have been for self-soothing or self-harming purposes or as methods to help manage their emotions through attenuating unwanted emotions or cultivating positive emotions. However, many of the potentially intended self-soothing behaviours used by participants were also harmful to the self, due to the nature of the substances and behaviours used and their level of dependency. Vera appeared to rely on the use of alcohol and drugs to suppress or attenuate her feelings of depression and manage her emotions, of which maladaptive coping mechanisms, constituted self-harm. Vera also sought sex as an attempt to secure love to compensate for the love lost from her parent. However, she also engaged in adaptive and cathartic coping mechanisms and self-soothing activities such as dancing and artwork.

> ***"I touched on drug issues, drank a lot and rushed into sexual issues as I was desperate for love […] I was very depressed for years and would drink wine most evenings […] I found ways that were an emotional outlet like dancing and art***

> ***and I did very powerful images from my unconscious and it would give me some relief." (Vera)***

Eve relied on positive self-soothing strategies such as engaging with games, music and artwork, which appeared to be adaptive strategies to help her manage her emotions. However, despite the positive nature of her emotional outlets, her use of distractions appeared to contribute to her supressed and subsequent delayed experiences of grief. Eve also engaged in drinking alcohol, which appeared to be a coping or defence mechanism used in order to attenuate her negative feelings, of which appeared to be maladaptive for Eve and her grieving process. Eve modified her body with piercings and tattoos, which could have been Eve's method to attenuate negative feelings and utilise self-expression, of which was potentially a defence mechanism. Despite body-modifications appearing to be in line with Eve's ego, as the nature of body modifications may constitute self-harm, it is possible that this was a self-harming method for Eve, or an act of rebellion.

> ***"I love playing a game and enjoying it and not thinking about crap, listening to my favourite music […] I used to draw to distract myself […] art and music helped me […] I was still irresponsible like going out drinking at the weekends […] my mother hating piercing and tattoos and when she died, I started to get them." (Eve)***

Doris engaged in binge eating, drinking and heavy smoking with the intention to self-soothe and manage her emotions. Doris recalls how she eats cake to cultivate a positive experience, due to her association with cake and "nice times" from her childhood. She recalled that this is a learned coping strategy that she employs as an adult in time of need. However, she likened this behaviour to self-harming behaviour, of which behaviour is potentially demonstrative of self-harm. Doris expressed how these coping strategies were utilised when her husband left, which may illustrate how her use of coping or defence

mechanisms that were derived from her experience of parental bereavement, possibly became generalised coping or defence mechanisms in adulthood.

> ***"I started drinking too much, eating too much, becoming promiscuous when I left home[…] lived off alcohol […]The alcohol numbed the confusion […] I would comfort myself with food […] my mom was a baker […] I associated sweet things and cake with nice times […] I couldn't stop eating […] always cake cake cake which was my go too thing, but when my husband left me, I hit the bottle and started drinking and really cramming food in like self-harm […] had two big glasses of wine and started eating ice-cream and chocolate […] it soothes me and stops me feeling lonely and abandoned […] so food and drink is mine and I used to smoke at age 13 before my mom died but after she died, I started smoking loads." (Doris)***

Mary used alcohol and drugs to perhaps mitigate negative feelings and regulate emotions. These are maladaptive strategies due to their nature of suppression and constitute self-harm.

> ***"Drinking nearly every day often into complete oblivion […] I started dabbling in drugs." (Mary)***

4.5.4 *Defence Mechanisms*

Defence mechanisms that appeared to be utilised in response to the participants' experience of "numbness" and engagement with "Survival Mode" and "Self-Soothing and Self-Harming Behaviours" have previously been mentioned. This section will explore the apparent employment of various defence mechanisms utilised by participants, to potentially to protect themselves from the reality of their situation and assuage negative feelings. Eve appeared to act in the opposite manner of how she felt as she laughed instead of cried. She also joked about being an orphan, of which both experiences may indicate the use of a defence mechanism. Eve also engaged with martial arts, which she found to help displace her feelings of anger into a healthy and acceptable form, which may suggest the use of a defence mechanism in order to help regulate and manage her emotions.

> ***"I felt no emotion and laughing at everything like hysterical […] I cry a lot and hold it in. I can't let it out all the time […] I started martial arts and that helped a lot […] It lets all the anger out and calms me down […] if your angry, you don't want to lash out onto people so it helps me manage it […] Friendships were affected as they can't understand and I get angry when it's not about them and then I have to go back and apologise. I joke mainly […] and that is my coping mechanism I would say. I joke that I'm an orphan and call myself Annie." (Eve)***

Mary appeared to employ the defence mechanism of avoidance. She appeared to isolate herself for self-protection, in order to help manage her emotions and avoid feeling under threat, of which avoidance may come from fearing future losses. This may also be linked to having had to develop an increased sense of independency since experiencing parental loss, of which experience of newfound independence is indicative of many participants experience of parental death in adolescence or feeling as though others do not understand her experience.

> ***"I became aloof and I am aware I am aloof now when I feel under threat […] I don't let people help me […] I had no connection with women. I didn't have close intimate friends only work colleagues which has been the story all the way through […] I don't have friends who live in my pockets- I don't work like that." (Mary)***

Doris appeared to employ the defence mechanism of regression by becoming childlike. She sought a controlling and authoritative caretaker figure since her parental loss, of which may indicate the use of a defence mechanism whereby Doris attempted to seek a substitution for her deceased parent. As Doris described feeling childlike and recalled that she needed to assume an adult role, it may be possible that Doris did not negotiate the adult stage of her development as it appeared that her developmental period oscillated from childhood to adulthood.

> ***"Because I grew up overnight, I think I missed out on normal development. It felt like I had to go back. I was immature and childish emotionally for quite a long time and was a late developer […] I felt childlike and that I needed someone***

> ***to look after me. I liked that he was controlling, as I felt like I didn't have the capacity to care for myself and he was nurturing […] he was controlling and I liked being controlled and I got with him as he was controlling, took care of me and I could revert back to childhood and didn't have to make decisions." (Doris)***

Nora appears to avoid confrontation through the defence mechanism of emotional suppression. She describes being emotionally "hard" and it seems that Nora avoids crying or speaking about her grief as a method of self-protection. She also appears to self-protect from future potential losses through maintaining independency. She appears to distract herself by being busy, which could indicate her use of a defence mechanism, in order not avoid emotional processing.

> ***"My husband says I put up walls if someone hurts me. If we disagree, he wants to talk about it. I won't talk. I block it out and say "leave me alone" I don't want to cry […] it's easier not to talk about it and just keep yourself busy. My friends at school used to call me ice maiden, I was so cold with boys. I am emotionally hard […] if I think someone will hurt me. I will push them away rather than let them hurt me and convince myself that I don't care."(Nora)***

4.5.5 *Emotional Hostility*

Participants shared their experience of having emotionally charged aggressive behaviour, thoughts and feelings as an effect of their parental loss. Their emotional hostility could have been the participants' method for managing and regulating their emotion through hostile displacement. As Hostility is seen as a facet of neuroticism in terms of one's personality, participants may have shown neurotic traits through their experience of anxiety and anger as a result of their grieving process.

Nora speaks angrily about her feelings of injustice when others publicly speak about their parental grief from adulthood as opposed to her experience of parental loss in adolescence.

> ***"With Facebook now, when people post about losing a loved one, I feel like posting back "Well, you had him a lot longer than I did, what the fuck are you complaining about?" (Nora)***

Lucy expressed her feelings of injustice about her losing a parent in an angry manner. Her apparent emotional hostility, appeared to indicate symptomology of complex grief, in that she felt angry for being "cheated", and appeared bitter about her loss. Her realisation of her feelings of being cheated during the interview, possibly showcased her previous level of emotional suppression.

> ***"I do get cross like "why did that bloody well happen to me, I feel cheated, like why did that happen to be me without a mom […] This conversation is really making me realise how cheated I was. I really was. I was cheated. When, I was a kid if other kids didn't get on with their parents, I would like "you really don't know how lucky you are to have parents." (Lucy)***

Vera remarked how she felt emotional hostility towards her existing parent for lying about the cause of death of the deceased parent. It is possible that these hostile feelings manifested into her argumentative manner and use of substance misuse to attenuate her negative emotions.

> ***"I felt rage at my mom for her lying to us for two years and we were living a complete lie […] I felt angry with my mom […] so what I did when I was 15 was get extremely drunk and I went home and absolutely roared at her about it." (Vera)***

Eve expressed how she feels envious and jealous towards those who have not lost a parent and feels anger towards those that she believes do not appreciate the vitality of their parents. She states how her anger and hostility has impacted her personality negatively as she believes that she does not care about anyone or anything.

> ***"I didn't care about anything or anyone […] I was so angry and frustrated and I have always been known as a crazy bitch as a personality […] sometimes I am so***

> ***envious and I am so jealous of others who haven't gone through this, […] you see people rely on their parents and I hate seeing people belittle their parents and I get so angry thinking "respect your parents, you don't know how long they will be there." (Eve)***

Doris expressed how she became angry at her father for not preventing her substance misuse. Her hostility towards her existing parent could suggest that she relied on her parent to aid her emotional regulation and stability, and her attribution of blame to her existing parent, may indicate her coping strategy of trying to protect herself. Moreover, Doris recalled experiencing emotionally hostile feelings, thoughts and behaviours, displaying anger and exhibiting revengeful and anti-social behaviour in response to rejection from a romantic partner and presenting a "hard" façade, of which could suggest how her use of hostility could indicate her difficulties with losses and how she engaged with self-protection.

> ***"My dad was useless with emotions […] I got really angry at him as he didn't prevent that [substance misuse], […] when we broke up […] I was angry and wanted to get back at him. I thought "how dare you abandon me" and there was a lot of emotion and I stalked him. After that, I was always called hard as when relationships ended they said "you don't seem to care", but I thought "I had bigger losses than you." (Doris)***

4.5.6 *Rebellion*

Many participants appeared to rebel against their existing family, societal standards, their adolescence and the law after their experience of parental death. For many participants, their use of rebellion possibly indicated how they displaced their potentially suppressed anger experienced as a result of their parental death, in order to manage their internal distressing emotions. Some of the behaviour described within the narratives appear to point to the fact that the adolescents needed someone to regulate them and without that, they tested the boundaries and experimented to their detriment.

Eve spoke about how she revelled in her newfound freedom post parental death and engaged with rebellion. Eve chose to express herself in a wild manner, without care for consequences, which could indicate her attempt to manage her emotions and express her emotions through engaging in behaviours previously forbidden by the deceased parent.

> ***"You don't have anyone to tell you "no you can't do that". I was on my own but I could do things whatever I wanted like drink that bottle of rum my mom told me not to drink or go to bed without brushing your teeth or stay up until 3am playing tomb raider […] I like acting out too and dying my hair I like doing these wild things to express myself and be a bit mad and I let myself do what I want as I can." (Eve)***

Vera engaged in political graffiti, which could showcase her attempt to rebel against society and displace her anger, in order to manage her emotions.

> ***"I was concerned about political things and did political graffiti and things like that." (Vera)***

Mary admitted to engaging in drug use and physical fights, of which could showcase her exertion to manage her internal emotions.

> ***"One-night drinking before I was due to go into the armed forces, I ended up in a fight and I put two girls in hospital so was done for GBH [Grievous Bodily Harm] at aged 17 so my career was over. So I stayed working in the factory and I started dabbling in drugs […] I ended up having." (Mary)***

Doris shared her rationale for using alcohol and sexual activity, as a form of rebellion, and a possible attempt to attenuate negative feelings, through the use of these coping mechanisms.

> ***"I do stupid things when I drink and I'm an idiot […] I was carefree when I was drinking. So I would always get drunk and the promiscuity obviously came from that." (Doris)***

4.6 Superordinate Theme Two: Interpersonal Changes

Participants recalled how their way of relating to others and the dynamics of their interpersonal relationships changed after their parental death. Participants shared how they

felt “needy”, emotionally dependent, alone, abandoned, insecure, and sought intimacy and love as a substitution for their loss of a parental figure.

This resulted in the development of complex or changing interpersonal dynamics and tensions, a greater need for support and or difficulties with potential rejection and future losses. This superordinate theme and subordinate themes are linked to the theory of Attachment Style, which will be further discussed in section 5.3. The list of subordinate themes within the superordinate theme ‘Interpersonal Changes’ are shown and in Table 4.2 below. An explanation of each subordinate theme, within the context of the superordinate theme will follow. These explanations will draw from participant’s quotes, thus showing how these arising subordinate themes are indicative of the participants lived experiences.

Table 4.2- Interpersonal Changes

Superordinate Theme-	Subordinate themes
Interpersonal Changes	Loss of a parent- Needing Support
	Changing Family Roles and Dynamics
	Seeking Intimacy/Love
	Difficulty with rejection and abandonment

4.6.1 Loss of a parent- Needing support

Nora’s initial feelings of being abandoned and not having a support network appear to be still evident now as she recalled having to be independent and feeling as though she is lacking support in her adult life. Thus, her need for support and interpersonal attachment in response to her experience of parental death are still present.

> ***“I felt abandoned […] I didn’t have a support network for the loss […]Nobody was going to help me […] my husband still has both parents and if his sister***

> ***wants anything to be done, her dad comes and does it for her. It's that kind of relationship that I have never had. It's a feeling that someone wants to look after you and spoil you and look after you […] I felt emotionally left alone […] I just want someone to love me and spoil me […] having that someone to say "Il pay for this" […] I always wanted someone for me. It was important for me to always have someone like a boyfriend." (Nora)***

The loss of support from her parental death resulted in Doris seeking her sibling, friends and romantic partners for support, for potentially substituted support. Her experience of parental death appeared to result in a shift in her relationships with others and "need" for support This lack of support resulted in a shift in her relationships with others. As a result, Doris sought out a controlling individual as she "needed" support that was akin to an authoritative figure or substitute parent.

> ***"It felt like I lost both parents as he supported us and went out to work and supported her, and she was the caring one […] Because I had security with my mother and knowing that she was always there for me and I had a secure relationship with her and knowing she had my best interest at heart at all times, I sought that […] I moved back home as I wanted to be with my friends […] as they were the supportive people who knew me [..]This guy offered a home and security […] I needed someone to look after me […] my sister and I are very close and we talk all the time about how we have to provide each other with what we can't get from our parents." (Doris)***

Pam recalls how she felt as though she was "needy" and longed for company and support, which she received from her friends.

> ***"I just needed company […] I was needy […] my friends became like my family. They were my main support." (Pam)***

Vera recalls how the lack of support provided to her from her existing parent at the onset of her loss, resulted in her feeling as though she had lost both parents.

> ***"I sat on the bed and my world fell away and I wasn't being supported and my mother was in England and I felt that I had lost both parents in a way."(Vera)***

Mary recalled how she needed reassurance and support, through emotional and physical means, after the loss of her parent.

> ***I needed someone to tell me "everything will be ok" (Mary)***

4.6.2 *Changing Family Roles and Dynamics*

Participants recalled experiencing a loss of adolescence as their role changed as an effect of their traumatic parental loss. Doris shared how she had to take on the mother role for her younger sibling and assume adult responsibilities and domestic roles as an effect of her parental loss.

> ***"I developed a close relationship with my brother […] I mothered him and me and him have always had a close bond […] I always looked after him like a mother would […] I grew up overnight […] I assumed responsibility and took the role of looking after my siblings, cooking, cleanings […] I took on that role." (Doris)***

Lucy echoed Doris by also stating that she had to take on the mother role, as an effect of her parental loss.

> ***"Because I had my four older brothers and my dad, I took the mother role, mother figure like that was the shoes I had to fill, I needed to fill." (Lucy)***

Nora shared how she felt as though she lost her childhood as an effect of her parental loss, as she had to assume the adult role, whilst sharing how she felt older and more sensible that her peers, as a result.

> ***"I was made to be an adult so young, when my mum went away; I was in charge of the money for my siblings. It was such an opener going to university as I was so worldly […] I would have to come home, peel the potatoes and do the washing and all those things." (Nora)***

Pam spoke about how she took on her mother's role and preferred being around adults, whilst admitting she grew up quickly as a result of the aftermath of her parental loss. She

also recalled how her relationship with her siblings intensified as a result of her parental loss.

> ***"My friends became like my family, they were my main support […] me and my sister are very close. She probably is my surrogate mother at times […] Had mum survived, we may not have been so close as we are different but my brother […] we are close to him but he lives a bit further away but we know where each other is and I think that experience intensifies your relationship […] I always preferred older people's company. I grew up quickly and I always thought it was more mature for my years." (Pam)***

Doris believed that the close relationship she harboured with her sister is a result of losing her mother, as she has a greater appreciation for the relationship and attachment to her sister. However, she shared how her relationship and attachment with her father changed as a result of her mother's death.

> ***"Me and my sister talk about how that if she was around, we might not have been as close as we would have had her, but mom always promoted us to get along and not name call or things like that. So she probably would have kept us close but I don't think it would have been intense if she were around and you don't know what you have until its gone and we appreciate what we have and don't take it for granted […] I went through […] a lot of anger towards my dad as I saw him differently." (Doris)***

4.6.3 Seeking intimacy and love

Participants sought romantic relationships and connections with others, which may have been a method to cope with their position of feeling needed or abandoned. This may also have been an attempt to substitute the loss of their deceased parent. Lucy was seeking a female role model, which potentially acted as a replacement figure for her deceased mother. She also explained how as a result of her parental loss, she hates saying goodbye and letting go of relationships.

> ***"My aunts were busy looking after their kids. I would have liked to have an older female, I always was looking for an older female role model to look after me to***

> ***fill that gap […] I hate saying goodbye to things and people and I hate letting go and I think that's how it impacted me." (Lucy)***

Mary explains how she didn't have a reliable supportive figure after losing a parent. Thus, she may have started "sleeping around" to seek an alternative form of intimacy and gain a substitute for the intimacy that she lost. Mary appeared to attempt to self-soothe her internal emotions by receiving external love as a substitution. This could indicate the development of a disorganised attachment as Lucy's behaviours showcased little consideration for personal boundaries.

> ***"All I needed was for someone to hold me […] I started sleeping around." (Mary)***

Nora and Pam shared how as a result of their parental loss, they sought out intimacy, interdependency and a caretaking figure as a substitute for their loss.

> ***"From a very young age, I always had to have a boyfriend […] I always needed and wanted someone to look after me […]It was important for me to always have someone like a* boyfriend […] I just needed company**."*(Nora)***

> ***"I throw myself into relationships […] I tried to find affection in someone else […] I think it was just affection and looking for affection […] I think you try to find it in another person […] I felt needy and I was quite alone […] I wanted to feel needed, wanted by somebody and secure and if the relationship wasn't right, It was better than nothing." (Pam)***

4.6.4 *Difficulty with rejection and abandonment*

Participants recalled having difficulties with rejection and feeling abandoned after their parental loss, which could indicate their insecure attachment style or change in attachment style, post parental death. For Doris, her experience of rejection appeared to be akin to her initial feelings of abandonment after her parental loss. Doris experienced difficulties with the end of the relationship. Her difficulty with abandonment could indicate her potential insecure attachment style.

> ***"When we broke up at like 17 years of age, I fell to pieces […] I was angry and wanted to get back at him. I thought "how dare you abandon me […] all those losses from the past came back and smacked me in the face again, like my dad focusing on someone else and not me […] I still felt abandoned by him […] I don't do well with abandonment very well really." (Doris)***

Eve echoes the words of Doris as she divulged that she feels anxiety, due to her apparent fear of abandonment, after being "abandoned" by her parents. This could indicate a shift in her attachment style.

> ***"My boyfriend now is really nice but I'm anxious he will leave me." (Eve)***

Nora shared how she chooses to push people away as a potential self-protection strategy from potentially hurtful situations. She stated how she prioritises having her children with her for quality family time but still feels internally abandoned as a result of her parental life and subsequent life changes. Therefore, she showcases her fear of abandonment but also tendency to push people away.

> ***"If I think someone will hurt me. I will push them away rather than let them hurt me and pretend and convince myself that I don't care and that's my way of dealing with it […] Even though when the kids ask me "What do you want for your birthday?" I just say "I just want you all around and do something together". I just want them around me and spend time together. I'm not saying we didn't do that, but I still felt abandoned." (Nora)***

Vera appeared to have experienced interpersonal changes such as changing expectations with men, since the loss of her father. Vera's parental death appears to have potentially resulted in her feeling more sensitive to potential rejection from men and findings it difficult to cope with these changing expectations.

> ***"Since my father left, I expect men to leave and I don't know how to cope with it." (Vera)***

Mary experienced significant interpersonal changes and trust issues. She shared how future losses brought up similar feelings of abandonment and rejection that she experienced from losing her mother. This shows a potential change in her attachment style due to the increased intensity of feelings experienced in future losses. It seems that Mary went from being and feeling independent to being dependent on her husband for survival.

> ***"I felt completely abandoned and rejected […] I had lost all trust in women [and] was aware that I had no connection with women […]I was completely alone at that time […] I met my current husband who is my anchor and I think if I hadn't met him, I would have ended up dead." (Mary)***

4.7 Superordinate Theme Four: Complex Grief

Participants shared experiences of which appeared to be symptomology of complex grief, in response to their experience of parental death. Their apparent complex grief process appeared to impact their lived experiences from adolescence to adulthood. Moreover, these complex symptoms appeared to influence their development, ability to emotionally regulate and to attach and relate to others. The researcher chose to label this theme as 'Complex Grief' to indicate their symptomology of chronic, prolonged, intensified, life-altering and/or disabling grief, as the participants' grief process appeared to deviate from the norm as a result of their loss and grief symptoms were present many years of the bereavement, which indicated a complicated grieving process. However, as this analysis is through the lens of symptomatology and not diagnosis, this researcher is not diagnosing incidents of pathological grief, but is highlighting their shared symptomology of PCB and PCBD under the umbrella term of 'Complex Grief'. The list of subordinate themes within the superordinate theme 'Complex Grief' is shown in Table 4.3. Furthermore, an explanation of each subordinate theme within the context of the superordinate theme will be provided from section 4.7.1, through illustrating participants' quotes.

Table 4.3- Complex Grief

Superordinate Theme- Complex Grief	Subordinate themes
	Blame and Justification
	Death and Health Anxiety
	Lost sense of self/identity
	Feelings of injustice/self/pity
	Jealously or Envy

4.7.1 *Blame and Justification*

Narratives frequently showed how the participants appeared to blame or justify their future circumstances, developed personality and outlook on life as an effect of their experience of parental death. Participants appeared to rationalise negative life events, behaviours or emotions by blaming it on their parental loss, which potentially acted as a defence or coping mechanism to protect them-selves from taking accountability for the reality of their situation. It seems that Doris either blames or justifies her lack of parental guidance on her confidence levels, ability to emotional regulate, perceived mistakes, perceived progression in life and mental health, to either make sense of the causes of her experiences post parental loss or avoid taking personal accountability for certain developments in her life. She also potentially blames her subsequent difficulties on the psychosocial factor of experiencing relocation.

> ***"I think I probably would have had more confidence as a teenager and maybe more in control in my life. I don't think I would have made so many mistakes as I don't think she would have let me and would have helped me and guided me along the right path that was right for me, and we probably wouldn't have moved […] I think I would have progressed more if she were there, and not been such a slow starter in life […] I don't think I would have gone through that [post-natal depression] if I hadn't lost a mother as I don't think I would have known what it***

> ***was like to not have a mother in your life. I would not have understood it." (Doris)***

Eve inferred that she blamed her parental loss on her lack of education due to her need to work. She also expressed how she deems her options to be limited, due to this need for work, of which she believes has detracted her from being able to do a lot of "things".

> ***"I feel behind as I haven't been to college as I just went to work and I had to. Maybe if I had a better upbringing, I would have done things differently. It does affect you and your future options and I want to do a lot of things but I can't as I can't pay to go to college and I don't have parents support and I'm looking after their house" (Eve).***

Pam also infers that she blames her parental loss on her mood swings and struggles during adolescence, due to feeling insecure and having an absent parent. She also expressed how she believes her loss affected her self-esteem, thus showcasing its possible effect on her development.

> ***"I had mood swings […] I think that was down to being insecure about not having someone there. I used to come across as being confident but it was to cover up my lack of self-esteem. I put it all down to a loss of a parent though I know people who have low self-esteem and have their parents. I think if my dad died, I would have been left with a supportive parent, I think I would have got through teenage years better." (Pam)***

Lucy believes that she would not have settled down in her life so early, had it not been for her parental loss. She also attributes her tendency to procrastinate to her parental loss.

> ***"I don't think I would have ran off and married. I think I would have settled and done things earlier and I don't think I would be such a procrastinator." (Lucy)***

Nora attributes her perceived sensitivity and experience of bullying due to her parental loss.

> ***"I'm very sensitive and I attribute down to that horrible year of my dad dying and the bullying. I was victimised." (Nora)***

Vera recalls her need for alone time and space for recovery, as a result of her experience of parental death. She justifies her inability to work full based on her energy levels and has

explained how her grief resulted in various impairments to her functioning along with changes in her confidence levels, social skills and mental health. She also expressed how she "still felt so young" which showcases the developmental delay that the loss of a parent can cause and that she still felt amidst the grieving process.

> ***"I still have little energy as so much was frozen by this trauma experience. I wanted to do horticulture after school but I just couldn't manage it. My social skills and confidence all had suffered along the way […] I still felt so young and fragile and depressed and anxious […] I need time by myself to retreat and have space as I am still recovering from what happened […] I never had the energy for full time work." (Vera)***

4.7.2 *Death and Health Anxiety*

Participants reported or inferred that their awareness of life, death and their health increased, as a result of their experience of parental death. Participants' narratives frequently included how they became more health conscious as they feared that their loved ones would lose them due to ill health. Additionally, participants appeared to become more aware of their impending death. It seemed that their desire to protect others stemmed from their fear of experiencing another death along with protecting others from experiencing bereavement. It appeared that the experience of health anxiety for some individuals manifested into symptoms of Hypochondria. Lucy appeared to be highly aware of the impact of her parental death and her apparent experience of death anxiety seemed to result in her fear that her children may also have to experience such loss and subsequent desire to protect her children from experiencing parental death.

> ***"I felt so happy when I reached an older age than my mom as my biggest fear is dying and leaving my kids. I don't want them to feel that pain." (Lucy)***

This anxiety is echoed by Pam who is also highly aware of the impact of parental grief and has become a protective parent to protect her children from potentially encountering the

same experience. It also appears that she experiences health and death anxiety as a result of her parental death.

