

The Legacy of Loss:  
The Early Death of a Parent and the 'Ever After' Impact in Young Adulthood  
From a Phenomenological Perspective

by

Diane Marie Mendonça Teixeira  
Bachelor of Arts, University of Victoria, 2008  
Bachelor of Business Administration, Okanagan University College, 2009

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**Supervisory Committee**

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Dr. Natalee Popadiuk, Department of Education Psychology and Leadership Studies  
**Supervisor**

Dr. E. Anne Marshall, Department of Education Psychology and Leadership Studies  
**Departmental Member**

## Abstract

### Supervisory Committee

Dr. Natalee Popadiuk, Department of Education Psychology and Leadership Studies  
**Supervisor**

Dr. E. Anne Marshall, Department of Education Psychology and Leadership Studies  
**Departmental Member**

Although there is a strong body of existing literature on early parental loss, the majority of research is devoted to examining the consequences of parental death in childhood. Less is known about the long-term impact of this early loss. In particular, there is a lack of understanding about what it is like to live with early parental loss in young adulthood. This hermeneutic phenomenological study addresses the question: *What is the young adult's experience of living with early parental loss?* An in-depth exploration into the lived meaning of early parental loss was conducted through open-ended interviews with 8 young men and women (20-30 years old) who lost a mother or father in childhood (between the ages of 9-18 years old). Interview data was coded and analyzed using van Manen's (2014) hermeneutic phenomenological method, including the process of guided existential inquiry. The fundamental existential themes of lived body, lived time, lived space, and lived other were used as a guide to thematic representation of data. Ten identified themes characterize the essential qualities of this phenomenon: (1) *The Grief Experience*, (2) *The Parentless Identity*, (3) *Body Awareness*, (4) *The Transition*, (5) *The Unexpected Visitor*, (6) *The New World*, (7) *The Empty Space*, (8) *Navigating Relationships in New Ways*, (9) *Continuing Bonds*, and (10) *The Relationship With Loss*. Through rich experiential descriptions, presented findings demonstrate that the early death of a parent has an 'ever after' impact and significantly influences many facets of

life in young adulthood. Implications for clinical practice and directions for future research are discussed.

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To my dear family and friends – thank you for the love and support that kept me going.

## **Dedication**

To my mother and father

## Preface

Lion

I was steel, I was cold, I was confused, I was 13.

You were sick.

I was ignorant, I was misguided.

I was not ready, and neither were you.

But your smile deceived me.

Like a nurse smiles at a child,

And betrays them with a needle.

Medicine. That is love.

You gave me medicine,

But I was not sick. Or so I thought.

I turned away from you, betrayed you.

My spoonful of sugar was afraid of you.

I turned my back, closed my eyes,

My heart went black, I never cried.

You thought I was too young

To know how long you had, but the time you had

Was not enough for me to grow up.

I was keen for science.

I believed in God, and so did you.

Medicine and faith, you would be safe.

Your love of life made you seem immortal.

But you were not. A fact so repressed,

I soon forgot the lesson of love you always taught.

And now, all I can remember is being alone in a crowded room, the walls,  
Going in to say goodbye, not knowing what to say,  
Not knowing if it was heard, and never hearing it myself.

October 6th, at 4:00 PM, the exact words:

"Your Dad is dead."

I turned away from you, betrayed you,  
My spoonful of sugar was afraid of you.  
I turned my back, closed my eyes,  
My heart went black, I never cried.

A house of mirrors in my mind,

I remember the words and the time,

But I do not remember you.

I see myself, and I stare back.

Metal and glass, pierce and attack

My last fraction intact. I hate this place,

I put two hands on a sledgehammer,

Crash and shatter the image that haunts me,

It is not your ghost that taunts me.

I swing again, the mirrors scream at my tyranny.

Swing. Crash. Swing. Crash.

They're mocking me.

I look down and all I see

Are a thousand more eyes looking up at me.

I turned my back, closed my eyes,

And I see you now,

And I feel the need to apologize.

But I know you would not accept it.

I was steel, I was cold, I was confused, I was 13.

You were sick.

I was ignorant, I was misguided.

I was not ready, and neither were you.

But your smile deceived me.

— Cameron (written at 19 years old)

(Poem submitted by participant)

## Chapter 1: Introduction

*Childhood is the kingdom where nobody dies.*

*Nobody that matters, that is. Distant relatives of course  
Die, whom one never has seen or has seen for an hour,  
And they gave one candy in a pink-and-green striped bag, or a jack-knife,  
And went away, and cannot really be said to have lived at all.*

*And cats die. They lie on the floor and lash their tails,  
And their reticent fur is suddenly all in motion  
With fleas that one never knew were there,  
Polished and brown, knowing all there is to know,  
Trekking off into the living world.  
You fetch a shoe-box, but it's much too small, because she won't curl up now:  
So you find a bigger box, and bury her in the yard, and weep.*

*But you do not wake up a month from then, two months  
A year from then, two years, in the middle of the night  
And weep, with your knuckles in your mouth, and say Oh, God! Oh, God!  
Childhood is the kingdom where nobody dies that matters,  
—mothers and fathers don't die.*

(Millay, 1937, pp. 1151-1152)

Children across the world rate the loss of a parent as the most stressful life event that can happen in childhood (Yamamoto et al., 1996). And yet, 2.5 million U.S. children under the age of 18 years old watch their greatest fear come to life: losing a mother or father to death (Social Security Administration, 2000). In Britain, 5% of children experience parental bereavement before their 16<sup>th</sup> birthday (Parsons, 2011). Our perceptions of childhood are often void of such dark tragedy. The poem opening this chapter captures our tendency to engage in magical thinking when describing childhood: a fantastical world shielded from such profound loss. For most, the greatest losses in life are indeed spared in childhood. For others, childhood is forever marked by two distinct periods: the time before and after a parent died.

### Phenomenon of Interest

Considerable attention has been given to the study of early parental death and the impact of this loss in childhood, although findings have produced mixed results. Numerous empirical

studies link early parental death to many negative consequences, including an increased risk for mental health problems, such as depression (Brent, Melhem, Donohoe, & Walker, 2009; Cerel, Fristad, Verducci, Weller, & Weller, 2006), anxiety (Abdelnoor & Hollins, 2004), and suicidality (Jakobsen & Christiansen, 2010). In contrast, a smaller body of work demonstrates that children have the capacity to display resilience in the face of parental loss (Lin, Sandler, Ayers, Wolchik, & Luecken, 2004), and may even report personal growth after the early death of a parent (Christ, 2010). While it is true that many parentally bereaved children do not go on to acquire mental health problems (Luecken, 2008), there is a general consensus that the premature death of a parent is a highly stressful event that has a profound influence on the life of a child.

Less is known about the impact of this loss once a child matures into an adult. Though the early death of a parent has long been linked to both mental and physical consequences in adulthood, including depression (Agid et al., 1999; Bifulco, Brown & Harris, 1987; Mack, 2001; Maier & Lachman, 2000) and stress-related physical illness (Luecken & Lemery, 2004), such as high blood pressure (Luecken, 1998) and an increased risk for certain types of cancer (Jacobs & Bovasso, 2000; Kennedy et al., 2014), only recently have researchers begun to seek a more nuanced understanding into the long-term impact of early parental loss. For example, a few recent studies explored the long-term influence of early parental loss on other aspects of adult well-being, such as self-identity (Koblenz, 2016, Schultz, 2007), relationships (Pearce, 2011), and spirituality (Schultz, 2007). There is a continued need to learn more about the consequences of early parental death in adulthood (Christ, 2010; Luecken, 2008), including the impact of early parental loss on certain stages in adult life, such as early adulthood.

Young adulthood is a critical turning point in life: a time coloured by instability, transition, exploration, and identity formation (Arnett, 2006). It is during this period that the

parentally bereaved child begins to navigate in an adult world without a mother or father. It could be argued that the absence of a parent is felt most acutely as a young adult than any other stage in adult life. This is when the child first begins to see their loss with adult eyes and continues to be strikingly set apart from nearly all of their peers. It is surprising then that young adults are a fairly ‘silent’ population among the literature—most of what is known about the long-term impact of early parental loss is based upon research garnered from adults across diverse age ranges. Very little research was found that pertained specifically to early adulthood and only a handful of these studies were qualitative—just one adopted a phenomenological view (Schultz, 2007). Consequently, this present study intends to give further voice to young adults who lost a parent in childhood.

### **Purpose of the Study**

The goal of this study is to explore what it means to live with early parental loss as a young adult. Because little is known about the distinct impact of childhood parental death in early adulthood, a qualitative methodology was most suitable for this research (Creswell, 2013). Given that the existing literature fails to adequately describe the *experience* and *meaning* of this lived experience, I specifically adopted a phenomenological research design. This particular methodology lends itself well to an in-depth exploration of the phenomenon at hand: the early death of a parent and the long-term impact in young adulthood.

As a phenomenologist, I am interested in learning directly from young adults that grieved the death of a parent in childhood, in an attempt to intimately understand what it might be like to *live with* this childhood loss as a young adult. The research question steering this phenomenological inquiry is this: **What is the lived meaning of early parental loss for the young adult?** *Lived meaning* refers to “the way that a person experiences and understands his or

her world as real and meaningful. Lived meanings describe those aspects of a situation as experienced by the person in it” (van Manen, 1997, p. 183). This central research question can be expressed differently in this way: **What is the young adult’s experience of living with early parental loss?** Thus, the focus of this study is to discover the *meaning* and *experience* of this phenomenon by eliciting *what it is like* to live with early parental loss in young adulthood. In the stories of the eight young women and men that follow, special attention is paid to the influence of early parental loss across four experiential domains (lifeworld existentials) that are tied to any given human experience: *lived body* (corporeality), *lived time* (temporality), *lived space* (spatiality), and *lived other* (relationality).

### **Key Terms**

The terms *bereavement*, *grief*, and *loss* are key concepts referenced in the field of bereavement research. Given the lack of consistency in the meanings of these terms among researchers, it is important to clarify the definitions applied to this study. Commonly defined among theorists, *bereavement* refers to the loss of a significant person through death *and* the subsequent adaptation to this loss (Stroebe, Hansson, Stroebe, & Schut, 2001). The child’s long-term adjustment to early parental death is of particular interest to this study.

*Grief* has been a much more contentious construct to define among theorists. The word *grief* originates from the Latin word, *gravis*, meaning ‘heavy’ (Hooyman & Kramer, 2006), lending significance to the notion that one is ‘burdened’ with grief. Broadly speaking, grief has been defined in one of two ways. Some theorists, such as Bowlby (1960), describe grief as a series of subjective states, while others prefer to perceive grief as an organic and gradual process, as portrayed in Rando’s (1984) definition:

Grief is (a) manifested in each of the psychological, social, and somatic realms; (b) a *continuing development* involving many changes; (c) a *natural*, expectable reaction (in

fact, the absence of it is abnormal in most cases); (d) the reaction to the experience of many kinds of loss, not necessarily death alone; and (e) based upon the unique, *individualistic perception* of loss by the griever (p. 15).

This latter definition was adopted for the study because of the emphasis given to conceptualizing grief as a natural and idiosyncratic process that evolves over time.

*Loss* is typically described as the deprivation of a tangible (physical) or symbolic (psychosocial) entity, due to either the loss of someone or something (Rando, 1993). The most apparent example of physical loss is the death of a loved one, while a symbolic loss refers to a psychosocial loss (e.g., attaining a divorce or acquiring a terminal illness) (Rando, 1984). Additional consequent losses often arise from an initial loss and are known as physical or psychosocial *secondary losses* (Rando, 1993). Early parental death typically results in many physical or psychosocial secondary losses for the child. Within the context of this study, I am specifically interested in the physical loss of a parent *and* any associated secondary losses.

### **Conceptual Framework**

Two major theoretical constructs informed my approach to this phenomenological inquiry: constructivism and social constructionism. Constructivism is a philosophical perspective founded on the view that individuals construct their own reality (Williamson, 2006). This approach rejects the existence of an objective reality and theorizes that individuals create their own reality by interpreting and making sense of the world (Creswell, 2014). From this viewpoint, many distinct versions of reality exist because people are continuously and subjectively interpreting their lived experiences (Williamson, 2006). There is no absolute truth to be discovered because knowledge is personally *constructed* by making meaning from human experience. Thus, constructivists believe that people are inherently drawn to make sense of significant life events, such as the early death of a parent. This concept is further reviewed in

Chapter 2 when I discuss post-modern theoretical models that adopt a constructivist view of grief.

Closely connected to constructivism, is the theoretical concept of social constructionism. This theoretical approach posits that we construct our own truth and reality *in relationship* with others and within a larger social context (Gergen, 2015). This is because we make sense of the world and the events that transpire in our life *through* our social processes with others (Gergen, 2015). For example, those living with early parental loss might make meaning from their experience by discussing this loss with others. In this way, subjective meaning is socially constructed through relational interactions with other individuals, such as family members. This social constructionist view challenges the positivist approach to research that is founded upon the pursuit of objective knowledge (Gergen, 2015). Social constructionists propose that invaluable knowledge can be garnered through the study of subjective human experience, such as hermeneutic phenomenological inquiry:

Phenomenology, or the study of personal experience, has a rich and sophisticated tradition, but has been almost lost from view. The centuries old tradition of *hermeneutic* study, or the art and science of interpretation, was equally suppressed. Constructionists invite new attention to these valuable perspectives (Gergen, 2015, p. 78).

It is this very spirit that influences the focus of my inquiry: to investigate the phenomenological world of early parental loss in the hopes of eliciting a nuanced understanding of this human experience.

### **Researcher Experience**

It is important to acknowledge that both my personal and professional background influences my way of being as a phenomenologist. To be clear, I never imagined that I would be studying the lived meaning of early parental loss. In truth, this research opportunity came across my graduate student desk in somewhat of a serendipitous way. Despite my initial reluctance, I

was instinctively drawn to explore this phenomenon in a deeply meaningful manner.

Undoubtedly, the nature of this pull stemmed from my own personal loss in the kingdom of childhood: the death of my father at 16 years old. As I began to contemplate on the ‘ever after’ impact of this loss in my own adult life, I became curious about what it might be like for others who experienced a similar fate. What is it like to understand this childhood loss with adult eyes? How does the early death of a parent colour a young adult’s way of being in the world? In other words, what is it like for a young adult to live with the ‘legacy’ of early parental loss? During the embryonic stage of this study, my own experience with this phenomenon was already playing a part in the construction of such preliminary research questions.

In truth, my early loss has played a hand in my approach to each phase of this research. My enhanced sensitivity towards those who experience significant loss early in life was called upon during my conversations with participants. My belief that early parental loss is a highly personal experience motivated me to reverently interpret each story with an eye to both the collective and distinctive qualities of this lived experience. Even as I write today, I am careful about how I construct this discussion of early parental loss and am particularly mindful of my use of language, including the terminology that I adopt as a researcher. For example, I deliberately chose to omit terms like *survivor* and *victim* to describe the parentally bereaved young adult because I believe these terms carry a negative connotation and fail to accurately depict this bereaved population.

I also hold personal assumptions around how meaning is made from human experience. An existentialist at heart, I believe that humans are innately motivated and driven to search for meaning in life. Perhaps this stems from my own childhood loss that gifted me with an acute sense of the delicacy of life, best understood as a keen existential awareness that shapes my path

in life. For example, several years ago, I left a financially secure and stable business career to search for a meaningful profession in the helping field. More recently, my graduate school application was simply entitled, *My Pursuit of Meaning*. Today, as a therapist, I seek solace in helping others to find personal meaning in the face of adversity. For instance, I recently engaged in a therapeutic relationship with a young woman that continued to painfully grieve the loss of her father who died when she was a teenager. Much of our time together was focused on constructing meaning from the death of her ‘Daddy’ that happened so many years ago. Perhaps it comes as no surprise that I am naturally drawn to research how others make meaning from significant life events.

In closing, it is important to be transparent about my motivation to conduct this research. The crux of this study is founded on an assumption that parallels my own personal belief: the early death of a parent has an ‘ever after’ impact that extends well beyond childhood. This is why I was disheartened to find that the scholarly literature told an unfinished story about early parental loss—particularly with respect to what it means to carry this profound loss into early adulthood. Thus, my reason for embarking on this study is threefold. First, as a parentally bereaved young adult, my personal experience naturally propels me to address what is missing in the literature: the voices of young adults living with early parental loss. My intent is to enrich our understanding of this phenomenon by investigating the experiential qualities of this lived experience through the personal stories of young men and women. Second, as a mental health practitioner, I am invested in learning about how to best support this uniquely bereaved population. Lastly, as a phenomenologist, I hope to address the evident gap in knowledge around what it means to live with childhood parental loss in early adulthood.

## **Thesis Overview**

To capture each phase of this research, I structured this thesis into five chapters. This first chapter introduces the phenomenon of interest and clarifies the rationale for this study. In the next chapter, I provide a review of the pertinent literature, including an overview of relevant grief theory and a critique of previous research. My process of inquiry is made explicit in Chapter three, where methodological details pertaining to research design, participant selection, data collection, and data analysis are all reviewed. Findings are presented in Chapter four, and the thesis concludes with a discussion of findings in Chapter 5. The appendices include all relevant supporting documents, such as informed consent forms and interview protocols.

## Chapter 2: Review of Relevant Literature

*When a parent dies, it signifies the end of a primary attachment bond and therefore, the loss of one of the most important relationships in our lives.... More crucial, perhaps, is the time of life at which death occurs. That is, we certainly don't anticipate that our parents will die before they have reached a ripe old age or while we are still young.... We must be sensitive to the dimensions of role and life stage and to issues related to the disruption occasioned by a death 'out of time.'*

(Becvar, 2001, pp. 14-15)

Prior to a discussion on the inner workings of this study in Chapter 3, it is important to bring further context to this research by examining what is presently known about the death of a parent when it occurs 'out of time.' In this chapter, I present an overview of the relevant theoretical perspectives on grief and loss, introduce the theoretical framework of this study, and critique the pertinent literature on early parental death. Given the scarcity of research specifically pertaining to young adults, as a way to begin to piece together what is known about this phenomenon, I review scholarly research conducted with children and adults of all ages. I conclude this chapter by situating the present study within the context of the existing literature.

### **Theoretical Perspectives of Grief**

Three dominant theoretical perspectives are evident in the literature: *traditional* grief models (i.e., psychoanalytic and attachment grief theory); *phase, stage, and task* grief models; and lastly, *post-modern* grief models. In this section, I orient the reader to each perspective and provide a more elaborate description of the theoretical approach most relevant to the present study.

Some traditional grief perspectives have endured in spite of more advanced understandings of grief, including Freud and Bowlby's initial work. A major premise of these early theories is that grief must be fully resolved to achieve a healthy adaptation from loss. In the early 1900's, Freud's psychoanalytic model became the first grief theory that reflected this

viewpoint and his pioneering work significantly influenced future advancements in the field (Hooyman & Kramer, 2006). Freud's theory depicts grief as a painful psychological process wherein the fundamental task is to separate from the deceased by detaching from any negative thoughts or feelings associated with the loss (Archer, 2008). Coined by Freud as *grief work*, psychological wounds caused by the loss are healed by releasing any attachment to the deceased and actively confronting or expressing grief-related emotions as a way to 'move on' and invest in new relationships (Archer, 2008; Hooyman & Kramer, 2006). According to Freud, an inability to conclude residual grief work (e.g., living with prolonged grief), places the bereaved person at risk of a mental or physical illness (Leick & Davidsen-Neilsen, 1996). In many ways, this psychoanalytic perspective set the stage for future theorists to characterize grief from a pre-existing set of universal assumptions that portray grief to be a *distressful* life event that requires active *grief work*, including a need to *relinquish the relationship* to the deceased, in order to make a full recovery from loss—deviation from this path is a likely indication of pathology.

Bowlby's (1980) classic work in attachment theory advanced much of Freud's preliminary work on grief. Similar to Freud, Bowlby (1980) believed that severing bonds with the deceased is critical, although he proposed that the *quality* of the lost attachment bond influences the reactionary grief response, such as the intensity and duration of grief emotions (Hooyman & Kramer, 2006). Bowlby also elaborated the concept of grief work, hypothesizing that those undergoing such work move through a series of phases in response to loss: *numbing* - the immediate grief reaction, lasting up to a week after the initial loss; *yearning and searching* - characterized by anger, longing, and coming to terms with the reality of the loss, lasting up to a year; *disorganization and despair* - a period when the reality of the loss is fully realized, resulting in overwhelming despair and depressive-like symptoms; and finally, *re-organization* -

the gradual adjustment to a new way of life without the deceased (Freeman, 2005). According to Bowlby, this process is influenced by the nature of the lost relationship and the bereaved person is expected to move within and across these various stages before coming to an eventual resolution (Freeman, 2005). Though Bowlby's work was heavily influenced by his own psychoanalytic training, including sharing Freud's view that grief work was essential to avoid pathological outcomes, his conceptualization of grief as a series of stages was ground-breaking and revolutionized future theoretical perspectives.

Over the past half-century, viewing grief as a progression of states has largely dominated the popular way of thinking, both among theorists and grief professionals alike (Weiss, 2008). These include phase, task, and stage-based models, such as Kübler-Ross' *five stages of grief* model (Kübler-Ross & Kessler, 2005) and Worden's *tasks of mourning* model, comprised of four critical grief tasks to be resolved after significant loss (Worden, 2009). Even today, grief continues to be widely thought of as a series of grief-related emotions that leads to an eventual recovery and return to the pre-loss state. Over the past few decades, a burgeoning debate has called into question the very nature of this popularized theoretical view, while bereavement scholars challenge the idea that grief is best understood as a series of affective phases that ultimately concludes in recovery.