> ***"It made me quite protective as a parent as I am aware people get old and die and I used to hate leaving them out of my sight […] because I experienced it, I assume awful things will happen […]I look after myself like keep myself fit and healthy as I don't want them to have to go through it." (Pam)***

Similarly, due to Doris's awareness of the impact of parental death, health and death anxiety is experienced as she worries about losing her father and her children losing her, due to death by ill health. Her health anxiety appears to have manifested into the development of a phobia surrounding potentially being given wrong medical treatment.

> ***"I was anxious about keeping myself safe, and I would even avoid travelling on my own as I didn't want my kids to lose a parent or both of us. I became very anxious about my health; I had tests that I didn't need doing. I got really sort of phobic about doctors getting the wrong diagnosis "You need to look after me, It sucks to grow up without a mother, they need me […] I still worried about my dad dying, as I didn't want to become a proper orphan […] I wanted to wrap him up in cotton wool as I was so frightened that he would die or get ill." (Doris)***

Similarly, Vera shares how she developed an anxiety about the health of her mother and how this influenced her behaviour.

> ***"I became frightened my mother would die after my dad died […] so I would follow her around." (Vera)***

4.7.3 *Lost sense of self and Identity*

The participants' sense of self and identity appeared to be affected as a result of their parental death. Doris shared the changes of her behaviour post parental death, which seemed to act as a coping mechanism to "numb" her confusion, as she shared details of her existential crisis and perceived identity crisis, whereby she did not know how to live authentically, as a result of her parental death.

> ***"The alcohol led to the promiscuity which led me to feel soul destroyed. It felt like it harmed the essence of me, as I felt that I was doing something that I wouldn't have done and that I was on wrong path and It felt like I couldn't do anything about it, and the alcohol numbed the confusion and the feeling that I didn't know who I was and I didn't care […] you start to feel a bit soul destroyed as you're not living your life authentically." (Doris)***

Mary shared how she hasn't found something to "feed" her soul or fill her passion. She recalled that part of her "left that day [of the parental death]", thus explaining a possible change in her sense of self, as a result of her parental loss.

> ***"I move jobs as I get bored very easily but I haven't found something to feed my soul and I work with others and my own soul but I can't find what it is that my soul needs […] I am very passionate about life. My mother had none. It's almost as if my passion was enough for me and her but that passion for life has almost starved my-self and my soul passion, and I can't find that passion […] Part of me left that day. I was so numb. For me, spiritual work works better than therapy as it deals with the soul." (Mary)***

Vera spoke about how she had to build up her identity, due to her changing sense of self that was resultant of her parental death. She shared how her loss "took the floor" from under her world, which shows how her perception of her world changed dramatically as an effect of her loss.

> ***"I was emotionally abandoned in this process of trauma with hearing the news. It took the floor out from under my world which wasn't very safe anyway […] I gradually got to learn to mother myself and also learnt to build up my own identity that is different to my mom […] I started training as a therapist 3 years ago and I often feel as though I am too wounded but I'm getting there." (Vera)***

Nora speaks about how she felt old and sensible and as though she lost her identity as an adolescent and the characteristics of being in this developmental period.

> ***"Everyone was wild at university but I was so sensible. I was old for my years. I have always been so sensible and like an adult, too sensible […] When, I was at university, I felt too sensible. I felt so old. They were all like running around the place and I didn't get it. I think I lost my childhood and the ability to be carefree and childlike." (Nora)***

Lucy believes that she will never be able to recover from her loss and subsequent grief, due to her perceived internal loss of self, as a result of her experience, thus showing apparent symptomology of experiencing complex grief.

> ***"There is a big open black hole in all of us that we haven't been able to create again as she was everything to us […]I don't think I will ever recover from the loss though I'm privileged to say that it hurts so much, as it means that she meant so much to me. I feel so lost now." (Lucy)***

4.7.4 Feelings of Injustice or Self-Pity

A grief reaction synonymous with complex grief, was the experience of feelings of injustice and/or self-pity. Nora shared her difficulties with funerals due to the injustice of losing a loved one and her feeling of being personally victimised as an effect of her parental death. This theme shares similarities to the subordinate theme of Death Anxiety under the superordinate theme of 'Complex Grief, in relation to Nora's experience.

> ***"I can't do funerals […] I can't cope with it and its worse when I hardly know the person, as I think "why are you crying" and it brings it all back. I cry about the injustice." (Nora)***

Nora also shared how she intensely longs for the deceased and describes how intensely her loss has affected her, of which experience appears to be symptomatic of complex grief. Nora also explicitly offers herself self-pity based on her experience.

> ***"Out of everything in life, that's all I want. Money can't buy it. I never had it; I will never have it back. That's all I want is him back […] this is so raw, I feel so sorry for myself when I talk about it." (Nora)***

Lucy discussed how she feels "cheated" as an effect of her experience of parental death and shared the injustice of others not acknowledging their parents.

> ***"This conversation is really making me realise how cheated I was. I really was. I was cheated. When, I was a kid if other kids didn't get on with their parents, I would like "you really don't know how lucky you are to have parents." (Lucy)***

Doris shared how she "drowned" her sorrows which show how she felt pity for herself as a complex effect of her losing a parent during adolescence.

> ***"I felt out of control and uncared for, so I drowned my sorrows." (Doris)***

4.7.5 *Jealously or Envy*

Participants recalled feeling jealous or envious at others who did not experience a death of a parent. These emotions appeared to derive as an effect of their grieving process. Eve spoke candidly of the envy and jealously she experienced towards those who were not bereaved of a parent.

> ***"I missed out on having them as friends and I'm jealous of my friends who have that […] sometimes I am so envious I am so jealous of others who haven't gone through this […] I feel thankful that others haven't gone through that but I feel jealous when they get on well with their parents […] I get jealous of other people's families." (Eve)***

Nora implied feelings of jealously or envy as she compared how her husband's sister's life differs from hers because she has parents to help her, whilst she shared how she never had that relationship. Therefore, as an effect of her bereavement, it seemed that she was more aware of what others are receiving from their parents and what she is not receiving.

> ***"My husband has both parents. If his sister wants anything, her dad does it for her. It's that relationship I never had […] feeling that someone wants to look after you and spoil you. People think you have everything but the one thing I really want, I haven't got. I just want someone to love me and spoil me […] just having that someone to say, "Il pay for this" […] that kind of relationship." (Nora)***

Lucy also shared how she felt different, envious and "cheated", that others had their parents and she did not as a result of her parental loss.

> ***"During my teens, I felt like an odd one out. Everyone else had their parents. I felt […] not jealous but envious […] I don't think I ever got over that longing of wanting her back […] this conversation is really making me realise how cheated I was […] When I was a kid, if other kids didn't get on with their parents, I would like "you really don't know how lucky you are." (Lucy)***

4.8 Superordinate Theme Four: Positive Changes

Participants appeared to experience an increased sense of self-awareness and positive changes as a result of their loss which was evidenced from the narratives. The list of subordinate themes within the superordinate theme of 'Positive Changes' are shown in Table 4.4. An explanation of each subordinate theme within the context of the superordinate theme and drawing on from participant's quotes will follow.

Table 4.4- Positive Changes

Superordinate Theme-	Subordinate Themes
Positive Changes	Living Life to the Full
	Care for others and Society
	Changing Perspectives
	Developed Strength

4.8.1 *Living life to the full*

Participants communicated how they experienced a greater appreciation for life as a result of their parental death. Eve shared how her parental death led to her experiencing more in life, such as travelling through her newfound philosophy on life which was on making the most of her life since her experience of parental loss.

> ***"I probably would have stayed in the one place and experienced less. I would have had a smaller life […] life is short […] You need to make the most of it […]***

> ***[…]She told me to travel and see the world […] I wouldn't sit and wallow in self-pity." (Pam)***

Lucy shared how she chose to be positive and take opportunities that her parent could not do, such as travelling the world and choosing positivity.

> ***"She told me to travel and see the world as she never had that opportunity. I chose to be positive and live my life which is what she wanted." (Lucy)***

Mary speaks about the positive changes in her life since her experience of parental death, as she admitted her life is now more exciting and vibrant as a result of her personal growth.

> ***"So, my life has been more exciting, more vibrant and I don't know many people who have lived a life like that […] it's similar to someone who was lazy and did nothing in life and then lost their leg and becomes a Paralympian." (Mary)***

4.8.2 *Care for Others and Society*

Participants shared how their experience of parental death has led to an increased awareness and care for others and society. Mary shared how as a result of her parental death; she used her feelings of anger to create positive change. She expressed how she helps individuals and society through being an activist.

> ***"I help people speak their own truth and I see right underneath. I just get straight through it […] I get angry instead and use that anger to almost be an activist and find a cause and make a change instead." (Mary)***

Lucy recalled how she now shares outwardly the love she received from her parents. She believes she has become a counsellor as a result of her parental death.

> ***"I am just so lucky that she put so much love in me and that I can put that love back out, which is why I'm doing my job now [counsellor]." (Lucy)***

Pam communicated how she believes her empathy and sympathy for others (particularly bereaved young people) is resultant of her experience of parental death.

> ***"I guess my empathy and sympathy is deeply rooted in me as it breaks me to hear of kids losing their parents." (Pam)***

4.8.3 *Changing Perspectives*

Participants shared how their perspectives on life changed after their experience of parental death. They appeared to experience a change in values and beliefs about life events and their perceived impact. Vera recalled how she feels she has gained wisdom in the form of understanding the value of the presence of others and the transiency of life.

> ***"I feel like I have got wisdom from it as I understand death and how important it is that we value people whilst they are here as we will all die, as people may die when we won't expect it." (Vera)***

Pam disclosed how she does not dramatise minor events and appears to have a greater ability to emotionally regulate due to her understanding of serious experiences.

> ***"I don't dramatise things or get het up about the trivia of life because I know serious things can happen […] I still whinge. I'm still human. We all moan but I'm more aware." (Pam)***

Similarly, Eve also shared her belief that she has greater knowledge and a change in perspective after experiencing parental loss.

> ***"I feel like it has changed but it's like my old identity with more knowledge, like I used to be anxious but I'm not now as I don't care about some things." (Eve)***

4.8.4 *Developed Strength*

Participants disclosed how they feel stronger as a result of their parental loss and became more independent. They shared how they perceived their experiences of parental death of enhancing their ability to cope with adversities and how they became more self-regulating.

Doris reveals how her strength and personal growth developed as a result of her independence.

> ***"It gave me a strength and independence as I had to be independent. Whatever mistakes I made, I had to grow from them and developed from them and I want to be the best version of me that I can be and grow from them." (Doris)***

Pam reveals her belief that her parental death increased her emotional strength, awareness, ability to manage her emotions and her choice to be optimistic, thus showing positive developments.

> ***"I am a bit more aware than someone else what the important things are […] I don't dramatise things […] I chose to be positive […] It definitely made me stronger." (Pam)***

Mary shares her belief that she developed the strength to cope and survive with adversities as a result of her parental death. Along with perceived developed strength, she disclosed her conviction that she lacks fear. She also describes how her inner strength aided her to use depression as a tool.

> ***"I'm not afraid to take a risk. If I could have coped and survived with that at that age, I can survive anything […] I'm not afraid and I can tolerate crap […] There have been times where I feel myself sliding into depression but because I was adamant I wouldn't be mother, I learnt to use depression as a tool." (Mary)***

CHAPTER 5 - DISCUSSION

5.1 Overview

This chapter will begin by critiquing the relevant literature and research pertaining to the emerging superordinate themes from this research. Due to breadth and depth of the findings from all subordinate themes, within the context of the literature review, the researcher will focus on discussing the emerging salient points. However, literature that went beyond the scope of the literature review may also be integrated, if highly relevant. Subsequently, how the new-found insight from the research findings can inform counselling psychological practice and training will be suggested. Additionally, how findings can inform training and consultancy across alternative sectors will be addressed. Furthermore, the original contribution to knowledge and practice that this study provides, followed by the strength and limitations of the research and suggestions for further research, will be provided.

5.2 Managing Emotions

The findings suggest that parental bereft adolescents tended to rely on various dysfunctional coping mechanisms or defence mechanisms such as delaying and avoiding grief, internal suppression, isolation of grief and regression (Bylund & Grenklo, 2016). In agreement with Stroebe et al. (2007) and Geldard et al. (2009), this research found that participants predominately externalised their grief process by utilising various maladaptive substances or alternative attachments, possibly as a result of their ego-defending mechanisms (Geldard et al., 2009). In line with the literature, the findings propose that individuals bereaved by parental death have great difficulty in managing and regulating emotions (Luecken et al., 2009; Morris, 2007; Evans et al, 2005; Christ et al., 2003) and

experienced anger followed by stoicism and delinquent behaviours in response to their parental death (Draper & Hancock, 2011).

In accordance to Robin & Omar (2007), participants initially engaged in the defence or coping mechanisms of "survival" or "autopilot" mode, along with assuming the roles previously occupied by the deceased (Robin & Omar, 2007). These initial defences employed by participants appeared to be precipitated by their feelings of numbness and shock after their experience of parental death. As pervasive shock can indicate symptomology of Prolonged Grief Disorder (Boelen et al., 2017) this could indicate how symptomology of complex grief was developed, if the experience of shock prevailed. In line with Davies (1991), functional coping mechanisms such as catharsis, emotional processing and making and maintaining supportive friends was experienced by participants after their experience of parental death. Although the use of positive self-soothing coping mechanisms reported, appeared to act as a positive distraction (Brewer & Sparkes, 2011) for the participants, the researcher found that such distractions can be used as an avoidant defence mechanism (Harris, 1991).

In accordance to the views of Luecken et al. (2009) and Morris (2007), the findings suggest that parental bereaved adolescents had underdeveloped emotional regulation skills, which was potentially as a result of a lack of parental guidance and support in developing these skills, and as a result of the disruption to parenting practices. According to Høeg et al. (2016), Morris (2007) and the research findings of this study, the methods that parental bereft individuals used to manage emotions appeared to be often employed due to the experiences of poor coping skills, impulsiveness, vulnerability, hostility, depression and anxiety. As these experiences may be symptomatic of neuroticism and Alexander & Costanzo (1976) state that neurosis is more common amongst females and all participants

in this research were females, it is challenging to ascertain if the participants apparent neurotic behaviours were influenced by their biological susceptibility or if their possible neurotic behaviours were a response to the participants experience of parental death in adolescence. Moreover, it could be argued that these apparent neurotic behaviours were influenced by the lack of emotional regulation skills to deal with these experiences, as opposed to being directly caused by the experience of parental death.

In accordance with Geldard et al. (2009) and Pfeffer (1997), emotional dysregulation was found to be more prevalent amongst the participants who were bereaved by suicide. However, externalising and/or internalising grief-related issues were present with all participants in this study, regardless of the nature of the death experienced and despite Tyson-Rawson's (1996) critique that adolescents were less likely to externalise grief-related issues due to their enhanced maturity. Although the semblance of maturity portrayed could be resultant of their newfound independence and acceleration into adulthood, it also could be a defence and/or coping mechanism. Furthermore, their assumption of adult responsibility and completing parental tasks could indicate experiences of delayed grief, in line with Marks et al. (2007). Moreover, as the bereaved frequently had to adapt roles occupied by the deceased, developmental anomalies and identity confusion was apparent, in line with Cafferky (2018).

All participants in this research appeared to exhibit adjustment issues, in line with Feigelman et al. (2016), or symptoms pertaining to PCBD (DSM-5) and/or PCG (ICD-11r) and predominately poorer coping skills in adulthood. The researcher agrees with Stikkelbrook et al. (2015) and Clayton (2015), that the inability to emotionally regulate and subsequent of coping and defence mechanisms to externalise issues, is a highly influencing factor of the development of delayed or complicated grief.

5.3 Interpersonal Changes

In accordance with Parkes (2013), participants were found to experience a range of intense emotions relating to feeling lost, lonely, without control, and insecure. Their permanent loss of a critical attachment appeared to threaten their development of healthy development growth (Biank & Werner Lin, 2011) and participants appeared to experience attachment difficulties such as searching for alternative attachments, experiencing disorganised attachments and struggling to reorganise their attachment style, in accordance to Tremblay and Israel (1998). They also experienced anger from the disruptions to their attachment, in line with Bowlby's (1951) theory on grief.

In concordance with Breen & O'Connor (2007) and Sandler (2001), these parental bereaved participants illuminated their need for support after the stressful event of a parental death. The participants often felt rejected and/or abandoned from their grieving surviving parent due to the lack of support provided (Tyson-Rawson, 1996). It is possible that adjustment difficulties were maintained as adequate loss management resources were not supplied by members of the parental bereaved adolescents' network, according to Davies (1991).

In line with Sroufe (2005), the loss of attachment was found to influence one's expectations of others, which was particularly evident by participants in relation to their expectations of their surviving parent. In line with Schonfeld & Quackenbush (2010), participants' grief appeared to manifest into social difficulties, lower levels of family cohesion, complicated grief and conflicting relationships with the surviving parent, peers and romantic partners, which varied from withdrawal to co-dependency. However, in line with Mack (2001), participants experienced positive interpersonal changes, such as having increased friendships with siblings.

Difficulties with trusting others appeared to be present, which supported the understanding of Abeles et al. (2004) and Akerman & Statham's (2014). As an individual's insecure anxious attachment may reflect their worries that those close to them will not be available, whilst an insecure avoidant attachment may reflect their distrust of others and thus create emotional distance from loved ones (Mikulincer & Shaver, 2008) and result in difficulties managing emotions within an interpersonal setting (Marks Jun & Song, 2007), participants appeared to report insecure anxious and/or avoidant attachment styles. Difficulties with rejection and a loss of a secure sense of self was also present, in agreement with Clarkin, Lenzenweger, Yeomans, Levy and Kernberg (2007). However, the presence of attachment changes, such as avoidance or detachment may can also indicate symptomology of complex grief.

Furthermore, as participants exhibited elements of bitterness, envy, jealousy or hostility towards their non-bereaved peers, this could also indicate symptomology of complex grief or be indicative of a shift in attachment style or interpersonal relations. However, as the experience of grief could be influenced by one's attachment style (Parkes, 2013; Bowlby, 1951), the effects on attachment post parental death may be synonymous with the individuals pre-existing attachment style. Thus, it is suggested that further research could gain information on one's attachment style prior to analysing the post effects of parental death, to further discern the effects that parental death itself, has on attachment style.

5.4 Complex Grief

The parental bereaved participants appeared to engage in risk-taking, rebellious or delinquent activities and behaviours, in line with the views of Bylund-Grenklo et al. (2016). This could be symptomatic of their grief process or presence of complex grief, in agreement with Christ, Siegel & Christ (2002) or it could be a typical behaviour for adolescents based on their developmental period (Sussillo, 2005). This engagement could

be resultant of their increased freedom due to the lack of parental guidance and support, as participants believed that parental support was vital to aid their grieving process and help deter risk-taking behaviours. It also could be the participants methods for managing their emotions, considering their potentially underdeveloped coping skills and lack of parental guidance in aiding their development of emotional regulation skills (Sussillo, 2005). However, in terms of the participants' tendency towards substance misuse, which constitutes symptoms of complex grief (Wakefield, 2017), it is difficult to ascertain if substance misuse exacerbates symptomology of complex grief or if experiencing symptomology of complex grief further research is needed to ascertain if likelihood of substance misuse.

Despite Lueucken & Roubinov (2012) stating that most children engage in a "normal" grieving process to the returning point of healthy functioning and Kubler-Ross' (1972) and Worden (2018) positing that acceptance of bereavement is typically experienced at some point, acceptance did not appear to be have been reached by the bereaved. Moreover, in contrast to Worden's (2018) tasks of mourning, many participants did not appear to have experienced or navigated through the stages of working through their pain, adjusting to their new environment and moving on with their lives. Moreover, although Stroebe & Schut (2001) stated that the majority of bereaved individuals will eventually adjust and Boelen et al. (2003) stated that it is normal to experience emotional pain after a bereavement, the adult participants within this research appeared to experience adjustment related difficulties and symptomology of complex grief from their experience of parental death in adolescence, through to adulthood. The participants experienced a range of overwhelming emotions such as anger, feelings of helplessness, feeling of victimisation, jealously, envy and anxiety (Geldard et al., 2009; Robin & Omar, 2007; Vigil & Clements,

2003; Tremblay & Israel, 1998; Harris, 1991). The participant's grief appeared to commonly manifest into emotional issues, relational issues, long-term impairment and experience of symptomology pertaining to complex grief, in line with Schonfeld & Quackenbush (2010). Participants rationalised negative life events, behaviours or emotions by blaming it on their parental loss and thus removing their own sense of accountability as a method to manage their emotions, in line with the views of Vigil & Clements (2003) and Tremblay & Israel (1998). This could relate to attribution theory that is concerned with how individuals interpret events and thus how it relates to their thinking and behaviour (Heider, 1958), insofar that the participants attributed the causes of negative events based on their experience of parental death and the fact that they are bereaved of a parent.

According to Luecken & Roubinov (2012), as bereaved offspring have the potential to develop without a guiding figure, their development may stagnate, which appeared to be evident amongst several participants of whom seemed to oscillate between regression, stagnation and assuming an adult role and whom did not appear to have successfully navigated the adolescent Ego Identity versus Role Confusion stage (Erikson, 1965). In accordance with Cafferky (2018), the researcher hypotheses that developmental delays or lack of developmental navigation of which hinder the development of emotional regulation skills and contribute to a lost sense of self surrounding identity, were apparent amongst the participants, which may contribute to their susceptibility of developing symptomology of complex grief. Moreover, although the lack of parental care may be a highly informative factor of the development of complex grief, adjustment risks post parental death are largely accounted for by an increased likelihood of receiving inadequate care after parental loss, as opposed to necessarily being resultant of complicated grief, in agreement with the views of Tremblay & Israel (1998). Lastly, as Stroebe et al. (2015) stated that those with an insecure attachment are particularly at risk of developing complicated grief, it is difficult to

ascertain to what extent the participant's experience of symptomology of complex grief was associated with their attachment style and also how their experience of symptomology of complex grief may have influenced their attachment.

5.5 Positive Changes

In accordance with Tedeschi, Park & Calhoun (1996) characteristics of positive growth, many participants experienced growth occurred through accessing inner strength, becoming more altruistic, caring for others and society as a result of their loss, having changing perspectives on life, having a heightened positive outlook and greater appreciation for life, attempting to live life to the full, and engaging in positive activities. Although, this experience may provide a semblance of normality or success, it could indicate engagement with defence mechanisms or experiences of delayed grief (Marks et al, 2007), particularly if grief processing did not occur (Stroebe & Schut, 1996). Moreover, the participants apparent sense of maturity could be attributed to their newfound independence and acceleration into adulthood, due to their assumption of adult responsibility and completing parental tasks, or as a defence and/or coping mechanism, in line with the views of Tyson-Rawon (1996). Engagement with survival mode could also be as a result of feeling anxious, in response to their lack of parental guidance, as opposed to experiencing a positive step after the onset of parental death.

However, despite some literature findings stating that intra and interpersonal coping processes improved years on from the experience of parental death, many participants potential growth appeared to be stagnated, as there were possibly attachment issues, interpersonal and social issues, difficulties with managing and regulating emotions, symptomology of complex grief and threatened resolution of developmental tasks (Balk, 1996). Although, parental bereavement in adolescence was found to create an increased

closeness to one's support network in some participants in line with Tyson-Rawson (1996), this closeness was often precipitated by an apparent fear of losing someone, in line with an insecure attachment style and symptomology of complex grief.

Although progressing with career was found to be one of the positive changes experienced by certain participants, in contrast to Harris (1991), it did not appear that academic pursuits were largely sought by participants as an alternative positive distraction, after the onset of grief. Although positive changes rarely appeared after the onset of parental death in adolescence, growth appeared to occur for most participants as they navigated through to adulthood. However, one participant who experience parental death by suicide did not appear to experience positive changes, which suggest that parental death by suicide is more likely to evoke negative coping effects (Melhem et al., 2011) or a greater risk of developing complicated grief (Berg et al., 2019; Robin & Omar, 2007; Barry, 2002).

5.6 Summary

The discussions of the salient superordinate themes highlight how these themes largely influence each other and interlink, which provide a critical understanding of the overall impact of parental death Interpersonal and attachment disruptions influenced the parental bereaved individuals' ability to manage emotions and their grief process, and potentially increased the risk of developing symptomology of complex grief. Whilst, symptomology of complex grief appeared to influence the participants ability to manage their emotions and influenced their attachment and interpersonal relations. The participants reliance on maladaptive coping and defence mechanisms, may have precipitated the development of symptomology of complex grief and/or interpersonal or attachment related issues. Positive growth through positive interpersonal changes such as with peers and/or siblings, and the development of healthy coping mechanisms, was apparent in most participants. However,

positive healthy coping mechanisms as a method to manage emotions may have influenced the development of symptomology of complex grief, if they delayed the grieving process.

5.7 Original Contribution to Knowledge and Practice

This study has made a valuable contribution to the evidence base from existing studies on the impact of experiencing parental death in adolescence through to adulthood. By hearing the voices of adults who retrospectively experienced parental death in adolescence, a comprehensive and rich understanding of the meaning attributed to the experience of parental death in adolescence through to adulthood has been gained.

Although associations between parental death from adolescence and the subsequent impact in adulthood, cannot be conclusively established from this qualitative study, the emerging salient themes of this research shed light on the apparent short and long-term effects and impact from experiencing parental death in adolescence. Moreover, in terms of the literature on grief, whilst there is a wealth of adult grief models that depict the stages of grief, there were a lack of well-recognised specific model to understand adolescent's grief, or grief from parental death in adolescence. The research findings illuminated that the predominant adult models of generic experiences of bereavement did not encapsulate or overall reflect the experiences of the participants in this study and the grief of adolescents bereft by parental death appears to be unique. Thus, this study adds to the existing literature in terms of the experiences of the participants whilst highlighting the need for the development of adolescent and parental bereavement specific grief models to aid understanding of adolescent's experience of parental death.

Whilst initiatives such as Winston's Wish (www.winstonswish.org) already exist to offer support and recommendations in response to grief in adolescents, this research highlights recommendations for therapeutic practice, training and consultancy, specifically from the

employment of an interpretative phenomenological analysis and through a counselling psychological lens. This is pertinent as currently there is a lack of specific counselling psychology guidelines when working therapeutically with adolescents who have experienced parental death, drawing from the philosophical approach of counselling psychology. As an IPA was conducted in this study, the suggested implications account for the nuanced and subjective lived experiences of parental bereft adolescents, in line with the philosophical underpinnings of counselling psychology. This research also provided suggestions across the education, health and community sector in terms of training they could receive and support they could provide, considering the research findings. It is essential that Counselling Psychologists, educators and health-care professionals are in an optimal position to understand parental death in adolescence through receiving training to understand parental death in adolescence and how support can be sufficiently tailored to meet the need of individuals bereft of a parent. in order to offer informed and tailored therapeutic support.

Although similar qualitative studies exist, this research explicitly looks at the experiences and impact of experiencing parental death during adolescence, through to adulthood, regardless of the mode of parental death, which is from a counselling psychological viewpoint and employs an IPA methodology. This study has presented new information, elaborated on existing clinical and theoretical understanding of this phenomenon, informed further academia (see section 5.11) and implications for Counselling Psychologists and other professionals (see section 5.8) in response to the subjective findings of this thesis. These findings encompass a range of developmental, psychological, emotional, interpersonal and psychosocial factors that were illuminated in this research as impacting the experience of parental bereaved adolescents, through to adulthood.

5.8 Implications for Counselling Psychologists

5.8.1 Overview

Counselling facilitates the processes of growth, change and development (Davy and Hutchinson, 2010) whilst facilitating the exploration and processing of lived experiences. Thus, the researcher deems counselling to be particularly important for this population, due to the experiences of numerous participants in this research whose grief process did not appear to be facilitated. Counselling is also suggested as bereaved young people who did not access counselling services for their grief, reported higher levels of depressive symptoms (Harrison & Harrington, 2001)

Counselling implications will be informed by the research findings, nuanced and subjective experience of parental death in adolescence and the epistemological and ontological approach of counselling psychology. This is pertinent due to the lack of understanding within counselling psychological literature regarding how counselling psychological intervention can be specifically tailored for individuals who experienced parental death, to account for their developmental stage and the psychological and psychosocial impact from experiencing parental death during adolescence. Thus, an array of therapeutic approaches and interventions, ranging from directive and non-directive approaches, is suggested in line with the interdisciplinary, pluralistic and integrative attitude of counselling psychology and the research findings.

The predominant counselling psychological implications will derive from the humanistic perspective (Rogers, 1961). Section 5.8.2 will explain how psychodynamic and person-centred counselling principles can inform counselling psychological intervention with parental bereaved individuals.

Counselling Psychologists offers a non-medical model and anti-psychiatric approach that focuses on the therapeutic relationship (Strawbridge & Woolfe, 2010) above notions of diagnosis, assessment and treatment. However, as counselling psychologists also work alongside the medical model, and in response to the research findings that illuminated the vast experiences of symptomology of complex grief, implications for Counselling Psychologists will also be considered through a clinical lens in terms of assessment, formulation and interventions. Overall, a holistic approach to account for the individual emotional needs and multi-faceted experiences of the parental bereaved, within the psychological, developmental and wider social and cultural contexts of the parental bereaved adolescence, is recommended. Moreover, clinical intuition and experience are needed for counselling psychologists to ascertain the most suitable therapeutic approach from the suggestions, in line with the subjective needs and experiences of the client and the integrative nature of counselling psychology.

Beyond therapeutic practice, the implications for Counselling Psychologists through consultancy and training, will be highlighted. As Counselling Psychologists are also focused on prevention as well as community-based interventions (Sue 2001), such initiatives or interventions will be recommended. In response to the impact of psychosocial factors on the lived experiences of adolescents bereft by a parent, that were illuminated in this study, implications across the education, health and community sector, that go beyond the role of counselling psychology, and suggestions for training and consultancy beyond the counselling psychology sector will be explored.

5.8.2 Psychodynamic and Person-Centred Therapy

Psychodynamic psychotherapy is a recommended therapeutic approach for individuals who have experienced parental death in adolescence, considering the research findings. This approach is suggested as it would aim to promote personality coherence and healthy

development in response to the research findings that illuminated apparent personality issues and development disruptions amongst the parental bereaved participants. Psychodynamic psychotherapy is also suggested as it would also aim to address the subjective meaning of the parental death, within their developmental and environmental contexts. This is recommended as this research found that the participants developmental and environmental contexts appeared to negatively influence and impact their grieving process and subsequent experiences post parental death. In terms of Bowlby's (1951) psychodynamic theory of attachment, the participants in this research appeared to search for alternative attachments, experienced disorganised attachments, of which many were maladaptive or dangerous, and struggled to reorganise their attachment style. The participants also shared their experiences of feeling lonely, abandoned and in need of support and security. Thus, the bereaved individual needs a secure base, of which can be provided by the Counselling Psychologists practicing psychodynamic therapy, in order to help the client work through their attachment related difficulties. This is also suggested because those who have an insecure attachment are particularly at risk of developing complicated grief (Stroebe, Schut & Stroebe, 2005) and working through attachment related issues would aim to reduce the risk of the development of symptomology pertaining to complex grief.

In response to the research findings, the use of PCT is recommended for a plethora of reasons. As the findings illuminated how parental death in adolescence disrupted the development stage and subsequently one's sense of identity, PCT through the use of empathetic understanding would aim to help the bereaved develop an understanding of oneself, within the context of their developmental period, that is more congruent with their lived experience (Larson, 2013). Moreover, the use of empathetic understanding is deemed

highly valuable in response to the findings illuminating how adolescents sometimes felt misunderstood by family members, peers or siblings. Furthermore, as participants struggled to adjust to their loss, the idiographical and phenomenological focus of PCT, in line with IPA, may facilitate the bereaved, in making sense of their phenomenological experiences of parental death in adolescence from their perspective, and help develop their new sense of self post parental death (Larson, 2013). In response to the participants apparent maladaptive methods to attenuate their difficult feelings related to their loss, PCT would aim to help the bereaved to explore emerging directions for growth. Furthermore, by facilitating their grief expression, PCT may aid the reduction of delayed grief and thus aid the prevention of further complicated grief reactions, attachment related difficulties and risk of psychiatric morbidity, suicidal behaviour and psychosocial problems (Melhem et al., 2011).

The relational approach of PCT would aim to support the bereaved and build a trusting relationship with the bereaved where the therapeutic relationship is paramount. It would also aim to minimise levels of distress and help to relieve the burden of grief, through facilitating communication of feelings in a comforting environment (Hurd, 2004). This is pertinent as both the research findings and the literature suggest that those who reported having open communication reported feeling closer with one's family, having fewer emotional issues (Cait, 2005) and were less likely to experience a dysfunctional grieving process (Procidano & Fisher, 1992). PCT also helps the facilitation of contact with emotions and how they can make sense of their experience. As participants in this study expressed their frequent negative feelings of themselves, the core condition of unconditional positive regard is deemed necessary within grief counselling for the therapist to accept the feelings of the bereaved and thus facilitate them to work through their

experiences. This is deemed to be vital, as the research illuminated how some participants did not feel supported or felt as though their grief was not aided to be processed.

5.8.3 Early Intervention and Preventive measures

Counselling Psychology takes a prominent position in emphasising the importance of early and focused intervention (Sinitsky, 2010). Early intervention is vital for individuals bereft by parental death during adolescence as the research findings illuminated the participants apparent experience of symptomology of complex grief. Early assessment aims to prevent clinical symptoms going beyond an acute grief reaction (Rosner et al., 2010) into complicated grief and aims to prevent delayed grief, which is a contributing factor to complicated grief. Early intervention has the ability to target putative mediators in the bereaved (Luecken et al., 2010; Sandler et al., 2010), limit the extent and duration of negative symptoms, improve functioning (Durlak, Weissberg and Pachan, 2010) and maximize positive adjustments in the aftermath of parental death (Lueken & Roubinov, 2012). Moreover, delayed interventions are less effective and are associated with delayed grief (Allumbaugh & Hoyt, 1999).

As illuminated in the research findings, priority for interventions should be given to those subjected to parental death from external causes, as they are a greater risk for subsequent psychological and psychosocial issues, and to individuals exhibiting symptomology of complex grief, in order to aid a healthy grieving process and prevent further development of symptomology. Preventive interventions for community samples of bereaved youth is recommended across various education, healthcare and community sectors, whereby parental bereft offspring can receive early intervention in the form of therapeutic or psychosocial support, with the aim of reducing grief reactions, delayed grief and symptomology of complex grief. As waiting lists for access to adolescent mental health services are frequently long (Penny, 2010), early intervention in schools may help the

prevention of delayed grief and subsequent complicated grief. Additionally, according to Rosner et al. (2010) Trauma/grief school-based brief psychotherapy appeared to be a promising treatment model for the bereft of whom were suffering from PTSD comorbid with grief (Rosner et al., 2010).

5.8.4 Assessment

The researcher suggests for an in-depth and comprehensive clinical interview to be utilised, to acquire information pertaining to the various psychological, psychosocial, biological, systemic and developmental and contextual factors influencing one's loss, and the personal meaning that the bereaved ascribe to their experience. This is suggested as the research findings illuminated how these aforementioned factors may be highly informative of the experiences of the bereaved, and their reactions may inform their susceptibility of developing symptomology pertaining to PCBD (DSM-5) or PCG (ICD-11r). Although it is not within the scope of the thesis to explore how the outcome of each differentiating factor, ascertained from the assessment can influence intervention, a comprehensive assessment aids the therapist in understanding the holistic experience of the grief in the bereaved and the factors that may exacerbate their grief process and/or negatively impact their lived experience. The use of clinical assessment tools may also be required to assess for clinical symptoms, if symptomology is presented. If symptomology specific to PGD(ICD-11r) or PCBD (DSM-5) is present, the researcher suggests using a rating scale for early assessment of Complex Grief, which is a westernised version similar to that of the Korean Version of the Psychometric Inventory of Complicated Grief (ICG) Scale. This scale measures factors such as experience of death, age, year of education and sex, as the research findings illuminated these factors as being vital factors in informing the experience of the individual bereaved by parental death in adolescence.

As the experience of symptomology of complex grief was present amongst all participants, screening for complex grief regardless of highly conspicuous symptomology is also recommended. This is particularly important as the research illuminated that the behaviour of parental bereaved adolescents is often seen as being symptomatic of their developmental period as opposed to being symptomatic of complex grief. Also, symptomology can go unnoticed as the literature and research findings illuminated that bereaved adolescents often deny, reject or avoid their grief. Moreover, in line with Brent et al. (2009) routinely assessing parental bereaved adolescents is recommended as early detection and treatment can reduce long term impairment in the bereaved.

The assessment and appropriate clinical assessment tools intend to sufficiently inform the developmental informed formulation (see section 5.8.2.1) and subsequent intervention, as targeted treatment was found to be particularly beneficial, particularly for those experiencing complicated grief (Allumbaugh & Hoyt, 1999).

5.8.5 Developmental Informed Formulation

In response to the research findings, counselling psychological practice, from assessment, formulation to treatment is recommended to be tailored according to the developmental experiences of an adolescent's experience of parental death. The developmental journey of a bereaved adolescence is a time of change, crisis and self-discovery, where they form their identity and move towards individuation, as they adjust to various biological, physical, developmental, emotional, cognitive and psychological changes. Moreover, as there is a vast amount of literature pertaining to the differences in experiences of parental death based on age-group, counselling strategies should also be tailored based on the age and developmental period of the adolescence, as this informs their grief expression and experience, with regard to the their level of individuation, egocentricity and understanding of death. Thus, a development informed formulation and intervention is recommended as

late adolescents may require a psychodynamic approach to bereavement therapy where defence mechanisms are explored, whilst early adolescents may benefit from a creative approach to bereavement therapy.

Moreover, it should be noted that the methods employed by bereaved adolescents to manage their emotions may be indicative of their developmental period, whilst volatile and delinquent behaviour is often a characteristic of adolescence and not necessarily symptomatic of complex grief (Robin & Omar, 2007; Christ et al., 2003). Thus, as the adolescents' grief expression largely depends on their pre-existing stage of emotional and cognitive development (Robin & Omar, 2007), emotional regulation or behavioural issues or symptomology pertaining to complex grief, should be assessed via a developmental lens, prior to assuming pathological cause.

Bereaved adolescents may need help with navigating their developmental tasks whilst processing their grief (Geldard et al., 2009), particularly through the absence of a parent in aiding their developmental period. Thus, facilitating a space to accommodate for adolescents to cope with their loss within their developmental stage, would aim to minimise developmental impediments and potential consequential symptoms of complex grief, whilst aiding engagement the grieving process. In light of the developmental stage of the bereaved adolescent, support should be not withheld from older adolescents due to their appearance of maturity, mature level of functioning and advanced and complex cognitive skills and processes (Geldard et al., 2009; Lenhardt & McCourt, 2000). Additionally, as adults who experienced parental death in adolescence may have experienced hindered development or oscillating developmental stages, a developmental informed formulation and intervention is recommended.

5.8.6 Parent- Child or Family Therapy

Parent-child or Family therapy are recommended therapeutic approaches for individuals who have faced parental death during adolescence as the research findings suggested that there were disruptions to the parent-child relationship, lower levels of family cohesion and a wealth of interpersonal changes within the family system after the experience of parental death. These approaches are also suggested considering the research findings that illuminated that the potential risk of psychological and psychosocial sequelae for the bereaved appears to be significantly influenced by the familial system of the parental bereft adolescent. Thus, therapeutic approaches to aid family stability post parental death is suggested.

Parent-child psychotherapy is proposed to help support the bereft child and parent with their grief, aid the parent's ability to help with the grieving process of their bereft offspring and also help the grief of the surviving parent in order to enable them to help support the grieving experiences of their offspring. This is suggested as surviving parents are frequently unable to attend to the grieving needs of their offspring as they may be unaware of the bereavement-related distress of their children due to their possible lack of understanding of adolescent grief (Boelen et al., 2017) or they may be preoccupied with their own grief (Auman, 2007). Parent-child therapy can also help the family and child acknowledge the death, maintain tangible connections with the deceased, engage in meaningful rituals, whilst re-organising their lives to take account of the loss (Slyter, 2012). It can also integrate educating parents on how grief in adolescence can presents itself and manifest, on the importance of supporting the adolescences grief, and the ways in which they can support the bereaved. This is important as this research illuminated that bereaved adolescents need consistent relationships, normalcy and continuity, empathy and

a need for others to understand death and grieving in response to the loss of a critical attachment (MacPherson & Emeleus, 2007).

As the research illuminated poor emotional regulatory abilities in the bereaved offspring, parent-child therapy, inclusive of helping positive parenting, as defined as caregiver warmth and consistent discipline, is suggested. Whilst positive parenting is associated with the development of adaptive emotion regulation (Eisenberg et al., 2005) negative parenting and familial issues are linked to maladaptive emotion regulation (Sheffield Morris, Silk, Steinberg, Myers, & Robinson, 2007) and poor development of skills for both the caregiver and offspring needed to respond adaptively to future stressors (Morris, 2007; Sohr-Preston & Scaramella, 2006; Goodman & Gotlib, 2002). Relational therapy to maintain warmth and positive parenting from the parent to the parental bereaved offspring, could strengthen the parent-child relationship. It also could aid the grief transition of the bereaved adolescents and result in fewer long-term problems in the bereaved (Luecken & Roubinov, 2015). However, despite surviving parents being a protective factor for the bereaved and peer support being possibly insufficient (Melcher, Sandell & Henrikson, 2015; Tremblay & Israel, 1998), there is a lack of clinical and theoretical understanding regarding how the surviving parent can be involved in the treatment of their bereaved offspring, particularly if prolonged grief is present for either the offspring or surviving parent.

A family systemic therapeutic approach is also suggested with the aim of restoring family stability, helping the family to cope with the familial changes post parental death and helping the bereaved adolescent to continue developmental navigation within the newfound family unit. As illuminated within the research findings, it is crucial for family to support the developmental navigation of the bereaved adolescent. Family therapy also attempts to aid family relationships, which is pertinent to help the bereaved in

accommodating the death of a parent (Ratnarajah & Schofield, 2007). By also increasing the family's resources to cope with change (Sandler et al., 2003), it may reduce distress levels in the family. Furthermore, in the treatment of prolonged grief in young people, adaptions of successful adult treatment approaches for family interventions as opposed to individual focused interventions may be more suitable (Melhem et al., 2011) as strengthening the protective factor of a stable family unit would aim to minimise the development of symptomology of complex grief or further psychological and psychosocial risk of the bereaved. FFGT is also recommended as it encourages family members to interact as a supportive group and engage in shared mourning. It is founded on the proven relationship between family functioning and the psychosocial wellbeing of its members (Kissane, 2003). This approach is recommended in response to the findings where participants recalled how familial disruption impacted their grieving process and how frequently the grieving process within the family unit was delayed, avoided or denied, of which was highly maladaptive for the bereaved family.

5.8.7 Psychological Therapy for Emotional Regulation

In light of Schut, Stroebe, Bout and Keijser's (1997) findings that women had great benefits from receiving problem-focused treatment, and this research highlighting how all female participants appeared to have underdeveloped or dysfunctional emotional regulation skills and difficulties with managing emotions, a strength-based psychotherapeutic treatment to aid emotional regulation is suggested. The development of healthy coping and regulatory skills would aim to be a protective factor for the bereaved, and would intend to equip the parental bereaved with the skills needed in response to the short-term effects of the parental death, along with developing the skills needed in preventing longer term issues, to help their adjustment and adaption post parental death. This may help the bereaved in tolerating changes post parental death, which can potentially

minimise their distress levels (Sandler et al., 2003) and/or potential risk of developing symptomology of complex grief. This is also recommended as this research illuminated that participants may need parental support in aiding their regulatory skills. Parents help adolescents navigate their way into adulthood by being safe and supportive figures who help master their developmental tasks, such as learning to emotionally separate from parents (Noppe & Noppe, 2004), developing a sense of control, deter risk-taking behaviour, forming a positive sense of self and repair aspects of the adolescent self (Sussillo, 2005). Thus, as the lack of parental support was evident amongst many participants, therapy to aid the development of adaptive emotion regulation skills may be especially critical for bereaved youth (Lueken & Roubinov, 2012) as the ability to regulate emotions in socially and contextually appropriate ways is a critical factor promoting positive mental and physical health in adulthood (Gotlib & Joormann, 2010; Beauchaine, Gatze-Kopp, & Mead, 2007; Campbell-Sills & Barlow, 2007).

5.9 Consultancy, Support and Training across the Education, Health and Community Sectors

As some reports suggested that parental bereaved offspring have poorer educational attainment and attendance, than their non- bereaved peers and education is a protective factor for the future wellbeing of parental bereaved adolescents, there is a need for targeted specialist interventions and programs to keep the bereaved in education (Akerman & Statham, 2014). For individuals who have left education, programs to keep the young bereaved in employment is suggested, particularly due to the financial difficulties amongst those subjected to early parental death (Feigelman., 2016; Himaz, 2013).

In response to the participants in this research, reporting their need for support, which was frequently unobtained, having educators, inclusive of pastoral care staff in schools, and

GPs trained in grief and loss studies, may enable their ability to support parental bereaved individuals. This is suggested as adolescents are typically in school and parental bereaved children (up to 16 years) are likely to have been contact with their GP after parental death (Fauth et al., 2009). Educators and GPs also have a relationship with the bereft prior to their parental death. Thus, as parental death appears to cause developmental disruption, educators and GPs may recognise these developmental impediments or changes present in the bereft, particularly as they have knowledge of the bereaved adolescent's developmental presentation, prior to the grief. Educating educators on grief is particularly vital as many educational institutions do not have counsellors or educators trained in grief and educators frequently lack the knowledge and understanding of how to support a bereaved adolescent within the classroom (Smith, 1999). Moreover, training for GPs in grief and loss is suggested as understanding or supporting grief is rarely a topic of in-depth discussion at most medical schools (Zisook & Shear, 2009).

This training could educate these professionals on the effects of grief and how it is recognised in adolescents, how to offer brief emotional support, and recognise symptomology of complex grief from uncomplicated grief, in order to effectively refer the parental bereaved adolescent for appropriate psychotherapeutic treatment or specialist support. As early intervention is vital as individuals bereft by parental death are more at risk for psychological issues (Sandler et al., 2003), offering brief emotional support after the parental death may act as a preventative measure for delayed grief, which can be detrimental to the outcome of the bereaved.

As a wealth of psychosocial and socioeconomic factors also influence and impact the grieving process, educators and GPs may be aware of such psychosocial and socioeconomic factors. Thus, they are recommended to work alongside social services

and/or community or based initiatives through referrals for necessary psychosocial and socioeconomic support for the parental bereaved adolescent and their family unit. Also, as they are both typically in contact with the surviving parent, liaison with the surviving parent is suggested, as the findings illuminated that the surviving parent was frequently emotionally absent from supporting their bereft offspring, and thus the needs of the offspring often went unnoticed.

The BPS (2018) states that Counselling Psychologists can work almost anywhere there are people and that Counselling Psychologists frequently work with bereavement, grief, loss and with adolescents. However, there is a limited focus within counselling psychology training on how to work therapeutically with bereavement, grief and loss, and how to work with adolescents. Thus, working therapeutically with a parental bereaved adolescence, or offering training on grief and loss, may be outside the remit of a counselling psychologist, as a result of their lack of formal training. Thus, formal training on grief, bereavement and loss within the Professional Doctorate of Counselling Psychology Programme is recommended. Additionally, compulsory clinical placements working with children and adolescents is recommended, as unlike the Professional Doctorate of Clinical Psychology, Counselling Psychologists in training are not required to work therapeutically with children and adolescents as part of their training. Furthermore, as Parent-Child/Family Interventions are suggested, systemic training that explores how it can be adapted to Parent-Child and Families, who have experienced bereavement and parental death, is recommended on the Professional Doctorate of Counselling Psychology program. Lastly, in line with the BPS (2018) Practice Guidelines and the research findings, Self-Care for Counselling Psychologists is particularly recommended when working with individuals who have faced parental death in adolescence, due to the emotional intensity of the experiences shared.

5.10 Research Strengths and Limitations

5.10.1 *Research Strengths*

By utilising a qualitative approach, this research achieved its aims and facilitated the voices of adults who experienced parental death in adolescence to be heard and illuminated the salient themes of their subjective lived experiences. IPA offers the researcher's interpretation of the meaning behind the participant's experiences, whilst other research methodologies may have focused on other features of the research. Thus, the research's transferability and generalisability should be considered on theoretical grounds, rather than on its empirical basis, as the findings provide insight and the theories are of value (Smith, 1999). The researcher assured to conduct and manage the interviews both ethically and sensitively, by adhering to ethical guidelines throughout. Moreover, as the researcher executed a pilot interview, the necessary interpersonal skills needed to carry out the interview both sensitively and ethically was accomplished. Due to the researcher's shared lived experience with the participants, the researcher felt that interviews were conducted with empathy and from a position of understanding, and many participants shared that the process felt cathartic and helped their grief process through sharing their story. Many participants recalled receiving genuine insight from the data collection procedure.

The use of reflective practice throughout in order to detach from the participants' accounts whilst immersing in the participants accounts simultaneously was conducive to reliable interpretations within this IPA (Finlay, 2008). In addition, engagement in supervisory discussions about the emerging themes ensured rigour as there can be more than one viable interpretation present. Rigour was further supported by upholding Yardley's (2008) validity framework for qualitative research. In terms of the literature review, the inclusion and exclusion criteria and quality assessment tools were utilised to ensure soundness of the literature review. The extensive literature review conducted provided a comprehensive

understanding of the numerous ways in which parental death in adolescence impacts the lived experiences of bereaved.

The research findings and the phenomenon and idiographic informed implications have contributed to the theoretical and clinical knowledge base relating to parental death in adolescence. How counselling psychologists and health, education and service providers can support this population through clinical practice, training, consultancy and service delivery has been provided. A key strength of this research is that it can be useful for all individuals who are in contact with individuals who faced parental death in adolescence, as the qualitative nature of this research is accessible beyond typical academic conventions. Moreover, as the adolescent's experiences of parental death is subjective, the counselling psychological recommendations encompass varied therapeutic models and approaches, to account for the subjective experiences of the participants. Thus, the researcher recommends that therapeutic intervention is individually tailored, and does not advocate for the use of a standard protocol for therapeutic intervention for all participants. This research also offers suggestions for further academic research and contributes to the need for better psychological knowledge and understanding of therapeutic approaches, specifically for individuals who experienced parental death in adolescence.

5.10.2 *Research Limitations*

The sheer subjectivity of the research design of IPA frequently experiences common scrutiny alongside its small sample size and overall generalisability of findings (Cresswell & Plano Clark, 2007). Moreover, qualitative research generally receives criticism for its concerns on the generalisability of research findings. However, these factors are not deemed to be a limitation of the study, as it is neither the intention of the researcher nor the aim of IPA to generalise. Illuminating shared commonality and giving full appreciation to each participant's account through conducting a detailed and idiographic case-by-case

analysis (Shinebourne, 2011; Smith, 2004) was intended. Furthermore, section 5.10.1 explains how the findings can be generalisable on theoretical grounds.

Within this study there is a lack of gender diversity and it could be argued that by interviewing males may have been useful to understand how gender impacts the experience of parental death, as the researcher recognised amongst some of the participants' narratives that the fathers and sons within the participants' families frequently struggled with processing the death. However, as all participants were female, of Caucasian ethnicity and from the British Isles, this ensured homogeneity, which is a strength of the research and pertinent for the provision of IPA. Additionally, as a snowball sampling method was utilised to research the experiences of this 'hidden population' and participants were recruited on a first come first serve basis, acquiring a varied and diverse participant pool, was a factor out of the researcher's control. Moreover, themes relating to gender did not arise from interpretative analysis of the participants experiences.

It also could be argued that the use of a volunteer sample was a limitation of the study that further challenged the validity of the research, as the sample acquired could differ in terms of their interest in research, interest in speaking about their experience and willingness to take part, in comparison to individuals whom did not wish to take part. However, it is difficult to estimate the impact of volunteer bias as all consenting research participants are volunteers to a degree or lesser degree. Moreover, the sensitive and ethical stance with regards to the recruitment procedure, in terms of ensuring all participants took part without the use of agenda or manipulation and the person-centred manner by which the research was conducted, was a forte of the research. Additionally, as it was crucial that participants felt comfortable to consent and take part given the sensitivity of the topic explored, a volunteer sample was essential.

In light of the literature stating that parental death negatively impacts educational and occupational attainment, the absence of questions surrounding education within the topic guide may be considered a limitation of the research. However, the researcher was focused on broader questions surrounding the overall impact of the experience of parental death and although information regarding the educational and occupational status of the participants were not directly acquired, it arose amongst some of the participants narratives in response the researchers use of open-ended dialogue.