Mounting empirical research now supports the view that grief is better portrayed as a cyclical process that is revisited over time, as opposed to a series of fixed tasks or stages (Rando, 1988, 1993; Silverman, 2000; Worden, 2009). For example, Wortman, Silver, & Kessler's (1993) longitudinal study revealed that stage models fail to represent the diverse range of grief-related emotions and the evident variability of grief symptoms among grievers, in both severity and duration. More importantly, no evidence was found to support the idea that grief is

sequentially experienced across a series of stages (Wortman, Silver, & Kessler, 1993). Other empirical research fails to support the claim that there is an actual point of recovery after significant loss (Neimeyer, 2001). Even the idea that there is a ‘normal’ path to recovery has been brought into question, as research demonstrates that prolonged periods of grieving are *not* necessarily indicative of pathological grief, indicating that some continue to grieve the loss of a loved one many years after the death itself (Wortman & Silver, 2001). Such advancements in knowledge has given rise to a growing consensus that grief is no longer best seen as a sequential process in which the bereaved individual ‘gets over’ significant loss and returns to a previous level of functioning (Silverman & Klass, 1996; Wortman & Silver, 2001).

In addition to a lack of concrete evidence supporting stage-based grief models, both traditional and stage-based grief models are critiqued for focusing too heavily on grief symptomatology, especially given the adverse impact that this restricted view can pose on both clinical and research practice. In cases where symptoms diverge from a prescribed cultural norm, an emphasis on grief symptomatology may lead to an over-diagnosis of pathological grief (Stroebe, Hansson, Stroebe, & Schut, 2001). Categorizing grief as a mental health issue is particularly problematic in light of the fact that most grievers do not require professional support to manage grief symptoms (Stroebe et al., 2001). From a research standpoint, a heightened attention on grief symptomatology means that we now know much more about the affective features of grief in comparison to other elements of the grief experience, such as the impact on interpersonal relationships and personal development (Stroebe et al., 2001). For example, what does it mean to live with grief over time? How does a person make sense of the loss of a loved one, if at all? In an attempt to unravel the intricate layers of this multi-faceted human experience, contemporary theorists are beginning to tease apart the answers to such questions

through new understandings of grief.

Over the past 20 years, a ‘new wave’ of grief theory has given rise to a third perspective: post-modern models that adopt a constructivist view of grief (Neimeyer, 2001). Diverging from earlier theories, this post-modern approach challenges several earlier assumptions. First, rather than perceiving grief as a time to sever bonds, constructivists propose that continuing a bond with the deceased can be a natural and adaptive response to significant loss (Silverman & Klass, 1996; Neimeyer, 2001; Neimeyer & Harris, 2011; Walter, 2003). Second, by rejecting the tradition of a universal and predictable grief pathway, the post-modern approach hypothesizes that grief is a personalized experience influenced by various contextual factors, such as the family system or the type of loss (Neimeyer, 2001). Third, this contemporary view normalizes diverse grief pathways and perceives grief to be a continuous process, with no clear beginning or ending. Although the intensity of grief symptoms is likely to decrease over time, this may not necessarily mean that the bereaved person will return to their pre-loss state after significant loss (Walter, 2003; Wortman & Silver, 2001). Fourth, this post-modern perspective brings attention to grief topics not yet fully explored in the scholarly literature, such as the consequences of loss that go beyond grief symptomatology, including the influence of loss on self-identity or personal growth (Neimeyer, 2001).

The post-modern approach also diverges from previous theoretical grief perspectives because it is grounded in constructivist and social constructionist principles. This contemporary view endorses the idea that a bereaved individual constructs their own subjective reality by interpreting and making sense of their personal experiences in the world, often within a relational context. Viewed in this light, the primary purpose of grief is to engage in a process of *meaning reconstruction*: to make sense of a life worth living without the deceased person (Neimeyer,

2001). Central to this grief process is a *crisis of meaning*, where the bereaved person is confronted with the need to not only ‘re-build’ a new reality, but also to construct an altered sense of self, by re-evaluating personal beliefs and assumptions about the world (Davis, 2001; Neimeyer, 2000; Neimeyer, 2001). This approach theorizes that significant loss results in a personal crisis: the need to make sense of a life without their loved one and to reconstruct a world that again has meaning—despite the realization that life will never return to what it was before the loss (Attig, 2001, Walter, 2003). Making meaning from significant loss is highly personal and the bereaved person may find various ways to integrate this loss into their world, including re-negotiating existing and new relationships, or continuing a bond with the deceased. According to this post-modern view, those who actively engage in meaning reconstruction adapt more quickly from loss when compared to those who are unable to resolve this crisis of meaning (Neimeyer, 2010; Walter, 2003).

Although the post-modern approach is a revolutionary development in the field of grief theory, this perspective has been critiqued for various reasons. Some researchers continue to conceptualize grief through stage-based models that offer a more concrete and prescriptive path to recovery from loss (Weiss, 2008). The theoretical construct of *meaning-making* has also been difficult to define amongst scholars and the ambiguous nature of this concept continues to be brought into question (Stroebe, Hansson, Schut, & Stroebe, 2008). Furthermore, this post-modern theoretical lens can be particularly difficult to adopt for those who reject a constructivist or social constructionist view of the world. Further research is needed to empirically support such a relatively novel and divergent theoretical approach. Despite the above critiques, the post-modern perspective has opened the door to exploring what it means to live with grief and loss in new ways, bringing new understandings to the complex construct of grief.

**Theoretical framework of the study.** The post-modern approach serves as the theoretical framework to this study. This grief model not only compliments my philosophical assumptions of the world, but also fits well with a phenomenological inquiry into the lasting impact of early parental death. The constructivist idea of grief as a continuous process accounts for the notion that those who lose a parent as a child may continue to live with aspects of grief many years after the death itself. The view that grief is an individualized experience lends support to an in-depth investigation into the subjective experiences of young adults. An emphasis into the role of meaning-making offers itself well to the phenomenological study of what it means to live with early parental loss over time. From a professional stance, this post-modern view aligns with the health-based perspective of counselling psychology that normalizes diverse grief pathways. Finally, this theoretical perspective highlights the need to learn more about consequences arising from significant loss and is particularly suitable to this research topic. In addition to this theoretical framework, the existing literature on early parental loss (EPL) has also shaped my approach to this thesis work.

### **Literature on Early Parental Loss**

The bulk of research on the impact of early parental death fall into two distinct areas of study: the short-term consequences in childhood or the long-term consequences in adulthood. In both groups, research has largely focused on the consequences related to *well-being* or the *influencing factors* associated with adjustment to parental loss. To bring critical context to the phenomenon in question, I begin this section with a brief overview of several scholars' work pertaining to the grief experience in childhood, and follow with a review of the scholarly research on the impact of early parental death for both children and adults, including a brief summary of relevant contemporary literature. As will soon become apparent, there is a paucity

of research devoted to young adults, and within this group, only a small fraction has qualitatively examined the lived experience of early parental loss.

**Parental loss in childhood.** There are several reasons that children experience parental loss differently than adults. First, children are often ill-equipped to face significant loss because they naturally lack experience in coping with grief (Di Ciacco, 2008). Second, unlike adults, children are dependent upon parental support; the death of a parent also means the death of a caregiver in childhood. This is why early parental death is seen as a significant life event that triggers many consequent stressors, such as economic hardship or a significant decrease in the quality of parenting (Wolchik, Ma, Tein, Sandler, & Ayers, 2008). Third, the developmental stage influences the nature of the grief experience (Howarth, 2011). For example, theorists suggest that many children are unable to tolerate extended periods of emotional pain and have a remarkable ability to ‘dose’ their grief, oscillating between grieving and engaging in routine behaviours (Hooyman & Kramer, 2006; O’Toole & Cory, 1998). Developmentally speaking, children also face cognitive limitations that differ based on age and other factors. Furthermore, children may lack a language of loss, meaning that they have a difficult time naming or describing grief-related emotions, often leading to the behavioural manifestation of grief symptoms (O’Toole & Cory, 1998). Lastly, children are especially prone to guilt and tend to find ways to blame themselves after a significant loss (O’Toole & Cory, 1998). While there are several distinct aspects to childhood grief, there are also many ways that grief is experienced similarly for both children and adults.

Similar to adults, childhood grief is often conceptualized as a process that occurs over a series of stages or tasks. Worden’s (1996, 2009) *Four Tasks of Mourning* model applies to both adults and children alike, though the version for children accounts for the cognitive, emotional,

and social development of the grieving child. This adapted model highlights the developmental considerations associated with childhood grief and is briefly reviewed here for this reason.

Task 1 - *Accept reality of loss*. Similar to adults, children must first come to terms with the finality of death before they can process the emotional impact of the loss. This task is only met when the child is able to cognitively grasp the irreversibility and permanence of death—a skill that typically develops by 5 years of age. Task 2: *Process the pain of grief*. Although grief emotions are similar to that of adults, grieving is perceived to be a more gradual process in childhood: “Children need to approach this task gradually and in ways that do not overwhelm their coping capacity, which is generally less well-developed than that of adults” (Worden, 1996, p. 14). If unresolved, this task can lead to the manifestation of somatic or behavioural symptoms. Task 3: *Adjust to a world without deceased*. Like adults, children are faced with the need to adjust to life without their loved one and must adapt to any secondary losses. According to Worden (1996), this task is a particularly continuous process for children. As a child matures, they develop new understandings of all that was lost when their parent died: “Mourning for a childhood loss can be revived at many points in life, especially when important life events re-activate the loss” (Worden, 1996, p. 15). For example, once the child develops into an adult they may perceive their loss differently than they had as a child. Task 4: *Find an enduring connection with deceased*. The goal in this final task is to *continue* a relationship with the deceased that evolves as the child matures over time. Worden’s (1996) *tasks of mourning* model points to several key features of the grief experience in childhood: grief is a *gradual* process that is *revived* at many points in time and is seen as an *on-going* experience that evolves over the course of a lifetime. With this in mind, I now take a closer look at how early parental loss (EPL) is experienced over time.

***Impact of EPL in childhood.*** In this section, I discuss how the early death of a mother or father can impact the parentally bereaved child. I begin with a brief overview of the quantitative work pertaining to the consequences of early parental loss on child well-being and the influencing factors associated with adaptation in childhood. I follow with a closer examination into the qualitative investigation of parentally bereaved children, as this work is particularly relevant to the present study.

The majority of what is known about parentally bereaved children stems from a significant body of quantitative research critiqued for its focus on the adverse consequences of early parental death (Epler, 2008). For instance, a considerable body of literature contends that early parental loss is indeed an intense crisis in the life of a child that places the child at increased risk for a plethora of behavioural and psychological problems, including substance abuse (Brent et al., 2009), criminal behaviours (Wilcox et al., 2010), poor school performance (Abdelnoor & Hollins, 2004), and mental health problems, such as anxiety, depression, and suicidality (Abdelnoor & Hollins, 2004; Brent et al., 2009; Cerel et al., 2006; Dowdney et al., 1999; Gray, Weller, Fristad, & Weller, 2011; Harrison & Harrington, 2001; Jakobsen & Christiansen, 2010; Schoenfelder, Sandler, Wolchik, & MacKinnon, 2010; Servaty & Hayslip, 2001). And yet, according to some researchers, not all parentally bereaved children are destined for such unfavourable outcomes: only 1 in 5 parentally bereaved children go on to develop a psychological disorder that requires treatment and *most* children (80%) adjust from parental loss after a year or two (Dowdney, 2000; Dowdney, 2008; Worden, 2009). To make sense of such diverse outcomes, a growing area of research is devoted to understanding what might help or hinder child adjustment when a parent dies young.

Overall, four primary factors influence adaptation to parental death in childhood: the *quality of parenting*, the degree of *secondary losses*, the *child's personal characteristics*, and the *perceived impact* of this loss. Without question, the most powerful influence on a child's adjustment to loss is parental support; overwhelming empirical evidence points to the fact that the surviving parent plays the most critical role in a child's adaptation to parental loss. Higher levels of parental warmth and discipline (Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Lin et al., 2004) and lower levels of parental mental health problems, such as psychological distress and depression, are associated with lower levels of mental health problems in childhood (Langrock, Compas, Keller, Merchant, & Copeland, 2002; Lin et al., 2004). Secondary losses are another important factor to take into consideration; the more secondary life stressors (e.g. financial hardship, geographical relocation, separation of family members), the greater the risk of mental health problems (Thompson, Kaslow, Price, Williams, & Kingree, 1998). Personal characteristics are also part of the equation: higher levels of self-efficacy and self-esteem were consistently linked to healthier adjustment levels after parental loss (Haine, Ayers, Sandler, Wolchik, & Weyer, 2003); Lin et al., 2004; Wolchik, Tein, Sandler, & Ayers, 2006). It is important to note that a child's *perception* of parental loss impacts how they adjust over time. Harrison & Harrington's (2001) work with bereaved adolescents, including 31 youth (11-16 years old) who lost a parent, concluded that children who perceived to be significantly impacted by parental death reported much more adjustment challenges, including higher rates of depressive symptoms.

However, the above quantitative findings must be interpreted with caution for several reasons. Many of these studies are based on clinical populations that fail to provide a representative sample of parentally bereaved children. Also, the majority of this research

investigated parental loss in the broadest sense of the term—examining participants that lost a parent through various means, such as divorce, abandonment, or death. In addition, a heightened focus on the adverse consequences of early parental loss presents an imbalanced view, especially given that little is known about what promotes healthy adjustment and resiliency in parentally bereaved children. Lastly, and most pertinent to this study, these collective findings tell us very little about what it means to live with early parental loss—the voices of parentally bereaved individuals are virtually absent in the literature. It is just over the past few decades that qualitative researchers have begun to address this gap in knowledge.

***Impact of EPL in childhood: A qualitative perspective.*** Only a handful of scholarly studies have qualitatively examined the impact of early parental loss in childhood. Below, I provide a detailed summary of these six studies conducted by Mahon (1999), Hurd (2004), Eppler (2008), Brewer and Sparkes (2011a), McClatchey and Wimmer (2014) and La Freniere and Cain (2015). Prior to this, I discuss Silverman and Worden’s (1992) mixed methods longitudinal research that revealed critical insights about early parental loss, including the *influential factors* associated with child adjustment, how a *continuing bond* is maintained with the deceased parent, and the *delayed outcomes* reported among parentally bereaved children.

Silverman & Worden’s (1992) landmark research, known as the Harvard Child Bereavement Study, investigated the experience of early parental death in 125 children (6-17 years old) and their families across a span of two years. Through standardized assessments and interviews, children answered questions related to their pre-loss state, mourning participation, and life changes after parental death (e.g., school, health status, relationships with peers, family relationships). Authors identified several influential factors that were consistent with previous quantitative research. For example, the *quality of parenting* was the most vital predictor of child

adjustment; a poorly functioning parent was linked to higher levels of anxiety and depression. Consistent with Thompson and colleagues' (1998) findings, substantial secondary losses were linked to poor child adjustment. According to Worden (1996), five major factors influenced child adjustment: (a) *family cohesion*: higher levels of family closeness and an ability to openly talk about the loss was beneficial; (b) *gender of deceased parent*: maternal loss was linked to higher levels of emotional and behavioural problems, such as acting out, anxiousness, and a decreased sense of self-esteem/self-efficacy; (c) *cause of death*: children adjusted more positively when the type of death was *not* sudden in nature; (d) *mourning participation*: participating in the funeral and other memorializing events was related to healthy adjustment; and finally, (e) *continuing a bond*: children who maintained a connection to the deceased coped more positively to the loss (e.g., expressed grief-related emotions, talked about loss, and accepted grief-related support) (Worden, 2009).

Silverman & Worden (1992) also identified five ways that children continue a bond with the deceased: *locating the deceased*, *experiencing the deceased*, *reaching out to the deceased*, *waking memories*, and *linking objects*. Many children located the deceased by conceptualizing their departed parent in various ways. The majority of children (74%) held the belief that their parent was 'in heaven'; at the two-year mark, 68% of children continued to hold this belief, regardless of their chosen faith. Experiencing the deceased was generally viewed as a comforting experience that served to counter grief symptoms and included the following: feeling watched by the deceased (81%), dreaming about the deceased (56%), or sensing the benevolent presence of the deceased. Children reached out by engaging in activities that made them feel more connected to the deceased, such as visiting the gravesite or 'talking' to the deceased (56%). Most (90%) had waking memories and reminisced regularly about their departed parent. As a

way to feel closer to the deceased, the majority of children (77%) held onto a personal belonging of the deceased; however, many no longer felt connected to such objects at the two-year mark.

Of particular interest to the current study, participants of the Harvard Study reported delayed outcomes after early parental loss. At the two-year mark, 21% of grieving children experienced significantly higher levels of emotional and behavioural problems (e.g., social withdrawal, anxiety, and low self-esteem), compared to 6% of non-bereaved children. This 'late effect phenomenon' was further investigated by Worden (1996), who calculated the 'attributable risk percentage' at Year 1 and Year 2, to estimate the degree that delayed symptoms were attributable to parental loss. Remarkably, this attributable risk percentage *doubled* in Year 2 (75%), when compared to Year 1 (35%), providing further evidence that delayed outcomes *increased* over time. Unfortunately, there is no way of knowing how long these delayed outcomes persisted since participants were only followed up to the two-year mark. Nevertheless, this unexpected finding was critical in revealing the need to investigate the impact of early parental death beyond the two-year mark.

Silverman, Nickman, and Worden (1992) applied a constructivist lens to interpret the above research findings and made four propositions about early parental loss: (a) Children construct a cognitive representation of the deceased and maintain a continued bond as a way to integrate this loss into their reality; (b) Maintaining a connection to the deceased is a normative response that is constructed in relationship with others, often within the family system; (c) This constructive process allows the child to continue a symbolic relationship with the deceased that lasts a lifetime, and (d) The parentally bereaved child is in a continuous process of negotiating the meaning of this loss through a cognitive and emotional process that occurs within a social context. Findings from this study also highlighted a need to further examine the meaning and

experience of early parental loss.

Since the Harvard Child Bereavement Study, only six scholarly studies (Brewer & Sparkes, 2011a; Eppler, 2008; Hurd, 2004; LaFreniere & Cain, 2015a; Mahon, 1999; McClatchey & Wimmer, 2014) have qualitatively explored the impact of early parental loss in childhood. Mahon's (1999) case study provides an in-depth look into the early loss of *both parents* through accidental death for two siblings (6 and 7 years old at the time of death), with a focus on identifying the associated secondary losses. Based on interviews, three secondary losses were discussed: *prolonged pain* (e.g., feelings of isolation), *gradual acclimation* (e.g., ongoing adjustment to life without the deceased parent, such as re-locating to live with extended family), and *tainted experiences* (i.e., regular events, such as Parent's Day, were no longer experienced as 'normal'). Similar to previous research by Thompson et al. (1998) and Worden (2009), secondary losses intensified the grief experience, leading Mahon (1999) to conclude that minimal secondary losses promote healthy adjustment in childhood. However, the relevance of findings is limited, due to the sibling sample and because Mahon (1999) emphasized that the early loss of one parent is a markedly different experience to that of both parents—secondary losses are significantly compounded in the latter case.

Hurd (2004) and Eppler (2008) applied a resilience framework to the study of parentally bereaved children. Hurd's (2004) case study provides a rich account of a teenager who unexpectedly lost her father to a sudden heart attack at 8 years old. Over the course of multiple interviews conducted at 14 years old, Hurd (2004) formulated several themes that contributed to healthy mourning, including *strong social supports*, a *strong self-concept* (e.g., self-efficacy and self-esteem), and a *positive outlook* on the future. Hurd's (2004) work emphasized the need to further investigate the role of resiliency among parentally bereaved children.

Eppler's (2008) more recent study investigated resiliency characteristics among 12 parentally bereaved children (9-12 years old) who had lost a parent within 3 years prior to the study. Gathered by individual interviews and handwritten narratives, data was analyzed by keeping the primary research question in mind: "What resilience factors are identifiable in the stories of grieving children?" (Eppler, 2008, p. 190). Three themes were identified in this phenomenological and grounded theory research: *range of emotions*, *family support*, and *extended support*. Eppler (2008) reported that grieving children exhibited predictable grief symptoms while also *simultaneously* displaying positive emotions, such as happiness, hope, and a search for meaning. Findings suggest that children can demonstrate resilience amidst parental loss and may be inherently drawn to make meaning from this loss. Like Hurd (2004), Eppler (2008) emphasized that a strong social support system was vital to child adjustment. Both studies lend support to strength-based treatment approaches that foster resiliency in parentally bereaved children.

Brewer & Sparkes' (2011a) ethnographic study explored the positive consequences of early parental loss. Over a span of two years, Brewer & Sparkes (2011a) interviewed and observed two groups of parentally bereaved youth (13 participants in total) attending a childhood bereavement centre: recently bereaved participants (age at bereavement: 5-13 years old; age at interview: 9-15 years old) and participants who lost a parent over 10 years ago (age at bereavement: 3-12 years old; age at interview: 15-25 years old). Authors adopted a constructivist research paradigm that led to the identification of seven influential factors: *emotional expression*, *physical activity*, *strong adult relationships*, *passion in a particular interest*, *social support*, *transcendence*, and *engaging in pleasurable activities*. Enjoyable activities, such as physical exercise, were a healthy distraction technique that served to titrate

grief-related emotions and helped counter any depressive symptoms. Consistent with earlier research (Worden, 1996), the surviving parent played an instrumental role in child adjustment and continuing a bond with the deceased was seen as an adaptive coping strategy. In line with Hurd (2004) and Eppler's (2008) findings, social interactions were a helpful way to receive relational support from others. The final theme of transcendence identified three areas of personal growth that arose from early parental loss: a general sense of *gratitude*, an *appreciation* for life, and a *positive outlook* on the future. Interestingly, participants of this study rejected several traditional terms associated with bereavement, such as *grief work* or *recovery*.