It could also be argued that participants recalling their experience of parental death in adolescence could have been influenced by recall bias, which is a systematic error caused by differences in the accuracy or completeness of the recollections retrieved (Kopec & Esdaile, 1990). However, retrospective studies can never be totally unbiased, and subjective lived experiences cannot be verified in any setting or methodology.

After considerable reflection of the data collection and analysis, the researcher recognises a limitation of having an 'insider status'. Within the interviewing and coding process, the researcher did not further explore a participant's explanation of how her grief was impacted by her Irish culture, due to understanding the impact of Irish culture on grief, from being Irish. However, the researcher believes that having an 'insider status' overall enhanced conscientiousness in adhering to Yardley's (2008) validity framework for qualitative research and Smith's et al. (2009) six guidelines for conducting IPA, as the researcher was highly aware of how having an insider perspective could impact the research process.

5.11 Further Research

Further research suggests greater specification of the type of loss as parental death being a unique trauma best researched with a dedicated focus (Luecken & Roubinov, 2012). Also,

further specification of the mode of death and age of the bereaved, is needed within the literature, as certain studies showed that these factors can significantly impact the grieving process and subsequent psychological and psychosocial sequelae.

As the literature found that grieving processes vary amongst early, middle and late adolescents bereaved by parental death (Christ et al., 2002; Harris, 1991) research exploring how counselling psychological intervention can be specifically informed and tailored for parental bereaved adolescents based on their varying developmental stages is needed. Additionally, as psychological symptoms in bereaved adolescents can be indicative of their developmental period, further research surrounding how counselling psychological professionals can ascertain bereaved adolescents complicated symptoms from symptoms indicative of their developmental period, is suggested. Moreover, further empirical support and evaluation of counselling psychological treatment post parental death in adolescence is suggested to inform further academic research on how clinical practice can be improved. As bereavement can be a traumatic event and many symptoms of PCBD (DSM-5, 2013) and PGD (ICD-11r, 2018) share similarities with symptomology of PTSD, research informing the differences of complex grief and PTSD with adolescents bereaved by parental death is needed, to aid recognition of the potential developed psychopathology. Moreover, further research analysing the suitability for trauma informed psychotherapy for adolescents bereaved of parents is recommended.

Although Høeg et al. (2016) illuminated the link between the development of neurotic traits and parental disruption, further research exploring the association between neurotic traits and the experience of from parental death in adolescence, could be a valuable area to explore, as the following neurotic traits were evident amongst participants; anxiety, depression, hostility, impulsiveness and vulnerability (Friedman & Schustack, 2016). This

would help illuminate the impact that neuroticism has on the lived experience of parental death and the impact that the experience of parental death during adolescence has on the potential development of neurotic traits. A comparative study on how the bereaved adolescents' behaviours alter from pre to post parental death is recommended to shed light on the specific developmental changes that occurred in order to ascertain experiences of grief, that were not indicative of the developmental period of the bereaved.

Although this research and the literature review illuminated that the experience of parental death in adolescence was associated with an increased risk of health anxiety (Christ et al., 2003) and health-related risk-taking behaviours (Feigelman et al., 2016), further research analysing the causation or correlation between health anxiety and health abuse, is suggested. Further research analysing the causation or correlation between substance misuse and symptomology of complex grief and between attachment style and the development of symptomology of complex grief, amongst individuals who experienced parental death in adolescence, is also suggested based on the research findings of this study. Lastly, research relating to the impact of dual parental bereavement and the subsequent absence of a surviving parent is suggested, as it is an area almost completely void of research and it would help to discern the role of the surviving parent in mediating risk issues in the bereaved.

5.12 Conclusion

This research shed light on the retrospective, subjective lived experiences of adults who experienced parental death during adolescence, giving rise to an understanding of how their grief progressed from the adolescent developmental period to adulthood. The grieving processes of the bereaved and the myriad of psychological, psychosocial and developmental issues and experiences, subjected to this population as a result of their parental death in adolescence, were highlighted. The emerging themes from the

participant's narratives illuminated their diverse yet shared experiences, regardless of the varying contextual factors that either separated or united their experience. Although the findings are not generalisable, they highlight the collective perceptions across this group of participants.

The parental bereaved participants experienced interpersonal and attachment related changes or issues and with peers, family members, siblings and within a romantic context and difficulties with managing emotions. Furthermore, participants appeared to experience symptoms pertaining to PCBD (DSM-5) and/or PCG (ICD-11r). Their negative experiences and could be attributed to a range of factors, including the loss of a critical attachment, lack of engagement with their grieving process, use of maladaptive coping and defence mechanisms, apparent hindered progress of their adolescent developmental stage, lost sense of childhood, identity confusion and prematurely entering adulthood.

Changing family and interpersonal dynamics, relationships and roles also appeared to predominately negative impact the bereaved, through a lack of understanding from their support network, regarding the parental bereft adolescent, their development stage and experience of grief. Furthermore, the participants' lack of sufficient support from their surviving parent, family, community and/or schooling system may have hindered their grief process and navigation through their developmental period, thus increasing their risk of developing symptomology of complex grief. Although the impact of experiencing parental death in adolescence was predominately negative, positive changes and positive growth also appeared to be present in most participants as they recounted having an enhanced awareness of the transience and importance of life and consequentially developed a sense of maturity from this developmental shift.

This research has met the aims of this thesis, as it has provided a unique contribution to the theoretical and clinical understanding of the psychological impact of experiencing parental death in adolescence. Overall, this research illuminates the importance of engagement with the grieving process to reduce delayed and inhibited grief, parental support to aid the grief process and the developmental tasks of the bereaved. This research also highlighted the need to preserve the adolescent's development stage whilst they work towards navigation of their developmental tasks. In light of the literature that contains great debate surrounding the most effective way to work therapeutically with grief in adolescence, both relational and problem-focused interventions are suggested. The counselling psychological implications explored are informed by the various developmental, psychological and systemic facets of this population, in order to minimise the effects of complex grief, aid emotional regulation, preserve the family system and/or support network of the bereaved and aid the grieving processes of this bereaved group, based on their emotional needs and experiences that have been presented through their subjective accounts of their experiences of parental death in adolescence. The suggested recommendations for counselling psychology and across other sectors, through clinical practice, training and consultancy also aim to minimise the risk factors and increase the protective factors of the bereaved.

CHAPTER 6 - CRITICAL APPRAISAL OF THE RESEARCH PROCESS

6.1 Introduction

This reflective critical appraisal charts my journey and development as a researcher and practitioner, throughout this research process. It includes reflections on the process and progression of the research in terms of its implementation and completion, and on reflections of my influence and perspective, as a researcher. Extracts from my research diary are interwoven amongst my reflections on the research's process and progression, to showcase my reflections throughout the research process. An extract from my personal journal on my reflections of my own experience of parental death, from having conducted the participant interviews, is included, followed by a summary of my research journal documented during research collation. As it is not possible to document the entirety of my personal and professional development, this chapter will focus on outlining the salient points of this process.

6.2 Reflections of Process and Progression

I began my research journey by reading *Analysing Data in Psychology* by Lyons & Coyle (2007) in order to explore the types of methodology I could employ when pursing qualitative research. I chose qualitative research and IPA as the methodology as its idiographic basis best fit the aims of my research. IPA was an appealing methodology as it provided the opportunity to analyse and interpret individual narratives and then contribute to a collective synthesis. Moreover, as a therapist, I am interested in one's subjective lived experience. The response rate for engaging in an interview was quick after advertising. Although this was valuable for me to begin the interview process early, in hindsight it was not ideal to have an interview each week for several consecutive weeks. Although I ensured to allow a week in between interviewing each participant for my own self-care,

largely due to the personal resonance of this topic, I would have welcomed a longer gap between interviewing to provide more time for reflective purposes. Though to ensure a snowball sample was applied and participants did not have a significantly long waiting time to partake, interviewing each week in this case was largely unavoidable. The snowball sampling method was believed to be the most effective form of sampling for this research as I was recruiting individuals who experienced parental death in adolescence but who were currently in adulthood. Therefore, it was unlikely to find several participants who met the inclusion criteria that were still accessing bereavement therapy since this parental death and therefore I was recruiting a somewhat 'hidden population'. Furthermore recruiting individuals who were accessing bereavement therapeutic services was likely to impact the ethics of the study as they arguably could be more vulnerable due to currently being in services. Therefore, this could have required an increased monitoring of risk and safeguarding issues and required sufficiently holding and containing an emotive interview for a potentially more vulnerable participant. Thus, throughout the recruitment process, I was highly aware of all potential complications and how ethical procedures, such as safeguarding, could be compromised.

6.3 Researcher Perspective, Influence and Development

Managing the role distinction as a researcher as opposed to a therapist was difficult as the theoretical foundation of IPA and it's interpretative, idiographic and psychological focus, mirrors the professional identity and application of counselling psychology within a therapy setting. Therefore, this required that I was continually aware of the purpose, ethics and boundaries of this research, whereby the focus was on gaining an insight into the experiences of the participants and answer the research question, as opposed to offering clinical treatment. Engaging in the pilot interview helped me to separate these role identities in order to research sensitively and therapeutically, whilst not providing therapy.

I offered prompts or probing questions in a tentative and sensitive manner, when I believed it was necessary to continue exploration, based on the emerging material from the client, despite deviation from the initial schedule or topic guide. It felt unauthentic and incongruent with the aims of the methodological approach and of my research if I did not utilise freedom with the interviewing approach. Thus, I believe this research experience enhanced my skills in conducting researcher to attend to the breadth of the participant's narratives, whilst ensuring sensitivity throughout. Moreover, as a trained therapist, I used my intuitive nature and clinical experience to inform when to offer empathetic or validating responses, to ensure sensitivity and the provision of a person-centred approach.

Through the data analysis process, I began to hear the client's voice as if they spoke about their experience and how they made sense of their own world. This experience enhanced my ability to use IPA. I engaged with the double hermeneutic stage as I interpreted how the participants made sense of their world, whilst interpreting how I made sense of their world, whilst being continuously aware of my prior experiences, biases and knowledge, to the best of my ability. Thus, I learnt how to conduct IPA when the research topic is highly related to my personal experience. Whilst I engaged with data analysis, I had several days where I simply reflected on the data. This proved to be extremely effectively in providing myself with an objective mind and separating the themes from other narratives or my individual story.

Overall, I believe I experienced double hermeneutics and parallel processing as I could easily identity with the experiences of many participants, connect with their narratives and understand the meaning they attributed to their experiences. Whilst doing so, I believe I remained aware of my 'insider status' of having personally experienced the death of my father to sudden death during my early adolescent period at 14 years of age. In order to aid

this objectivity and awareness of my personal experiences, I reflected in my personal and research journal, kept summary notes directly after each interview, and explored any difficulties that arose, with my research supervisors, particularly when I felt myself identifying with some aspects of the participants narratives or honing into the lived experiences of participants that were similar to my own when creating and utilising the interview schedule/topic guide, and analysing the data. Although I believe that the emerging themes and consequential suggestions for working with this client group were grounded in data, it is plausible that my own biases may have impacted data gathering, analysis or interpretation insofar that certain themes were prioritised over others. For example, as an Irish individual, I did not probe further when a participant stated "The Irish just get on with it", as I felt as though I understood what was being communicated. On reflection, I can see that if a participant mentioned a culture different to mine, I would have likely probed further, thus showcasing the limitations of my ability to remain objective and the absence of the use of a double hermeneutic process here. However, the theme of culture did not arise, but further exploration and analysis of this participants' culture would have shed more light on her nuanced experience. However, it was not necessary to focus on the questions on the topic guide, whereby culture and religious influences were not focused upon, nor did they naturally arise in the narratives of other participants.

Although I have the ability to communicate in a sensitive manner, partly due to my training as a therapist, it has never been for the purpose of research collation. Moreover, I have never previously utilised the core principles of being a therapist in a researcher role. It was initially difficult to anchor myself as a sensitive researcher as opposed to being a therapist. By using a pilot interview, it allowed me to develop this skill, prior to conducting the remaining interviews. I also developed my skills in deviating from my initial interview schedules and facilitating a predominant client-led interview, to ensure that the participant

was in control of how their experience was shared. I developed this skill initially to consciously ensure that I was not controlling the onset of information, due to my shared experience. This skill facilitated my ability to creatively respond to the demands of IPA implementation. I also consolidated my skills in coding and analysing data, whilst the findings from this research taught me the value of using qualitative data in order to gain such rich accounts of an individual's experience that simply cannot be quantified.

By sharing my research at the BPS Division of Counselling Psychology Conference, presenting at the University of Wolverhampton Annual Progress Review (APR) Day, discussing my annual progression with APR examiners from the University, and by engaging in continuous research discussions with my research supervisors through this research process, my ability as a researcher has been greatly enhanced, particularly as a sensitive researcher.

6.4 Development as a Practitioner

Through the use of sensitive interviewing, my ability to remain sensitive and approach topics delicately has been improved. Since conducting the research, I have completed a module in systemic therapy, for the purpose of utilising systemic ideology and intervention in my clinical practice. The systemic principle of curiosity was used during my sensitive interviewing as I remained curious throughout by asking directive questions, whilst ensuring sensitivity in their delivery. This experience also strengthened by ability as an integrative therapeutic practitioner, working through a systemic lens, as I learnt how to tentatively work, using a directive framework.

As IPA facilitates understanding through how the participant makes sense of their experience, it mirrors the philosophical underpinnings of person-centred therapy whereby the client is deemed the expert of their experience. As a result of this reflection, I have

learnt the importance of active listening to how the client makes sense of their experience. Furthermore, I remain curious when creating client formulation and I slow down the process of its implication, to ensure that it is being led by how the client experiences their world and is not solely dictated by my theoretical pre-assumptions on their experience.

6.5 Personal Reflexivity

I have always wondered as to what level my experience of parental death in adolescence has shaped or influenced my personality, interests, thoughts, behaviours and mental health. Moreover, I always wonder how others experienced this life event and what impact they believe it has had on their lives, which inspired this research. As a therapist, I want to understand how this life experience influences adults who are grieving or have grieved from their loss of a parent, the nature of this grieving process and how this experienced has shaped them as adults. In terms of my lived experience, I assumed the familial adult role after the death of my father, as an adolescent, despite longing to be treated as a child. At that time, I felt that I had to protect the feelings of my siblings and grieving surviving parent, particularly as the only female child. During the period after my father died, I distracted myself by focusing my energy on others, on household tasks and through creative means, such as engaging in artwork. On the day of his death, I engaged in the defence mechanism of reaction formation as I forced myself to entertain the children who were visiting with families to pay their condolences to my father. I was in denial for six months as I woke up each day pretending it was a dream, until realisation hit due to my father's absence, and then I would pretend that I was back in a dream. My grief process was not linear and I adopted various coping and defence mechanisms during that time as a method to suppress, deny, comfort avoid and distract myself from my reality. Although, I partly denied the experience, I also tried to "get on with it", of which experience was also echoed by a participant in this research.

During my adolescence, I stopped caring for my health as I thought the sudden death of my healthy father at the age of 58 did not make sense. It begged the question, if he died at 58 being healthy, then why should I be healthy? I engaged in unhealthy behaviours as it was my way to rebel. Rebellion became my way of expressing my newfound adulthood and it became my coping mechanism. As I was forced into the adult role, it made sense to make my own choices as an adult would. If I had difficulties managing my emotions, my way was to rebel. In numerous ways, I felt immensely jealous of those who had relationships with their fathers and felt that this relationship was taken for granted. My relationship with my mother became strained as I felt resentful that she could not always be there for me, as she was going through her own grief process. Along with my desire to become an adult, I had to take on roles previously taken on by my mother as she was grieving and my level of responsibilities for myself and within the home, increased. I do feel that positive growth came from my experience, as it taught me the value of life and the importance of living life each day due to its precarious nature, in line with the founded superordinate theme of Positive Growth.

6.6 Summary of my Research Journal

When conducting the telephone interviews, it was challenging to ensure that I was not interrupting the participant when trying to balance containing the emotion of the participant, offer empathy, tentatively direct the participant when the participant engaged in irrelevant dialogue whilst not being overly probing, and ensure that I was reflecting back on what I heard the participant say. Furthermore, I sometimes felt as though I potentially did interrupt the participant when I reflected back on what the participant said as by trying to make certain that I was engaging in active listening, I paradoxically needed to clarify points made by the participant to ensure accuracy of their narrative. This was made particularly difficult by the apprehension I felt when conducting my first interview.

The difficulties were centralised on trying to ensure that I was helping the participant to access the depth of their experiences whilst not enforcing my agenda as a researcher. This could have led to a potential rupture between my-self and the participant. However, I used my counselling skills in terms of my ability to manage our interaction sensitively. It was difficult to manage time boundaries of the preliminary, primary and post interview, particularly when clients had high emotional affect as I wanted to ensure sensitivity and be sufficiently containing whilst also not facilitating a counselling session. This led to certain interviews exceeding the original 45-50 minute suggested time period for the interview, but I felt the client's safety and my ethical responsibilities were paramount in this circumstance and thus, in some instances, it was necessary to exceed the initial suggested time allocation. Working with clients who engaged in sparse dialogue was challenging as I had to ensure that I was not excessively probing and allowing their story to emerge naturally and therefore I used counselling skills of paraphrasing to encourage dialogue in a cautious and person-centred manner.

To try and combat my initial trepidation of conducting my first interview, I ensured to be in a comfortable position in a quiet room to try and minimise physical and environmental distractions. I also offered the suggestion for all participants to aim for a similar level of comfortability and minimisation of distractions for the ease of both parties. Prior to starting each interview, I engaged in simple conversation with each participant, regarding generalised topics such as the weather and their location, for a few minutes, until a rapport was beginning to be established. This aimed to help create a relaxed environment for which the participant would begin to feel comfortable to start the processs.

References

Abeles, N., Victor, T. L., & Delano-Wood, L. (2004). The Impact of an Older Adult's Death on the Family. *Professional Psychology: Research and Practice, 35*(3), 234-239. doi: 10.1037/0735-7028.35.3.234

Aday, L. A. (1998). Designing and Conducting Health Surveys. *Journal For Healthcare Quality, 20*(3), 41. doi:10.1097/01445442-199805000-00015

Agid, O., Shapira, B., Zislin, J., Ritsner, M., Hanin, B., Murad, H., & Lerer, B. (1999). Environment and vulnerability to major psychiatric illness: a case control study of early parental loss in major depression, bipolar disorder and schizophrenia. *Molecular Psychiatry, 4*(2), 163–172. doi: 10.1038/sj.mp.4000473

Akerman, R., & Statham, J. (2014). *Bereavement in childhood: The impact on psychological and educational outcomes and the effectiveness of support services* (pp. 6-31, Working paper No. 25). London: Childhood Wellbeing Research Centre (CWRC).

Alderson, P., & Morrow, V. (2004). *Ethics, social research and consulting with children and young people*. Ilford: Barnardos.

Alexander, I. E., & Costanzo, P. R. (1979). Death anxiety, dissent, and competence. *Journal of Personality, 47*(4), 734-751. doi:10.1111/j.1467-6494.1979.tb00218.x

Allumbaugh, D. L., & Hoyt, W. T. (1999). Effectiveness of grief therapy: A meta-analysis. *Journal of Counseling Psychology*, *46*(3), 370–380. doi: 10.1037//0022-0167.46.3.370

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).* Arlington, VA: American Psychiatric Publishing.

Apelian, E., & Nesteruk, O. (2017). Reflections Of Young Adults On The Loss Of A Parent In Adolescence. *International Journal of Child, Youth and Family Studies*, *8*(3/4), 79. doi: 10.18357/ijcyfs83/4201718002

Appel, C. W., Johansen, C., Deltour, I., Frederiksen, K., Hjalgrim, H., Dalton, S. O., & Bidstrup, P. E. (2013). Early Parental Death and Risk of Hospitalization for Affective Disorder in Adulthood. *Epidemiology*, *24*(4), 608–615. doi:10.1097/ede.0b013e3182915df8

Atkinson, R., & Flint, J. (2001). Sampling, snowball: Accessing hidden and hard-to-reach populations. *The A-Z of Social Research,* (33). doi:10.4135/9780857020024.n94

Auman, M. J. (2007). Bereavement Support for Children. *The Journal of School Nursing, 23*(1), 34. doi:10.1622/1059-8405(2007)023[0034:bsfc]2.0.co;2

Balk, D. E. (1996). Models for understanding adolescent coping with bereavement. *Death Studies, 20*(4), 367-387. doi:10.1080/07481189608252788

Balk, D. E. & Corr, C.A. (2010). *Children's encounters with death, bereavement, and coping*. New York: Springer.

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). Malden, MA: Wiley Blackwell.

Barry, L. C. (2002). Psychiatric Disorders among Bereaved Persons: The Role of Perceived Circumstances of Death and Preparedness for Death. *American Journal of Geriatric Psychiatry, 10*(4), 447-457. doi:10.1176/appi.ajgp.10.4.447

Beauchaine, T. P., Gatzke-Kopp, L., & Mead, H. K. (2007). Polyvagal Theory and developmental psychopathology: Emotion dysregulation and conduct problems from preschool to adolescence. *Biological Psychology*, *74*(2), 174–184. doi: 10.1016/j.biopsycho.2005.08.008

Benjet, C., Borges, G., & Medina-Mora, M. E. (2010). Chronic childhood adversity and onset of psychopathology during three life stages: Childhood, adolescence and adulthood. *Journal of Psychiatric Research, 44*(11), 732-740. doi:10.1016/j.jpsychires.2010.01.004

Berg, L., Rostila, M., Arat, A., & Hjern, A. (2019). Parental death during childhood and violent crime in late adolescence to early adulthood: a Swedish national cohort study. *Palgrave Communications*, *5*(1). doi: 10.1057/s41599-019-0285-y

Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and depression in young adults - a national cohort study. *Journal of Child Psychology and Psychiatry*, *57*(9), 1092–1098. doi: 10.1111/jcpp.12560

Berg, L., Rostila, M., Saarela, J., & Hjern, A. (2014). Parental Death During Childhood and Subsequent School Performance. *Pediatrics*, *133*(4), 682–689. doi: 10.1542/peds.2013-2771

Bernard, H. (2002). Research methods in anthropology: Qualitative and quantitative approaches. *Choice Reviews Online, 39*(07). doi:10.5860/choice.39-4047

Bettany-Saltikov, J. (2012) How to do a systematic literature review in nursing: a step-by-step guide. Maidenhead: McGraw-Hill/Open University Press.

Biank, N. M., & Werner-Lin, A. (2011). Growing up with Grief: Revisiting the Death of a Parent over the Life Course. *OMEGA - Journal of Death and Dying*, *63*(3), 271–290. doi: 10.2190/om.63.3.e

Black, S. (2005). Research: How teachers and counselors can reach out to bereaved students when children grieve. *American School Board Journal,* 192(8), 28-30. Retrieved 2018 from http://www.asbj.com/

Boelen, P. A., Bout, J. V. D., & Hout, M. A. V. D. (2003). The role of negative interpretations of grief reactions in emotional problems after bereavement. *Journal of Behavior Therapy and Experimental Psychiatry*, *34*(3-4), 225–238. doi: 10.1016/j.jbtep.2003.08.001

Boelen, P. A., Spuij, M., & Reijntjes, A. H. (2017). Prolonged grief and posttraumatic stress in bereaved children: A latent class analysis. *Psychiatry Research, 258*, 518-524. doi: 10.1016/j.psychres.2017.09.002

Bonner, A., & Tolhurst, G. (2002). Insider-outsider perspectives of participant observation. *Nurse Researcher, 9*(4), 7-19. doi:10.7748/nr2002.07.9.4.7.c6194

Bowlby, J. (1951). *Maternal care and mental health* (pp. 4-47, Rep.). Bulletin of the World Health Organization.

Breen, L. J., & O'connor, M. (2007). The Fundamental Paradox in the Grief Literature: A Critical Reflection. *OMEGA - Journal of Death and Dying, 55*(3), 199-218. doi:10.2190/om.55.3.c

Brent, D., Melhem, N., Donohoe, M. B., & Walker, M. (2009). The Incidence and Course of Depression in Bereaved Youth 21 Months After the Loss of a Parent to Suicide, Accident, or Sudden Natural Death. *American Journal of Psychiatry*, *166*(7), 786–794. doi: 10.1176/appi.ajp.2009.08081244

Brewer, J. D., & Sparkes, A. C. (2011). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Social Science & Medicine, 72*(2), 283-290. doi:10.1016/j.socscimed.2010.10.032

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health, 21*(1), 87-108. doi:10.1080/14768320500230185

Brown, A. C., Sandler, I. N., Tein, J., Liu, X., & Haine, R. A. (2007). Implications of Parental Suicide and Violent Death for Promotion of Resilience of Parentally Bereaved Children. *Death Studies, 31*(4), 301-335. doi:10.1080/07481180601187092

Buglass, E. (2010). Grief and bereavement theories. *Nursing Standard, 24*(41), 44-47. doi:10.7748/ns2010.06.24.41.44.c7834

Burgess, R. G. (2016). *In the field: An introduction to field research*. London: Routledge, Taylor & Francis Group.

Bylund-Grenklo, T., Fürst, C. J., Nyberg, T., Steineck, G., & Kreicbergs, U. (2016). Unresolved grief and its consequences. A nationwide follow-up of teenage loss of a parent to cancer 6–9 years earlier. *Supportive Care in Cancer*. doi: 10.1007/s00520-016-3118-1

Bylund-Grenklo, T., Kreicbergs, U., Valdimarsdóttir, U. A., Nyberg, T., Steineck, G., & Fürst, C. J. (2014). Self-injury in youths who lost a parent to cancer: nationwide study of the impact of family-related and health-care-related factors. *Psycho-Oncology*, *23*(9), 989–997. doi: 10.1002/pon.3515

Cafferky, J., Banbury, S., & Athanasiadou-Lewis, C. (2018). Reflecting on parental terminal illness and death during adolescence: An interpretative phenomenological analysis. *Interpersona: An International Journal on Personal Relationships, 12*(2), 180-196. doi:10.5964/ijpr.v12i2.306

Cait, C. (2005). Parental Death, Shifting Family Dynamics, and Female Identity Development. *OMEGA - Journal of Death and Dying, 51*(2), 87-105. doi:10.2190/dxnm-mhfd-7t8u-rwq8

Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive Outcomes Following Bereavement: Paths to Posttraumatic Growth. *Psychologica Belgica, 50*(1-2), 125. doi: 10.5334/pb-50-1-2-125

Carr, E. C., & Worth, A. (2001). The use of the telephone interview for research. *NT Research, 6*(1), 511-524. doi:10.1177/136140960100600107

Carr, W. (2006). Philosophy, Methodology and Action Research. *Journal of Philosophy of Education, 40*(4), 421-435. doi:10.1111/j.1467-9752.2006.00517.x

Carter, S. M., & Little, M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research, 17*(10), 1316-1328. doi:10.1177/1049732307306927

Caserta, M. S., & Lund, D. A. (1992). Bereaved older adults who seek early professional help. *Death Studies, 16*(1), 17-30. doi:10.1080/07481189208252554

CASP Checklist. (2019). Retrieved October 8, 2019, from https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf.

Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A., & Weller, E. B. (2006). Childhood Bereavement: Psychopathology in the 2 Years Postparental Death. *Journal of the American Academy of Child & Adolescent Psychiatry*, *45*(6), 681–690. doi: 10.1097/01.chi.0000215327.58799.05

Cerel, J., Jordan, J. R., & Duberstein, P. R. (2008). Suicide in the Family. *Encyclopedia of Family Health*. doi: 10.4135/9781412994071.n325

Charmaz, K. (2008). Grounded theory. In J. A. Smith (Ed.). *Qualitative Psychology: A Practical Guide to Methods.* 2nd ed. London: Sage.

Childhood Bereavement Network. (2017). *National statistics*. Retrieved 2017 from http://www.childhoodbereavementnetwork.org.uk/research/key-statistics.aspx

Christ, G. H. (2000). Impact of Development on Childrens Mourning. *Cancer Practice*, *8*(2), 72–81. doi: 10.1046/j.1523-5394.2000.82005.x

Christ, G. H., Bonanno, G. A., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. In M. J. Field & R. E. Behrman, *When children die: Improving palliative and end-of-life for children and their families* (pp. 553–579). Washington, DC: National Academy Press.

Christ, G. H., Siegel, K., & Christ, A. E. (2002). Adolescent Grief. *Jama, 288*(10), 1269. doi:10.1001/jama.288.10.1269

Clarkin, J. F., Lenzenweger, M. F., Yeomans, F., Levy, K. N., & Kernberg, O. F. (2007). An Object Relations Model of Borderline Pathology. *Journal of Personality Disorders, 21*(5), 474–499. doi: 10.1521/pedi.2007.21.5.474

Clayton, R. E. (2015). Men in the Triangle: Grief, Inhibition, and Defence. *Journal of College Student Psychotherapy, 29*(2), 94-110. doi:10.1080/87568225.2015.1008361

Cohen, G. J. (2002). Helping Children and Families Deal with Divorce and Separation. *Pediatrics, 110*(5), 1019-1023. doi:10.1542/peds.110.5.1019

Cohen, J, A. Mannarino, A.,P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents.* New York: The Guilford Press.

Cohen, L., Manion, L., & Morrison, K. R. (2018). *Research methods in education*. (5th ed). London: Routledge.

Conrad, P., & Reinharz, S. (1985). *Computers and qualitative data*. New York: Human Science Press.

Cormack, D.F.S. (2000). *The Research Process in Nursing.* (3rd ed). Oxford: Blackwell Science.

Cresswell, J.W. & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research.* Thousand Oaks,CA: Sage.

Cruse. *Current Issues in Grief Therapy: Complicated Grief*. (2017). Retrieved 2017 from http://www.cruse.org.uk/sites/default/files/default_images/pdf/Events/ColinMPcomplicatedgrief.pdf

Dalton, T. A., & Krout, R. E. (2005). Development of the Grief Process Scale through music therapy song writing with bereaved adolescents. *The Arts in Psychotherapy, 32*(2), 131-143. doi:10.1016/j.aip.2005.02.002

Data Protection Act 2018. (2018). Retrieved 2019, from http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted.

Davies, A. M. (2001). Death of adolescents: Parental grief and coping strategies. *British Journal of Nursing, 10*(20), 1332-1342. doi:10.12968/bjon.2001.10.20.9365

Davies, B. (1991). Long-Term Outcomes of Adolescent Sibling Bereavement. *Journal of Adolescent Research, 6*(1), 83-96. doi:10.1177/074355489161007

Dehlin, L., & Reg, L. M. (2009). Adolescents experiences of a parent's serious illness and death. *Palliative and Supportive Care, 7*(1), 13–25. doi: 10.1017/s1478951509000042

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., & Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: a quantitative and qualitative comparison of three methods. *Journal of Health Services Research & Policy, 12*(1), 42–47. doi: 10.1258/135581907779497486

Dowdney, L. (2000). Annotation: Childhood Bereavement Following Parental Death. *Journal of Child Psychology and Psychiatry*, *41*(7), 819–830. doi: 10.1111/1469-7610.00670

Draper, A., & Hancock, M. (2011). Childhood parental bereavement: the risk of vulnerability to delinquency and factors that compromise resilience. *Mortality*, *16*(4), 285–306. doi: 10.1080/13576275.2011.613266

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A Meta-Analysis of After-School Programs That Seek to Promote Personal and Social Skills in Children and Adolescents. *American Journal of Community Psychology*, *45*(3-4), 294–309. doi: 10.1007/s10464-010-9300-6

Effective Public Health Practice Policy (EPHPP) (2018). Retrieved 2018 from https://merst.ca/ephpp/

Eisenberg, N., Zhou, Q., Spinrad, T. L., Valiente, C., Fabes, R. A., & Liew, J. (2005). Relations Among Positive Parenting, Childrens Effortful Control, and Externalizing Problems: A Three-Wave Longitudinal Study. *Child Development*, *76*(5), 1055–1071. doi: 10.1111/j.1467-8624.2005.00897.x

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215-229. doi:10.1348/014466599162782

Enosh, G., & Buchbinder, E. (2005). Strategies of Distancing from Emotional Experience. *Qualitative Social Work: Research and Practice, 4*(1), 9-32. doi:10.1177/1473325005050197

Erikson, E. H. (1965). *Youth: Change and challenge*. New York: Doubleday.

Evans, G. W., Gonnella, C., Marcynyszyn, L. A., Gentile, L., & Salpekar, N. (2005). The Role of Chaos in Poverty and Childrens Socioemotional Adjustment. *Psychological Science, 16*(7), 560–565. doi: 10.1111/j.0956-7976.2005. 01575.x

Dietrich, D. R. (1984). Psychological health of young adults who experienced early parent death: MMPI trends. *Journal of Clinical Psychology*, *40*(4), 901-908. doi:10.1002/1097-4679(198407)40:43.0.co;2-9

Fauth, B., Thompson, M. and Penny, A. (2009) Associations between childhood bereavement and children's background, experiences and outcomes. Secondary analysis of the 2004 Mental Health of Children and Young People in Great Britain data. London: NCB.

Feigelman, W., Rosen, Z., Joiner, T., Silva, C., & Mueller, A. S. (2016). Examining longer-term effects of parental death in adolescents and young adults: Evidence from the National Longitudinal Survey of Adolescent to Adult Health. *Death Studies*, *41*(3), 133–143. doi: 10.1080/07481187.2016.1226990

Finlay, L. (2008). A Dance between the Reduction and Reflexivity: Explicating the "Phenomenological Psychological Attitude". *Journal of Phenomenological Psychology, 39*(1), 1-32. doi:10.1163/156916208x311601

Freud, S. (1961) Mourning and Melancholia. In Strachy J (Ed) The Complete Psychological Works. Standard edition, Hogarth Press.

Freudenberger, H. J., & Gallagher, K. M. (1995). Emotional consequences of loss for our adolescents. *Psychotherapy: Theory, Research, Practice, Training, 32*(1), 150-153. doi:10.1037/0033-3204.32.1.150

Friedman, H. S., & Schustack, M. W. (2016). *Personality: Classic theories and modern research*. Boston: Pearson.

Geldard, K., Geldard, D., & Foo, R. (2009). *Counselling adolescents*. SAGE Publications Ltd.

Geulayov, G., Gunnell, D., Holmen, T. L., & Metcalfe, C. (2011). The association of parental fatal and non-fatal suicidal behaviour with offspring suicidal behaviour and depression: A systematic review and meta-analysis. *Psychological Medicine, 42*(08), 1567-1580. doi:10.1017/s0033291711002753

Goodman, S. H., & Gotlib, I. H. (2002). Children of depressed parents: Mechanisms of risk and implications for treatment. doi: 10.1037/10449-000

Gotlib, I. H., & Joormann, J. (2010). Cognition and Depression: Current Status and Future Directions. *Annual Review of Clinical Psychology*, *6*(1), 285–312. doi: 10.1146/annurev.clinpsy.121208.131305

Gray,B, L. Weller,A,R. Fristad, M. Weller, B,E. (2011). Depression in children and adolescents two months after the death of a parent. *Journal of Affective Disorders, 135* (1-3), 227-283. doi: 10.1016/j.jad.2011.08.009

Guide to the General Data Protection Regulation (GDPR). (2018). Retrieved 2018 from https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/principles/

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. doi: 10.1080/07481180500348639

Hamdan, S. (2012). Effect of Parental Bereavement on Health Risk Behaviors in Youth. *Archives of Pediatrics & Adolescent Medicine*, *166*(3), 216. doi: 10.1001/archpediatrics.2011.682

Han, D. H., Lee, J. J., Moon, D., Cha, M., Kim, M. A., Min, S., & Chung, U. (2016). Korean Version of Inventory of Complicated Grief Scale: Psychometric Properties in Korean Adolescents. *Journal of Korean Medical Science, 31*(1), 114.doi:10.3346/jkms.2016.31.1.114

Harris, E. S. (1991). Adolescent bereavement following the death of a parent: An exploratory study. *Child Psychiatry & Human Development, 21*(4), 267-281. doi:10.1007/bf00705931

Harrison, L., & Harrington, R. (2001). Adolescents bereavement experiences. Prevalence, association with depressive symptoms, and use of services. *Journal of Adolescence, 24*(2), 159-169. doi:10.1006/jado.2001.0379

Hawton, K. (2007). Complicated grief after bereavement. *Bmj, 334*(7601), 962-963. doi:10.1136/bmj.39206.507488.be

Health and Care Professional Council (HCPC). Standards of conduct, performance and ethics. (2018). Retrieved 2018 from https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

Heider, F. (1958). *The Psychology of Interpersonal Relations.* New York: Wiley.

Himaz, R. (2013). Impact of Parental Death in Middle Childhood and Adolescence on Child Outcomes. *Journal of African Economies, 22*(3), 463–490. doi: 10.1093/jae/ejt001

Hitchcock, G. & Hughes, D. (1995). *Researcher and the Teacher- A Qualitative Introduction to School- Based Research*. London: Routledge.

Høeg, B. L., Appel, C. W., Heymann-Horan, A. B. V., Frederiksen, K., Johansen, C., Bøge, P.Bidstrup, P. E. (2016). Maladaptive coping in adults who have experienced early parental loss and grief counseling. *Journal of Health Psychology*, *22*(14), 1851–1861. doi: 10.1177/1359105316638550

Hollingshaus, M. S., & Smith, K. R. (2015). Life and death in the family: Early parental death, parental remarriage, and offspring suicide risk in adulthood. *Social Science & Medicine, 131*, 181–189. doi: 10.1016/j.socscimed.2015.02.008

Hoyt, W. T. (2008). Effectiveness of Grief Interventions: A New Meta-Analysis. *PsycEXTRA Dataset*. doi:10.1037/e492172008-001

Hurd, RC. (2004). A teenager revisits her father's death during childhood: A study in resilience and healthy mourning. *Adolescence,* 39(154), 337-354.

Husserl, E., Sheehan, T., & Palmer, R. (1997). *Psychological and transcendental phenomenology and the confrontation with Heidegger (1927-1931)*. Dordrecht: Kluwer Academic Publishers.

Jacobs, M. (1986). *The Presenting Past. An Introduction to Practical Psychodynamic Counselling*. London: Harper & Row.

Jakobsen, I. S., & Christiansen, E. (2010). Young people's risk of suicide attempts in relation to parental death: A population-based register study. *Journal of Child Psychology and Psychiatry, 52*(2), 176-183. doi:10.1111/j.1469-7610.2010.02298.x

Jamshed, S. (2014). Observation and Interviewing: Options and Choices in Qualitative Research. *Qualitative Research in Action, 5*(4), 200–224. doi: 10.4135/9781849209656.n9

Johnson, C. L., & Barer, B. M. (2002). Life Course Effects of Early Parental Loss Among Very Old African Americans. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 57*(2). doi: 10.1093/geronb/57.2.s108

Kaufman, J., & Charney, D. (2001). Effects of early stress on brain structure and function: Implications for understanding the relationship between child maltreatment and depression. *Development and Psychopathology, 13*(3), 451–471. doi: 10.1017/s0954579401003030

Keenan, A. (2014). Parental loss in early adolescence and its subsequent impact on adolescent development. *Journal of Child Psychotherapy, 40*(1), 20-35. doi:10.1080/0075417x.2014.883130

Kendler, K. S., Gardner, C. O., & Prescott, C. A. (2002). Toward a Comprehensive Developmental Model for Major Depression in Women. *American Journal of Psychiatry, 159*(7), 1133–1145. doi: 10.1176/appi.ajp.159.7.1133

Kessler, R. C., Berglund, P., Chiu, W. T., Demler, O., Heeringa, S., Hiripi, E., … Zheng, H. (2004). The US National Comorbidity Survey Replication (NCS-R): design and field procedures. *International Journal of Methods in Psychiatric Research, 13*(2), 69–92. doi: 10.1002/mpr.167

Kirwin, K. M., & Hamrin, V. (2005). Decreasing the Risk of Complicated Bereavement and Future Psychiatric Disorders in Children. *Journal of Child and Adolescent Psychiatric Nursing, 18*(2), 62-78. doi:10.1111/j.1744-6171.2005.00002.x

Kissane, D. W., Mckenzie, M., Mckenzie, D. P., Forbes, A., Oneill, I., & Bloch, S. (2003). Psychosocial morbidity associated with patterns of family functioning in palliative care: baseline data from the Family Focused Grief Therapy controlled trial. *Palliative Medicine, 17*(6), 527–537. doi: 10.1191/0269216303pm808oa

Kivela, S.-L., Luukinen, H., Koski, K., Viramo, P., & Pahkala, K. (1998). Early loss of mother or father predicts depression in old age. *International Journal of Geriatric Psychiatry, 13*(8), 527–530. doi: 10.1002/(sici)1099-1166(199808)13:8<527::aid-gps814>3.0.co;2-8

Kopec, J. A., & Esdaile, J. M. (1990). Bias in case-control studies. A review. *Journal of Epidemiology & Community Health, 44*(3), 179–186. doi: 10.1136/jech.44.3.179

Korkeila, K., Korkeila, J., Vahtera, J., Kivimäki, M., Kivelä, S.-L., Sillanmäki, L., & Koskenvuo, M. (2005). Childhood adversities, adult risk factors and depressiveness. *Social Psychiatry and Psychiatric Epidemiology, 40*(9), 700–706. doi: 10.1007/s00127-005-0969-x

Kristjanson, L. J., Chalmers, K. I., & Woodgate, R. (2004). Information and support needs of adolescent children of women with breast cancer. *Oncology Nursing Forum, 31*(1), 111-119. doi:10.1188/04.ONF.111-119

Kubler-Ross, E. (1972). On death and dying. *JAMA: The Journal of the American Medical Association, 221*(2), 174-179. doi:10.1001/jama.221.2.174

Larson, D. G. (2013.). A person centred approach to grief counselling . In *The Handbook of Person-Centred Psychotherapy and Counselling* . Macmillan International Higher Education.

Lenhardt, A. M. C., & McCourt, B. (2000). Adolescent unresolved grief in response to the death of a mother. *Professional School Counseling, 3*(3), 189-196.

Li, J., Vestergaard, M., Cnattingius, S., Gissler, M., Bech, B. H., Obel, C., & Olsen, J. (2014). Mortality after Parental Death in Childhood: A Nationwide Cohort Study from Three Nordic Countries. *PLoS Medicine, 11*(7). doi:10.1371/journal.pmed.1001679

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K., & Davies, A. (2010). Predictors of Complicated Grief: A Systematic Review of Empirical Studies. *Death Studies, 34*(8), 673-698. doi:10.1080/07481187.2010.496686

Luecken, L. J., Kraft, A., Appelhans, B. M., & Enders, C. (2009). Emotional and cardiovascular sensitization to daily stress following childhood parental loss. *Developmental Psychology, 45*(1), 296-302. doi:10.1037/a0013888

Luecken, L. J., & Roubinov, D. S. (2012). Pathways to Lifespan Health Following Childhood Parental Death. *Social and Personality Psychology Compass, 6*(3), 243-257. doi:10.1111/j.1751-9004.2011.00422.x

Luthans, F., & Davis, T. R. (1982). An Idiographic Approach to Organizational Behaviour Research: The Use of Single Case Experimental Designs and Direct Measures. *The Academy of Management Review, 7*(3), 380. doi:10.2307/257330

Lyons, E., & Coyle, A. (2007). Analysing Qualitative Data in Psychology. SAGE Publications.

Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). “Prolonged grief disorder” and “persistent complex bereavement disorder”, but not “complicated grief”, are one and the same diagnostic entity: an analysis of data from the Yale Bereavement Study. *World Psychiatry, 15*(3), 266–275. doi: 10.1002/wps.20348

Mack, K. Y. (2001). Childhood family disruption and adult well-being: The differential effects of divorce and parental death. *Death Studies, 25*, 419-443.

Mack, K. Y. (2004). The Effects of Early Parental Death on Sibling Relationships in Later Life. *OMEGA - Journal of Death and Dying, 49*(2), 131-148. doi:10.2190/btuq-011v-anew-v7rt

Macpherson, C., & Emeleus, M. (2007). Children's needs when facing the death of a parent from cancer: Part two. *International Journal of Palliative Nursing, 13*(12), 590-597. doi:10.12968/ijpn.2007.13.12.27887

Marks, N. F., Jun, H., & Song, J. (2007). Death of Parents and Adult Psychological and Physical Well-Being. *Journal of Family Issues, 28*(12), 1611-1638. doi:10.1177/0192513x07302728

Marwit, J. S., & Carusa, S. S. (1998). Communicated Support following loss: Examining the experiences of parental death and parental divorce in adolescence. *Death Studies, 22*(3), 237-255. doi:10.1080/074811898201579

Maxwell, J.A. & Loomis, D. (2003). Mixed method design: An alternative approach. In A. Tashakori & C. Teddlie, *Handbook of mixed methods in the social and behavioural sciences* (pp. 241-271). California: Sage Publications.

McCarthy, J. R. (2006). *Young peoples' experiences of loss and bereavement: Towards an interdisciplinary approach*. Maidenhead: Open University Press.

McClatchey, I. S., & Wimmer, J. S. (2012). Coping with parental death as seen from the perspective of children who attended a grief camp. *Qualitative Social Work: Research and Practice*, *13*(2), 221–236. doi: 10.1177/1473325012465104

Melcher, U., Sandell, R., & Henriksson, A. (2015). Maintaining everyday life in a family with a dying parent: Teenagers' experiences of adapting to responsibility. *Palliative & Supportive Care, 13*(6), 1595-1601. doi:10.1017/S1478951515000085

Melhem, N. M., Moritz, G., Walker, M., Shear, M. K., & Brent, D. (2013). Inventory for Complicated Grief–-Revised for Children. *PsycTESTS Dataset*. doi:10.1037/t59880-000

Melhem, N. M., Shamseddeen, W., & Porta, G. (2011). Grief in Children and Adolescents Bereaved by Sudden Parental Death. *Archives of General Psychiatry, 68*(9), 911. doi:10.1001/archgenpsychiatry.2011.101

Meuser, T. M., & Marwit, S. J. (2000). An Integrative Model of Personality, Coping and Appraisal for the Prediction of Grief Involvement in Adults. *OMEGA - Journal of Death and Dying, 40*(2), 375-393. doi:10.2190/p6bm-qu6c-6xy9-bnum

Mikulincer, M., & Shaver, P. R. (2008). An attachment perspective on bereavement. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe, *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 87-112). Washington, DC, US: American Psychological Association.

Mireault, G. C., & Compas, B. E. (1997). A Prospective Study of Coping and Adjustment Before and After a Parents Death from Cancer. *Journal of Psychosocial Oncology, 14*(4), 1-18. doi:10.1300/j077v14n04_01

Moor, E. L. D., Graaff, J. V. D., Dijk, M. P. V., Meeus, W., & Branje, S. (2019). Stressful life events and identity development in early and mid-adolescence. *Journal of Adolescence, 76,* 75–87. doi: 10.1016/j.adolescence.2019.08.006

Moran, D. & Mooney, T. (2002). *The Phenomenology Reader*. Oxon: Routledge.

Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The Role of the Family Context in the Development of Emotion Regulation. *Social Development, 16*(2), 361-388. doi:10.1111/j.1467-9507.2007.00389.x

Murray, M & Chamberlain, K. (1999) *Qualitative Health Psychology: Theories and Methods*. London: Sage.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90-97. doi:10.1007/s40037-019-0509-2

Niederkrotenthaler, T., Floderus, B., Alexanderson, K., Rasmussen, F., & Mittendorfer-Rutz, E. (2010). Exposure to parental mortality and markers of morbidity, and the risks of attempted and completed suicide in offspring: an analysis of sensitive life periods. *Journal of Epidemiology and Community Health*, *66*(3), 233–239. doi: 10.1136/jech.2010.109595Noppe, I. C., & Noppe, L. D. (2004). Adolescent Experiences with Death: Letting Go of Immortality. *Journal of Mental Health Counseling, 26*(2), 146-167. doi:10.17744/mehc.26.2.py2tk0kmay1ukc3v

Norton, M. C., Smith, K. R., Østbye, T., Tschanz, J. A. T., Schwartz, S., Corcoran, C., … Welsh-Bohmer, K. A. (2011). Early Parental Death and Remarriage of Widowed Parents as Risk Factors for Alzheimer Disease: The Cache County Study. *The American Journal of Geriatric Psychiatry*, *19*(9), 814–824. doi: 10.1097/jgp.0b013e3182011b38

Ohannessian, C. (2007). Parental cancer and its effects on adolescents and their families. *Annals of Oncology: Official Journal of the European Society for Medical Oncology, 18*(12), 1921-1922. doi:10.1093/annonc/mdm482

Ott, C. H., Lueger, R. J., Kelber, S. T., & Prigerson, H. G. (2007). Spousal Bereavement in Older Adults. *The Journal of Nervous and Mental Disease*, *195*(4), 332–341. doi: 10.1097/01.nmd.0000243890.93992.1e

Parkes, M.C. (1996). *Bereavement: Studies of Grief in Adult Life*. (3rd Ed). Routledge: London.

Parkes, M.C. (2013). *Love and Loss. The Roots of Grief and its Complications*. London: Routledge.

Parsons, S. (2011). *Long-term impact of childhood bereavement: Preliminary analysis of the 1970 British Cohort Study (BCS70)*. London: Childhood Wellbeing Research Centre.

Partridge, S., & Kotler, T. (1987). Self-Esteem and Adjustment in Adolescents from Bereaved, Divorced, and Intact Families: Family Type versus Family Environment. *Australian Journal of Psychology, 39*(2), 223-234. doi:10.1080/00049538708259049

Penny, A. (2004). The Childhood Bereavement Network. *Bereavement Care, 23*(3), 43-43. doi:10.1080/0268262040865761

Penny, A. (2010). Childhood bereavement: the context and need for services. In B. Monroe & F. Kraus, *Brief Interventions with Bereaved Children* (2nd Ed.). Oxford: Oxford University Press.

Pfeffer, C. R., Martins, P., Mann, J., Sunkenberg, M., Ice, A., Damore, J. P., & Jiang, H. (1997). Child Survivors of Suicide: Psychosocial Characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(1), 65-74. doi:10.1097/00004583-199701000-00019

Pham, S., Porta, G., Biernesser, C., Payne, M. W., Iyengar, S., Melhem, N., & Brent, D. A. (2018). The Burden of Bereavement: Early-Onset Depression and Impairment in Youths Bereaved by Sudden Parental Death in a 7-Year Prospective Study. *American Journal of Psychiatry*, *175*(9), 887–896. doi: 10.1176/appi.ajp.2018.17070792

Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., Raphael, B. Marwit, S.J. Wortman, C. Neimeyer, R.A. Bonanno, G,A. Block, S.D. Kissane, D. Boelen, P. Maercker, A. Litz, B.T. Johnson, J,G. First, M.B. Maciejewski, P. K. (2009). Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSM-V and ICD-11. *PLoS Medicine*, *6*(8). doi: 10.1371/journal.pmed.1000121

Procidano, M.E. & Fisher, C.B. (1992). *Contemporary families: A handbook for school professionals.* New York: Teachers College.

Punch, K.F. (2006). *Developing Effective Research Proposals*. (2nd Ed). London: Sage.

Ragan, P. V., & McGlashan, T. H. (1986). Childhood parental death and adult psychopathology. *American Journal of Psychiatry*, *143*(2), 153–157. doi: 10.1176/ajp.143.2.153

Ramey, H. L., & Grubb, S. (2009). Modernism, Postmodernism and (Evidence-Based) Practice. *Contemporary Family Therapy, 31*(2), 75-86. doi:10.1007/s10591-009-9086-6

Raskin, J. D. (2008). The Evolution of Constructivism. *Journal of Constructivist Psychology, 21*(1), 1-24. doi:10.1080/10720530701734331

Ratnarajah, D., & Schofield, M. J. (2007). Parental suicide and its aftermath: A review. *Journal of Family Studies, 13*(1), 78-93. doi:10.5172/jfs.327.13.1.78

Ravona-Springer, R., Beeri, M. S., & Goldbourt, U. (2012). Younger Age at Crisis Following Parental Death in Male Children and Adolescents Is Associated With Higher Risk for Dementia at Old Age. *Alzheimer Disease & Associated Disorders*, *26*(1), 68–73. doi: 10.1097/wad.0b013e3182191f86

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring Lived Experiences. *The Psychologist, 18*(1). doi:

https://www.researchgate.net/profile/Paul_Flowers/publication/221670347_Exploring_lived_Experience/links/0922b4f57ab3ca3a29000000/Exploring-lived-Experience.pdf

Ringler, L. L., & Hayden, D. C. (2000). Adolescent Bereavement and Social Support. *Journal of Adolescent Research, 15*(2), 209-230. doi:10.1177/0743558400152002

Robin, L. Hatim, O. (2014). Adolescent Bereavement. *Pediatrics Faculty Publications*, 121.Retrieved 2018 from https://uknowledge.uky.edu/pediatrics_facpub/121

Rochlin, G. (1961). The Dread of Abandonment. *The Psychoanalytic Study of the Child, 16*(1), 451-470. doi:10.1080/00797308.1961.11823218

Rolls, L., & Payne, S. A. (2007). Children and young people's experience of UK childhood bereavement services. *Mortality,12*(3), 281-303. doi:10.1080/13576270701430585

Rosner, R., Kruse, J., & Hagl, M. (2010). A Meta-Analysis of Interventions for Bereaved Children and Adolescents. *Death Studies, 34*(2), 99-136. doi:10.1080/07481180903492422

Rotheram-Borus, M.l, Weiss, R., Alber, S. & Lester, P. (2005). Adolescent adjustment before and after mv -related parental death. *Journal of Counseling and Clinical Psychology,* 73(2), 221-228.