In a second publication, Brewer & Sparkes (2011b) drew on data generated from this ethnographic study to further examine *post-traumatic growth*, defined as the "positive change that many people experience as the result of their struggle with highly stressful circumstances" (p. 205). Along with the cluster of transcendence qualities described in the first publication (i.e., positive outlook, gratitude, and appreciation for life), two additional themes were identified: *living life to the full* and *altruism*. Participants spoke about ways that they embraced life to its fullest, including an openness to try new things and engaging in altruistic activities that ranged from charity involvement to volunteer work in bereavement care. Brewer & Sparkes (2011b) findings support post-traumatic growth literature that perceives adversity and human suffering as a potential catalyst for positive change. Notably, though, this study has methodological features that limit generalizability of findings. Results were based on a clinical sample – making these findings most applicable to those who seek bereavement support in a therapeutic setting. Additionally, participants represented a relatively homogenous group: predominantly Caucasian (British), middle-class, educated (i.e., secondary school and up) children and young adults.

In a more recent study, McClatchey and Wimmer (2014) also retained a clinical sample from a bereavement program to examine the emotional impact of early parental loss (up to 2 years post-parental death). Data acquired through semi-structured interviews with 16 children (7-18 years in age) and their 11 surviving parents were analyzed using a constant comparison method that uncovered six themes: *sadness, anger, being set apart, worries, trauma, and suicide contemplation*. Participants described feeling different from their peers and expressed a fear of losing their surviving parent. According to McClatchey and Wimmer (2014), two themes were unexpected: trauma and suicide contemplation. Trauma symptoms included flashbacks of the actual death, recurrent nightmares, and a dreadful sense of the deceased parent's spiritual presence. McClatchey and Wimmer's (2014) findings must be interpreted with caution, given that the extent and prevalence of these unexpected themes were unclear in the published article. For example, only two participants were associated with suicidal ideation—one of whom lost her mother to suicide.

LaFreniere and Cain (2015a; 2015b) conducted an interesting study that looked into the peer interactions of 35 children (6-15 years old) who lost a parent between 8 months to 3 years from the date of the study. Data from semi-structured interviews were analyzed using a constant comparative method and several themes were identified, including a *wish to be perceived as normal*, a desire to *maintain a sense of normalcy*, an *avoidance* of bereavement-related peer support, and *hurtful peer behaviours* (20% were teased about their loss). While 71% of participants received peer support after parental loss, this same percentage of participants preferred *not* to initiate bereavement-related peer discussions; only 23% reported to have had in-depth bereavement-related conversations with peers. Though non-bereaved peers initiated most conversations, 51% of parentally bereaved children found these interactions to be a positive

experience. It appears that children may tend to avoid talking about their loss with peers, yet many *do* find bereavement-related peer support helpful when it is initiated by peers.

LaFreniere and Cain's findings (2015a) are in line with Servaty and Hayslip's (2001) quantitative work that reports higher levels of discomfort, inferiority, and inadequacy within social peer interactions for parentally bereaved adolescents when compared to their non-bereaved peers. LaFreniere & Cain (2015b) suggest that peer interactions can either help or hinder child adjustment to parental loss. Taken together, findings in this section serve as a pivotal reference point to the present study - portraying what it might be like for children to live with early parental death.

**Impact of EPL in adulthood.** This section contains a review of the long-term consequences associated with early parental death. Again, I start with an overview of the quantitative findings related to adult well-being and the influencing factors linked to long-term adjustment in adulthood. I conclude with a more careful review of the qualitative literature that is closely aligned to the focus of this research project.

Mirroring the childhood literature, scholarly research pertaining to adulthood is based on a large body of quantitative work that has yielded mixed results. A large majority of this literature investigated the long-term impact of early parental death on adult *mental, physical, and social* well-being. Similar to findings on parentally bereaved children, considerable evidence supports the view that early parental loss increases the risk of mental health problems in adulthood. In comparison to non-parentally bereaved adults, this bereaved population is associated with an increased incidence of mental illness, including anxiety and mood disorders (Agid et al., 1999; Bifulco et al., 1987); Coffino, 2009; Maier & Lachman, 2000; Otowa, York, Gardner, Kendler, & Hettema, 2014) and substance abuse (Otowa et al., 2014). In contrast,

another much smaller, but growing body of work finds no direct relationship between early parental loss and an increased risk of psychopathology in adulthood (Savikko, Routasalo, Tilvis, Strandberg, & Pitkälä, 2006; Stikkelbroek, Prinzie, de Graaf, ten Have, & Cuijpers, 2012; Zahner & Murphy, 1989). Such inconsistencies have led researchers to acknowledge the etiological complexity of mental illness, the variability of the bereavement experience, and the potential role that mediating factors play in the relationship between early parental loss and adult psychopathology (Luecken, 2008).

Another budding area of research is investigating the long-term effects of early parental loss on physical health. Nicolson (2004) and Luecken (2000) investigated the relationship between childhood parental loss and physiological stress responses in adulthood. Nicolson (2004) proposed that early parental loss has a long-term effect on stress levels in adulthood, given that daily cortisol levels were significantly higher for healthy adult men living with childhood parental loss (28-55 years old) when compared to a control group—despite controlling for anxiety and depressive symptoms. Unfortunately, Nicolson (2004) failed to gather information related to child adjustment and the quality of life post-parental death – vital contextual information that may have likely influenced the interpretation of findings. Parallel to Nicolson's (2004) findings, Luecken (2000) also discovered that early parental loss was linked to significantly higher cortisol levels for young adults (18-27 years old) in comparison to those who grew up with both biological parents. Interestingly, this was *only* true for young adults who also perceived low levels of parental care after the loss. To reiterate, elevated cortisol levels were only present for young adults that also reported a poor quality of parenting after this childhood loss. Luecken (2000) concluded that young adults are at increased risk for long-term neuro-hormonal consequences *only* if there is a low level of parental care post-parental loss.

Hollingshaus & Smith (2015) studied the connection between childhood parental loss and mortality in adulthood among 600,000 U.S. adults. Early parental death was significantly linked to two major health risks: increased suicide risk *before* the age of 50 years and increased risk of cardiovascular disease in adulthood. In their nationwide study, Kennedy and Swedish colleagues (2014) strengthened the idea that early parental loss has an enduring impact on physical health: adults who lost a parent as a child were at increased risk for several types of cancer before the age of 40, including HPV-related cancers, cervical cancer, non-melanoma skin cancer, and pancreatic cancer. These findings persisted despite accounting for genetic factors and excluding any potential familial cancers from data analysis. According to Kennedy and colleagues (2014), significant psychological stress arising from early parental death may lead to an increased risk of certain forms of cancer in early adult life.

A few studies (Hepworth, Ryder, & Dreyer, 1984; Mack, 2004; Mireault, Thomas, & Bearor, 2002) have examined the impact of early parental death on adult social well-being. Based on a series of structured questionnaires given to young adults (average age: 20 years), including 93 recently parentally bereaved participants (lost a parent 16 years or older), Hepworth and colleagues (1984) found that parental death significantly impacted subsequent intimate relationships in early adulthood. Those that lost a parent in late adolescence engaged in one of two diverging patterns: *accelerated courtship* or *avoidance of intimacy*, with the majority falling into the latter category. Parentally bereaved young adults were also more hesitant about entering into intimate relationships when compared to non-parentally bereaved young adults. Longer-term studies are needed to evaluate whether this relational pattern persists beyond the first few years after parental death.

Both Mack (2004) and Mireault et al. (2002) looked into the long-term impact of

childhood parental loss on familial relationships. Intriguingly, Mack (2004) reported that adults (18-73 years old) who lost a parent in childhood reported feeling closer to their siblings in comparison to those who grew up with both biological parents. Mireault and colleagues (2002) investigated the effects of childhood maternal loss on maternal identity in adulthood (average participant age: 39 years old). Through a series of questionnaires measuring various aspects of maternal identity (e.g., perceived maternal competency), women living with childhood parental loss held a significantly lower degree of maternal identity than those who grew up within intact families. Mireault et al. (2002) and Mack's (2004) research provide evidence to suggest that early parental death has a lasting impact on the family system in adulthood.

While the influencing factors associated with child adjustment are well-researched, less is known about what might help or hinder long-term adjustment in adulthood. Saler & Skolnick (1992) identified three influential factors associated with the long-term adjustment of 90 adults (20-50 years old) who lost a parent as a child: *quality of parenting*, *mourning participation*, and *family environment*. Similar to the literature on child adjustment, *quality of parenting* was deemed to have the greatest influence on psychological well-being: those who reported strong parental support after the early death of a parent were less likely to develop depressive symptoms in adulthood. In contrast, poor parenting styles (e.g., lack of warmth, neglectful, or authoritarian parenting styles) were linked to an increased incidence of depression in adulthood. Notably, adults who prematurely lost a mother rather than a father reported a lower overall sense of well-being and exhibited lower levels of self-confidence - suggesting that fathers may have a more difficult time adjusting to the role of single parent. Participants who recalled engaging in mourning activities in childhood were also less likely to develop depressive symptoms in adulthood. Furthermore, those who grew up with a family that openly talked about the loss and

memorialized the deceased, were less prone to guilt or depression as an adult. Saler & Skolnick's (1992) findings were critical in revealing that the long-term adjustment of early parental death is strongly tied to the grief experience in childhood.

**Impact of EPL in adulthood: A qualitative perspective.** Only a few scholarly studies have qualitatively examined the long-term impact of early parental loss in adulthood—the cluster of research most comparable to my own study. Within this group, three specific adult populations were investigated: (a) Ellis, Dowrick, & Lloyd-Williams (2013) worked with *adults across the life-span* (20-80 years old); (b) Koblenz (2016) focused on the *young adult* population (19-39 years old); and (c) Silverman (1987), Schultz (2007), and Pearce (2011) all investigated the lives of *young women* (18-25 years old), although Schultz (2007) and Pearce (2011) focused exclusively on early maternal loss. Given the applicability of this literature to my thesis work, these six studies are critically examined below.

Ellis and colleagues' (2013) narrative study explored the experiences of 33 adults of diverse ages (20-80 years old) who lost a parent before their 18<sup>th</sup> birthday. Oral interviews and written narratives were guided by an overarching question: “Tell me how the death of your parent has affected your life?” (Ellis et al., 2013, p. 58). After narrative analysis, a thematic triad was identified: *disruption and continuity*, *social networks*, and *communication*. Consistent with previous quantitative findings (Mahon, 1999; Silverman & Worden, 1992; Thompson et al., 1998), minimal secondary losses contributed to positive adjustment over time, while substantial secondary losses were negatively linked to adult well-being (e.g., feelings of insecurity and loneliness). A perceived lack of social support in childhood also contributed to feelings of isolation in adulthood. Ellis and colleagues (2013) stress the importance of preserving pre-existing social networks and securing supplementary practical supports post-parental death (e.g.,

household work, cooking, driving duties). With respect to the final theme, an absence of honest *communication* within the family unit—*both* during the events leading up to the death (e.g., course of parental illness) and after the death itself—was associated with prolonged distress over the long-term, and in some cases, a decreased sense of family closeness in adulthood. According to Ellis and colleagues (2013), minimal secondary losses, adequate social support, and developmentally appropriate communication in childhood all contribute to healthy adjustment in adulthood.

Ellis and colleagues' (2013) results must be carefully interpreted for several reasons. In the published article, very little attention was given to the *adult experience* of living with early parental loss. Instead, Ellis and colleagues (2013) focused on gaining a retrospective account of the childhood bereavement experience—as evidenced in the formulated themes. These authors were also unclear about the prevalence and extent of themes (e.g., only six participant examples were discussed across all themes). While this study examined a remarkably diverse age range of participants, in many cases, a substantial period of time had elapsed since parental loss (between 3 to 71 years). Thus, findings are less relevant to specific age groups, such as the young adult population.

In a more recent grounded theory study, Koblenz (2016) conducted focus groups with 19 young adults (18-39 years old) who lost a parent in childhood to investigate what helps or hinders the *childhood experience*. Koblenz (2016) identified five theoretical constructs from participant group discussions: (a) *adjustment to catastrophe* - growing up fast, missing out on life experiences, being treated differently, and permanent identity changes; (b) *support* - most (84%) felt they dealt with their loss alone and social support was a beneficial resource; (c) *therapy* - most (83%) found therapy helpful, although group therapy was preferred immediately

after the loss, and individual therapy was most beneficial when participants were old enough to initiate support; (d) *continuing connection* - most (79%) valued the importance of continuing a bond with the deceased; and (e) *re-investment* - investing in other life goals was helpful, the loss became integrated into self-identity, and grieving was perceived to be a life-long process.

Koblenz' (2016) work provides a poignant portrayal of how the early death of a parent can shape the life of a young adult.

Other researchers have exclusively examined the long-term impact of early parental death in young women, such as Silverman (1987), Schultz (2007), and Pearce (2011). Silverman's (1987) early work explored the lives of 18 female college students (unspecified age range) to better understand the long-term impact of early parental death (13 lost a parent in childhood, and 5 lost a parent up to two years prior to the study). Several meaningful themes were gleaned from in-depth interviews, including the following: *growing up before their time, the quality of parental support, a desire to learn more about deceased, the integration of loss into self-identity, and an adverse impact on intimate relationships* (e.g., insecurity, avoidance of intimacy due to fear of loss). Silverman (1987) claimed that early parental death continued to have a profound impact on the lives of these young women: "All of these women, in their own way, were currently dealing with the death. None of the women reported a closure that said 'this is the past and has no impact on my life today.'" (Silverman, 1987, p. 398). He went on to argue that, "There is no simple cause-and-effect relationship between the death of a parent and any subsequent problems. Rather, the child's life situation is irreversibly changed, and a dynamic is set into place that has perturbations throughout the life-span." (Silverman, 1987, p. 398).

Schultz' (2007) work also examined the long-term consequences of early parental loss in young women, although Schultz (2007) focused on early maternal loss *in adolescence* (15-20

years old) to examine the impact of this loss on the identity development of 6 young female adults (18-25 years old). Similar to the present study, Schultz (2007) adopted a phenomenological research design and conducted in-depth interviews. Several themes were discussed by Schulz (2007), including the following: *self before and after* (the loss was associated with a new sense of self); *change in paternal relationship* (a shift in relationship with the father); *perception of self as different* (feeling different amongst peers); *loss of mother throughout life* (acute awareness of mother's absence in life); *seeking maternal influences* (older women became role models); *need for connection* (seeking emotional connections from others); *mother as part of myself* (loss influenced self-identity, such as the adoption of mother-like qualities); *re-definition of spirituality* (loss impacted spiritual beliefs); *development of new wisdom and perspective* (a sense of appreciation for life, and an ability to sensitively help others living with loss); *personal attributes due to loss* (the development of personal qualities, such as independence, responsibility, maturity, empathy); and lastly, *death becomes a real part of life* (increased mortality awareness). Schultz' (2007) work filled an unmet need in the literature by offering rich details about a unique parentally bereaved population: young women who lost a mother in adolescence.

In a similar vein, Pearce's (2011) narrative study explored the relationship between early maternal loss and identity development in six young women (22-39 years old) who lost a mother as a child (10-18 years old). Pearce (2011) analyzed four interviews and two narratives to investigate how meaning was made from this loss over time. Consistent with Schultz' (2007) findings, early maternal loss was found to powerfully impact the identity formation of young women. Notably, I failed to locate any parallel research on father loss, such as the long-term impact of early paternal loss on young women or young men; nonetheless, my literature search

did uncover several self-help books and contemporary writings devoted to my own research topic.

**Contemporary literature.** Over the past couple of decades, a small number of contemporary books have arisen that continue the important conversation into the life-long impact of early parental loss. Schuurman's (2003) self-help book, *Never the same: Coming to terms with the death of a parent*, is a practical resource for adults living with childhood parental loss. Harris' (1995) book: *The loss that is forever: The life-long impact of the early death of a mother or father*, is a moving portrayal of the influence of early parental loss on the lives of 66 adults (middle-aged or older). While Harris (1995) shares intimately powerful stories gathered from in-depth interviews with middle-aged adults, this work was not guided by a particular methodology and failed to adopt a systematic approach to data analysis (Stillion, 1998). That stated, Harris' book offers invaluable insight about the phenomenon examined in the present study.

For those who lost a mother, Davidman (2000), Tracey (2008), and Edelman's (1994) books are all devoted to understanding the long-term influence of early maternal loss based upon interviews with adults that lost a mother as a child: *Motherloss, Surviving the early loss of a mother: Daughters speak, and Motherless daughters*. For example, Edelman's (1994) classic book discusses the lasting effects of early maternal loss (either during childhood or early adulthood) on women of all ages (17-80 years old). Based on conversations with 154 women (17-80 years old), Edelman's (1994) extraordinary work helps readers grasp the profound influence of this loss on self-identity, relationships, and motherhood.

Particularly aligned to my own thesis work, Daughtery's (2003) book, *When God became apparent*, invites readers into the lives of adults living with childhood parental death by

exploring the long-term impact of this loss from a phenomenological viewpoint. Echoing the goal of my own research, the aim of Daugherty's (2003) work was to better understand the experiential meaning of living with childhood parental loss in adulthood and included the following themes: *a parent's death as the marker between two lives, understanding and defining self*, and the *influence of loss in family living*. The book features many lived experience descriptions that begin to tell the story of what it might be like to carry the wound of early parental loss into adulthood.

### **Summary**

This chapter provides an overview of theoretical grief perspectives, from traditional to contemporary theories, with a view to understanding how conceptualizations of grief have evolved over time. Over the past two decades, a new wave of grief theory has emerged that offers a post-modernist view of grief. Acting as the theoretical framework to this study, this post-modern approach challenges previous theoretical assumptions in numerous ways. Grief is portrayed as an individualized, continuous process with no discrete endpoint, while continuing bonds and meaning-making are seen as adaptive responses to significant loss.

Literature on the consequences of early parental loss was also reviewed. There is a general consensus that early parental loss is an intense crisis in the life of a child and may increase the risk of behavioural and psychological problems, both over the short-term and long-term. That being said, influential factors appear to play a significant role in adjustment to parental loss and may account for the diversity of bereavement outcomes. Only a few scholarly studies have qualitatively examined the long-term impact of this loss with young adults. This small body of work has cast light upon the enduring influence of this loss in early adulthood, including the impact on self-identity, relationships, and personal development.

## The Present Study

Although the literature reviewed in this section offers notable contributions to our present understanding of early parental loss, there are apparent gaps and limitations. First, the large majority of research is based upon quantitative studies that fail to reveal the lived experience of this phenomenon: personal stories of participants are missing from this body of work. Second, in contrast to the present study's focus on early parental death due to illness, with the exception of Hurd's (2004) case study with a young child, all of the studies reviewed here—both quantitative and qualitative—investigated early parental loss in the broadest sense of the term, studying heterogeneous samples that lost a parent through various means (i.e., accidental, suicide, homicide, and physical illness). Conclusions must be carefully interpreted as it is difficult to separate and understand bereavement experiences associated with certain types of parental death, both within and across these studies, especially since certain types of death are linked to distinct consequences for the grieving child (i.e., children bereaved by parental suicide are a particularly vulnerable sub-group associated with more problematic consequences than other types of early parental loss) (Ellenbogen & Graten, 2001; Ratnarajah & Schofield, 2008; Wood, Byram, Gosling, & Stokes, 2012). Research devoted to the long-term impact of early parental death due to *physical illness* appears to be absent in the literature.

Third, a rather subtle point is that scholarly work conducted with adults has largely focused on gaining a retrospective account of the childhood experience in order to learn how to best support children. Less attention has been paid to understanding the *adult experience* of living with early parental loss; consequently, very little is known about the meaning and experience of this phenomenon in adulthood. It makes sense then that even less is known about this topic with specific adult populations, such as young adults. Though Silverman (1987),

Schultz (2007), and Pearce (2011) all conducted qualitative work with young women who lost a mother, only Koblenz' (2016) recent grounded theory study examined the long-term impact of early parental loss through focus groups with *both* male and female young adults. More specifically, with the exception of Schultz' (2007) phenomenological work on the identity development of young women who prematurely lost a mother in adolescence, an in-depth phenomenological investigation into what it means for a young adult to live with early parental loss is virtually non-existent in the scholarly literature. Research that seeks to gain a deeper understanding into the meaning and experience of this phenomenon is warranted.

### Chapter 3: Methodology

*Qualitative research into the experience of bereaved young people has much to offer in gaining access to the multi-layered and complex nature of living with grief over time.*

(Brewer & Sparkes, 2011, p. 290)

This chapter contains an overview of the methodology chosen for this study. First, I orient the reader to the philosophical assumptions that influence my work and introduce the theoretical paradigm that guides my research practice. I then offer a rationale for the research design used to gain an in-depth exploration into the lived experience of early parental loss: hermeneutic phenomenology. I conclude this chapter by outlining the procedures involved in conducting the research itself: the *who, what, when, where, and how* of this qualitative study, and include a description of the criteria I employed to conduct a trustworthy study.

#### Research Paradigm

Haverkamp and Young (2007) stress that the research paradigm undergirds the overall approach to a research question and authenticates the reasoning process adopted by a researcher. Guba and Lincoln (1989) define a *paradigm* as, “a set of beliefs, a set of assumptions we are willing to make, which serve as touchstones in guiding our activities” (p. 80). Creswell (2013) identifies four philosophical assumptions that constitute a paradigmatic framework: (a) *ontological*: the nature of reality, (b) *epistemological*: the relationship between the researcher and that being studied, (c) *axiological*: the role of values in research, and (e) *methodological*: the procedural approach to a research question. Below, I share my philosophical assumptions and specify the theoretical paradigm that underpins this study.

From an ontological perspective, I reject the notion of one single reality or absolute truth. Within the context of this study, I believe that each person holds their own subjective view of the world: myself as the researcher, the participant of the study, and the reader of this manuscript

(Creswell, 2013). Based on this relativist outlook, my aim is to explore the subjective meaning of living with early parental loss in young adulthood.

My epistemological position is congruent with the stance that there are multiple ways of knowing. Rejecting the existence of a universal source of knowledge, I adhere to the view that knowledge is subjectively *constructed* by making sense of life experiences—a process that occurs in relationship with others, the environment, and other contextual aspects of our lives (Lincoln, Lynham, & Guba, 2011). This epistemological position contends that the researcher must closely engage with participants because “knowledge is known through the subjective experiences of people” (Creswell, 2013, p. 20). This is why I chose to learn about the phenomenon by engaging in a dialogical relationship with parentally bereaved young adults.