Rostila, M., & Saarela, J. M. (2011). Time Does Not Heal All Wounds: Mortality Following the Death of a Parent. *Journal of Marriage and Family*, *73*(1), 236–249. doi: 10.1111/j.1741-3737.2010.00801.x

Rugala, A. S. (2000). *Bereavement and psychosocial development: The relationship between the death of a parent and identity development in late adolescence and early adulthood* (dissertation). New Mexico.

Rutter, M. (1991). *Maternal deprivation reassessed*. London: Penguin Books.

Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J., Kwok, O., Haine, R. A., & Griffin, W. A. (2003). The Family Bereavement Program: Efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology, 71*(3), 587-600. doi:10.1037/0022-006x.71.3.587

Schmidt, V. H. (2001). Oversocialised Epistemology: A Critical Appraisal of Constructivism. *Sociology, 35*(1), 135-157. doi:10.1177/0038038501035001009

Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology, 54*(3), 344-350. doi:10.1037/0022-0167.54.3.344

Schoenfelder, E. N., Sandler, I. N., Wolchik, S., & Mackinnon, D. (2010). Quality of Social Relationships and the Development of Depression in Parentally-Bereaved Youth. *Journal of Youth and Adolescence*, *40*(1), 85–96. doi: 10.1007/s10964-009-9503-z

Schonfeld, D. J., & Quackenbush, M. (2010). *The grieving student: A teachers guide*. Baltimore, MD: Paul H. Brookes Pub.

Schultz. K. (1999). Bereaved children. *Can Pam Physician*, 45, 2914-21.

Schulz, R., Beach, S. R., Lind, B., Martire, L. M., Zdaniuk, B., Hirsch, C., & Burton, L. (2001). Involvement in Caregiving and Adjustment to Death of a Spouse. *Jama, 285*(24), 3123. doi:10.1001/jama.285.24.3123

Schut, H. A., Stroebe, M. S., Bout, J., & Keijser, J. (1997). Intervention for the bereaved: Gender differences in the efficacy of two counselling programmes. *British Journal of Clinical Psychology, 36*(1), 63-72. doi:10.1111/j.2044-8260.1997.tb01231.x

Servaty-Seib, H. L., & Hayslip, B. (2003). Post-Loss Adjustment and Funeral Perceptions of Parentally Bereaved Adolescents and Adults. *OMEGA - Journal of Death and Dying, 46*(3), 251-261. doi:10.2190/un6q-mkbh-x079-fp42

Servaty, H. L., & Hayslip, B. (2001). Adjustment to Loss among Adolescents. *OMEGA - Journal of Death and Dying, 43*(4), 311-330. doi:10.2190/b9mh-uu5h-9cg2-raw6

Shavelson, R. J., & Towne, L. (2002). Scientific Research in Education. doi: 10.17226/10236

Shaw, J. A. (2003). Children Exposed to War/Terrorism. *Clinical Child and Family Psychology Review, 6*(4), 237-246. doi:10.1023/b:ccfp.0000006291.10180.bd

Sheldrake, S.E. (2010). *The Experiences of Being a Teenage Father: An Interpretative Phenomenological Analysis* (Doctoral thesis), Retrieved 2018 from http://etheses.bham.ac.uk/1171/1/Sheldrake10ApEdPsyD1_A1b.pdfSh

Shinebourne, P. (2001). The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Journal of the Society for Existential Analysis, 22*(1), 16-31. Retrieved 2018 from http://connection.ebscohost.com/c/articles/59243712/theoretical-underpinnings-interpretative-phenomenological-analysis-ipa

Slyter, M. (2012) Creative Counselling Interventions for Grieving Adolescents. *Journal of Creativity in Mental Health, 7*(1), 17-34. doi:10.1080/15401383.2012.657593

Smith, C. (1999). *The forgotten mourners* (2nd ed.). London: Jessica Kingsley Publishers.

Smith, J. A. (2007). *Qualitative psychology: A practical guide to methods* (2nd ed.). London: Sage.

Smith, J. A. Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory, Method and Research*. London: Sage.

Smith, J. & Osborn, M. (2003). *Interpretative phenomenological analysis*. *Qualitative Psychology: A Practical guide to Methods.* London: Sage.

Smith, J, A. & Osborn, M. (2008*). Interpretative Phenomenological Analysis*. *Qualitative Psychology: A Practical Guide to Research Methods*, London: Sage.

Smith, K. R., Hanson, H. A., Norton, M. C., Hollingshaus, M. S., & Mineau, G. P. (2014). Survival of offspring who experience early parental death: Early life conditions and later-

life mortality. *Social Science & Medicine, 119*, 180–190. doi: 10.1016/j.socscimed.2013.11.054

Sohr-Preston, S. L., & Scaramella, L. V. (2006). Implications of Timing of Maternal Depressive Symptoms for Early Cognitive and Language Development. *Clinical Child and Family Psychology Review, 9*(1), 65–83. doi: 10.1007/s10567-006-0004-2

Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development, 7*(4), 349-367. doi:10.1080/14616730500365928

Stikkelbroek, Y., Bodden, D. H., Reitz, E., Vollebergh, W. A., & Baar, A. L. (2015). Mental health of adolescents before and after the death of a parent or sibling. *European Child & Adolescent Psychiatry, 25*(1), 49-59. doi:10.1007/s00787-015-0695-3

Stroebe, W., & Schut, H. (2001). Risk factors in bereavement outcome: A methodological and empirical review. *Handbook of Bereavement Research: Consequences, Coping, and Care.*, 349–371. doi: 10.1037/10436-015

Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in Coping With Bereavement: A Theoretical Integration. *Review of General Psychology, 9*(1), 48-66. doi:10.1037/1089-2680.9.1.48

Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet, 370*(9603), 1960-1973. doi:10.1016/s0140-6736(07)61816-9

Sue, D. W. (2001). Multidimensional Facets of Cultural Competence. *The Counseling Psychologist, 29*(6), 790–821. doi: 10.1177/0011000001296002

Sussillo, M. V. (2005). Beyond the Grave—Adolescent Parental Loss: Letting Go and Holding On. *Psychoanalytic Dialogues, 15*(4), 499-527. doi:10.1080/10481881509348846

Swanborn, P. G. (1996). A common base for quality control criteria in quantitative and qualitative research. *Quality and Quantity, 30*(1), doi: 10.1007/bf00139833

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471. doi:10.1007/bf02103658

The British Psychological Society (BPS). (2018). Retrieved 2019, from https://www.bps.org.uk/.

Tremblay, G. C., & Israel, A. C. (1998). Children's Adjustment to Parental Death. *Clinical Psychology: Science and Practice, 5*(4), 424-438. doi:10.1111/j.1468-2850.1998.tb00165.x

Trier-Bieniek, A. (2012). Framing the telephone interview as a participant-centred tool for qualitative research: Amethodological discussion. *Qualitative Research, 12*(6), 630-644. doi:10.1177/1468794112439005

Tufford, L., & Newman, P. (2010). Bracketing in Qualitative Research. *Qualitative Social Work: Research and Practice, 11*(1), 80-96. doi:10.1177/1473325010368316

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J., & Walsh, S. (1997). Standards for research projects and thesis involving qualitative methods: suggested guidelines for trainees and courses. *Clinical Psychology Forum*, 108, 3-7.

Tyson-Rawson, K. J. (1996). Adolescent responses to the death of a parent. In C. A. Corr & D. E. Balk (Eds.), *Handbook of adolescent death and bereavement,* (pp. 155–172). New York: Springer Publishing.

Vicary, S., Young, A., & Hicks, S. (2016). A reflective journal as learning process and contribution to quality and validity in interpretative phenomenological analysis. *Qualitative Social Work: Research and Practice, 16*(4), 550-565. doi:10.1177/1473325016635244

Vigil, G., Clements,P. (2003) Child and adolescent homicide survivors. Complicated grief and altered World views. *J Psychosoc Nurs Ment Health*, 41(1), 30-9.

Wakefield, J. C. (2017). DSM-5 grief scorecard: Assessment and outcomes of proposals to pathologize grief. *World Psychiatry, 12*(2), 171-173. doi:10.1002/wps.20053

Waters, E., Corcoran, D., & Anafarta, M. (2005). Attachment, Other Relationships, and the Theory that All Good Things Go Together. *Human Development, 48*(1-2), 80-84. doi:10.1159/000083217

Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment Security in Infancy and Early Adulthood: A Twenty-Year Longitudinal Study. *Child Development, 71*(3), 684–689. doi: 10.1111/1467-8624.00176

Watkins, S. C., Menken, J. A., & Bongaarts, J. (1987). Demographic Foundations of Family Change. *American Sociological Review, 52*(3), 346. doi:10.2307/2095354

Weller, A. R., Weller, B. E., Fristad, A. M., & Bowes, M. j. (1991). Depression in recently bereaved prepubertal children. *American Journal of Psychiatry, 148*(11), 1536–1540. doi: 10.1176/ajp.148.11.1536

Wijngaards-de-Meij, L., Stroebe, M., Schut, H., Stroebe, W., Bout, J. V. D., Peter G. M. Van Der Heijden, & Dijkstra, I. (2007). Patterns of Attachment and Parents Adjustment to the Death of Their Child. *Personality and Social Psychology Bulletin, 33*(4), 537–548. doi: 10.1177/0146167206297400

Wilcox, H. C., Kuramoto, S. J., Lichtenstein, P., Långström, N., Brent, D. A., & Runeson, B. (2010). Psychiatric Morbidity, Violent Crime, and Suicide Among Children and Adolescents Exposed to Parental Death. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(5), 514-523. doi: 10.1016/j.jaac.2010.01.020

Willig, C. (2001). *Introducing Qualitative Research in Psychology- Adventures in Theory and Method*. Buckingham: Open University Press.

Winston's Wish (2019). Retrieved from https://www.winstonswish.org/?gclid=EAIaIQobChMIsv3W14j95QIVxLTtCh0V_wtuEAAYASAAEgLI9PD_BwE

Wohlin, C. (2014). Guidelines for snowballing in systematic literature studies and a replication in software engineering. *Proceedings of the 18th International Conference on Evaluation and Assessment in Software Engineering - EASE 14*. doi: 10.1145/2601248.2601268

Wolchik, S. A., Coxe, S., Tein, J. Y., Sandler, I. N., & Ayers, T. S. (2009). Six-Year Longitudinal Predictors of Posttraumatic Growth in Parentally Bereaved Adolescents and Young Adults. *OMEGA - Journal of Death and Dying, 58*(2), 107-128. doi:10.2190/om.58.2.b

Worden, W. J. (1996). *Children and grief. When a parent dies.* New York: The Guilford Press.

Worden, W. J. (2018). *Grief counselling and grief therapy: a handbook for the mental health practitioner*. NY, NY: Springer Publishing Company, LLC.

World Health Organization. (2018). International statistical classification of diseases and related health problems (ICD-11). World Health Organization. (11th Revision). Retrieved 2018 from https://icd.who.int/browse11/l-m/en

Yardley, L. (2008). *Demonstrating validity in qualitative psychology*. In J.A. Smith (Ed.) *Qualitative psychology: A practical guide to methods* (2nd ed, pp.235–251). London: Sage.

Zall, D. S. (1994). The Long-Term Effects of Childhood Bereavement: Impact on Roles as Mothers. *OMEGA - Journal of Death and Dying, 29*(3), 219-230. doi:10.2190/b93c-ndxk-5n6b-kfe6

Zisook, S. Shear, K. (2009). Grief and bereavement: what psychiatrists need to know. *World Psychiatry*, 8(2), 67-74. doi: 10.1002/j.2051-5545.2009.tb00217.x

APPENDICES

Appendix A- Interview Schedule/Topic Guide

Appendix B-Advertisement for Recruiting Participants

Appendix C - Request for recruiting participants

Appendix D - Letter of Ethical Approval

Appendix D1- Letter seeking to conduct telephone interviews

Dear Ethics Committee,

I am writing to inform you that I propose a change to my recruitment strategy.

I have received informal consent from some individuals who live far from the west midlands and would not be able to travel. Therefore, I would like to interview some of my participants via telephone, due to geographical and logistical issues. However, I aim to still conduct some interviews face to face.

The telephone interviews will have the same process, and the prior interview and subsequent interview will be carried out via telephone also. There is a wealth of research suggesting that this method for IPA is still a reliable and valid methodology.

As my participants are a somewhat hidden group and widely distributed, conducting interviews via telephone would make it an easier method for both my-self and the participants.

Kind regards

Elaine Frawley

Student no: 1516266

Appendix D2- Letter granting the use of telephone interviews

Re: Minor Amendments to Study

Date 18th July 2017

Elaine Frawley (Dr Angela Morgan)

University of Wolverhampton Faculty of Education, Health & Wellbeing

Dear Elaine Frawley (Dr Angela Morgan)

Re: An Interpretative Phenomenological Analysis (IPA) on the voices of adults who have experienced parental loss during their adolescent years & the implications of counselling psychological therapeutic intervention. submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your proposed minor amendments. On review your Revised Research Proposal was passed and the Panel believes that the ethical issues inherent in your study remain adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your revised study (Code 1 - Approved). We would like to wish you every success with the project.

Yours sincerely

H Paniagua Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM Chair – Ethics Panel

Richard Darby Dr Richard Darby PhD, BSc Chair – Ethics Panel

Appendix E- Invitation Recruitment Letter

Appendix F- Participant Information Sheet

Appendix G- Consent Form

Appendix H – List of Unique Codes

1. independence/strength
2. Fragility
3. Death & Health anxiety, awareness
4. Positive Growth
5. difficulty with losses/ Rejection
6. SELF-PITY
7. becoming an adult
8. feeling misunderstood
9. self- awareness
10. CHANGING IDENTITY
11. self-soothing behaviours
12. mental health issues/Anxiety
13. self harm/ Rebellious
14. lack of emotional affect/denial
15. Loss of Parental Figure
16. Complex Grief
17. Anger
18. survival mode
19. **Blame**
20. **ACCEPTANCE**
21. loss of adolescence
22. Ego identity vs. Role Confusion stage
23. Lost sense of self
24. becoming an adult
25. Regression
26. feeling abandoned/alone
27. feeling out of control/unstable

28. *feeling stuck/behind/ helpless*
29. needing to feel controlled/protected/safe
30. seeking intimacy and love
31. change in interpersonal relations
32. Need for support/importance of support
33. **Loss of stability**
34. defence mechanisms
35. coping mechanism
36. Jealousy and envy
37. **Blame**
38. **Change of beliefs/values**
39. **Injustice**
40. Being Selfless
41. Low self esteem/confidence
42. Guilt
43. Searching for answers/closure

Appendix I - Themes from Each Transcript

Transcript 1

44. independence/strength
45. Death & Health anxiety
46. mental health issues
47. feeling misunderstood
48. self- awareness
49. CHANGING IDENTITY
50. Anger
51. survival mode
52. lack of emotional affect (denial)
53. Complex Grief
54. **Blame**
55. **ACCEPTANCE**
56. loss of adolescence
57. Ego identity vs. Role Confusion stage
58. Lost sense of self
59. becoming an adult
60. *feeling stuck/behind/ helpless*
61. Regression
62. feeling abandoned/alone
63. needing to feel controlled/protected
64. seeking intimacy and love
65. change in interpersonal relations
66. Need for support
67. **Loss of stability**
68. feeling out of control
69. self-soothing behaviours
70. defence mechanisms
71. coping mechanism

72. self harm/ Rebellious
73. difficulty with losses/ Rejection

Transcript 2

74. Positive Growth
75. independence/strength
76. self- awareness
77. *feeling stuck/behind/ helpless*
78. CHANGING IDENTITY
79. Mental health-Anxiety
80. Anger
81. survival mode
82. lack of emotional affect
83. Complex Grief
84. Jealousy and envy
85. Ego identity vs. Role Confusion stage
86. becoming an adult
87. Regression
88. Lost sense of self
89. needing to feel controlled/protected
90. **Change of beliefs**
91. change in interpersonal relations
92. feeling abandoned/alone
93. Need for support
94. Loss of Parental Figure
95. difficulty with losses/ Rejection
96. feeling misunderstood
97. coping mechanism
98. self harm/ Rebellious
99. **Defence mechanism**
100. **Blame**

Transcript 3

Ego identity vs. Role Confusion stage

101. **Loss of stability**
102. becoming an adult
103. survival mode
104. **Change of beliefs**
105. CHANGING IDENTITY
106. **ACCEPTANCE**
107. Complex Grief
108. lack of emotional affect (denial)
109. feeling abandoned/alone
110. Death & Health anxiety
111. Need for support
112. seeking intimacy- substitution
113. feeling misunderstood
114. change in interpersonal relations
115. difficulty with losses/ Rejection
116. Loss of Parental Figure
117. Anger
118. defence mechanisms – links to blame & Survival Mode
119. coping mechanism
120. **Blame**
121. Mental health-Anxiety
122. Low self esteem/confidence
123. Self-awareness- links to post traumatic growth
124. Independence/ strength – links to post traumatic growth
125. Positive Growth

Transcript 4

126. Positive Growth
127. Self-awareness
128. difficulty with losses/ Rejection

129. Death & Health anxiety
130. Injustice
131. lack of emotional affect
132. defence mechanisms
133. ACCEPTANCE
134. Lost sense of self
135. becoming an adult
136. Change of beliefs
137. CHANGING IDENTITY
138. loss of adolescence
139. Being Selfless
140. Jealousy and envy
141. change in interpersonal relations
142. seeking intimacy- substitution
143. Ego identity vs. Role Confusion stage
144. Need for support
145. Mental health
146. Anger
147. Blame
148. Complex Grief
149. Independence/ strength

Transcript 5

150. Ego identity vs. Role Confusion stage
151. Regression
152. loss of adolescence
153. CHANGING IDENTITY
154. Injustice
155. Anger
156. survival mode
157. lack of emotional affect (denial)
158. Complex Grief
159. becoming an adult

160. Death & Health anxiety
161. Positive Growth
162. Change of beliefs
163. Jealousy/Envy
164. change in interpersonal relations
165. Loss of Parental Figure
166. difficulty with losses/ Rejection
167. feeling abandoned/alone
168. seeking intimacy- substitution
169. Independence/strength
170. SELF-PITY
171. Mental health issues
172. defence mechanisms
173. coping mechanism

Transcript 6

174. seeking intimacy- substitution
175. Death & Health anxiety
176. Anger
177. lack of emotional affect (denial)
178. feeling out of control
179. Searching for answers/closure
180. survival mode
181. defence mechanisms
182. coping mechanism
183. Independence/strength
184. Regression
185. self harm/ Rebellious

186. Loss of Parental Figure
187. difficulty with losses/ Rejection
188. feeling abandoned/alone

189. change in interpersonal relations and roles
190. needing to feel controlled/protected
191. Need for support
192. becoming an adult
193. CHANGING IDENTITY
194. Change of beliefs
195. Selfless
196. Ego identity vs. Role Confusion stage
197. Fragility
198. Mental health issues
199. Self-awareness
200. Lost sense of self
201. Complex Grief
202. Positive Growth
203. ACCEPTANCE

Transcript 7

204. Loss of Parental Figure
205. Death & Health anxiety/awareness
206. Anger
207. lack of emotional affect (denial)
208. feeling out of control/unstable
209. Searching for answers/closure
210. survival mode
211. defence mechanisms
212. coping mechanisms
213. Rebellious
214. seeking intimacy- substitution
215. **Blame**
216. difficulty with losses/ Rejection
217. feeling abandoned/alone
218. change in interpersonal relations and roles
219. Need/importance for support

220. Fragility
221. Lost sense of self
222. Regression
223. CHANGING IDENTITY
224. **Change of beliefs**
225. Low self esteem/confidence
226. Ego identity vs. Role Confusion stage
227. needing to feel controlled/protected/safe
228. Mental health issues
229. Self-awareness
230. Complex Grief
231. Positive Growth
232. Self-less
233. **injustice**
234. Guilt

Appendix J- Process of Condensing Themes

The numbers beside each theme represent the frequency of each theme found within each sub-heading (e.g. The theme Self – awareness was found under the subordinate theme of Post Traumatic Effect in 5 transcripts, thus (5) is placed after Self-awareness. The less prominent sub-themes will be encompassed within the main sub-themes or under a varying sub-theme.

Post-Traumatic Effect (superordinate theme)

Subordinate themes

235. Self-awareness (5) (encompassing Lost sense of self (1) & feeling misunderstood (1))
236. Positive Growth 4 (encompassing Self-less (1)
237. Independence/ strength 3 (encompassing **ACCEPTANCE** (1))
238. Complex Grief 2 (encompassing Mental health issues (1) & Regression (1) & Death & Health anxiety (2 & Ego identity vs. Role Confusion stage (1) & difficulty with losses/ Rejection (1)
239. **injustice 2** (encompassing loss of adolescence (1))
240. CHANGING IDENTITY 2 (encompasses *feeling stuck/behind/ helpless (1)*

Developmental Anomalies (superordinate theme)

Subordinate themes

241. becoming an adult 6 (encompassing survival mode(1)
242. **Change of beliefs 6** (encompassing Positive Growth (1) &)
243. Ego identity vs. Role Confusion stage 5 (encompassing CHANGING IDENTITY (2))
244. Regression 3 (encompasses Jealousy/Envy (1) & needing to feel controlled/protected/safe (2) & Fragility (1) & *feeling stuck/behind/ helpless (1)*)
245. Lost sense of self 2 (encompasses **Loss of stability (1)**)
246. loss of adolescence 2

Being Selfless (2) – linked to post traumatic Effect

Low self esteem/confidence (1) – Links to Mental health Issues

Death & Health anxiety (1) - linked to grief process

Attachment (superordinate theme)

Subordinate themes

247. change in interpersonal relations and roles (7) (encompassing needing to feel controlled/protected (2) & Ego identity vs. Role Confusion stage (changed to Changing roles) (1) & Feeling misunderstood (2) & Jealousy and envy (1)
248. Need/importance for support (6) (encompassing **Loss of stability (1))**
249. difficulty with losses/ Rejection 5
250. feeling abandoned/alone 5 (encompassing Lost sense of self (1) & Fragility (1)
251. Loss of Parental Figure 4
252. seeking intimacy- substitution 4

Managing Emotions (superordinate theme)

Subordinate themes

253. defence mechanisms 5 (encompasses seeking intimacy- substitution (1) & Regression (Reverting back to childhood)(1))
254. coping mechanisms 4 (encompasses survival mode (2))
255. Rebellious/ Self- harm 4 (encompasses feeling out of control (1)) = Acting Out
256. **Blame 3 (** encompasses SELF-PITY (1))
257. self-soothing behaviours (1)
258. difficulty with losses/ Rejection - linked to attachment
259. Independence/strength 3 – linked to Post Traumatic Effect

Grief process (superordinate theme)

Subordinate themes

260. lack of emotional affect (denial) 7
261. Anger 5 (encompasses Jealousy and envy (1)) = Emotional Hostility
262. Complex Grief 4 (encompasses Lost sense of self (1) & **Blame (1)**)
263. survival mode 3 (encompassing Defence mechanisms (1) & seeking intimacy-substitution (1))

264. Death & Health anxiety/awareness 3
265. **ACCEPTANCE (2)** vs. Searching for answers/closure (2)
266. feeling out of control/unstable 2 – links to Emotional Regulation & Effects
267. Jealousy and envy – links to Anger (Grief Process)
268. **Feelings of Injustice- links to post traumatic Effect**
269. feeling abandoned/alone – Links to Attachment
270. Loss of Parental Figure 1 – Linked to attachment

Appendix K- Establishing Superordinate themes

Appendix L- Provisional Superordinate and Subordinate themes

Post traumatic Effect

271. Positive Growth
272. independence/strength
273. self- awareness
274. feeling stuck/behind/ helpless
275. CHANGING IDENTITY
276. Mental health-Anxiety

Grief process

277. Anger
278. survival mode
279. lack of emotional affect
280. Complex Grief
281. Jealousy and envy

Developmental Anomalies

282. Ego identity vs. Role Confusion stage
283. becoming an adult
284. Regression
285. Lost sense of self
286. needing to feel controlled/protected
287. Change of beliefs

Attachment

288. change in interpersonal relations
289. feeling abandoned/alone
290. Need for support
291. Loss of Parental Figure
292. difficulty with losses/ Rejection

293. feeling misunderstood

Emotional Regulation

294. coping mechanism

295. self harm/ Rebellious

296. Justification

297. Defence mechanisms

Appendix M- Revision of Themes

Post-Traumatic Effect (Superordinate theme)

298. Developed Self-awareness
299. Positive Growth
300. **Feelings of Injustice & Self-Pity**
301. Jealously & Envy
302. Need for support

Developmental Anomalies (Superordinate theme)

303. **Change of beliefs /values**
304. Changing Role encompassing loss of adolescence
305. Lost sense of self (encompasses CHANGING IDENTITY)
306. becoming an adult & being independent

Change of Attachment Style (Superordinate theme)

307. change in interpersonal relations and roles
308. Difficulty with rejection and losses
309. feeling abandoned
310. Loss of Parental Figure
311. seeking intimacy and love

Emotional Regulation (Superordinate theme)

312. defence mechanisms (encompassing Reverting back to childhood)
313. coping mechanisms
314. Rebellion
315. **Blame**
316. Self- soothing behaviours

Grief process (Superordinate theme)

317. lack of emotional affect
318. Emotional Hostility
319. Complex Grief (encompasses Mental Health issues)
320. survival mode & strength
321. Death & Health anxiety/awareness

Appendix N- Second Revision of Themes

Managing Emotions

323. Survival Mode
324. Defence Mechanisms
325. Self-Soothing and Self-Harming Behaviours
326. Lack of Emotional Affect
327. Emotional Hostility

Developmental Anomalies

328. Complex Grief
329. Blame/Justification
330. Death/Health Anxiety
331. Loss sense of self/identity
332. Rebellion

Change of Attachment Style

333. Loss of a parent- Needing support
334. Changing Family Roles and Dynamics
335. Seeking Intimacy/Love
336. Difficulty with rejection/abandonment

Post-Traumatic Effect

337. Positive Growth
338. Developed Self-Awareness
339. Feelings of injustice or self-pity
340. Jealousy or Envy

Appendix O- Research Poster

Appendix P- Journal Article

The following is a provisional article, written for the intention to submit to the OMEGA-Journal of 'Death and Dying'.