From an axiological stance, I believe that one can never fully untether the ‘person’ from the researcher. As discussed in Chapter 1, I too bring my own personal values into this work, and acknowledge that my background influences my interpretation of data (Creswell, 2013). Consequently, I share my pre-understandings of this phenomenon to lend transparency to the subjectivities and assumptions I carry into my role as a researcher. The fourth and final philosophical assumption identified by Creswell (2013) speaks to the methodological approach adopted by the researcher. Before I outline the rationale for the chosen research design, it is important to clarify the relationship between my assumptions and the overarching theoretical paradigm of this study.

A social constructionist paradigm served as the paradigmatic framework to this research. According to Gergen (2015), the basic premise of social constructionism is that “what we take to be truth about the world importantly depends on the social relationships of which we are a part” (Gergen, p. 3, 2015). Congruent with my epistemological and ontological stance, this paradigm

is grounded in a relativist ontology and theorizes that knowledge is co-constructed and occurs in relationship with others (Gergen, 2015). Viewed in this light, there is no objective truth or reality because subjective meaning is constructed *in relationship* with others and must be understood within a social, historical, and cultural context (Gergen, 2015; Burr, 2003). Research grounded within this social constructionist paradigm seeks to contextually understand how people construct meaning in their world. Drawing from this social constructionist lens, my role as a researcher is to interpret the subjective meaning of this phenomenon through a process of dialogic inquiry, while also acknowledging my personal assumptions that play a part in the “social construction of the relationship between the knower and the known” (Pascal, Johnson, Dore, & Trainor, 2011, p. 174). The next section addresses the final philosophical assumption identified by Creswell (2013): the methodological approach to the research question.

### **Qualitative Approach and Hermeneutic Phenomenological Method**

A qualitative approach was most suited to my research question and is consistent with my own worldview. Creswell (2013) maintains that qualitative methodology is most suitable when little is known about a phenomenon and if there is a need to elicit a more detailed understanding of a topic. There is a dearth of scholarly literature specifically pertaining to young adults living with early parental loss (EPL). Moreover, as demonstrated in Chapter 2, there are conflicting and inconsistent results in much of the extensive quantitative research that appears to be linked to the wide diversity of situations and experiences of early parental loss. Thus, several bereavement researchers acknowledge the potential value of qualitative approaches that offer nuanced understandings of grief (Neimeyer & Hogan, 2001).

Creswell (1998) points out that qualitative inquiry typically begins with a research question that asks *how* or *what*, in contrast to quantitative research questions that often begin

with *why*. The research question of this study lends itself to a qualitative mode of inquiry by asking: **What is the lived meaning of early parental loss for the young adult?** Or, said another way: **What is the young adult's experience of living with early parental loss?**

Another point is that qualitative methods seek to understand phenomena and experiences based on the meaning people bring to them – a natural fit with the overall purpose of the study: to explore what it means for a young adult to live with early parental loss (Lincoln et al., 2011). Additionally, Gergen (2015) notes that many qualitative researchers operate from a social constructionist lens, a methodological approach compatible with my own worldview. In light of the above, the present study represents a qualitative exploration into the lived experience of early parental loss. With this in mind, I then focused on selecting a distinct tradition of qualitative inquiry to anchor this research project.

**Phenomenology.** Originally coined by the ‘father’ of phenomenology, Edmund Husserl, the concept itself stems at least as far back as the early 1900’s (Creswell, 2013). Building on the work of Husserl, Heidegger’s classic work gave rise to the hermeneutic tradition of phenomenology (Lopez & Willis, 2004). Known as the study of lived experience, Marshall & Rossman (2011) define phenomenology as an approach that “seek[s] to explore, describe, and analyze the meaning of individual lived experience” (p. 19). By exploring how we immediately experience the world, phenomenologists seek to grasp the shared meaning or essence of a certain phenomenon:

Analysis proceeds from the central assumption that there is an *essence* to an experience that is shared with others who have also had that experience. The experiences of those participating in the study—those who have had a similar experience—are analyzed as unique expressions and then compared to identify the essence (Marshall & Rossman, 2011, pp. 19-20).

In this way, the phenomenologist strives to elicit what it is like to live *within* a certain life

experience. This distinctive qualitative approach is a fitting way to acquire an in-depth analysis into the lived meaning of a particular phenomenon - in this case, early parental loss.

A second motive to adopt this method stems from a growing trend to utilize phenomenological methods as a way to effectively approach mental health research. Kutney (2006) suggests that phenomenological research can provide invaluable insight into mental health treatment approaches: “The phenomenological approach also builds our understanding of how a phenomenon may be universally experienced, thereby creating opportunities to improve treatments and therapies” (p. 26). This coincides with the present study’s research objective: to inform mental health practice for those seeking support for early parental loss. One last point is the evident need to learn more about this lived experience from a phenomenological viewpoint. With the exception of Schultz’ (2007) study, I failed to locate any scholarly work that examined this topic with a phenomenological lens.

**Hermeneutic phenomenology.** According to Lopez & Willis (2004), there are two distinct and recognized approaches to phenomenology: descriptive (eidetic) or hermeneutic (interpretive). For this study, I adopted van Manen’s (1997) approach to hermeneutic phenomenology that is largely based on Heidegger’s earlier work. My decision to employ hermeneutic phenomenology was based upon the theoretical differences between these two approaches.

Fundamentally speaking, these two types of phenomenology are grounded upon distinctive theoretical paradigms. Founded by Husserl, descriptive phenomenology holds a positivist view of the world: reality is objective and knowledge is acquired by discovering one absolute truth (Lopez & Willis, 2004). The aim of the descriptive phenomenologist is to elicit the phenomenological description of a universal essence (Wojnar & Swanson, 2007). An

*essence* is defined as the essential nature of a phenomenon—the internal make-up or essential structure of a particular lived experience—that intensifies our understanding of what it is like to experience a phenomenon (van Manen, 1997). From this paradigmatic framework, the term *essence* implies that there is only one true essence or nature of a phenomenon: “Essences generated through phenomenological research result in one correct interpretation of experiences of the participants” (Lopez & Willis, 2004, p. 728).

In contrast, hermeneutic phenomenology adopts a relativist view of the world: knowledge is socially constructed and must be interpreted within a particular context (Lopez & Willis, 2004). Thus, the researcher seeks to produce an *interpreted description* of the essence of a phenomenon (Osborne, 1990). In the case of early parental loss, the hermeneutic phenomenologist must contextually explore what it means to be in the world as a parentally bereaved young adult. How do young adults living with early parental loss uniquely experience the world? What is the influence of this lived experience on various aspects of life? A central tenet of hermeneutic phenomenology is that the meaning behind a lived experience is implicit and contextual in nature. Hence, the intent of the hermeneutic phenomenologist is to examine and make explicit the lived meaning or essence embedded within a phenomenon. In hermeneutic tradition, *essence* is “not a single, fixed property by which we know something; rather, it is *meaning* constituted by a complex array of aspects, properties, and qualities” (van Manen, 1997, p. xv). According to hermeneutic phenomenology, there is no one true meaning or essence to be discovered because it is presumed that multiple interpretations of a particular phenomenon are possible (Lopez & Willis, 2004). For instance, as a hermeneutic phenomenologist, I acknowledge that the findings of this study represent the essence of this phenomenon as

distinctly understood by both the participants and myself as the researcher – they represent just one of many possible interpretations of this phenomenon.

The role of the researcher is also markedly different across these two approaches. Descriptive phenomenologists believe that a researcher's pre-understandings of a phenomenon can be, and must be, separated from their work (van Manen, 1997). In a process called *bracketing* or *epoch*, descriptive phenomenologists believe it is possible to avoid researcher bias by engaging in various practical techniques (Wojnar & Swanson, 2007). In contrast, hermeneutic phenomenologists reject the notion of researcher objectivity and suggest that "pre-suppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking" (Lopez & Willis, 2004, p. 729). They also theorize that the researcher and participant co-construct subjective interpretations of the phenomenon *and* that it is this very relationship that makes the interpretation meaningful (Wojnar & Swanson, 2007). The point here is that the relational interaction itself is that which gives rise to new levels of meaningful insight. In comparing and contrasting these two phenomenological approaches, it became clear that the hermeneutic tradition was more closely aligned to the overall research intent of this study.

**Van Manen and hermeneutic phenomenology.** While various contemporary theorists are grounded in the hermeneutic tradition, I was predominantly influenced by Max van Manen's work. I also considered adopting Smith's contemporary theory in hermeneutic phenomenology known as *interpretive phenomenological analysis* (IPA) (Smith, Flowers, & Larkin, 2009). At first glance, these two approaches appear to be parallel interpretations of hermeneutic phenomenology. Both methods apply a mixture of phenomenology and hermeneutics to the study of lived experience and both are grounded in an interpretivist

framework (Shinebourne, 2011). However, there are slight theoretical and procedural variances between these two approaches.

Theoretically speaking, IPA is grounded in the domain of psychology and is aligned with the cognitive paradigm that emphasizes the mental processes of both researcher and participant (Smith & Osborn, 2008). Critics of IPA point out that a heightened focus on cognition is inconsistent with the basic tenets of phenomenology and stress the need to explore both cognitive and non-cognitive lived qualities (Willig, 2008). Likewise, van Manen (1997) claims that non-cognitive meaning structures are essential to our understanding of a phenomenon: “We do not always ‘know’ what we know. It is the unknowing consciousness, a non-cognitive knowing, that guides much of our daily doing and acting” (van Manen, 1997, p. 47).

Perhaps the most notable difference between these two theories lies in their approach to data analysis. Van Manen (1997) offers an alternative framework to thematic analysis based upon four existential or universal themes of human experience—lived body, lived time, lived space and lived other—that act as a guide to contextually examine the influence of a phenomenon on multiple aspects of human life (van Manen, 1997). I was particularly drawn to van Manen’s thematic framework for two reasons: the method suited my goal to contextually explore the phenomenon of interest and has not been applied to previous research on this topic. Additionally, this framework appeared to closely align with my social constructionist worldview. To the best of my knowledge, this is the first scholarly work that adopts van Manen’s thematic framework to present findings on the parentally bereaved young adult’s sense of lived body, lived time, lived space, and lived other. These existential themes are described in further detail later in the chapter, after a discussion on the methodological procedures of conducting the research itself.

## **Ethical Considerations**

Ethics approval from the University of Victoria Human Research Ethics Board (HREB) was secured prior to recruitment for this research (Protocol no. 15-269). Prior to the first and second interview, participants were informed of issues related to confidentiality and anonymity, and asked to sign the consent form (see Appendix A for Participant Consent Form). At the start of each screening and research interview, I advised the participant of the right to withdraw from the study at any point in time—with no consequence. To protect confidentiality, each young adult was given a pseudonym name (four participants chose their own pseudonym, and four preferred to be assigned a name), and any identifying information about the participant or a third party was altered for anonymity purposes. All audio recordings, field notes, and interview transcripts were stored on my encrypted and password-protected computer; paper documents were kept in a locked cabinet in my personal office. All electronic data and hard copy documents will be destroyed one year after the date of my thesis examination.

To address the sensitive nature of the subject matter, ethical safeguards were employed and every effort was made to mitigate the risk of harm to participants. Prior to each interview, I discussed the potential risks of volunteering for the study, including any emotional or psychological discomfort naturally associated with recalling a distressful event (e.g., fatigue or anxiety). An eligibility and mental health assessment was also conducted during the screening interview to confirm suitability. In the event that a candidate was unsuitable because of a significant mental health or substance use issue, the candidate was to be offered a list of support resources (see Appendix B for Mental Health & Substance Use Support Resources List). However, according to self-reports, all candidates were mentally stable and free from any serious mental health issues. Namely, they were not suicidal at the time of the study, nor had been in the

last two years, and were not living with a significant mental health condition or substance abuse problem. In the event that further support might be needed after a research interview, a safety plan was created during the intake interview (i.e., emergency contact information). At the end of each research interview, I acknowledged the emotional labour that may naturally accompany an in-depth conversation about significant loss and provided the participant with supplementary information on self-care (see Appendix C for Self-Care Tips Sheet) and local mental health supports (see Appendix D for Mental Health Support Resource Guide - Interview).

My qualifications as a trained therapist served as another protective measure during the research interview. I drew on my clinical training to facilitate a candid discussion by encouraging participants to proceed at their own pace and to only share information as they felt comfortable. I acknowledged the inherent vulnerability tied to this emotive research topic by employing various clinical techniques, including holding an empathic stance, validating emotions, and engaging in the appropriate use of silence or reflective listening. I responded appropriately when a young adult exhibited signs of marked distress or fatigue, through the use of grounding techniques and checking in with the participant for direction regarding next steps (e.g., would they like to continue, take a break, conclude the interview, or withdraw from the study altogether). While I relied on my therapeutic skills to foster an open and safe discussion, it is important to stress that within this context, my role was not of a therapist, but that of a researcher investigating the lived experiences of young adults. Nonetheless, my clinical training allowed me to effectively hold the space for participants to openly express stories of grief in an empathic and validating environment—it is my hope that each young adult benefitted from this research experience.

## Participants

Purposive sampling was used to select participants for this study. Patton (2002) describes purposive sampling as the intentional selection of information-rich cases that intensely depict the phenomenon to be studied. Participants were young adults who had lost a parent or step-parent (mother or father) due to illness or health crisis between the ages of 9 and 18 years. Although I initially recruited for individuals between the ages of 20 to 38 years, the oldest participant of this study was 30 years of age and the youngest was 20. Since I was primarily interested in the long-term impact of early parental death in young adulthood, the death must have occurred more than two years ago, but *not* more than 20 years ago. Age at the time of loss was originally intended to be no younger than 11 years, because it was important for participants to recall childhood memories of the loss. However, I decided to include one young woman who lost her father just shy of her 10<sup>th</sup> birthday because she continued to hold strong memories about her father's death. Considering that the *type* of parental death influences the bereavement experience, I chose to exclude those who lost a parent due to a violent or traumatic nature, including death by homicide, suicide, or accidental means (Ellenbogen & Graten, 2001; Ratnarajah & Schofield, 2008; Worden, 2009). I also excluded those who *simultaneously* lost both parents because I felt that this type of loss warrants an exclusive examination. Notably, there was no criterion regarding whether or not the young adult ever sought professional support due to parental loss (see Table 1 for a summary of participant criteria).

**Recruitment.** Participants were enlisted through a recruitment flyer distributed to various educational and public community sites in Victoria, British Columbia (see Appendix E for Recruitment Poster). An electronic version of this flyer was e-mailed to three different student list-serves of one university, and a paper copy was posted on bulletin boards at two post-

secondary institutions, four public recreational centres, and five public libraries (see Appendix F for Recruitment Email Script). Potential participants were invited to contact me by email; in such cases, I forwarded along further information about the study via email to ensure each candidate made a well-informed decision about volunteering for the study, including the participant consent form (see Appendix A) and both interview guides (see Appendix G & H for Interview Guides). If the candidate responded with continued interest, I booked a telephone screening interview at a mutually agreed upon time. The purpose of this interview was to confirm suitability (e.g., lost a parent as a child), outline study details (e.g., purpose of research, time commitment, data collection procedures, and ethical safeguards), and review the consent form and interview questions (see Appendix I for Screening Call Script). Ineligible candidates were advised at the end of the interview, and told that any personal information gathered from this discussion would be destroyed. If eligibility requirements were satisfied, a date was confirmed for the first research interview.

Recognizing that phenomenologists tend to focus on depth rather than breadth, the objective of this recruitment plan was to secure a small, but purposeful sample size of five to six participants (Creswell, 2013). Overall, 12 individuals expressed an interest to volunteer for this research over a span of two months. One candidate was deemed ineligible, and another suitable candidate contacted me a few days after our screening interview to advise that he wished to pursue bereavement counselling prior to participating in this type of research. I did not hear back from two other candidates that I contacted to book a screening interview.

**Study sample.** Eight young men and women, between the ages of 20 to 30 years participated in the study. Although unplanned, exactly half of this group grieved the premature death of a father; the other half grieved the premature death of a mother. Most of these young

adults lost a parent to cancer (75%) and two lost a parent to other forms of physical disease (i.e., Lou Gehrig's disease and heart disease). All of these young adults were attending university at the time of this study. (See Table 2 and 3 for participant demographic information, including details about the nuclear family).

### **Research Procedure**

**Data collection.** Creswell (2007) states that in-depth interviews are the principal mode of data collection for a phenomenological study. Similarly, van Manen (1997) claims that interviews are most appropriate when there is a need to engage in reflective conversations about a phenomenon. In this study, data was gathered through two semi-structured and in-depth interviews with each participant. The first interview focused on eliciting the *experience* of living with early parental loss and the second interview explored the *meaning* of this phenomenon. This two-part mode of inquiry served a dual purpose: to gather thick experiential accounts and to co-construct an essential understanding of this phenomenon. Each interview lasted about an hour and a half, so I spent about three hours with each participant in total.

***Interview 1: The phenomenological interview.*** The phenomenological interview is distinct from other types of qualitative interviews, such as those used in ethnographic, narrative, or critical theory studies (van Manen, 2014). The purpose of a phenomenological interview is to collect pre-reflective experiential accounts in order to understand the implicit meaning of a lived experience (van Manen, 2014). The term *lived experience* speaks to the idea of a pre-reflective experiential account: a rich description of what it is like to *live through* a particular experience (van Manen, 2014). Hence, the goal of a phenomenological interview is to gather information about what it means to immediately experience a phenomenon by way of, “examples and varieties of lived experiences, especially in the form of anecdotes, narratives, stories, and other

lived experience accounts” (van Manen, 2014, p. 312). Van Manen (1997) clarifies that the process of attaching meaning to lived experience is a retrospective one: “A person cannot reflect on lived experience while living through the experience” (p. 10). Thus, the phenomenological interview serves as an avenue to reflect upon what it might be like to *live through* a particular experience. In this case, the phenomenological interview was used to help the young adult actively recall and describe their experience of early parental loss *as lived*—rather than to simply talk *about* their experience, such as can happen in storytelling or when recounting complex interpretations of an experience (van Manen, 2014).

The interview began by introducing myself, providing an overview of the study, and gathering demographic information (see Table 2 & 3). To elicit detailed anecdotes, examples, and lived experience descriptions, I used a few open-ended interview questions and strategic prompts to construct a dialogue around the phenomenon (e.g., Can you give me a detailed example and describe this experience as you *lived through* it? Tell me about how this felt internally? What this event looked like?) (see Appendix G for Interview 1 Guide). The interview protocol itself was phenomenologically sound. For example, the first interview question corresponds with the phenomenological view that there is value in attempting to elicit the very *first time* a phenomenon is experienced: “What do you remember about your experience of losing a parent as a child?” It was important to acutely situate the young adult with the phenomenon of interest by learning about when they first began to live with parental loss (van Manen, 2014). To conclude, a second interview was booked within a few weeks after the first interview.

***Interview 2: The hermeneutic interview.*** Also known as the *data-interpreting* interview, the purpose of a hermeneutic interview is to explore the interpreted *meaning* of a lived

experience (van Manen, 2014). Often in follow-up to the phenomenological interview, the purpose of this interview is to learn about how the participant interprets their own lived experience. The caveat to this approach is that, “it should not be assumed that those who have shared their (lived) experiences should have the expertise and insights to interpret their own experiences” (van Manen, 2014, p. 317). The information gathered from this hermeneutic interview in no way replaced the need for an additional layer of interpretation warranted during the phase of data analysis. Nevertheless, this hermeneutic interview was a vital step to data collection, especially since the perceived impact of early parental loss plays a critical role in how one lives with this loss over time (Harrison & Harrington, 2001).

At the start of the second interview, the participant was given an opportunity to clarify any information from the first interview, and I asked any clarifying questions that arose during my initial review of the audiotape. All of the young adults shared personal reflections about this first interview; a few also provided supplementary information. Like the first interview, a few open-ended questions and prompts were used to steer a discussion around the perceived impact of early parental loss (see Appendix H for Interview 2 Guide). For instance, one interview question explored how the young adult made creative meaning from this loss: “*What, if any, artistic piece have you created that illustrates what it means to live with the early loss of a parent?*” Participants were given the option to bring a written or visual representation to the second interview and upon written consent, a photo was taken of this personal item (see Appendix A for Participant Consent Form – *Visually Recorded Images*). In the event that the photo identified other individuals besides the participant, an additional consent form was required, however, this was not applicable to any participants (see Appendix J for Artifact Photo Consent form). According to van Manen (1997), “Objects of art are visual, tactile, auditory,

kinetic texts—texts consisting of not a verbal language but a language nevertheless...because artists are involved in giving shape to their lived experience, the products of art are, in a sense, lived experiences transformed into transcended configurations” (p. 74). Thus, the purpose of this interview question was to evoke additional insight about this lived experience through an artistic medium. During this second interview, any interpretive insights related to a written or visual representation was used as participant data and analyzed through van Manen’s approach to thematic analysis described in the next section. To conclude, I encouraged the participant to email me if any questions arose after the interview.

*The interview experience.* Though these face-to-face discussions all took place in the same sterile interview room of a university building (with the exception of one young adult interviewed by videoconference), our time together felt intimate and personal. Initially, I perceived the first and second interview to be distinct and separate entities; in reality, these two meetings felt more like one conversation separated into two steps. Over the course of both interviews, critical pieces to a participant’s story resurfaced at different points in time that allowed us to re-examine important elements to their story of loss. Although my role was that of a researcher, akin to my work as a therapist, I quickly became aware of the emotional labour tied to exploring such a delicate topic. To be fully present for each interview and to ensure sufficient time to recharge my ‘batteries,’ I scheduled only one research interview per day. After a research interview, I made notes of any salient pieces from our discussion in my research journal, such as repetitive words or statements, emotional reactions, non-verbal behaviours, and other contemplative impressions. These initial reflections were a useful way to document my train of thought and budding insights as a fledgling phenomenologist.