An Interpretative Phenomenological Analysis to Explore the Understanding That Parental Death in Adolescence Has On Adults

Abstract

Introduction

This article, including the literature review, will specifically discuss and explore the emerging superordinate theme of 'Managing Emotions', as participants were found to struggle in managing their emotions, and relied on a wealth of coping and defence mechanisms in order to attenuate negative feelings. Reliance on these predominately maladaptive defences facilitated a delay with their grieving process and led to the experience of complicated grief symptoms. This was influenced by the poorly developed emotional regulation skills of adolescence and the lack of parental guidance in assisting the development of these skills or aiding the grieving process of the parental bereaved adolescent. The following interventions are suggested for individuals bereaved by parental death, in response to the research findings; early intervention, a developmental informed formulation, Parent-child/Family therapy or psychological therapy to aid emotional regulation skills.

Keywords

Parental death, Parental loss, early parental loss, adolescent bereavement, adolescent grief, parental grief, parental bereavement

Background

Context

According to Parsons (2011), 4.7% of young people will have experienced parental death by the age of 16, and 1 in 20 children experience the loss of a parent before their eighteenth birthday (Schroeder & Gordon, 1991). Therefore, it is not a rare occurrence and as one advances through adolescence, the likelihood of parental death increases, along with other potential losses or changes (Harris, 1991). Despite the prevalence of this life event, it has attracted little scientific attention, particularly pertaining to the lived experiences of this bereaved group (McCarthy, 2005). There is a significant gap in clinical and theoretical understanding in relation to parental loss or parental death experienced by adolescents, despite the frequency of this life event (Harris, 1991). There is a scarcity of literature on this phenomenon and much fewer studies exist on the lived experiences of these bereaved individuals. Whilst a plethora of literature exists on parental loss or parental death experienced in young children (Marks, Jun & Song, 2007), there is less research exploring the impact of this experience in adolescence (Harris, 1991), particularly relating to their lived experiences from a retrospective viewpoint.

Literature Review

Adolescents typically display more intense grief reactions and have more interpersonal and/or social difficulties, sleep issues and feelings of anger, irritability, isolation and emptiness than parental bereaved adults, and thus tend to grieve differently (Servaty-Seib & Hayslip, 2003). According to Cohen (2002), adolescents more fully understand the permanence of their loss, but are prone to struggle more with their grief reactions and

having existential questions than children (Cohen, Mannarino& Deblinger, 2006). Adolescents typically move from dependency to independence, autonomy and maturity during their developmental stage (Geldard et al., 2009). Despite being mature enough to understand death, they may struggle to realise the enduring consequences of parental death (Robin & Omar, 2007). Adolescents are often assumed to be managing due to their appearance of maturity, acceleration into adulthood and engagement in the process of individuation (Cafferky et al., 2018; Geldard et al., 2009) and thus support is often withheld.

Early adolescents (12-14 years) are assumed to have entered Piaget's formal operation stage, having transitioned from their limiting concrete operations stage (Geldard et al., 2009). During this stage, abstract concepts like death are believed to be understood as they have discerned new unique ways of processing information and have learned to think critically and creatively (Geldard et al., 2009). The reaction of parental death can appear selfish or egocentric in early adolescents as they may be more concerned about how the death impacts their lives as opposed to the specifics of the parental loss (Harrison & Harrington, 2001). However, as they are less independent during this developmental period, they are particularly sensitive to loss and tend to remain immersed in the death (Harris, 1991). Moreover, early adolescents' experience of grief may cause an increase of mood swings and explosive displays of emotions due to the surge in hormones from experiencing puberty (Robin & Omar, 2007).

In contrast to early adolescents, middle adolescents (15-17 years) tend to be able to use formal operational development more consistently and are able to integrate the future with the present and past (Christ et al., 2002). They are typically better equipped to confront death and appreciate future consequences, because of their increased understanding of

death (Kristjanson, Chalmers & Woodgate, 2004). However, although they are typically more constrained than children or early adolescents as they tend to be more empathetic, thoughtful and allocentric, they struggle to balance the needs of others with their egocentricity (Christ et al., 2002). They also tend to escape the reality of the death (Harris, 1991). Similarly, older adolescents (17-19 years) were found to engage in intense denial as a dysfunctional coping strategy (Davies, 2001) and according to Dowdney (2000) reported rates of depression were found to increase with older children who have been bereaved. Thus adolescents' grief expression and methods to manage emotions largely depends on their pre-existing stage of emotional and cognitive development (Robin & Omar, 2007).

Bereaved adolescents reply on defence mechanisms such as denial, idealisation of the deceased, inhibition and isolation of grief to attenuate difficulties emotions, which may further impair or distort their grief process (Harris, 1991). Avoidance, unproductive wishful thinking, drug and alcohol abuse and aggression are dysfunctional coping mechanisms that can be seen in adolescents, whilst catharsis and emotional processing, making and maintaining supportive friends are viewed as functional coping mechanisms in adolescence (Lenhardt & McCourt, 2000; Davies, 1991). Bereaved adolescents may engage in inappropriate behaviours such as promiscuity as a consequence of their internal ego-defending mechanisms (Geldard et al., 2009). Schnider, Elhai & Gray (2007) found that college students, who are of a similar developmental period to late adolescence (17-19 years), also engaged in avoidant coping strategies. Harris (1991) found that distraction was utilised as an avoidance mechanisms of the grieving process. This experience could be attributed to the misunderstanding of the reality and finality of parental death (Ratnarajah & Schofield, 2007). The grief experienced by bereaved adolescents commonly manifests into emotional regulation difficulties in the bereaved (Schonfeld, & Quackenbush, 2010;

Morris, 2007). According to Beverley et al. (1990) and Morris (2007), the methods used to manage emotions was often were employed due to the experiences of poorer coping skills, impulsiveness, vulnerability, hostility, depression and anxiety amongst participants. Parenting practices, parental emotional climate and adverse childhood events such as the experience of parental death or disruption in childhood were also found to influence the self-regulatory capabilities of the offspring (Luecken et al., 2009; Morris, 2007). However, failure to process this reality may leave the bereaved vulnerable to continued distress and experience intrusive memories or thoughts associated with the avoided area of thought (Horowltz et al., 1994). It may also lead to delayed and/or complex grief (Clayton, 2015).

Experiencing parental death in adolescence was linked to having trust issues (Hatter, 1996), low self-esteem, low self-image, low confidence (Mack, 2001), less adaptive coping skills, along with higher levels of drug and alcohol use/alcoholism (Stroebe, Schut & Stroebe, 2007).According to the leading expert on bereavement, Parkes (2013), the bereaved may retreat from social interaction and withdraw, as they perceive themselves as being more vulnerable and fearful of future losses (Caserta & Lund, 1992) due to their poorly developed or lost attachment bond, thus showcasing how this loss can vastly impact one's social competence (Luecken & Roubinov, 2012). Harris (1991) found that parental bereaved individuals became more dependent on others as a defence mechanism for their loss and thus became more vulnerable without such support or dependence.

However, coping mechanisms such as distraction were found to be beneficial as adolescents who distracted themselves with their area of competence (sport, music or academia) were reported as being better able to live with their parental grief (Brewer and Sparkes, 2011), thus showing the positives of distraction and the influence of internal

factors such as one's skills, attributes and self-concepts on the grieving process (Smith, 1999).

Methodology

Design

Interpretative Phenomenological Analysis (IPA) - in the tradition of Smith and Osborn (2003) and Smith, Flowers and Larkin (2009) - was the chosen qualitative methodology to examine the research data as it is a thematic method in line with my epistemological stance as an interpretivist. Thus, I am concerned with 'interpretation, multiplicity, context, depth, and local knowledge' (Ramey & Grubb, 2009; p. 80). The aim of IPA is underpinned by the phenomenological philosophy initiated by Husserl in which a 'phenomenological attitude' is adopted (Husserl, Sheehan & Palmer, 1997). As phenomenology is about how we experience events and objects, IPA attempts to explore and examine one's subjective perceptions and lived experiences of an object or event instead of offering objective statements of the object or experience or speculating on the causes of such experience (Neubauer, Witkop & Varpio, 2019).The intention of this research is to explore in detail the participants' self-reflections and accounts of their experience of their personal, psychological and social world, in order to identify the essence of their conscious experience through their perceptions and idiosyncratic views (Reid, Flowers & Larkin, 2005).

IPA subscribes to relativist ontology by having a symbolic interactionist perspective (Sheldrake, 2010). IPA does not attempt to reduce the findings to predefined or overly abstract categories (Smith et al., 2009), claim 'truths' or compare participants' experiences to an external 'reality' (Willig, 2001). However, interpretative enquiry can claim a stance of objectivity as 'over-arching' narratives of the reality are recognised through the 'double hermeneutic', whereby the researcher engages with a two-stage interpretation process,

involving interpretations of how the participant makes sense of the world and how the researcher makes sense of the participants' world (Smith & Osborn, 2003; Smith et al., 2009). IPA has the capacity to illuminate shared commonality (Shinebourne, 2001) alongside highlighting the subjectivity of one's experience. Despite IPA receiving scrutiny over the generalisability of its findings (Cresswell & Plano Clark, 2007), IPA does not aim to make generalisations, but by delving deep into a particular experience through painstaking analysis, it takes us closer to the universal meaning of such phenomenon (Warnock, 1987).

Sampling and Sampling Method

I interviewed between 4-10 participants in keeping with IPA requirements to have a small and fairly homogenous purposive sample (Smith, 2003). 7 participants were recruited as I intuitively felt that the key superordinate and subordinate themes had emerged at this point of data collection. As the study was researching a somewhat "hidden" population, where participants could not be found in one particular service or by one specific sampling approach, there was no obvious alternative to recruit by using a snowball sampling method. This consists of identifying respondents who can then refer researchers on to other respondents, which takes advantage of the social networks of identified respondents to providing the researcher with an ever-expanding set of potential contacts (Atkinson & Flint, 2001).

Recruitment

After Ethical Approval from the University of Wolverhampton was granted, advertisements to take part in the research were provided in the form of posters to notice boards across various bereavement and non-bereavement services that included University common areas, Libraries and Primary Care clinics and via posts on social media sites and

websites. The posters and online advertisements included the minimum inclusion criteria for the participants (i.e. age requirement), alongside the contact details of the researcher. If the potential participant contacted the researched to share their interest in participation, an invitation letter, was emailed along with the Participant information pack. If the participant met the inclusion criteria, they were then sent the consent form for participation. The Participants did not have to confirm participation by a set deadline as the researcher believed it was pertinent to give participants' optimal time to contemplate whether they wished to take part or not. In line with the snowball sampling method, participants were also informed that they could pass on the researcher's contact details to individuals that they knew had experienced the phenomenon, if they also wished to take part. If these potential participants contacted to share their interest in participation, the same procedure for participation applied. The researcher interviewed those on a first come, first serve basis.

Participant Information

The inclusion criteria consisted of individuals over 20 years of age and those who have not experienced parental bereavement in the last year. I believed that it would be unethical to interview those who have experienced recent grief as this may be traumatising for the participant. Also, it is possible that participants would struggle to connect to their lived experience of parental loss if there was not sufficient time for the participant to process their grief first. English speakers were permitted for this research as I believed that connection to the participants lived experiences could be lost if a translator was required. Also, having a translator would impact the level of confidentiality that can be achieved in the research. Therefore, as I am not fluent in a language apart from English, only fluent English speakers were considered for participation.

As the research is examining parental loss during adolescence, participants who experienced parental loss under the age of 12 years and over the age of 20 years of age

were not permitted to take part. The research interviewed adults on their experience of parental loss. I excluded adults who experienced parental loss in the last year (adults who are currently twenty years of age) as I believed that their ability to be reflective may be compromised due to their recent grief and interviewing the recently bereaved posed a potential risk to creating psychological damage. Also, I wished to interview those who were likely to have insight into how their loss has affected them, from a retrospective viewpoint. The research also excluded individuals who were not fluent English speakers and who were within my own social network. I believed that by interviewing one's friends or family members, anonymity would be comprised and it could influence the level of the depth reached by the participant and boundaries may be more difficult to maintain given this interpersonal relationship. The research excluded those with severe learning/communication difficulties or compromised cognitive abilities as it was pertinent that the researcher would be able to make sense of the participants' lived experiences for data analysis. The seven participants who came forward for participation were White British/White Irish Females that were between 22 and 58 years of age. Pseudonyms were used to protect the anonymity of participants alongside the inclusion of their current age (in decades).The demographics of participants can be seen directly below in Table 3.0.

Table 3.0: Table of Participant Demographics

Pseudonym	**Parent Lost During adolescence**	**Cause of Parental Death**	**Age when bereaved**	**Ethnicity**	**Marital Status & Children**	**Current Age (decade)**
Doris	Mother	Terminal illness (sudden)	14	White British	Separated + Children	In 50s
Eve	Mother & Father	Terminal Cancer	16	White Irish	Single + No children	In 20s
Pam	Mother	Terminal illness (sudden)	12	White British	Married + children	In 40s
Lucy	Mother	Lung Cancer	18	White British	Divorced + children	In 40s
Nora	Father	Suicide	13	White British	Married + children	In 40s
Mary	Mother	Suicide	14	White British	Married + 1 child	In 50s
Vera	Father	Suicide	12	White British	Single & no children	In 40s

Data Collection and Analysis

Semi-Structured Telephone Interviews were chosen for data collection as they are a convenient and effective method for both the participant I. According to Carr & Worth (2001), studies that compare telephone and face-to-face interviews conclude that telephone interviews produce data at least comparable in quality to face-to-face interviews. Telephone interviews were cost and geographically effective as I could access participants regardless of their physical location. The use of telephone interviews were beneficial as they enabled the participant to speak about their experience in their familiar environment and without the additional exposure of being face to face with a researcher, thus potentially enabling the participant to delve deeper into exploring their experience. Although body

language communication could not be detected as interviews were conducted via Telephone, the aforementioned explicit and implicit communications that could be recognised were analysed when the researched deemed these communications to be informative of the participants meaning of their experience.

Semi-structured interviews were conducted in the form of open-ended dialogue. This helped to ensure that participants felt that they had control over what was disclosed. Exploratory prompts and probes such as ‘How did you feel?’, ‘Would you like to expand on that?’, and ‘What does that mean to you?’ were offered. This facilitated the participant to take the lead whilst the interviewer stayed present and adopted Person-Centred responses by showing empathy, unconditional positive regard and acceptance and followed the participants’ pace, which was crucial given the sensitivity of content shared. Although research questions were devised and offered from the created topic guide, I adopted their use from a position of flexibility, in order to attend to the various changes present in the client. Thus, the purpose of the topic guide was that of guidance measure to make certain there was not significant deviation from the addressed topics of the research questions, To ensure all questions were easily understood by all participants, they were constructed free of jargon (Smith, 1995).

I avoided asking highly sensitive questions, as the answers to these research questions by in large naturally arose over the course of the interview and thus did not require directivity. I was constantly aware of the direction and depth of the interview, so that relevance was constantly monitored (Burgess, 2016). I used aspects of a “funnelling” technique insofar that the questions graduated from the general to the specific (Smith, 1995), which was pertinent in containing the emotions arising in participants. The interviewer reflected after each interview and kept reflective notes to inform subsequent interviews in terms of the

established rapport, conduction of sensitive and ethical interviewing and the impact of my personal positioning, in the context of the interaction (Hitchcock & Hughes, 1995). In line with Smith et al., (2009) I used the six guidelines for conducting an IPA.

Findings

The quotes that illustrate the theme of 'Managing Emotions' are shown below in Table 4.0. It was found that parentally bereaved adolescents had great difficulty in managing their emotions and employed numerous safety behaviours and defence mechanisms in an attempt to attenuate these emotions. Their emotional regulation difficulties were influenced by their lack of parental guidance in aiding their development of this regulatory skill.

Table 4.0: Quotes from 'Managing Emotions'

Participants	*Managing Emotions*
Nora	**"Everything changed. We didn't have time. The Irish are resilient, you "get on with it, just carry on […] I didn't have a support network"**
Mary	**"I was totally on autopilot, I was numb and like a grown up and logical in thought and did what I needed to […] I just distracted myself […]"**
Vera	**"I basically stuffed it all down inside me […] I felt so ashamed and my needs felt so unmet and that I shouldn't be crying so I stopped crying […] I don't remember ever having a conversation about my dad"**
Lucy	**"I do get cross like "why did that bloody well happen to me", […] if other kids didn't get on with their parents, I would be like "you really don't know how lucky you are to have parents"**
Eve	**"I didn't care about anything or anyone[…] I was so angry and**

frustrated […]I am so envious and I am so jealous of others"

Pam "It was a shock, […] emotionally at the time[…] my dad's attitude was get on with didn't emotionally deal with it"

Doris **"I started drinking too much […] becoming promiscuous[…]The alcohol numbed the confusion […] I would comfort myself with food"**

Discussion

Managing Emotions

Bereaved offspring are in critical need of prompt support after parental death as this research and the literature discovered how they felt a range of intense emotions relating to feeling lost, lonely, without control, insecure and abandoned after parental death due to the subsequent permanent loss of a critical attachment and lack of subsequent support provided (Parkes, 2013). Christ, et al., (2003) agrees that parental death in adolescence prompts a profound emotional crisis insofar that parental bereaved adolescents struggle significantly with managing and regulating their emotions after their parental death, thus compromising their sense of security and controllability over their environment (Sandler, 2001). In response, this research found that the bereaved adolescents utilised a range of coping and defence mechanisms after the onset of parental death, onwards into adulthood.

The coping and defence mechanisms utilised by the participants in an attempt to defend against the reality of their situation (Stroebe et al., 2007) included rationalisation, avoidance, denial, detachment, displacement, which either delayed or hindered the grieving process. It appeared that these participants rationalised negative life events, behaviours or emotions by blaming it on their parental loss and thus removing their own sense of accountability as a method to manage their emotions. Moreover, participants frequently

engaged in survival or autopilot mode as a method to cope with, deny or delay their grief process, along with assuming the roles previously occupied by the deceased (Robin & Omar, 2007). Their experience of numbness post bereavement (Parkes, 2013), was potentially a perpetuating factor of the subsequent delay in grief processing. Participants lacked the skill of emotional regulation due to their parental loss and needed parental guidance/support in developing these skills. Thus, emotional regulation skills were inadequately developed, due to potential absence/disruption from the surviving parent, as a result of parental death, which manifested into various difficulties and struggles with managing emotions, for this group (Morris, 2007). If delayed grief as a defence mechanism is created due to suppression of affect, it can leave one feeling cut off from their fundamental motivators, leading to a feeling of hopelessness about acquiring satisfaction, a condition which can be recognised as depression (Clayton, 2015).

The lack of security experienced is likely influenced this group's tendency to find alternative attachments within other relationships, in line with Freud's grief theory (Freud, 1961) and the findings from this study. However, participants recalled experiencing difficulties in managing their emotions within interpersonal relationships and themes surrounding feeling envious, jealous or hostile to others, were present. Participants also recalled having a tendency towards substance misuse. Various substances were recalled as being utilised in an attempt to manage, cope with or defend their emotions. Thus in line with Schut (1999), the bereaved oscillated between emotion focused and problem focused coping as methods to manage their emotions. The coping mechanisms found were inclusive of self-harming or self-soothing methods, as emotional and behavioural disturbances were prevalent amongst the participants. These often were employed due to the experiences of poorer coping skills, impulsiveness, vulnerability, hostility, depression

and anxiety amongst participants (Høeg et al., 1990). As these aforementioned experiences are traits of neuroticism, it is in line with the findings from the literature review that neurotic traits were more likely to be present amongst those from disrupted families, e.g. disruption as a result from parental death and that adolescents who experienced parental death have poorer coping skills.

Difficulties in managing emotions and the use of externalizing and/or internalizing issues were present in all participants in this study (Stikkelbrook et al., 2015), whilst In conclusion with Pfeffer (1997) and Geldard et al. (2009), such difficulties were more prevalent amongst the participants who were bereaved by suicide. However, it should be noted that the methods employed by bereaved adolescents to manage their emotions may be indicative of their developmental period. Thus, symptoms should be assessed view a developmental lens prior to assuming pathological emotional dysregulation. According to Luecken & Roubinov (2012), as bereaved offspring have to potentially develop without a guiding figure, their development may stagnate. This was evidenced in our findings as several of the adults interviewed did not appear to have successfully navigated through their Ego Identity versus Role confusion stage (Erikson, 1965) which is akin to adolescent development. They oscillated between regression, stagnation and assuming an adult role. This lack of developmental navigation resulted in difficulties managing one's own emotions and coping with grief, which was seen within this research.

Strengths and Limitations

The sheer subjectivity of the research design experiences common scrutiny alongside its small sample size and overall generalisability of findings (Cresswell & Plano Clark, 2007). Although the size of the study is frequently met with criticism (Cresswell & Plano Cark, 2007), the primary concern of IPA is to give full appreciation to each participant's account

by conducting a detailed and time consuming case-by-case analysis (Smith, 2004). Though, according to Shinebourne (2001), IPA does not make generalisations but illuminates shared commonality and although samples are small, they give full appreciation to each participant's account (Smith, 2004).

Implications for Counselling Psychological Practice

This section will explore Formulation and Intervention suggestions within counselling psychological practice, when working therapeutically with individuals who experienced parental death in adolescence.

Formulation

In light of the philosophy of counselling psychology as an integrative discipline, psychological intervention for adolescents or adults who experienced parental death in adolescents, should be informed based on the nuanced experiences of the bereaved, particularly in relation to cognitive, emotional, interpersonal, environmental and developmental factors. Systemic and Interpersonal factors relating to the parental bereaved individuals' support network, relationship with existing parent or family are also particularly vital factors in informing the formulation and subsequent therapeutic intervention (Tremblay and Israel, 1998).

Counselling psychological approaches need to be specified for parental death as the emotional needs of a grieving child is considerably different from the needs of a child exposed to parental divorce (Marwit & Carusa, 1998). Moreover, it is crucial to formulate based on how the loss occurred as sudden death, death by illness and death by suicide can evoke vastly different grief reactions amongst the bereaved. Conducting formulations informed by each client's experience of and/or susceptibility of complex grief aims to

ensure that the following therapeutic intervention is working directly with this psychopathology and/or adverse grief reaction. The next section explains the importance of utilising a developmental informed formulation.

Developmental Informed Formulation

The developmental journey and grief process of a bereaved adolescence is a time of change and crisis and is a stressful period of self-discovery whereby adolescents engage in and their adjustment to various biological, physical, developmental, emotional, cognitive and psychological changes. Thus, the counselling interview needs to be informed from a developmental viewpoint, as bereaved adolescents may need help to navigate through their developmental task of the Ego Identity vs. Role Confusion stage (Erikson, 1965) whilst in their grief process, whilst also working through their grief so that their developmental journey is not impeded (Geldard et al., 2009). This is of particularly importance as the findings illuminated the developmental impediments and delayed grief that was experienced by adults who experienced parental death in adolescence. This also is recommended for adults who experienced parental death in adolescence, as due to their experiences in adolescence, their grief and developmental processes may have been hindered as a result.

Thus, facilitating a space for adolescents to cope with their loss within their developmental stage, would aim to reduce the use of defences and potential consequential symptoms of complex grief. The adolescents identity formation, quest for individuation, along with their journey from childhood to adulthood (Harris, 1991), need to be acknowledged and informative of the psychological formulation and intervention. Thus, Counselling Psychologists need to fully understand their developmental stage and grief processes in order to counsel them effectively and use strategies informed by the impact

that their loss has on their developmental transition, and how their developmental stage impacts their grieving process as children, young people and adolescence are not a homogenous group (Geldald et al., 2009; Rolls & Payne, 2007). Therefore, the oscillating developmental stages of the individuals bereaved by parental death should be understood and monitored throughout the course of therapy to inform the client formulation and subsequent intervention.

The developmental difference needs to be recognised and informative of the psychological formulation and subsequent intervention, as the principles and practices required to counsel adolescents are significantly different to counselling adults or young children, For example, the use of media and activity can be particularly useful when counselling adolescents due to their enhanced ability to understand abstract meaning. The therapeutic approach should be tailored based on the age of the adolescent within their developmental period as this may determine whether they are immersed with the death or denying its reality. This is particularly important as literature pertaining to the vast differences in experiences of parental death based on age-group has been addressed. Unlike Children, late adolescents may require a psychodynamic approach to bereavement therapy where defence mechanisms are explored, whist early adolescents may benefit from a creative approach to bereavement therapy. However, it should be noted that the methods employed by bereaved adolescents to manage their emotions may be indicative of their developmental period. Thus, symptoms of emotional dysregulation should be assessed via a developmental lens, prior to assuming pathological emotional dysregulation.

Intervention

Grief psychotherapy or counselling can offer the opportunity to study domains of personal meaning in regards to the parental death, facilitate the subjective meaning of the event and

can help the bereaved to understand their experiences. Support should be not withheld from older adolescents due to their appearance of maturity, mature level of functioning and advanced and complex cognitive skills and processes (Lenhardt & McCourt, 2000; Geldard et al., 2009). Thus, Access to Early Therapeutic Intervention is suggested, followed by the following therapeutic interventions; Parent-Child Therapy and Psychotherapy to aid emotional regulation skills, in terms of their rationale and perceived usefulness based on the findings from this research and the literature review, playing particular attention to the development and emotional needs of the client group. These interventions are suggested for both adolescents and adults who experienced parental death in adolescence and should be informed by the developmental stage of the bereaved.