Data gathered from all interviews were audiotaped and transcribed prior to data analysis. To saturate myself in the data, I transcribed each interview verbatim, and triple-checked the accuracy of each transcript by listening to the entire audiotape—from beginning to end—on three separate occasions. First interviews lasted between 84 to 101 minutes (1.5 hours on average), and transcription ranged between 23 to 44 pages of single-spaced text. Second interviews lasted between 74 to 116 minutes (1.5 hours on average), and transcription ranged between 26 to 44 pages of single-spaced text. Taken together, the data analyzed from this study was based on 1,473 minutes or 24.55 hours of audiotape, and 511 pages of single-spaced interview text.

**Data analysis.** Data analysis was guided by van Manen’s (2014) approach to thematic analysis. From a phenomenological standpoint, themes represent the structures that make a lived experience *what it is* and the task of the researcher is to identify these themes or structures by interpreting the essential meaning of participant stories (van Manen, 1997). According to van Manen (2014), thematic analysis is seldom a clear and regulated process of inquiry:

Making something of a text or of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery, or disclosure—grasping and formulating a thematic understanding is not a rule-bound process but a free act of ‘seeing’ meaning. (van Manen, 1997, p. 79).

Nonetheless, van Manen (2014) offers a step-by-step method to data analysis that I used to develop the themes presented in the next chapter. This process is described below in three separate sections: theme isolation methods, thematic analysis, and existential methods. Notably, four participants elected to submit a written or visual representation of what their lived experience of losing a parent meant to them. During the second interview, interpretation was co-constructed with participants by engaging in dialogue about their personal article. This discussion was used as data in written form, and analyzed in the same way as the remainder of

the interview transcript. No additional analyses were applied to the written and visual representations of participants.

***Theme isolation methods.*** Three different approaches described by van Manen (2014) were used to isolate thematic statements from data: the *wholistic* reading approach, the *selective* reading approach, and the *line-by-line* reading approach. During the *wholistic* reading approach, I studied each interview transcript as a whole (participant interview one and two were separately reviewed); reading and re-reading the entire transcript repeatedly to determine the core meaning or significance of the story (van Manen, 1997). The task here was to grasp how the lived experience ‘showed up’ in the interview. What is the overall point of the text? What keeps coming to the surface? What is most important about this story? I attempted to capture the wholistic meaning of each individual transcript by crafting a number of brief statements or paragraphs that represented the overall meaning of the text as a whole (see Appendix K for Theme Isolation Method Examples). I wrote 16 wholistic accounts for each of the 16 transcripts, ranging between three paragraphs to one-and-a-half pages of single-spaced text. Altogether, 10 pages of single-spaced text was generated in this phase.

Also known as the highlighting approach, the second step is the *selective* reading approach. Here, I analyzed the entire interview transcript repeatedly, combing for any sentences or words that appeared critical to the lived experience (van Manen, 1997). What words bring this lived experience to life? What phrase seems to capture this lived experience? I then highlighted prominent sections of text from each interview transcript (see Appendix K for Theme Isolation Method Examples). To clarify, during the wholistic reading approach, I wrote statements *in my own words* that captured the overall theme of the text, while in the selective reading approach, I highlighted salient text excerpts in the *participant’s own words*. Having said

that, if a highlighted text was particularly revealing during this selective reading approach, the researcher may create a thematic expression or phrase in their own words to extend the understanding of the text (van Manen, 2014). I often engaged in this supplementary step when certain words or statements were particularly striking and warranted further reflection.

The third step is the *detailed* or line-by-line reading approach: a laborious process where the entire text of each transcript is again revisited—every single sentence or line of text is examined to decipher what a sentence or sentence cluster might be revealing about the phenomenon (van Manen, 1997). This important step attempts to detect any new sources of meaning overlooked in the first two rounds of reading. For each sentence or sentence cluster, I asked myself: What is this telling me about the phenomenon? I then created a sentence or sentence cluster *in my own words* that interpreted meaning from the original text (see Appendix K for Theme Isolation Method Examples). This line-by-line approach was repeated for each individual transcript. During this three-step method of thematic isolation, I also added personal memos to transcripts as a way to document my own interpretive process during this stage. This additional step flagged any preliminary patterns I observed and traced my initial wonderings about the phenomenon.

***Thematic analysis.*** Upon completion of the theme isolation method, I turned my attention towards identifying universal experiential themes shared among all participants. The goal of this second layer of thematic development is to compare themes *within* and *across* participants to “unearth something ‘telling,’ something ‘meaningful,’ something ‘thematic’ in the various experiential accounts—we work at *mining meaning* from them” (van Manen, 1997, p. 86). Van Manen (1997) offers no prescriptive way to engage in this process of inquiry, although he states that the “task is to hold on to these themes by lifting appropriate phrases or by capturing

in singular statements the main thrust of the meaning of the themes” (van Manen, 2014, p. 93).

To be transparent with my own process of ‘mining meaning,’ I outline the steps taken to achieve this second layer of thematic analysis.

First, I compiled a Participant Theme list for *each participant* that noted all themes identified *within* the participant’s first and second interview. Participant themes were produced by returning to the interview transcripts and reviewing the isolated thematic statements—created during the wholistic, selective, and detailed reading approaches—to identify common themes *within* each participant’s story. I asked myself: Is there a theme that keeps recurring in this story? What theme speaks louder than any other? For example, I went back to the first and second interview of one participant and found numerous isolated thematic statements related to keeping this loss a secret from others, so I made note of this on the Participant Theme list and assigned a basic title to the theme: *The Secret*. This process was repeated for each participant of the study. Second, using Participant Theme lists, I compared themes *across* participants by asking this central question: What themes keep surfacing again and again for all participants? As I repeatedly sorted and sifted through all of the participant theme lists, I also made notes about my reflections.

Third, a Core and Sub-Theme list was created that listed essential themes common *across* all participants. At this point, I asked myself: What themes are *essential* to describing the experience of early parental loss? I also meditated on these words by van Manen (1997): “In determining the universal or essential quality of a theme, our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (p. 107). The core themes added to this list represented the essential components of this lived experience, while the sub-themes signified the different ways that an essential theme

was experienced by participants. From here, I crafted thematic descriptions for each essential theme and their accompanying sub-themes.

***Existential methods: Guided existential inquiry.*** Van Manen (2014) suggests that further insight about a phenomenon can be gained through a process called *guided existential inquiry*. The premise of this interpretive framework is that the lifeworld—the world of lived experience—and the meaning of a phenomenon are intertwined. According to this view, there are existential themes that “belong to everyone’s lifeworld—they are universal themes of life” (van Manen, 2014, p. 302). The purpose of guided existential inquiry is to reflect upon how a phenomenon is experienced within the context of four fundamental existentials: *lived body* (corporeality), *lived time* (temporality), *lived space* (spatiality), and *lived other* (relationality). In this way, “existentials are helpful universal ‘themes’ to explore meaning aspects of our lifeworld and of the particular phenomena that we may be studying” (van Manen, 2014, p. 303). In other words, universal themes are seen as, “productive categories for the process of phenomenological question, posing, reflecting, and writing” (van Manen, 1997, p. 102). My goal was to understand how these participants distinctively experience their lifeworld, specifically within the domains of lived body, lived time, lived space, and lived other. I approached this final layer of interpretation by attempting to answer this question: How can these four existential themes guide me in exploring the meaning structures of this phenomenon? (van Manen, 2014). Below, I provide a description of each existential and outline my process of guided existential inquiry.

***Lived body: Corporeality.*** The premise of this lifeworld existential is that we experience the world through our body. The aim of the phenomenologist is to understand how the body is experienced in relation to the phenomenon of interest (van Manen, 2014). Another way of perceiving corporeality is to imagine the embodied experience of a phenomenon, such as the

emotional or bodily qualities tied to a lived experience. With respect to this study, one might ask: How does early parental loss influence the young adult's relationship to their body? What is it like to embody the legacy of early parental loss?

*Lived time: Temporality.* Lived time refers to our distinct relationship with time or temporality: the perception of the passage of time, including an individual's sense of the past, present, and future (Connelly, 2015). This theme refers to subjective time rather than clock time and is related to how we perceive life will unfold: "Lived time is also experienced as telos: the wishes, plans, and goals we strive for in life" (van Manen, 2014, p. 306). The task for a phenomenologist is to grasp the *sense of time* in relation to the phenomenon of interest. What is the young adult's relationship with subjective time? What is their personal sense of the past, present, and future?

*Lived space: Spatiality.* Lived space refers to the subjective experience of *felt* space. Here, the intent of the researcher is to grasp how a certain phenomenon influences the experience of felt space (van Manen, 2014, p. 102). In the present study, I pondered upon the different ways that the parentally bereaved young adult might experience felt space. What are the spatial qualities associated with this phenomenon, either in a figurative or literal sense?

*Lived other: Relationality.* Have you ever wondered how a particular phenomenon influences our social interactions with others? This is the theme of relationality. Lived self-other refers to the quality of our relationships with others, including our relational connections in the realms of community, spirituality, or social justice (Connelly, 2015, p. 120). I wondered: Has the nature of relationships altered for those living with early parental death? If so, how?

Guided existential inquiry was used to engage in the hermeneutic writing that eventually translated into the findings presented in the next chapter. It was during this phase of the study

when writing became the centre of my research world. To make sense of the relationship between the themes garnered from thematic analysis and the four lifeworld existentials, I mindfully attended to my writing and re-writing. At different points in time, I returned to my research journal and interview notes to recall insights gained throughout the process of data collection and data analysis. It was at this time that I resonated with the idea that hermeneutic phenomenological writing is an arduous and disorderly process: “To be able to do justice to the fullness and ambiguity of the experience of the lifeworld, writing may turn into a complex process of re-writing (re-thinking, re-flecting, re-cognizing)” (van Manen, 1997, p. 131). Eventually, after my own process of re-thinking, re-flecting, and re-cognizing, I constructed a thematic structure of the core themes and sub-themes within the context of van Manen’s four lifeworld existentials. Prior to a discussion of these thematic findings, I close this chapter by discussing the trustworthiness of this study.

### **Trustworthiness in Phenomenological Research**

*Rigour* refers to the reliability and validity of research (Davies & Dodd, 2002). Osborne (1990) stresses that phenomenological inquiry and quantitative research must be distinguished from one another when discussing the rigour of phenomenological research:

Natural science research aims at objectivity through explanation, control and prediction, while phenomenological research aims at the elucidation of meaning and understanding of human existence from an individual’s point of view. Natural science methodology looks for statistical generalizability while phenomenological research strives for empathic generalizability (p. 86).

Lincoln & Guba’s (1985) model acknowledges that the conventional criteria linked with quantitative rigour—validity, reliability, objectivity, and generalizability—are incompatible with qualitative methods. Consequently, they offer four parallel criteria to measure trustworthiness or qualitative rigour: *credibility*, *transferability*, *dependability*, and *confirmability* (Marshall &

Rossman, 2011). To establish the trustworthiness of this research, I speak to each of the four qualitative criteria from a phenomenological standpoint.

*Credibility*, similar to internal validity in quantitative terms, refers to the ‘believability’ or the ‘truth value’ of the research. This criterion is met when the study “presents such faithful descriptions or interpretations of a human experience that the people having that experience would immediately recognize it from those descriptions or interpretations as their own” (Sandelowski, 1986, p. 30). In an effort to minimize two threats related to credibility: reactivity and researcher bias (Padget, 2008), I strengthened the integrity of this research by employing two levels of external review. First, I conducted this research under the supervision of a seasoned academic researcher that served as a critical reviewer throughout this study. Although not a peer, this supervisor met the instrumental role of a peer reviewer noted by Creswell & Miller (2000): “A peer reviewer provides support, play’s devil’s advocate, challenges the researchers’ assumptions, pushes the researcher to the next step methodologically, and asks hard questions about methods and interpretations (p. 129). Routine meetings with my supervisor were an avenue to receive critical feedback during each phase of this research. Second, I attended a weekly research peer support group (for one year) that acted as a secondary source of external review during the stages of data collection and data analysis.

From a phenomenological lens, credibility or validity is understood uniquely from other qualitative methodologies:

The validity of the phenomenological study has to be sought in the appraisal of the originality of insights and the soundness of interpretive processes demonstrated in the study. No pre-determined procedures such as ‘member’s check’ or ‘triangulation’ or ‘multiple methods’ can fulfill such demand for validating a phenomenological study (van Manen, 2014, p. 348).

For this reason, I also adopted van Manen's (2014) four validation criteria tailored to phenomenological inquiry and address each criterion below.

First, the study must be grounded in a phenomenological question that enquires into what a human experience might be like (van Manen, 2014). The central research question of this study meets this criterion: **What is the young adult's experience of living with early parental loss?** Second, data analysis must be based on lived experience descriptions, preferably in the form of transcripts (van Manen, 2014). This is why data was garnered from transcribed conversations based upon the central research question. Third, the study must be founded in primary and scholarly phenomenological literature (van Manen, 2014). Chapters two and three of this manuscript verify the establishment of this criterion. Fourth, the use of validation criteria from 'non-phenomenological' methodologies are to be avoided (van Manen, 2014). As such, I chose to avoid validity procedures that do not closely align with van Manen's phenomenology, including member checking and triangulation. Instead, I employed alternative methods to promote the validity of data. For example, a second interview is seen as another way to strengthen credibility, allowing both the participant and researcher an opportunity to clarify information from the first interview – a method utilized in this study (Thomas & Magilvy, 2011). To promote the accuracy of data transcription, I transcribed and triple-checked all interview transcripts by listening to the audiotape on three separate occasions.

Lincoln & Guba's (1985) second criterion is *transferability* and is equated to the quantitative concepts of external validity or generalizability. This criterion addresses the applicability of study findings to other contexts (Lincoln & Guba, 1985). Lincoln & Guba (1985) offer two strategies to ensure transferability: purposive sampling and thick description. Both techniques are in keeping with phenomenological inquiry: purposive sampling is used to

obtain information-rich cases and thematic findings are presented through rich experiential accounts. As previously noted in the chapter, purposive sampling was used to recruit participants. In an attempt to bring each theme to life for the reader, thematic results of this study are presented through anecdotes, personal examples, and lived experience descriptions.

*Dependability*, somewhat similar to reliability in quantitative research, speaks to “the inquirer’s responsibility for ensuring that the process was logical, traceable, and documented” (Patton, 2015, p. 685). The question related to this criterion is: How likely is another researcher able to follow the decision made by the researcher of this study? (Lincoln & Guba, 1985). Van Manen (2014) points out that a phenomenological study can never be entirely replicated because studies of the same phenomenon often produce diverse interpretations and insights.

Nevertheless, it was important to ensure that my decisional path was tracked over time by forging an extensive *audit trail*. For example, I kept an electronic copy of all documents pertaining to this study (i.e., raw data, interview notes, thematic analysis notes, research journal notes, supervisor meeting minutes, and relevant forms). The five chapters of this manuscript also offer a chronological, detailed account of my phenomenological process of inquiry.

*Confirmability*, is similar to the quantitative criterion of objectivity. This final criterion seeks an answer to the question: Is this data reliable and not simply based on the subjectivities, perspectives, and motives of the researcher? (Thomas & Magilvy, 2011). Confirmability is typically met when credibility, transferability, and dependability are met (Thomas & Magilvy, 2011). Similar to van Manen (1997), Lincoln & Guba (1985) propose that neutrality is contrary to qualitative inquiry and stress that reflective research practice strengthens the confirmability of a study. Reflexivity is likened to the idea of construct validity in qualitative research, and refers to “a self-critical attitude on the part of the researcher about how one’s own preconceptions

affect the researcher” (Thomas & Magilvy, 2011, p. 154). This thread of reflexivity is woven into my work in various ways: through sharing my assumptions and pre-understandings with the reader of this manuscript; through reflective discussions with my supervisor and peer support group; and through the pages of my research journal that stamped my thoughts, ideas, reflections, and interpretive understandings of this phenomenon over time.

### **Summary**

This chapter describes the methodology chosen for this research. Adopting a social constructionist research paradigm, I outlined the rationale for a hermeneutic phenomenological inquiry into the young adult’s lived experience of early parental loss. A detailed description of research procedures was also discussed, including my approach to data collection, data analysis, and trustworthiness. The next chapter presents the personal stories of loss, and in doing so, reveals the essential structures of this phenomenon.

## Chapter 4: Findings

*The death of a parent in childhood or adolescence is an extraordinary event that separates two lives.... As one grows up with this loss, he or she arrives at different understandings of the impact of the loss on life. Somewhere on this journey, adults seem to ask themselves this question: 'How has my loss affected who I am?'*

(Daughtery, 2003, p. 132)

In this chapter, I describe what it is like to live with early parental loss during the transformative period of young adulthood, based upon the understandings of eight young adults who reflected on the influence of this loss in their own life. Research findings are presented within the context of van Manen's (1997) universal lifeworld themes and speak to the following question: **How do young adults experience early parental loss within the existential realms of lived body, lived time, lived space, and lived other?** They collectively depict the lifeworld of these young adults living with early parental loss - portraying what it means to carry this loss over time.

Themes were organized into the four lifeworld existentials: lived body (corporeality), lived time (temporality), lived space (spatiality), and lived other (relationality). (See Table 4). Ten core themes became prominent across all participants' stories and signify the essential elements of this lived experience. Together, these identified themes represent the nature of this phenomenon and portray the vital structures that make this lived experience *what it is*. Several core themes include itemized sub-themes that illustrate how a particular core theme was diversely experienced among participants. To establish a sub-theme, at least half of participants must have identified with this feature, although I do include a few sub-themes shared by less than half of participants because they appeared to hold significant meaning and may offer further insight into this lived experience.

Considering that hermeneutic phenomenology relies strongly on anecdotal stories and narrative accounts, I also include participant quotations to support themes and sub-themes. My aim is to capture the essence of this phenomenon through the personal voices of these young adults. For clarity purposes, the words of participants are presented in *italics* and redundant phrases have been removed (e.g., *umm*, *like*, *sort of*, and *you know*).

Table 4: Existential Categories, Themes & Sub-Themes

<i>Existential</i>	<i>Theme</i>	<i>Sub-theme</i>
LIVED BODY	1. The Grief Experience	a. The good-bye b. The witness c. Aloneness d. Leftover grief e. Guilt
	2. The Parentless Identity	a. Otherness b. Personal strength & resiliency c. The helper: Enhanced empathy
	3. Body Awareness	
LIVED TIME	4. The Transition	a. The lost adult relationship b. The reconstruction period
	5. The Unexpected Visitor	
LIVED SPACE	6. The New World	a. The lost home b. Worldview c. Making meaning d. Existential awareness
	7. The Empty Space	
LIVED OTHER	8. Navigating Relationships In New Ways	a. Family reconstruction b. Relationships with others c. The unspoken bond d. The secret
	9. Continuing Bonds	
	10. The Relationship With Loss	

## **Lived Body (Corporeality)**

The first lifeworld existential addressed in this chapter is that of corporeality. This existential identifies the impact of early parental loss on the young adult's relationship to their body. Qualities associated with this existential are primarily related to the emotional and cognitive experiencing of living with EPL. Three core themes pertaining to the lived body are discussed: (1) The Grief Experience, (2) The Parentless Identity, and (3) Body Awareness.

**The Grief Experience (Theme 1).** *An essential experience of early parental loss is to develop an intimate relationship with grief early in life.* All participants spoke about their relationship with grief over the years. As expected, this lived quality became a vital aspect to participant stories. For most, grief coping strategies established in childhood typically carried over into early adulthood. Consequently, participants who formed unhealthy grief coping strategies as a child were more than likely living with unresolved grief as a young adult. In other instances, living with memories about the course of parental illness significantly impacted the grief experience over time. Five sub-themes were tied to the Grief Experience: (a) *The good-bye*; (b) *The witness*; (c) *Aloneness*; (d) *Leftover grief*; and (e) *Guilt*. I begin with the first chapter in the story of early parental loss: the grief experience in childhood.

***The good-bye. The adult child lives with vivid childhood memories of the death.*** Those who live through the early death of a parent possess a remarkable ability to acutely recall the final days of their deceased parent's life. They also hold strong images of when their parent died, almost as if these memories are frozen in time. This theme resonated across all participants, regardless of the age at the time of the loss, or the length of time elapsed since parental death. This summary of research findings opens with the personal accounts of each young adult's first experience with parental loss.

*Participant #1: Cameron (20 years old).* Now a university student, Cameron reflected upon his father's death from metastatic cancer through the eyes of his 13-year-old self:

*I remember when he finally passed, my aunt—I knew he passed, so I was just in that shock. And, my aunt—distraught—comes up and tells me: 'Your Dad is dead.' In those words. And, I was just shocked and appalled that she just put it like that. Just sat there trying to deal with all of that ...It was getting worse, and worse...obviously not getting better. So, at that point there was definitely a small comfort in his suffering is gone.... I hadn't really cried much before that, and I cried that night. But I didn't really cry after that.*

*Participant #2: Emily (20 years old).* Emily can still recount the moment her family changed forever the day her step-father died from a sudden heart attack:

*I was 11. It just happened really suddenly.... Me and my sister and brother and mom—we were all together, and then we got a call from my cousin...sorry I never talk about this. We knew he wasn't well—something happened. And we were driving to the hospital, and my mom was on the phone and then she—I guess they told her he was gone, and we stopped driving.... I do remember when it happened really, really well. I remember what I was wearing. Yeah, and we were eating pistachios. We all just started freaking out...My mom was—really not good. It was really scary because I was—I couldn't console her or anything...it's just really scary to see your mom vulnerable.... He seemed really healthy to me. Strong. It was just really sudden, confusing because he was only 40...when I first found out, or first realized what happened, I was like, 'This can't be real.' I was young and...didn't really understand death at all.*

*Participant #3: Anne-Marie (29 years old).* Anne-Marie, who was then 12 years old, recalled being told her mother died after a lengthy battle with breast cancer:

*My Dad came in the morning to tell me that my mom had passed in the night, and I had this really clear memory of hearing the news and being disassociated from my body. I remember I was reeling myself from the ceiling. I was looking down at this girl that looked so sad, and I was just sitting up in my grandmother's bed and hearing this. And it was—you know, how do you integrate that kind of information? How do you process that? I don't know what I thought about it at the time. I think that was just my way of...protecting myself in that moment.... I remember the bed cover that my Baba had. It was this blue—kind of like the colour of the door, and I was sitting up on the bed and I was just looking vacantly or looking ahead, and my hair was in front of my face because I was looking down. I just looked sad, and I remember seeing the sunlight coming through the window.... I just have a clear memory of that. And then going to the hospice in the hospital, and seeing her body...she was just like a shell, and she looked so pale. She was cold...and I just remember my dad was there, and I collapsed into tears and he caught me.... Yeah, so he just like—held me.*

*Participant #4: Laura (29 years old).* As an 11-year-old, Laura's greatest fear was that she would forget her deceased mother. Eighteen years later, Laura continues to hold strong memories of when her mother eventually lost her fight to Lou Gehrig's disease (ALS):

*My sister came into my bedroom and sat down, and she was the one that told me .... I didn't cry—I mean I was crying all night and everything like that, and I was just like, 'Okay....' I remember being so concerned that I was going to forget her, and that I was going to forget all of these little things about her. That was a big concern of mine when I was a kid...I wrote out all of these little things that I could remember about her, and what she did.... There was a service.... My dad said that he thought that she looked so beautiful, so he asked the permission of her parents and everyone there if they'd be okay to have an open casket. So, we did that.... I remember wondering about, 'Oh, I want to kiss her, but I don't know.' And then I did kiss her, when no one was around. I went upstairs, and I had that moment with her alone, so that was nice.*

*Participant #5: Jessica (29 years old).* Jessica, who was 9 years old, remembers the night her father (diagnosed with lung cancer for over 4 years) went to the hospital one last time:

*I heard them call the ambulance, so I was up. I didn't go into the room because...they had put me to bed that night...I saw the ambulance come up because my window faced the driveway...my grandmother said, 'They are taking him to the hospital, and we will go visit him in the morning.' And I must have fallen asleep again, and then that morning my mom called and said, 'Oh yeah, everything is fine,' and he was alive at the time that she called.... We all went to the hospital together, and as we were walking down the hallway, I heard the nurse say to my friend's mom, 'He passed away this morning.' And then we walked into the room and he had passed away. And I don't remember necessarily saying anything right at that time, except that we all just sat around, and I remember us sharing stories.... During his funeral.... I remember sitting there, and my aunt was sitting beside me, and I didn't feel like crying yet until she sang a song. And then I just started crying and crying and crying...like, that is all that was going to happen. I was just going to cry. I couldn't stop myself from doing it.... I felt a separation between my own experience and what was happening...almost like you are watching it on TV. Like, you see it, but you have no connection with it—surreal. I knew it was my dad. I knew this was happening, but I felt disconnected, or very emotional.*

*Participant #6: Matthew (26 years old).* For Matthew, who lost his mother when he was 1 years old to an aggressive form of breast cancer, this childhood memory is paired with an intense period of stoicism:

*I was going to visit her in the morning.... I woke up at 7:00 am, and realized my dad wasn't home. And I think his brother was staying with him because there was the sense*

*of—that she was going to pass soon. And, he wasn't home, and I waited.... He had been at palliative care overnight I found out....so she had passed in the night. And I mean, even at the time it—this sounds horribly callous...at least to me it sounds awful, but my mother as I had known her by the time of her passing had been gone for 3 months. Had been gone for a sufficient amount of time that the news of the event itself while jarring...was...in some ways a comfort.... There was a service.... She was cremated and I went and sat very stoically. I don't actually remember anything that happened during the service because I remember being so focused on being stoic. I just sat there in a suit. Gave a—I brought two—gave a handkerchief to my aunt, and gave a handkerchief to my cousin and left, and didn't express anything.*

*Participant #7: Sarah (30 years old).* When Sarah was 13 years old, her mother died from cervical cancer (after living with the illness for 5 years). Today, Sarah holds strong memories of what it was like to sense her mother's imminent death:

*The day that she died—I know it sounds weird that 'you know,' but I knew... I just knew. And, I got a phone call at the school, and [it] was like, 'Finish school. Come home. No emergency. Whatever.' And I was like: 'This is it!'.... I don't think I really thought, 'Oh, what is life gonna be like without mom?' Or...maybe I just wasn't cognitively developed enough.... So, they called, and then I was like, 'Okay. This is—I know that this is it.' So, then we came home, and then my dad told me. We were all at home, and then we went to the hospice.... That was really hard. It's so intense, because I remember when she was sick, I used to feel her hand and it was really soft. So, the day...she died, we went down to the hospice, and my dad gave us roses. We each had a rose that we put on her body. And I remember going in, and feeling her hand, and it was really cold, and I remember I wanted to leave, but I didn't want to leave, because I knew that was like—it. Right? And I really remember just feeling the cold hand.... It's like, you remember the senses of like the touch and smells.*

*Participant #8: Elizabeth (28 years old).* This childhood memory is tied to a felt sense of helplessness for Elizabeth, who was 17 years old when she watched her father breathe his last breath:

*When he passed, I was there and in the room. It was my oldest sister, and my oldest brother, and me.... I remember laying on the cot beside the hospital bed, and I remember listening to him breathe, and realizing that he had stopped breathing, and realizing that my sister knew that he had stopped breathing, and my brother knew that he had stopped breathing. But I remember laying there, and just not being able to move because I just didn't want to get up and face that. I didn't want to get up, because I didn't want to—it's really not fun when somebody dies like that right beside you.... I just didn't want to deal with any of it basically. So, I remember laying there and pretending that I was sleeping for—I'm not sure how long...I'm not really sure what my brother and sister did at that*

*point, but I do remember that they went to get everybody. But I mean, I knew. I realized as soon as he stopped breathing. I knew.*

While unique in both a contextual and felt sense, these personal accounts illustrate how all of these participants continue to live with clear memories of their parent's death. Despite their age at the time of parental loss, childhood memories of early parental death have stood the test of time for these young adults.

*The witness. An essential experience of early parental loss is to live with the memory of slowly losing your parent as you knew them.* Participants also spoke about living with strong memories surrounding their parent's gradual decline in health, including watching this parent eventually fade away from the parental role. This lived quality resonated with all participants, except for the one participant who lost her father to a sudden heart attack. Often the most tender topic to reflect upon, young adults recounted what it was like to become an observer to the gradual deterioration of their parent, bearing witness to significant changes in their behaviour, personality, and physical appearance. In addition to experiencing the gradual loss of a parental figure, participants shared difficult memories of witnessing their parent endure human suffering—an experience that may in and of itself have consequences for a young child. Such childhood memories were tied to moments of being faced with the reality that 'Mommy' or 'Daddy' were too sick to be the only person they had ever known: a parent. For two of these young adults, living with such painful childhood memories continues to impact how they live with early parental loss today.

All participants reminisced about what it was like to come to the understanding that your parent can no longer care for you, including Anne-Marie, Laura, and Jessica. These young women shared sorrowful moments of when they became acutely aware of a physical decline in their parent:

*She had homemakers come in and do cooking and cleaning.... She was in bed a lot.... And then it came to the point that my mom didn't feel she could care for us living there, or us staying with her, and that was really upsetting for me.... In the last month, she didn't really want us there too much to see her, because it wasn't a peaceful exit into the spirit world. It was traumatic and painful and heart-wrenching. And, she didn't want us to remember her that way...so, we were there, but not all the time.... She looked really different—this is probably the hardest to talk about. She had bruises from thrashing around in pain, and she looked frail and like a shell. — Anne-Marie*

*My dad would help her get up the stairs and then to get her down. I remember she would sit on the towel, and he would pull her down—one step at a time to get her up and down.... One of the milestone things I remember from her illness was when they moved the bedroom basically down into the—what was one of our living rooms. And so, my dad had a bed, and then my mom had a bed. So, then they were sleeping down there. And then at that time, my grandmother moved in to help (my mom's mom), and so she was in the master bedroom. So, I remember that being a milestone, and I think with these—as her illness progressed in that way—then it became more real, seeing the impact it had on her physical body. — Laura*

*I remember once when he was at home, and he was on an oxygen machine. I remember him asking me—he was in the bedroom, and the oxygen machine was somewhere else in the house—and he asked me to go turn it up to 6. And I knew that turning it up meant he wasn't getting enough air. Like, he felt he couldn't breathe, so I felt nervous about that. But I went, and I looked, and it was already at six, and how disappointed he looked that that was what was happening.... One night he was coughing a lot, and I remember the tension that I felt in myself...I wanted to hear him cough because I knew it meant he was alive. But I also didn't want to hear him cough, because I knew it meant he was suffering. — Jessica*

In addition to physical changes, participants also spoke of moments when they became viscerally aware of significant personality or behavioural changes, as noted by Anne-Marie, Jessica, and Matthew:

*My mom was...very extroverted, had lots of friends, was super social, and dramatic, and liked to be the centre of attention, and always laughing, but also very articulate and spoke really well ...and then [to] be decimated by this awful disease just seemed really unfair. — Anne-Marie*

*His mental state was really affected by the drugs. They were pretty strong drugs, and having to understand that the words coming out of his mouth weren't him, they were the large amount of drugs that they were giving him.... I remember the first time—seeing him cry for the first time was really difficult, and I wasn't prepared for it.... He started to look a lot worse. We knew things were really getting worse. There were more and more times*

*where he had to be on drugs...so there was more and more times where he was just acting crazy or just not acting himself. — Jessica*

*When I fought with my mom it was because I was a headstrong child, and she was strong-willed, and we would fight about stuff. And, even losing that familiar avenue of interaction was really painful at the time....To have known a person all your life and have them behave in a certain way, and then to—you know.... My mother was a smart woman...that loss of self is something that I can't even remotely understand.... Being in a position where...pain is so bad that you need to sacrifice who you are...is beyond what I can imagine. — Matthew*

Importantly, the young adults highlighted how difficult it was to witness their parent slowly lose their sense of self – they spoke about how frightening it was to watch their mother or father ultimately become a *different* person.

Though all of these young adults continue to live with such memories, only two participants (Sarah and Matthew) reported that these childhood memories significantly impact how they live with parental loss today. In both cases, these memories appeared to adversely impact the grief experience over time. Sarah described what it was like to watch her mother succumb to the illness:

*I remember her not being the person that she was....it got to this point where she wasn't the same person.... I had this click of a moment where I was like, 'Oh my gosh. She is going to die.' Well, because I used to go in and read Chicken Soup, and then she kept not understanding the story—was getting mad. Not mad, but just saying, 'What?! I don't get it?!' And, 'What are you saying?'... This isn't the mom that I love and know. Something is really wrong.*

One can only imagine how fearful such an experience would be for an 11-year-old child.

Presently, Sarah still holds strong feelings of anger and sadness with respect to her mother's prolonged suffering:

*Like, why? It's not fair, and she suffered so much...sometimes I think, what would have been easier? In the end, I'm glad I had more time with her, but do you know how hard it is to watch someone you love die in front of your face? She suffered. Remember, I told you about—there is those memories I had where I just knew, and then we had to watch it in front of our eyes.... That's where so much of the sadness comes from... I do have a lot of memories of when she was sick.*

In such cases, it appears that the child too suffers, as they watch their parent slowly lose life. As a young adult, much of Sarah's lingering sadness about this early loss is connected to such childhood memories. Even today, she struggles to understand why her mother was handed such a difficult fate.

For Matthew, the loss of his mother is forever paired with troubling memories of her prolonged suffering. Matthew spoke about bearing witness to his mother's 'living death,' as he watched her health and spirit evaporate over time:

*It's not the final loss. It's the degradation that occurs prior.... To come home, and in contrast to what you had seen, to see them in a sufficient amount of pain—an honest, sufficient amount of drugs that sleeping on the couch is the extent of their activity.... With chemo, with cancer, with morphine, it's very visible pain. It's not hidden.... It really is a living death.... Old pulp stories...talk about...people in this state of 'living death,' and that's a 'Thing.' Like, that's terrifying that that is a thing...it's very easy to think of life and death as a binary pair. Where you live, and then you die...and I learned...that it's not quite that way.... You see the liminal space<sup>1</sup>....and liminal spaces are always scary.... I...have done a fair amount of writing on demons and monsters and...monsters exist in liminal spaces...I can just see that now with more clarity.... That state is monstrous.... You can see me [now], where I am clearly more affected is that clear image—it's not even a full body. Just as I talk about this stuff, I can just remember my mother's face as it existed in that period, and clearly that is quite upsetting for me.... I just don't talk about it is how I live with it.*

Over the years, living with these childhood memories has been difficult for Matthew. To this day, all that transpired *before* the death has been harder to accept than the actual death itself:

*All that came before [the death] is much harder to accept.... In the case of a particularly drawn-out disease like this, you can, at the very least, see death as the end of pain. And so, that is the tool by which it is easier to accept death. It's easy to...really focus as I have on the loss of personality, and spark, and things like that...but it's less easy to...conceptualize...that the cause of that shift is immense amounts of pain...I mean, I didn't know they sell morphine by the litre—in giant glass bottles. But, pain sufficient where taking vast amounts of morphine is the solution—and the only solution. And pain where the greatest mercy you can do for someone is give them more of a drug that destroys who they are.*

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<sup>1</sup> *Liminality* is generally defined as, "the experience of time and place between statuses, the space between 'becoming' and the rite of passage that marks it" (Howarth, 2000, p. 129). According to Howarth (2000), the state between life and death is considered to be a liminal space: "For example, an elderly woman suffering from senile dementia or Alzheimer's disease, mentally and physically deteriorating over time, and no longer recognizable as the woman she once was: the mother to her children, the partner to her husband, the professional to her colleagues....For her family and friends she may have 'died' long ago and in awaiting her physical demise, they experience an extended period of liminality" (p. 129).

Even today, these memories make it almost impossible for Matthew to remember his mother's 'well' self—any memory is always tinged with dark moments of suffering. Such memories are the primary reason Matthew avoids talking about his loss today:

*One of the hardest things for me, and that continues to be one of the hardest things for me, is that the memory of my mother as she was—that she was when she was fully alive...versus a morphine-induced stupor.... It's that long period of degeneration or decay [that] takes away the memory of them as they were...I have arrived at a point where any narrative is tinged with discussion of her death, and part of me really doesn't like that.... that is where the pain is on my end, is deepest. And that's where it hurts the most to talk about, and that means that I am not prone to talking about it.*

For some, such as Matthew, witnessing the living death of a parent becomes the greatest loss and the deepest wound of early parental loss. In such cases, the young adult is vicariously exposed to physical and mental suffering from a tender age—a human experience that in and of itself is considered 'out of time' when it occurs in childhood.

Together, these lived experience descriptions highlight a major theme identified across participants: living with the memory of slowly losing your parent as you knew them. In a few instances, these childhood memories negatively impacted the grief experience over time (e.g., inability to construct meaning from the loss, internalizing grief symptoms, and avoiding talking about loss). In these cases, the *type of parental death* (e.g., progressive illness) and the *course of parental illness* (e.g., degree of physical and mental suffering) were two factors that influenced the long-term adjustment of early parental loss.

***Aloneness. The adult child may live with a strong sense of aloneness, particularly with regard to grieving alone.*** Five participants spoke about feeling alone with their grief in childhood and three of these young adults continue to feel alone with their unresolved grief today. In contrast, three participants reported the opposite: they did not feel alone with their grief, neither as a child, nor as a young adult. What distinguished those who felt alone with their

grief, compared to those who did not? The difference appeared to lie in the type of grief coping style adopted by participants.

Those who carried a strong sense of aloneness typically assumed an internal coping style by *turning inward*, meaning that they tended to cope with their loss by *turning away* from others. Participants who fell in this group were more likely to manage grief symptoms on their own and tended to *avoid the support* of others. For example, they found it particularly difficult to ask for grief-related support. This coping style was naturally paired with other internalizing grief symptoms, such as withdrawal, avoidance, and isolation. Importantly, a few participants attempted to turn toward others for support, but for one reason or another (i.e., family members were emotionally unavailable, the turning inward coping style was modelled in the family home, or a genuine lack of connection with a helping professional), they eventually assumed the turning away coping style and ultimately felt alone with their grief over time.

In contrast, those who adopted a *turning outward* coping style tended to cope with grief symptoms by actively *turning toward* others. These participants sought social support by *engaging in relationship* with others and consequently did not feel alone with their grief. Social supports typically included relationships with family members, peers, or helping professionals. It is important to stress that the differentiating feature of this latter approach was a *perceived* sense that they were not alone with their grief. In other words, actively turning toward others did not always mean that the participant felt supported with their grief. Thus, those with a turning outward coping style both sought the support of others *and* felt supported within these social relationships.

Turning inward was the assumed coping style for five participants. This approach became apparent in the stories of both Laura and Sarah. For Laura, early parental loss has

always been associated with a strong sense of aloneness:

*The anniversary of her death...was always a hard day in leading up to it, and everything like that. That was hard. I had pictures of her in my bedroom, but there weren't pictures of her up in the house. Well, I guess it was something that I felt I faced alone. I felt I was alone in that, and my Dad had moved on...he wouldn't even acknowledge it with me on the day that she passed away. He wouldn't talk about it. It wouldn't be brought up. Like, 'Oh this is a hard day....' I would just cry in my room basically. Alone. Yeah, it was hard. We would never talk about it. Ever.... I felt so alone.... I felt I was grieving alone.*

Although Laura attended professional counselling for several years (i.e., family counselling during the course of her mother's illness and group/individual counselling for two years post-parental death), she never felt entirely supported with her grief. As a child, she attempted to turn outward by seeking familial support, but her father and siblings were emotionally unavailable at the time, so she eventually assumed a turning inward coping style. Right up until her early twenties, Laura felt alone with her loss. In Laura's case, early adulthood became a period when this sense of aloneness began to fade: *"Now, it is different. Now, with my siblings...we call each other, and talk about it with each other, and just—it's nice...and my Dad...talks about my mom openly."* As a young adult, Laura was able to modify her coping style by turning towards her family for support *and* feeling supported within these familial relationships, so she no longer feels alone with her pain.

Like Laura, Sarah turned inward throughout her childhood and teenage years. Despite the social supports she received after her mother died, she felt alone with her grief:

*There was one family that really took us under their wing and we had a really good community and ...the counsellors at the school knew about it, but I didn't really connect with them very well.... I definitely felt really alone.... I didn't want to talk about it. I didn't want to deal with it.... I remember the day that my Mom died, after we came back from the hospice, I just locked myself in the room and it was dark, and I just cried, and I was by myself.... How I dealt with it was I isolated myself.... I was really sad, but I hid a lot of it.*

According to Sarah, turning inward has had an adverse impact on her life today:

*Clearly, now, it all comes back to bite you in the ass...I spent time in my room by myself, which is interesting because how I am now, I cannot be by myself. It is something that I have struggled with. I am the most busybody person you will meet. I am always doing a million things.... After my mom died, our house didn't feel comfortable. So, I would be out doing something with friends or whatever, and then I would come home...and just isolate myself.... It impacts my relationships [now] in a negative way, because I try to do too much...the second I am home on my own, it's like: 'Oh, I got to plan this, and plan that.'*

Sarah wishes she received more grief-related support as a child:

*People think that it is better to just ignore [it], because they don't want to upset you. But then it's—well then you are just not even acknowledging that the person is an important part of your life.... No one ever says anything...and I didn't talk to anyone about anything. I didn't really share anything...people just think it is better just to—and maybe I am assuming, but that is what it felt like, that instead of asking things and thinking like, 'Oh, do you miss your mom?' Like, obviously it is going to upset me, but I'd rather that happen than just not even talk about it.... I don't think I was prepared.... I wish there was more there for me at the time.*

If given the opportunity to go back to her 13-year-old self, Sarah would tell herself:

*'To reach out, and it's okay to be sad and fragile and different—and to love yourself.' I don't think I was—I was not happy, and I didn't really think about it then. I was just coping. You are just isolating, and just doing whatever you can to cope. But I am so not afraid of telling the world I go to counselling [now] because, it's like people do stuff for their physical health all the time. Like, running and eating. What are we doing for our mental health? Why isn't everyone working on their mental health? And I think that I didn't really—I was scared to just deal with everything.*

Overall, those who adopted a turning inward coping style wished that they had received more support with their loss over the years. Some of these young adults spoke about living with family members who were emotionally unavailable and consumed with their own personal grief; in other cases, an internal grief coping style was modelled in the family home. A few also attempted to seek professional grief-related support, but were unable to form a genuine therapeutic alliance. Notably, three participants continue to feel alone with their grief today.

In contrast, turning outward was seen as a helpful way to cope with grief symptoms over time, as was the case for Elizabeth and Anne-Marie. During the first year after her father's death, it was particularly important for Elizabeth to actively turn toward others:

*It's such a weird feeling—when somebody has been sick for so long, and then they die. It's like, what do you do? It's such a weird feeling to get in your car and drive home. And so, for whatever reason, I decided to go with my older sister.... The biggest thing was I just didn't want to be alone. There was a lot of fear that comes with that at that point.... I remember just not wanting to be alone is a big part of it and just wanting to be with other people a lot of the time.... It was an intense feeling...because being alone was a really scary feeling.*

Elizabeth emphasized the value of being included in the familial grief experience, despite her young age at the time:

*Children are stronger than we give them credit for and...it was important that I wasn't treated like a child—that people were honest with me about the situation.... It would have been a lot worse for me if people had tried to protect me.*

Since then, Elizabeth has continued to turn to her siblings for grief-related support:

*I felt supported by my siblings because they just always took care of me.... I never really needed to ask for help because...if I was upset, I would just say I was upset. Or, if I needed to talk, I would just talk.... That was a huge counter to all the grief that I was feeling—that intense amount of love and support—that just helped me so much to deal with it—just knowing that it was there.*

Anne-Marie told a similar story. After her mother's death, she too turned toward others and perceived to be supported within these relationships:

*Family for sure was supportive...we were in some kind of cancer support group with other youth...I would probably say a year, because it was from when she was sick and then until afterwards.... We started to see counsellors around her being sick.... There was a psychologist there who I remember, and still see when I'm back home, and he was really supportive.... What sticks out to me the most is the group that we were in with the other youth.*

As she became older, Anne-Marie actively reached out for peer support:

*I wasn't super extroverted, but I always had friends, and especially from after my mom died until I was all the way through high school. My friends and my peers were pretty important to me, and I was pretty social.... I had a really strong peer connection.*

Like Elizabeth, turning toward others was a helpful way for Anne-Marie to effectively cope with her loss over the years.