Parent-Child Therapy

Parent-child psychotherapy addressing the joint grief collaboratively is suggested in order for the parent to support their own grief and the grief of their offspring. This could be highly effective due to the research findings and literature discovering that the surviving parent or family member(s) were frequently unable to attend to the grieving needs of their offspring, due to their own grief. Relational therapy to maintain warmth and positive parenting from the parent to the parental bereaved offspring, could aid the grief transition of the bereaved adolescents and result in fewer long-term problems in the bereaved (Luecken & Roubinov, 2015). By helping the parent-child development, the parent may be able to support their offspring through their developmental period, leading to a possible reduction in development impediments, poorly developed emotional regulation skills and subsequent use of coping and defence mechanisms.

Psychological Therapy for Emotional Regulation

Due to the participants experiences of high intensity emotional responses, inclusive of their difficulties in managing emotions due to their largely undeveloped emotional regulation

skills, after the onset of their parental bereavement (which perpetuates their risk of developing complicated grief or a psychopathology), Individual or Group Psychotherapeutic options pertaining to strengthening one's capability to emotionally regulate is suggested as a suitable therapeutic intervention. In particularly, Distress Tolerance psychotherapeutic interventions are suggested to aid the development of the emotion regulatory skills in order to aid grief processing and distress management for individuals bereaved by parental death. This psychotherapeutic approach would also aim to help the bereaved in tolerating change which is in line with one of the key principles of counselling, which is to evoke change.

Conclusion

The present study has made a valuable contribution to the evidence base from existing studies on the experience of parental death in adolescences. The findings highlight the importance of therapeutic support to aid progression of the adolescents developmental period through to adulthood, aid the development of emotional regulation skills and engagement with the grief processes through parent-child therapy or psychotherapy focusing on distress tolerance and emotional regulation strategies. The importance early intervention and a developmental informed formulation are suggested.

***The references for this article can be seen in the Reference List in the accompanying thesis, on page 151.**

Appendix Q- Sample Transcript

Emotional numbness, lack of emotional affect, loneliness, on my own- loss of protection, CHANGE IN IDENTITY, lack of support.

R: Mmm. And would you like to share what you felt helped you to possibly cope at that time?

Art, drawing and learning about tattoo industry and artsy things and games. Distractions are the best thing for me and playing instruments.

I love playing a game and enjoying it and not thinking about crap, listening to my favourite music. I was in a shock and at the funeral I shed no tears and was laughing and joking with others. I was asking other people how they were to distract myself and it was weird *laughs, like I was more concerned with other people and getting an xbox was the best thing ever and I used to draw to distract myself.

Distractions, creative means, emotional numbness, humour-defence, denial? Repression/suppression, sublimination/avoidance?

R: It sounds like you felt quite numb when your mom died, as if you didn't know how to react?

P: Yeah, I felt no emotion and laughing at everything like hysterical it was so strange and then I would randomly burst out crying for no reason and with my dad I fell out of the church crying. Dads death was harder though as I had more unresolved issues with him and he was always in the pub and wouldn't hang out with me. Dad had more tears for me and he died in the hospital on his own and I felt he wasn't around for me but I wasn't there for him in the end and it was more difficult to deal with.

Bottling up emotions, feeling numb, lack of emotional affect emotions spilling out, difficulty regulating emotion, death dependent on relationship with deceased, complex grief. Guilt?

R: So, it sounds as though, they were two very different experiences then, losing your mother and losing your father?

P: Yeah dad broke my heart more as I had daddy issues. And he had throat cancer for years and the cancer went so far into his jaw, he could barely speak. He was an alcoholic and then got cancer so he was never really was there.

R: Mmm.

P: He could barely speak and we used to call him Darth Vadar *laughs. He stayed with our grandparents and was so dazed when he was ill. My older brother understood him more as he had more time with him. Gary had 9 years more experience to hang out more with him.

R: And how do you feel your relationship with Gary changed during that time and how you feel it might have been impacted as a result?

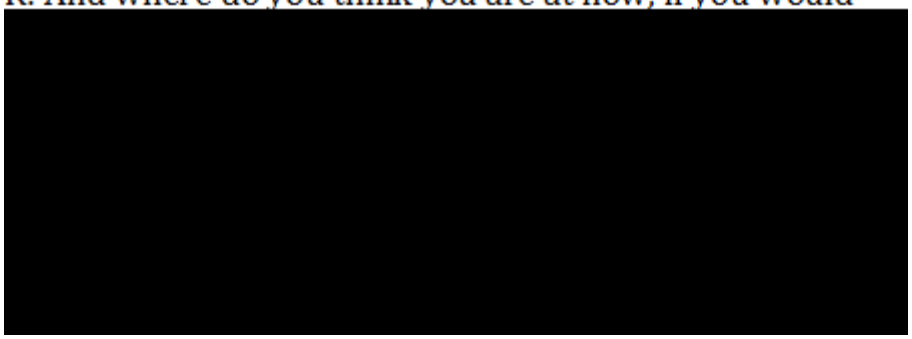
P: Mmm [...] We never got on before my mum died as we never lived together and he lived with my mums parents. We got really close when my mum died and have been closer ever since as we joke saying " there is no one else".

Change in sibling relationship, closer relationship , feeling alone?

R: Can I enquire if you had anyone to talk to at the time, as in did you receive any professional help ?

P: I had psychiatrists, psychologists from like aged 10-18 and some of them were shining but some were amateur and were going through the basic steps and I could guess what they would stay with me. The last one said "I think we are done", but my doctor is trying to put me back to them soon to assess how the last few years have been for me and see where I am at.

R: And where do you think you are at now, if you would



Change in perspective of family life, CHANGE IN IDENTITY, difficulty relating, self-awareness, openness,

Alcohol- coping mechanism, emotional instability , difficulty regulating emotions, humour-defence

R: So, it sounds as though you experienced really an array of mixed emotions then?

P: Yeah, I'm still figuring that out. My emotions are all over the place

Varying emotions, unstable emotions

Bottling emotions- defence and emotional outburst, difficulty managing emotions? Suppressing emotions-defence

R: If you feel comfortable to share, how does that feel to have to hold it in or feel like you have to ?

P: I know I don't have to, but my brain tells me to and I don't want to cry in random situations.

Trying to control emotional affect- suppressing- defence

R: And the help that you received, can I ask if you felt that was sufficient or do you think it could be been better or different in any way?

Growing up quickly- change in role. Not caring for health- irresponsible- displacement defence? Emotionally numb. Feeling like a child- role change. Humour-defence

P: It's hard to explain as one of them just pulled it out of me and I really appreciate the help but I think it would be better if they had something to help people in my position learn to adapt to living on their own and had access to that help, like more guidance and advice as all I did was draw pictures during that time. My therapist was great though and helped me get my emotions out and she managed to get it all out of me.

Practical support- responsibilities for new role , need for support and guidance, benefits of therapy – need to release emotions

P: And now looking back, how do you feel the grief progressed from the age of 16 to now, do you think?
R: I was still irresponsible like going out drinking at the weekends and didn't care about anything or anyone, but my uncle took guardianship after my mom died so I adapted to living with my uncle, but I felt as a child and had to grow up quickly and he was an issued man so I kicked him out when I was about 18 *sighs* and it left everything topsy turvy so there was like a spider web of crazy family members who left us and got crazy so it's just me and my cat now and I question myself asking like " should I be better than I am or worse" *laughs

Inner strength- need to gain independence

R: And when you mentioned going out drinking at the weekends, can I ask, what was the purpose of that for you?

Emotional suppression, displacement- defence. Anger.

R: And how do you feel like your personality and identity has changed?

P: I felt like I became more mature and not lazy how I was before when I used to not help my mom out, but I had to learn how to use a washing machine and stuff and I had to cop on and had to sort my life out and pay my bills. It was literally survival. I feel like it has changed but it's like my old identity with more knowledge, like I used to be anxious but I'm not now as I don't care about some things but sometimes I am so envious I am so jealous of others who haven't gone through this.

Focus on survival- "get on with things", anxiety, jealousy- envy. Change in role and maturity- need for independence. Self-awareness. Anxiety, envy of those who have not lost a parent. Personal growth.

R: It sounds like that was quite a learning experience then

P: yeah you see people rely on their parents and I hate seeing people belittle their parents and I get so angry thinking "respect your parents, you don't know how long they will be there". I was thrown in the deep end and you don't know what's going on. But when people say "I wouldn't know what to do if my mam went" but you don't choose, it happens and you just have to deal with it like your thrown in the deep end and you don't know what's going on.

Survival, inner strength, feeling of loss and confusion

Change in attitudes towards family life

R: Its dealing with the scariest thing that you can experience at that age, and you experienced that twice

P: yeah it was a double whammy, but I feel it's good to have gone through that and survive but I'm jealous that I don't have them around to go out with and enjoy their company. I feel thankful that others haven't gone through that but I feel jealous when they get on well with their parents but it's unfair to be jealous as they probably will go through that. I get so jealous sometimes. I still get complemented for dealing with it so well like going through so much s**t and being able to look after a cat. And my brother gets told the same that he went through so much s**t and got out the other end. I do feel like I'm doing fine.

Post traumatic growth, jealousy. Inner strength- survival mode

R: It really does sound like the focus was on survival

P: Yeah, you don't have anyone to tell you "no you can't do that". I was on my own but I could do things whatever I wanted like drink that bottle of rum my mom told me not to drink or go to bed without brushing your teeth or stay up until 3am playing tomb raider but I wish I had someone to tell me to be responsible and I wish I had that.

Loss of responsible figure-support and someone to take authority. Regression?

R: To share the responsibility I guess, instead of having to make all these decisions yourself?

P: Yeah, but I feel my brother provides that sometimes and offers me protection.

Sibling protection

R: How do you feel that your general outlook in life has been affected or influenced?

Feel behind. Survival. **Impact of loss on future life- Justification.** Conflict between adult responsibilities and wants.

Anger, anxious, fear of rejection, negative attitude, misunderstanding with those unaffected by parental bereavement, self-awareness of coping mechanism, importance of friends, difficulty with individuals who have not experienced the phenomenon.

Feeling misunderstood- impact on interpersonal relationships. Drunk- coping mechanism, displacement- defence.

Personal growth, self-awareness.

Importance of independence

Feeling misunderstood and not heard. Survival mode- fortunate- post traumatic growth

Feeling excluded, feeling different- misunderstood.

Jealously, feeling misunderstood, feeling different-outsider

Post traumatic growth-self awareness. sublimination-creativity. Anger

Anger, rebellion

Sublimination- anger release – coping mechanism. Emotional regulation

Self-expression- sublimination-creativity- coping mechanism. Individuality

Rebellion- free spirit. Being autonomous

Missing authority figure. Rebellion.

Jealousy, missing parental role

Art-sublimation.

Positive growth Self-awareness. Gain of independence and maturity, positivity.

silence

Appendix R- Literature Search, Inclusion and Quality Criteria

Table 1: PEO Framework

Population	Individuals whom experienced parental death from 12-19 years
Exposure	The experience of parental death from the age of 12-19 years.
Outcomes	Lived experiences, impact, overall psychological effects

Table 1.1: PEO Search Terms

Population	Adolescents, young people, Youth, Children, offspring
Exposure	Parental Death, Parental grief, Parental bereavement, Parental loss, early parental loss, early parental death, bereavement, grief, loss,
Outcome	Impact, outcome, effects, growth, experiences, lived experiences

Table 2: PICO Framework

Problem	Parental death in adolescence
Indicator	Experience of parental bereavement from the age of 12-19 years
Comparison	Individuals who have not experienced parental death in adolescence or individuals who have not experienced bereavement
Outcomes	Psychological Impact, outcome, Psychopathology,

Table 2.1: PICO Search Terms

Problem	Parental Death, Parental grief, Parental bereavement, Parental loss, early parental loss, early parental death, bereavement, grief, loss
Indicator	Adolescents, young people, Youth, Children, offspring
Comparison	Non-Bereaved, Non-Bereaved Peers, Non-Parental Bereaved, Parental Bereavement in Childhood, Parental Bereavement in Adulthood
Outcome	Impact, outcome, short term effects, long term effects, psychological impact, psychosocial impact, developmental impact, adjustment issues, outcome, risk issues

Table 3- Inclusion Criteria for Literature

Aim of the review	To provide an overview of the evidence that has addressed the psychological impact of parental death in adolescence and how it impacts the bereaved through adulthood.
Participants?	Adolescents or adults who have experienced parental death during adolescence (12-19 years).
Phenomena of interest?	Lived experiences, meanings, narratives, outcomes, themes relating to the overall impact and outcome from experiencing parental death during adolescence.
Where?	All contexts were included if they met the inclusion criteria, though research from westernized countries were only included.
Published date?	From 2009-2019
Study type?	All qualitative and quantitative methodological approaches, of which met the inclusion criteria and were peer reviewed.

Table 4- Exclusion Criteria for Literature

Aim of the review	Studies that do not directly relate to the impact of parental death in adolescence and how it impacts the bereaved through adulthood. Moreover, it excludes populations apart from those parentally bereaved during adolescence, unless adolescents are discussed separately within the broader population of 'Children' or 'Offspring'.
Participants?	Literature relating to the experiences of children prior to adolescence (under 12 years of age) and adults over the age of 19 when experienced parental death and literature that did differentiate between children and adolescence.
Phenomena of interest?	Papers met the exclusion criteria if they specifically focused on particular experiences or particular impact of parental death as opposed to overall experiences and/or impact, literature that focused on the experience of a specific mode of death or experiences based on the mode of death as opposed to the death itself, literature on parental loss as opposed to parental death along with literature on parental separation, or childhood adversities, as opposed to specifically from parental death. Studies specifically focused on the psychosocial effects of parental death in adolescence, as opposed to the overall experiences or psychological effects met the exclusion criteria, Papers were excluded if they focused on the impact of gender on parental death, or the impact that parental death has on the family, as opposed to the bereft adolescent. However, papers were not excluded if the specified phenomena of interest were embedded within a broader study pertaining to the overall impact of parental death in adolescence to adulthood. Literature met the exclusion criteria if it was heavily focused on the grieving process as opposed to the overall lived experience of the individual, that went beyond the impact of the experience of grief. Additionally, literature related specifically to the experience of growth post parental death in adolescence was excluded, if it did not relate to the overall impact of their experience of parental death in adolescence. Literature that did not differentiate the experiences of adolescents among broader studies of 'children', 'offspring' and explored 'early' parental death met the exclusion criteria if it did not differentiate the experiences of adolescents.
Where?	Although, literature was not excluded based on context of the study, if it met the inclusion criteria, sources outside of westernized countries were excluded.
Published date?	Sources predating 2009
Study type?	Studies types are not excluded if they adhere to the inclusion criteria of the study and were not peer reviewed.

Figure 2: Flow Chart of Search Strategy

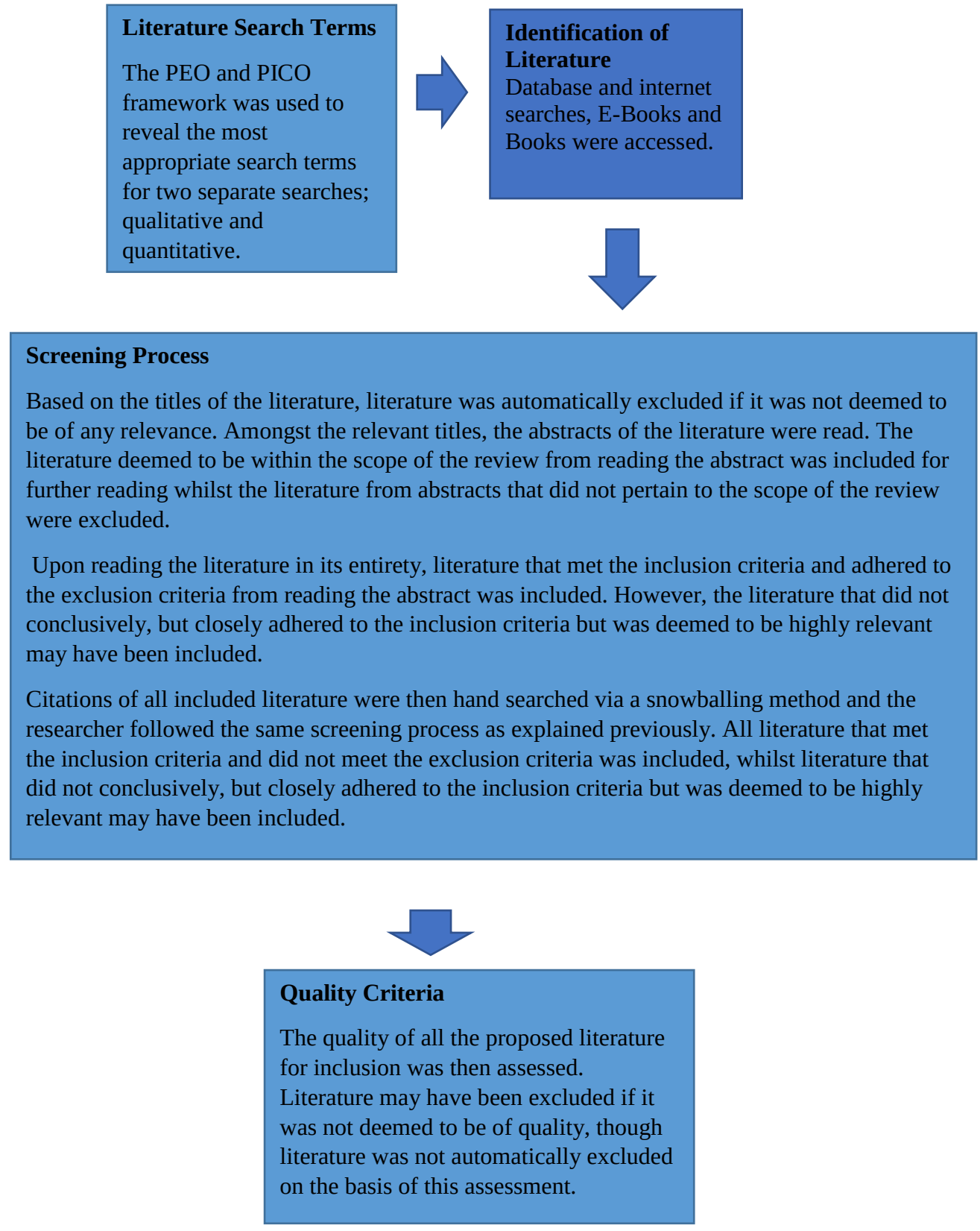


Table 5: Sample of the Key Papers adhering to the Inclusion and Exclusion Criteria

Author and Year	Title of Study	Country	Methodology	Participants	Peer Reviewed
Apelian, E. & Nesteruk, O. (2017)	Reflections of young adults on the loss of a parent in adolescence	USA	Phenomen-ological approach- Semi-Structured Interviews	Participants were young adults between the ages of 18 and 30. Participants had lost a parent after the age of eight and at least two years had passed since death.	Peer Reviewed
Keenan, A. (2014)	Parental loss in early adolescence and its subsequent impact on adolescent development	UK	Psychoanalytic and Grounded Theory methodologies; Case study	Two adolescents who had lost their mothers in very different circumstances	Peer Reviewed
Feigelman, W. Rosen, Z. Joiner, T. Silva, C & Mueller, A. (2017)	Examining longer-term effects of parental death in adolescents and young adults: Evidence from the National Longitudinal Survey of Adolescent to Adult Health	USA	Longitudinal; interviews and surveys	20,745 students (13-19 years) were interviewed for Wave 1 of the study. 15,000 participated for Wave 2 and 15,170 respondents (18-26 years) took part for wave 3. Surveys from 17,000 parents/guardians were collected at Wave 1 and 15,000 for wave 4.	Peer Reviewed
Nancee	Growing Up With Grief:	USA	Case Study	A parental bereaved boy and	Peer Reviewed

M. Biank & Allison Werner-lin (2011)	Revisiting The Death Of A Parent Over The Life Course			his family presenting across agency-based and private-practice work over the course of 14 years.	

Table 6: A sample of the key papers acquired through the snowballing approach

Author and Year	Name of Study	Country	Methodology	Participants	Peer Reviewed
Stikkelbroek, Y. Bodden, D. Reitz, E. Vollebergh, W. Barr, A. (2016)	Mental health of adolescents before and after the death of a parent or sibling	Netherlands	Prospective cohort study; Interviews and self-report questionnaires	2230 Dutch participants- bereaved adolescents and their parents/ guardians	Peer Reviewed
J L Luecken, M B Appelhans and C Enders (2009)	Emotional and cardiovascular sensitization to daily stress following childhood parental loss	USA	Questionnaires and Surveys	91 students (18–29), 57 women, 34 men, including 43 from bereaved families and 48 from non-bereaved families	Peer Reviewed
Laurie B Gray, Ronald A Weller, Mary Fristad and Elizabeth B Weller (2011)	Depression in children and adolescents two months after the death of a parent	USA	Interviews	325 children and adolescents bereaved of a parent approximately two months prior to the study.	Peer Reviewed
Linda J Luecken, L. J Danielle S Roubinov (2012)	Pathways to Lifespan Health Following Childhood Parental Death	USA	Theoretical Review Article	N/A	Peer Reviewed

Cafferky, J. Banbury, S. Athanasiadou-Lewis, C. (2018)	Reflecting on Parental Terminal Illness and Death During Adolescence: An Interpretative Phenomenological Analysis	UK	IPA	Six participants (5 female and 1 male) over 18 years of age who had a parent who received a formal diagnosis of a Terminal illness, when the participant was between 16-18 years.	Peer Reviewed
Bylund-Grenklo, T. Furst, J.C. Nyberg, T, Steineck, G & Kreicbergs, U. (2016)	Unresolved grief and its consequences: A nationwide follow-up of teenage loss of a parent to cancer 6-9 years earlier	Sweden	Longitudinal Interval Follow-Up Evaluation (LIFE) Patient Health Questionnaire (PHQ)	Bereaved children who had been bereaved from aged 13 to 16 whom had a parent that died from cancer 6 to 9 years earlier and whose other parent was alive.	Peer Reviewed

Table 7: Quality Assessment Tool for Qualitative Literature

Paper for Appraisal and Reference	Quality Assessment Question	Answer
Parental loss in early adolescence and its subsequent impact on adolescent **-Amanda Keenan (2014)**	Was there a clear statement of the aims of the research?	**Yes**
	Is a qualitative methodology appropriate?	**Yes**
	Was the research design appropriate to address the aims of the research?	**Yes**
	Was the recruitment strategy appropriate to the aims of the research?	**Yes**
	Was the data collected in a way that addressed the research issue?	**Yes**
	Has the relationship between researcher and participants been adequately considered?	**Yes**
	Have ethical issues been taken into consideration?	**Yes**
	Was the data analysis sufficiently rigorous?	**Yes**
	Is there a clear statement of findings?	**Yes**
	Is the research valuable?	**Yes**

Appendix S- Quality Assessment Tool for Quantitative Literature

A) Selection Bias

This was rated using the following two questions.

Q1- Are the individuals selected to participant in the study likely to be representative of the target population?

1 Very Likely ✓
2 Somewhat likely
3 Not likely
4 Can't Tell

Q2- What percentage of selected individuals agreed to participate?

1 80-100% agreement
2 60-79% agreement ✓
3 Less than 60% agreement
4 Not applicable
5 Can't tell

B) Study Design

The following study design was indicated

1 Randomized controlled trial
2 Controlled clinical trial
3 Cohort analytic [two groups pre+post]
4 Case-Control
5 Cohort [one group pre+ post (before and after)]
6 Interrupted time series
7 Other specify
8 Can't tell ✓

Was the study described as randomized? Yes/No? If NO, go to Component C

If Yes, was the method of randomization described?

If Yes, was the method appropriate? Yes/No

C) Confounders

Q1 - Were there important differences between groups prior to the intervention?

1 Yes
2 No
3 Can't tell
4 Not Applicable ✓

Q2- If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?

1 80- 100% (most)
2 60-79% (some)
3 Less than 60% (few or none)
4 Can't tell

D) Blinding

Q1- Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?

5 Yes ✓
6 No
7 Can't tell

Q2- Were the study participants aware of the research question?

1 Yes ✓
2 No
3 Can't tell

E) Data Collection Methods

Q1- Were data collection tools shown to be valid?

1 Yes ✓
1 No
2 Can't tell

Q2- Were data collection tools shown to be reliable?

1 Yes ✓

2 No

3 Can't tell

F) Withdrawals And Drop-Outs

Q1- Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group?

1 Yes
2 No
3 Can't tell
4 Not Applicable (i.e one-time surveys or interviews) ✓

Q2- Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).

1 80- 100%
2 60-79% ✓
3 Less than 60%
4 Can't tell
5 Not Applicable [i.e. Retrospective case-control]

G) Intervention Integrity

Q1- What percentage of participants received the allocated intervention or exposure of interest?

1 80- 100% ✓
2 60-79%
3 Less than 60%
4 Can't tell

Q2- Was the consistency of the intervention measured?

1 Yes
2 No
3 Can't tell ✓

Q3- Is it likely that subjects received an unintended intervention (contamination or co- intervention_ that may influence the results?

1 Yes
2 No ✓
3 Can't tell

H) Analyses

Q1- Indicate the unit of allocation.

Community Organization/Institution Practice/office Individual ✓

Q2- Indicate the unit of analysis.

Community Organization/Institution Practice/office Individual ✓

Q3- Are the statistical methods appropriate for the study design?

1 Yes ✓
2 No
3 Can't tell

Q4- Is the analysis performed by intervention allocation (i.e intention to treat) rather than the actual intervention received?

1 Yes
2 No
3 Can't tell ✓

Table 8- Quality Assessment Table

Title of Publication, Author and Year of Publication	**Unresolved grief and its consequences. A nation-wide follow-up of teenage loss of a parent to cancer 6-9 years earlier (Bylund-Grenklo et al., 2016)**
Selection Bias	**Q1- Very Likely** **Q2- 73%**
Study Design	**Q1- Cannot Tell**
Confounders	**Q1- Not Applicable**
Blinding	**Q1- Yes** **Q2-Yes**
Data Collection Methods	**Q1- Yes** **Q2- Yes**
Withdrawals And Dropouts	**Q1- Not Applicable** **Q2- 60-79%**
Intervention Integrity	**Q1-80-100%** **Q2-Cannot Tell** **Q3 -Yes**
Analyses	**Q1- Individual** **Q2- Individual** **Q3- Yes** **Q4- Cannot Tell**
Total Score	**Strong**