To summarize, all of the participants in this study adopted one of two coping styles as a

child: turning inward or turning outward. Overall, participants tended to maintain the predominant coping style established in childhood. The three participants who turned outward as a child (3/8) maintained this coping style as a young adult. Of the five who turned inward as a child (5/8), three maintained this coping style as a young adult and continue to feel alone with their grief today. The turning outward coping style was perceived by participants to be significantly more effective, both in childhood and early adulthood.

*Leftover grief. The adult child will renegotiate aspects of unresolved grief.* As time goes on, those who experience early parental loss eventually return to a regular routine, years go by, and life goes on. However, this may not always mean that they have ‘moved on’ from this loss. Half of the participants in this study spoke about continuing to live with grief they thought they left behind as a child. Unresolved grief typically arose in one of three ways for these young adults: through a *delayed grief reaction*, through the *maintenance of unhealthy grief coping strategies*, or through a *re-experiencing of grief*. In this section, I discuss what it was like for participants to live with such ‘leftover grief.’ (Note: Guilt was the most prominent symptom of unresolved grief and is independently discussed in the next section).

In some cases, unresolved grief manifested through a *delayed grief reaction* that surfaced many years after parental death, once the child matured and began to process this loss in new ways. For example, as Emily approached adulthood, she experienced a resurgence of grief and became consumed with her loss in new ways. This eventually resulted in an onset of depressive-like symptoms:

*As I got older, I still didn't talk about it. I just wanted to be sad all the time—not show it, but it was my default.... I still thought about it a lot, even though I didn't talk about it.... I think more when I was a teenager, I wanted to think about it all the time, which is weird. Sometimes I would keep myself awake at night and just think about it until the point I started crying...I did that a lot. I'm not sure why...I still did that until I was, I don't know,*

*18.... I thought I might have been depressed for awhile, just because I was constantly wanting to be sad. I think it made me tired—just low energy...Sometimes I still feel that.*

Just a few years ago, Emily recalled drawing somber portraits of herself in tears. Even today, she continues to live with a perpetual degree of sorrow:

*It's sadness. Like, something that you carry around all the time.... I still have periods of sadness, but I think more and more I am just starting to think I can be sad, but not be a sad person. That's what I want, I guess. I want to be able to be sad, but not let it make me a sad person...As I am an adult, I just want to change because I don't want to be a sad person forever.... I would also like to just be happy...when I was younger, even trying to talk about happy things just made me really sad.*

Emily attributed this unresolved grief to be the primary reason she tends to generally suppress negative emotions today:

*It makes me feel bad, because I don't want to come off as a hard person, because I do have a lot of feelings. I guess sometimes I feel guilty because I don't like to express sadness, and then I feel I am hiding it, and I don't think that is very good.... I think that the way people see me—based on how I try and hide my emotions—they might see me as kind of unfeeling, which isn't true...I would like to learn to be—present myself more the way I think I really am.*

As a young adult, Emily finds herself renegotiating her relationship to this unresolved grief.

Coincidentally, this was the reason she volunteered for this research:

*I wanted to do this [study] because I wanted to teach myself to talk about it. I want to be an adult who doesn't repress things. I am really bad about talking about my emotions—not just my Dad, but pretty much most emotional things.... I really avoid being sad in front of people.*

In addition to a delayed grief reaction, participants also spoke about living with unresolved grief due to *unhealthy grief coping strategies* that carried over from childhood. In most cases, these coping strategies were established *before* parental death and began during the course of parental illness. Several young adults spoke about an inability to leave unhealthy coping strategies in the past, including Matthew and Sarah.

To cope with his mother's illness and eventual death, Matthew recalled actively engaging in

avoidance strategies as a teenager:

*I did everything in my power not to deal with those feelings, and not to deal with how upset I was, and not to confront the reality of the situation. Well, I drank a lot—which is not the best solution. For a while, I did a lot of drugs...it progressed from there for the next couple of years.... Sometimes the best way to not feel a thing is not to feel anything, and it was a solution at the time, and it wasn't very effective.... There was a service.... She had her ashes at this funeral home where she was cremated, and as a testament to avoidance, I remember six months afterwards I called my father and said, 'Hey, we should do something with the ashes.' And he went, 'Yeah, we got to get on that, and do something,' because neither of us had done anything with them. And then, we didn't.... That is actually a pretty concrete example of both my and his avoidance tactics, in that...both of us wanted on some level to...do something with them—but neither of us did.*

Seeking to drown his emotional pain, Matthew maintained this pattern of avoidance and turned to substance abuse for the first time in his life. As a young adult, he continued on this destructive path for several more years—a behaviour he fully attributed to this early loss:

*One hundred percent. Because the cocktail of substances that I happened to be using are things that generally make you feel good, or feel nothing.... But, looking back, it is horrendous, but at the same time it made sense. It wasn't a great choice.... I suppose it works, in that you start doing these things as a method to make avoidance easier.... I essentially filled my space with either things that consumed my mental or physical energy, or blocked them out.... I remember being like, 'If I go and do things, and pretend to be happy, and pretend to have fun—I will have fun.' And that became a mantra...and you do them doggedly, doggedly, doggedly. And, I mean it...worked for me...and then cracks started to show.*

Today, Matthew no longer turns to substance use to manage his grief symptoms, though he continues to actively engage in avoidance:

*I honestly don't think about it a lot. I don't deal with it, and I would say—actually, I think avoidance is a very good word. Because I actually realized this at dinner with my partner's parents, and her mother was asking me about my mother. And I just was like, 'Yeah, I don't want to talk about this.' So, a good example of active avoidance. [That happened] two days ago.... It's not a thing that I really want to talk about.*

As a young adult, Matthew believes that if he had expressed his grief earlier in life, he would be living with his loss in a healthier way today. If he could go back, he would tell his child self:

*'Don't go and do a bunch of drugs. Go talk to someone, instead'.... I imagine I...would probably also come to myself currently and say, 'Hey, you know what? It's okay to be sad*

*sometimes' .... I suppose telling 18-year-old me, 'It's okay to be sad.' And, if I had started being sad earlier, it would now be easier to be sad.... 'It's okay to be sad,' is great advice, but I know I'm not following it.*

Similar to Matthew, Sarah spoke about living with unhealthy grief coping strategies over the years, including avoiding grief-related emotions and refusing to speak about the loss, something that began in childhood and continued on in early adulthood:

*I didn't really talk to my sisters about anything, and I didn't really talk to my friends about anything.... There was just sooooo much pain...that's why I feel I've dealt with this so much later in life, because we didn't deal with it—at all.... I lived in university and was in residence, and I think I had a period of just—again, just doing my own thing and trying to heal on my own.... All I wanted to do was be normal, and be a part of the group, and not deal with it. And that's why I didn't deal with any of my grief and...it came into loneliness...that I just hid.... I was depressed and sad,*

Today, Sarah lives with a perpetual sense of sorrow:

*There are so many things that remind me of my mom that makes me sad, and I'm soooooo tired of being sad, and here I am crying again.... I just don't want to be sad about it anymore.... Honestly though, I'm still very angry and sad. It doesn't matter how long time goes on. It's like in an instant: I'd want her here.*

Nonetheless, as a young adult, Sarah has worked hard to process her loss, and she attributed much of her progress to seeking professional counselling support: *"It was mostly a safe place, and I think that is what I need because I told you about how I really isolated myself...it was just a safe place for me to talk about it."* In both of these cases, the maintenance of unhealthy grief coping strategies resulted in the need to renegotiate aspects of unresolved grief that carried over into adulthood.

Lastly, unresolved grief also arose for participants through the *re-experiencing of grief*. This occurred when another significant loss triggered a disproportionate grief reaction and elicited strong residual emotions stemming from early parental loss. For instance, as a 30-year-old, Sarah was unexpectedly confronted with unresolved feelings of childhood abandonment:

*I had a big loss of a relationship in the summer. So, there was a lot of feelings of abandonment.... I know it is so cliché to say that he was my best friend, but we did everything together. So, that is why when it ended—and it is like cold turkey—nothing.... complete abandonment, and that's how I felt with my mom...the counsellor brought that up. It's like, 'You had a mom one day, and then you don't.' And it's just, I didn't realize that was something I was still processing.*

Unbeknownst to Cameron at the time, he too re-experienced grief related to his childhood loss. Though he described a lack of emotion after his father died, he nevertheless conveyed profound emotion when his dog passed away from the same illness:

*After my Dad passed, my dog died on my birthday. We didn't know he was sick, but we took him in and he had cancer also. So, that was a blow and I cried a lot. But after I cried a lot about my dog, it was a lot better...I didn't feel such a wave of being upset. It definitely got okay faster, but that is also a dog compared to be my dad, so obviously it is less severe.*

For these participants, early adulthood became a time to renegotiate unresolved grief from this childhood loss in new ways.

***Guilt. The adult child may live with residual guilt stemming from early parental death.***

All but one participant (7/8) spoke about living with guilt arising from early parental loss over the years, and half of participants (4/8) continue to live with some form of residual guilt.

Although the nature of guilt varied in both severity and duration, guilt typically arose for three reasons: feeling regretful about *past behaviours*, feeling remorseful about the *quality of the relationship* with the departed parent, or feeling as if they *failed the deceased* in some way.

Most commonly, participants felt guilty about their *past behaviours*, feeling regretful about how they coped with either their parent's illness or the eventual death. In some situations, this type of guilt eventually resolved in childhood; other times, it persisted and carried over into early adulthood. Anne-Marie and Laura felt a strong sense of guilt that lasted several years after their mother died. In some strange way, both participants felt that they must have done something wrong to ultimately cause their parent's death:

*I felt guilty right after she died. I felt guilty that if I had been easier, or if I had...taken care of my brother and me and her more, that she would have had more strength to fight cancer. And if I wasn't so difficult, then I could have influenced it in a different way.... I don't know at what point that I realized that I actually didn't have control over what happened...probably when I was a teenager. — Anne-Marie*

*After my mom died, I automatically said no to a lot of things. When my mom died, it was a day that I had decided to go and tryout after school for the track and field, and I never did stuff like that...I felt soooo guilty for a long time for doing that, and I wouldn't take opportunities.... That lasted I'd say, 5 years maybe, until later high school. — Laura*

For others, such as Sarah and Elizabeth, guilt generated from past behaviours persisted in early adulthood. Sarah's guilt has always been tied to how she coped with her mother's illness and subsequent death:

*I went back to school right away because I just wanted to be normal.... I definitely felt guilt.... We didn't visit the gravesite for a long time, I felt like it was years and years.... I went up there once by myself, and I didn't...even remember where the gravesite was. I was like, 'I'm the most horrible daughter ever because I don't even remember where my mom was buried.' I felt a lot of guilt in my teenage years.... And then, I have a lot of guilt...of not visiting her a lot when she was at hospice.*

Sarah continues to harbor this guilt and still questions if she processed the death of her mother the 'right way':

*It's more so the guilt that I have experienced as a child and when she was sick...that is still following me...Like, 'Oh, you should have been around when mom was sick.' Or, 'You should have taken more time off school.' Or, 'Not been so selfish'.... I felt guilt [about] when she was sick, but also with how I processed it.*

In Elizabeth's case, this form of guilt only surfaced once she became an adult and began to perceive her loss with adult eyes:

*I didn't realize that my siblings were taking care of the funeral, and taking care of my dad's house and everything... I felt a lot of guilt of not helping them with that... It was hard for me...just feeling I hadn't done enough.... I realized, 'Oh, that is what being a grown-up is, and that is what I should have done....' [The guilt lasted] a couple of years...part of me still does a bit, because I just feel I should have known.*

She also began to feel remorseful about her teenage behaviors when her father was alive:

*Guilt about being a shitty teenager...I didn't really have any remorse about being a shitty teenager much up until that point.... And then afterwards, realizing that I was really fucking up.... I wished I had known how much of a teenage jerk I was. I wished I had known how much I was going to appreciate my parents at this point in my life—then.*

In addition to feeling regretful about past behaviours, some participants experienced remorse about the *quality of relationship* with the departed parent, or as if they *failed the deceased parent* in some way. For Matthew and Cameron, these two elements of guilt became a predominant and central component to their story of loss. In both cases, guilt was somewhat of a companion, rooting itself soon after parental death and becoming a constant presence in the lives of these two young men.

Matthew's relationship with this guilt is a complicated one, likely due to regrets about a strained relationship with his mother:

*One of the biggest components that I struggled with at the time, and have continued to struggle with is, I didn't have the best relationship with my mother.... When I lived at home, we were really similar, so we fought all the time...I did then, and I still now, feel very guilty.... One thing that I really regret is being a shithead when I was 15.... If I could go back to 15-year-old me, my big advice would be, 'I know you want to fight, but try and make friends with this person.'*

Compounding the situation, Matthew lives with an unwavering sense that he failed his mother in the most ultimate way—he could not keep her alive:

*When you are a kid, you see all these movies and stuff where someone is in danger. And the hero of the film comes in and saves them from otherwise certain peril, and the masculine ideal that our society constructs is that you save people...At the core for me personally of my mother's loss, is this overwhelming sense of guilt that I couldn't do anything. Not only could I not save my mother, I couldn't even try, because it's such a—I mean, I am not a doctor. I am not an oncologist...that has been probably the most protracted influence on my life.*

He continues to live with a deep-rooted sense of guilt and somehow feels responsible for his mother's death, perhaps because he supplied his mother with large doses of morphine. In Matthew's eyes, this complicit action somehow led to her ultimate death:

*In dealing with the physical pain, you are contributing to someone's mental anguish—as in providing them with the drug that is destroying who they are....I felt at the time, and I still feel, that the sole thing that you could do was both deeply unpleasant, and in many ways unhelpful...accomplice is actually a very good choice of words, because I think that it makes you in many ways feel complicit in their death, if not the final—the actual moment of death—in the slow destruction of a human being.*

According to Matthew, this residual guilt has made him generally prone to the felt sense of guilt:

*I am a very guilt-driven person. I feel guilty very easily, and I occasionally get crushing bouts of guilt...I have been told by people whose opinions I respect and professionals...that one of my biggest loci of guilt...still has to do with my mother's passing...both in that I remember not having the best relationship with her...and...[the] guilt that I couldn't do anything.... I get trapped in cycles of guilt...Say, I'm at work. I work in a kitchen [and].... I sent out...like a noodle bowl or something. It came back, and one of our servers...he was like, 'Hey, they thought these noodles were under-done.' I felt terrible about that for 2 weeks afterwards...that's not a proportionate response to the situation...It's like when you have a baseline sensation of guilt existing at all times, little things cause the actual feeling of guilt to manifest...my threshold for that is considerably lower as a response.*

Like Matthew, Cameron also lives with prolonged guilt stemming from early parental loss. He wished he had been closer to his father and spoke critically of how he grieved the loss:

*Definitely a few years ago especially, there was a lot of guilt about not crying a lot—not feeling like I was really there—with him, or with my family. Just the whole year he was sick, and even before, of just not feeling I had as strong connections as I thought I should have.... It definitely is something that still comes up. But I definitely feel now I have accepted it more, as I was younger than I gave myself credit for at the time...it ties in again to only crying once when my dad died [that] was a huge, just guilt of like, 'Why aren't you more sad than this?' I definitely feel uncomfortable about it.*

As a young adult, this residual guilt generated a secondary source of guilt: “*There is some current guilt of not feeling I am as connected with my mom as I want to be.... It's definitely...the guilt of not feeling I had a strong enough connection with my Dad.*” Over the years, Cameron has also felt that he failed his father because of an inability to fulfill his dying wish: to continue practicing the Greek Orthodox faith. Soon after his father died, Cameron received a handwritten good-bye letter: “*A lot of it came back to just, 'I really hope that you continue to go to church,' which I didn't.... So, there is definitely guilt about that.*” Consequently, Cameron has lived with

guilt about his wavering spiritual beliefs over the years: “*When I moved away from religion, and when I started to actually question whether I believed in God, that was a big thing, and there was a lot of guilt for that.*” In Cameron’s eyes, turning away from the church was like turning his back on his father. Although this guilt has diminished over time, Cameron remains unresolved about his spiritual beliefs today.

While guilt manifested in different ways across participants, it is important to stress that *almost all* participants experienced guilt for a significant period and *half* of these young adults continue to live with residual guilt. (It is unclear what differentiated the experience of the one participant who did not speak to this lived quality, although she received strong social supports to cope with her loss, both during the parental illness and after the death). In most cases, guilt arising from early parental loss decreased in intensity over time. For instance, when Cameron began to perceive his loss with adult eyes, it became easier to cope with this guilt:

*It is a lot lessened because...[at] the time, I felt I understood everything...but looking back, I don't think I really did. It was definitely a lot of denial, numbness.... There has been a lot of reflection about how I dealt with it when I was younger, and I feel I am finally starting to forgive myself of that guilt.*

Nevertheless, Cameron continues to process this residual guilt. About a year ago, he wrote about his relationship to this guilt in a moving poem that he shared with me. (See Preface for poem and Appendix L – *Artistic Piece #1*, for my interpretive notes of this artistic piece). His poetic writing signifies the prominence of this lived quality in his own story of loss.

**The Parentless Identity (Theme 2).** *An essential experience of early parental loss is to permanently integrate this loss into the perceived sense of self.* It has been said that when a loved one dies, so too does a part of the self. In the words of one young adult, the influence is great: “*I suppose that we are the sum of our experiences—it is a major contributing factor to the way that you both present yourself and receive the outside world.*” This sentiment resonated

with each young adult: all told a story of how the early death of a parent shaped their personal identity. Anne-Marie and Sarah both conceptualized this loss as a part of their own self: “*It is something that is integrated into your very essence of who you are,*” and “*It’s just so life-changing. It just affects every ounce of you.*” All of these young men and women shared the belief that early parental death shaped not only *how* they interacted in the world, but also the *person* that they have become. Early parental loss influenced self-identity development in three key areas: (a) *Otherness*, (b) *Personal strength and resiliency*, and (c) *The helper: Enhanced empathy*.

***Otherness. Early parental loss is accompanied with a felt sense of being different.*** For the participants of this study, living with early parental loss also meant acknowledging that their life had been different than most others. In one way or another, all of the participants talked about living with a sense of otherness and feeling ‘different’ from others. This lived quality was poignantly captured through several participant accounts (Anne-Marie, Cameron and Elizabeth). Anne-Marie reflected upon how this lived quality was born soon after her mother died:

*You are not really wanting to be the only kid in your school that lost a parent.... When you are at that age, you are really trying to cultivate a sense of belonging, and your peer group becomes really important, and I really didn’t want to stand out. I was already Aboriginal, which was hard...so that was one thing that put me out there, and then my mom died. So, there is this whole ‘other’ thing, and then being raised by a single father. There is all these ‘otherness.’*

This lived quality intensified when Anne-Marie became older and began to identify as a motherless daughter:

*She really worked to connect [us] with culture—with her culture—and did a lot of work to connect us with that when we were young, and bringing us to sweat lodges and powwow’s, and teaching us about different sacred medicine, and just trying to instill those values in us was important.... So, when she died there was...an identity shift—an identity disconnect that was cut-off. So, all of a sudden, I was a motherless daughter...soon after...the connection with my mom’s family was very distant. So, I had noticed that disconnection with my culture, and that part of my family.*

Cameron also spoke about living with a sense of otherness and feeling like an outsider:

*Really realizing that I am the minority. And I mean, most people don't have perfect families, and a lot of people have divorced parents, or imperfect relationships with their parents. But still...a person who has both their parents, walks into a room and assumes that everyone there has both of their parents.... And also, just feeling more of a minority than I am because...no one really broadcasts it. Like, I don't broadcast it. And I don't think other people who have lost a parent put it out there. In a new social environment meeting new people, until you know otherwise, they all have all of their parents. So, I am the one out of everybody.*

At the end of our interview, Cameron reiterated the significance of this lived quality in his life:

*Again, feeling like I am a minority.... I don't know how other people in my position have gone through this, having never really shared stories with someone who has. So, I don't know what is normal. Even though I have two sisters that went through what I went through, I don't really know how they have gone through it either.... People in my position, I feel, don't know what 'normal' is supposed to look like.*

As expected, this lived quality was more prominent for the one participant who lived through the premature loss of both parents. Elizabeth lost her father as a child, and then later lost her mother in early adulthood:

*It was probably when she passed away that.... I realized...other people have normal parents, and other people have both their parents.... I never realized all that much how different I was, until someone pointed it out, and somebody was like, 'Well, you're 25, and you don't have any parents left.' And I never really thought about it that way...it made me realize how much of an outlier I am.... I do feel different from other people in a lot of ways.*

According to Elizabeth, this sense of otherness can have an impact on her social interactions with others, including her peers, as illustrated in the below anecdote:

*I feel different in the sense too that I know what it is like to really suffer: to really hurt, and to really be in a lot of pain. And I feel like a lot of people here...I don't know if it's related to material things, but I just have this impression of when I try to make friends with a lot of girls here that—an example of this is...a friend of my best friend...I couldn't relate to her because her parents had bought her a Canada Goose jacket...they are \$800-\$1000...and all she could talk about was how upset she was that it was real coyote fur on the hood of the jacket...I just walked away from there being: I just can't be friends with that person. I can't relate to them...there is just nothing there, because she just has no idea. I just felt she didn't know what real life was like. It was like, 'You are talking to someone who*

*doesn't have either parent to give her a coat....' I feel that way about a lot of people I try to make friends with.*

All of the young adults in this study appeared to live with an acute awareness of their parentless identity that often impacted their sense of belonging. Thus, a felt sense of otherness emerged as an essential structure to the phenomenon of early parental loss. A few participants shared that they hope to overcome this attribute, a sentiment echoed by Matthew:

*As we go out there and we try to meet people and impress people with who the kind of person you are, you want to be known for who you are. You don't want to be 'That guy.' You don't want your epithet to be, 'Matthew, who lost his mother.' You want it to be—I don't know. Anything else.*

While early parental loss was accompanied with a felt sense of otherness, this lived experience was also perceived to influence self-development in positive ways.

***Personal strength and resiliency. The adult child may live with a perceived inner strength and resiliency.*** Almost all the participants of this study believed that the experience of early parental loss changed who they are *for the better*. All but one (7/8) stated that this lived experience positively impacted their sense of personal strength and resiliency. They spoke to this lived quality in different ways, such as: *"It has made me a stronger person...I just feel I can handle harder things in life that happen."* To explain further, this lived quality is described through the experiences of Matthew, Anne-Marie, Laura, and Elizabeth.

For Matthew and Anne-Marie, the experience of early parental loss fostered a belief that they can get through almost anything else:

*It sounds awfully depressing, but I have a touchstone for, at least in my experience—it might not be the worst thing, but a pretty bad thing that can happen. And, therefore when bad things happen, on the scale, it's not that bad. It could be worse. It could be considerably worse. — Matthew*

*It's also this knowing...if I can make it through that and I can survive that, and it turned out mostly okay, then I can go through almost anything. — Anne-Marie*

Laura spoke about drawing on the strength and courage of her late mother to instill her own sense of personal strength:

*When I am faced with something that I find difficult and something that is challenging, I think about the courage that my mom had, and what that took for her to go through that. And, to wake up every day while she was sick knowing that she was—it was a day closer to the end of her life, and with leaving children. And I mean, the thing that I might be stressing about is microscopic compared to something like that in life.*

In other cases, when a parent died young, participants learned an important lesson: death is the only uncontrollable force in life. This was true for Elizabeth, who now believes she has the power to influence all else that comes her way:

*Experiencing that sense of death and loss made me realize that it is literally the only thing that can ever happen that we can't do anything about.... So, I see my life now as, 'Whatever happens, I can do something about it. Whatever happens, I can change something....' It gave me that realization pretty early on of: I'm not stuck in a hole, despite what I am experiencing. I can control it...it's within my ability to do something about it.... We can do something about what we are doing on this earth when we are alive.... Death is the only ultimate thing in life. That was a pretty profound lesson.*

For the large majority of participants, a strong sense of personal strength and resiliency was an essential component of what it means to live with this loss as a young adult. Notably, this finding was also present for those who experienced a more complicated grief pathway over time, such as those presently living with unresolved grief. Thus, regardless of how this loss was experienced over time, losing a parent early in life almost always appeared to foster a strong sense of personal strength and resiliency in young adulthood.

***The helper: Enhanced empathy. An essential experience of early parental loss is to develop an enhanced sense of empathy.*** The participants' lived experience of early parental loss included being intrinsically drawn to help others, either in a professional or personal sense (e.g., becoming a helping professional, engaging in volunteer work, or adopting an empathic role in personal relationships). What fuelled this desire to help? Losing a parent in childhood

appeared to nurture an empathic heart for at least one of three reasons: assuming a *caregiving role* from a young age, acquiring a *sensitivity to the pain of others*, or undergoing *deep personal grief*.

Among these participants, more often than not, those who prematurely lost a parent assumed a *caregiving role* (6/8). Participants adopted supportive roles within the family and became a primary source of support to surviving parents or siblings during childhood. For example, as a 12-year old, Anne-Marie took on a helping role at about the same time she reluctantly moved out of her mother's home:

*Sometimes after school I would just go to my mom's house anyways, and she would be like, 'Anne-Marie, why are you...?' You know, 'I'm too sick to take care of you.' And I would always think that...I didn't need her to take care of me. I could take care of her. So, I tried to do a lot to prove that.... So, I would just make myself food and cook and clean, and just try to be responsible.*

This role continued on after her mother's death, when she became a support to both her father and younger brother:

*I was really parentified. I was acting as a support for my dad...I really took on this role.... He would show me legal documents, and my dad is really smart in a lot of ways but...English is his second language...and so, I would remember being in high school—in Grade 9 or whatever—and just reading these legal documents, and I just had this sense of responsibility.*

Similarly, Laura reflected upon when she (11 years old at the time) and her siblings became 'parents' to one another after mother loss: *"The three of us kids, we would take care of each other and try to cook for each other, and everything. So, he [dad] was never home. Ever. So, that was really hard. It was really bad."* It seemed that Laura lost the parental presence of both parents the day her mother died. Other participants shared similar stories about caring for others from a young age; in many of these cases, these young adults expressed a certain level of comfort with assuming the role of helper and continued to seek opportunities to help others in

early adulthood.

Living with a heightened *sensitivity to the pain of others* appeared to be another reason that participants adopted an enhanced sense of empathy. This became evident in several stories, where young adults spoke about the impact of bearing witness to the physical and emotional suffering of their dying parent during a formative period in life. This childhood experience seemed to foster an enduring sense of compassion towards the pain of others. This was true for Matthew, who watched his mother endure significant emotional and physical pain. It was this very experience that gifted him with a sense of empathic awareness:

*Based on my own struggles and experiences, I think I'm fairly aware when other people aren't having a good time of it, if that makes sense. And, I'm definitely more of a 'fixer' now. I don't know how else to describe it, and I think that is overall a positive thing. It engendered in me a desire to [help], perhaps as some sort of surrogate. I have never thought of it that way, but to help as much as I can.*

In a sense, Matthew believes that in helping others, he is honouring his late mother—doing what he wished he could have done for his mother *through* others. When asked what he learned from this loss, he replied:

*Be kind...because you don't know what someone else is going through—what someone else is experiencing—and be kind in giving people the benefit of the doubt.... and be understanding.... Having experienced pain on a scale, 15-year-old me or younger me couldn't even imagine, I just find that even in little things, I just don't understand the desire to bring any more pain into this world. Like, why? Why? When it's so easy not to. I mean, occasionally it is not easy not to. Occasionally, you are gonna slip-up...but if you adopt a policy of general kindness—you know, why? Why introduce more pain?*

Other times, it was the participant's own relationship with *personal grief* that drew them towards compassionate living. Emily commented:

*It just shaped my personality.... It just helps me understand other people's sadness better. If it never happened to me, I wouldn't have that insight into it.... Having that experience made me more sympathetic, or I feel I can relate to people who have gone through sad things better. But also, you feel for them even more, because you know how hard it is.... If you have never experienced grief, you can't imagine how it feels. Everybody will*

*experience it at some point. I envy them.... After you have experienced it, then you have more empathy, because it is not, 'Oh, that's so sad.' It's like, 'That's how I felt.'*

This sentiment also rang true for Anne-Marie and Sarah, presently in a graduate school program for helping professionals, who both credited their loss to having had an impact on their chosen career:

*I really want to be a person that I wish that I had when I was going through this identity stuff...someone that can name feelings and experiences of cultural dislocation, of grief, of loss, of feeling like an 'other'.... I always wanted to help people...so I always knew I wanted to do this, and I think you are drawn [to it]—like the wounded healer kind of thought. And, knowing that, 'Oh, I have experienced pain, so I can connect with you on some level, even if my pain is different than yours.' Then, there is an understanding there...it fits who I am as a person. But also...who I am as a person now, is a reflection of my experiences and my history—and that loss. — Anne-Marie*

*I definitely think that it is[connected].... I wrote about her passing a lot in my [graduate school] application and how, over the years, counselling has helped me a lot with processing her death, and how I want to help people the way that counselling has helped me.... Maybe that's why I like helping people so much, and being there emotionally for my friends, because I just know that I can take on the weight of other people's stuff now too. — Sarah*

For participants of this study, living with an enhanced sense of empathy was an important feature of what it means to live with early parental loss. Early parental death appeared to be a catalyst that nurtured critical areas of self-development for participants, such as compassion and empathy. For these young adults, losing a parent as a child fostered a certain degree of emotional attunement that has prevailed over time.

**Body Awareness (Theme 3).** *Those living with early parental loss may also live with a heightened body awareness.* Having a parent perish to illness can have a lasting impact on a child's relationship to their own body. In some way or another, this lived quality resonated with each young adult interviewed for this study. Most participants (6/8) spoke about living with an acute awareness of their own physical health or that of a loved one. For example, Jessica

developed an acute awareness of her own body during the course of her father's illness – a transformative period where her family became mindfully aware of their own physical health:

*I was much more aware of my health because of that process, because my family really did go through a transformation, particularly in terms of diet...we paid attention to the things we were putting in our bodies.... So, I have always been aware of my health, and I have always paid a lot more attention to my body, and the subtleties of it, and aches and pains.*

Additionally, over half of participants (5/8) presently live with the fear of inevitability: an intense fear that they or a loved one is destined for the same fate as their deceased parent—acquiring a terminal illness. Two young adults also stressed that they value their physical health above all else.

Several participants talked about what it was like to live with health-related fears. Sarah spoke with certainty about being destined for the same fate of her mother because of a belief that she too will inevitably die of cancer. In other cases, this fear was more generalized and focused on the acquisition of *any* serious illness, as articulated by Laura:

*Part of me rationalizes it. No one else in the family has ALS. There is a genetic type, but there is also a random manifestation of it. But I mean, I guess for me, when I think about that and my health—it's not just ALS. It's, anything...it could be anything.*

This lived quality became a focal point in Anne-Marie's story of loss. She spoke at length about how these health-related fears motivated her to engage in a healthy lifestyle:

*I have struggled a lot with this fear of inevitability...and this myth I think that we are told, that cancer is genetic, and it just happens to you, and there is just no control that you have over that...since I guess early adulthood.... I always felt there was something I could do to prevent it. So, I have tried to be pretty healthy. I have been a vegetarian for 8 years. I tried to take care of myself, and not abuse substances, or just live in an unhealthy way, or be around toxic people... I have made a conscious effort to live healthfully, so that I can take care of myself, because I feel my mom didn't have that opportunity, or didn't make those choices, and it has an effect on your physical body I think.*

At times, this fear of inevitability has intensified for Anne-Marie, such as when she faced a health scare a few years ago:

*I was around 25 when I went to the doctor's and they did the breast exam, and they are like, 'Oh, there is this suspicious lump. So, we are going to refer you to get an ultrasound.' So, that was terrifying for me.... I was planning on going to this appointment alone, and just being really scared. It was overwhelming because I felt there was this inevitable illness that I was going to have. Just this really strong fear. So, that's when there is a lot of work for me to try to separate what her path was, and what my path is. And that just because that is what happened with my mom, doesn't mean that that is going to happen to me. But that was scary. And, it ended up being fine, it was a cyst or something normal.... [There is] this fear that comes up around any kind of physical illnesses. I am relatively healthy, but if I do go to the doctor, and then like, 'Oh my God! Da, da, da!' It's like, this emotion comes up really overwhelmingly.... I just fear that I am going to be diagnosed with something.*

Two young adults described what it was like to live with a strong appreciation for their physical health. This lived quality was noted by Laura: “*Gratitude for my health and the health of my family members...that is the most important thing to me.... I don't think I would have the appreciation that I have for my body.*” It seems that Laura learned early in the life that the body fails, and perhaps it is this life lesson that inspires her to value physical health above all else. In the below anecdote, Laura shared how this sense of gratitude manifests in everyday life:

*Have you heard of the West Coast Trail on Vancouver Island? It's about a six or seven day hike.... It's super challenging... it was the greatest adventure of my life, and I went with my boyfriend in September... You're surrounded by dense—like the rainforest—and then you are on the beach, and then it's just beautiful. But it's physically challenging, and so, often while I was walking I was thinking about my mom...she was a very physical person, she was very active and...I think about trying to be grateful for my body, and what my body can do.... When it was hard on the trail, and I'm like—my feet. Everything. My entire body aches, and I am just thinking of her.... So, it's drawing on the courage that she had and how she lived her life, and also that idea that I should—I'm grateful for my body, and that she would have given anything...to do that.... In the past too, I have had an unhealthy relationship with my own body and some struggles with eating issues and...self-negative thoughts...and it's still something that I face and experience, but something that I try to do is be thankful for what our bodies can actually do for us...it's like a miracle, you know? And being able to run, and being able to walk, and all of those things that I saw slowly my mom's ability go down, and how painful that was for her. And, I can't even imagine...what that would be like for someone. So, just try to be mindful of that...and what my body can do, rather than necessarily what it looks like.*

Notably, the two male participants shared a need to connect to their deceased

parent *through* their body. Both expressed a strong desire to acquire a body tattoo in honor of their deceased parent. This symbolic gesture held strong personal meaning for these young men, as implied by Matthew, *“It’s a very permanent declaration that someone, despite meandering and left ashes and stuff that have occurred, is not only not forgotten, but is ever-present.”*

To conclude this section on the lived body, losing a parent appeared to considerably impact participants’ relationship to their body in a variety of ways. The corporeal qualities of this lived experience were largely related to emotional and cognitive experiencing, including the grief experience over time. These young adults also lived with a strong sense of otherness and found ways to permanently integrate this loss into their perceived sense of self. On the positive side, many spoke about experiencing personal growth as a result of this loss, such as developing an enhanced sense of empathy or a resilient nature. Lastly, most participants were also mindfully aware of their own physical health and live with a pronounced body awareness.

### **Lived Time (Temporality)**

In this section, I discuss the second lifeworld existential—lived time—by identifying how elements of time were experienced among participants. In these stories of parental loss, the early death of a parent became a defining moment that marked the end of one period and signified the beginning of another. In many cases, this childhood loss served as a prolific time marker for participants, many who resonated with the adage: There was a time *before* the parent died and there was a time *after*. One participant eloquently captured this sentiment:

*It’s very much a marker in my life. My dad’s death is a marker. There is [the] memories that I have before my Dad died, and memories I have after my Dad died.... It is very much this marker that shapes me...as this pivot point...It serves as a memory marker for what kinds of events would have occurred before and after.*

When a parent died young, the experience of lived time became forever altered in numerous ways for these participants. The temporality qualities of this phenomenon are divided into two core themes: (4) The Transition, and (5) The Unexpected Visitor.

**The Transition (Theme 4).** *As a child transitions into adulthood, they begin to perceive their loss in new ways.* Once a child becomes an adult, they come to see the world differently. This was no different for the young adults of this study, who all spoke about coming to understand their childhood loss with adult eyes, and consequently, living with this loss differently than they had as a child. The notion that getting older is a way of deepening a child's understanding of early parental death was captured in a personal journal entry shared by Jessica (See Appendix L – *Artistic Piece #2*, for journal entry and interpretive notes). It was also echoed by Sarah, who now lives with her loss differently as a young adult: *“There has definitely been an emergence of thinking about my mom since I’ve gotten older.... When you are not as sad, when it’s not as acute, you can heal a bit better, and you can actually think about it, and process.”* For these young adults, two key features characterized the transition into adulthood: grieving the loss of an adult-to-adult relationship and reconstructing an understanding of this early loss. Thus, young adulthood was a period coupled with a renewal of grief and a newfound ability to see this loss through adult eyes. These features are further explored in two sub-themes: (a) *The lost adult relationship*, and (b) *The reconstruction period*.

***The lost adult relationship.*** *An essential experience of early parental loss is to live through a rebirth of grief in early adulthood.* Once participants matured into adults, they were then faced with the reality of living in an adult world without a mother or father. This new reality sparked the awareness that they would never have an adult relationship with the departed parent. Confronting such a newfound reality triggered a renewed sense of grief for participants,

who first began to feel the loss of an adult relationship in young adulthood. This lived quality became apparent in each story of parental loss, although the intensity of the experience was muted for those transitioning into adulthood at the time of parental death.

In most cases, this experience was characterized by a renewed sense of sadness and an eventual acceptance of the lost relationship. Emily, who was 11 when her father died, took me through such a moment:

*I remember when I went away to university for the first time. I was staying with my aunt, who was his sister, and she was showing me a photo album when I first got there, and there was pictures of him skateboarding as a teenager. And I was like, 'I never knew that,' and I started crying.... It just made me think, it's too bad he couldn't have told me, and then there must be a lot of things that I didn't know. My relationship with my mom is so different from when you are a child, and they are taking care of you...so I would've loved to have that with my dad.*

Elizabeth, who lost her father at 17 years old, also wished she could have had an adult relationship with her father: “*There was a lot of parts of him...that I never got to know...I still have thoughts of that—that I wish I knew more.*”

Although most participants came to accept that they would never fully know their deceased parent through an adult relationship, this process was particularly complex for a few young adults. Laura, who lost her mother at 11 years old, struggled with an intense rebirth of grief when she mourned this lost adult relationship as a young adult:

*She passed away when I was 11, so when I was 22 that was a really hard time for me...I was definitely depressed...I remember on my 22<sup>nd</sup> birthday thinking: This is here now. I'm crossing over into the area of my life where I am going to have more years without her than I had years with her, and I was suicidal. Very suicidal...I was depressed, and I didn't want to go on, and that was very scary... the more distance between her death and the life I'm living...the weaker that made my relationship to her...I just kept coming back to that, 'It's been 11 years. It's been 11 years, and I was 11...' and not wanting to live any more years without her.... At that time, what I was also having a hard time with was that transition from knowing my mom as a child and...wanting an adult relationship with her, and having no idea what she is like as an adult. I knew her as a child knows their mom, and then just wanting to have that adult relationship so badly...it was... just me entering*

*this totally different phase. And, that changed my relationship to her, and my relationship to what happened.*

Laura had been suicidal once before as a teenager. At that time, her suicidality was driven by overwhelming grief and a deep desire to be with her deceased mother. As a young adult, Laura's suicidality became more intense, both in severity and duration, and was fuelled by a need to escape from this resurgence of grief: *"I just thought it was going to happen for sure.... The depression was absolute.... Sadness really, for the loss of that relationship—not knowing her in that way."* Laura (29 years old) has now come to terms with this lost relationship:

*Now, in the last few years...I think what has changed is just with time having that—it's acceptance more—accepting the fact. I think I was really struggling more with accepting the fact that I am not going to know my mom as an adult, but now there is acceptance. I know that, and I think I have dealt with the grief of before [her death]. In my early 20's, it was the grief of not—I was grieving the loss of that adult relationship.*

Of note, is that most participants who lost a parent in their pre-teen/early teen years, such as Laura, experienced a more intense resurgence of grief in young adulthood, when compared to those who lost a parent in their later teenage years. Those who struggled to cope with grief as a child were also more likely to grieve the lost adult relationship more intensely as a young adult. Nonetheless, all of these young adults spoke about living with a renewed sense of sadness once they became acutely aware of this lost adult relationship. In these cases, early adulthood became a period to mourn 'what might have been' and coming to terms with this lost adult relationship.

***The reconstruction period. An essential experience of early parental loss is to reconstruct an understanding of this childhood loss from an adult perspective.*** All participants gained an ability to reconstruct their childhood narrative of early parental loss once they became adults. Similar to the construction of a puzzle, participants were given a limited number of pieces to their story of parental loss in childhood. As they matured, they acquired more and more elaborate pieces to their story of loss and began to fill in any 'missing' pieces. One might

ask, how was the childhood narrative different than the adult narrative? Participants reported living with an incomplete story of early parental loss in childhood for three primary reasons: receiving *insufficient information*, holding a *limited understanding of physical disease and death*, and experiencing *gaps in memory*. In early adulthood, these participants constructed a deeper understanding of the loss, including a renewed clarity around the course of parental illness and the events following the death itself. Reconstructing the story of parental loss was accomplished in two major ways: *acquiring new knowledge* about the loss and *perceiving the loss differently with adult eyes*.

To varying degrees, all participants spoke about living with a sense of ‘not knowing’ as a child, meaning that they received *limited information* about their parent’s condition. This quality is exemplified through several personal accounts (Cameron, Elizabeth, Matthew and Anne-Marie). Cameron, who was 13 when his father died, spoke about never being fully aware of his father’s health status, often making him feel ‘left in the dark.’ When his father became sick, Cameron was never told that he was only expected to live three months—information given to everyone else in the family. He often knew little about what was happening during a health crisis. Cameron quietly recounted one incident while at a movie with his parents and siblings:

*They were in the lobby, and I went to the bathroom...and I heard some stuff going on in the lobby, and I knew that it was something—and it wasn’t good...it wasn’t like I wanted to rush out, and see what happened...they called the paramedics, and then he was fine...I think it was a mini-stroke—something along those lines. I wasn’t there, so I didn’t see what happened. And again, it was a lot of just unspoken tension...I didn’t really know what was going on and kind of just picking up traces.*

Even after the incident, Cameron was left alone to make sense of what transpired that day. On another occasion, he described particularly distressing experience:

*My dad had an episode where he needed help, but I just left for school because I had to go to school. My mom told me just to, ‘Go.’ But he was obviously very not okay. So, they got an ambulance over and they took him to the hospital. So, by lunchtime I was getting*

*picked up and went to the hospital...and I remember on the bus I was very upset, and that morning was hard, especially because things were very much not okay, but very open-ended. I didn't know if this was—how severe it was, and I feared for the worst.*

Cameron coped alone with the uncertainty of another health crisis—a fearful and isolating experience for a young child. Compounding the situation, Cameron never once spoke with his father about his ailing health: *“I don't really remember perceiving...how he felt about things. I think he was very good at hiding. Like, when he was working, he would hide his stress. And when he was sick, he would hide it really well.”*

Despite being significantly older than most participants at the time of parental death (17 years old), Elizabeth also identified with this felt sense of ‘not knowing’ and received limited information about her father’s illness:

*No one really told me anything for a long while.... I had caught glimpses of conversations that my siblings were having—they are quite a bit older...when I knew something was really going on, I was in class...and they asked me to come downstairs to the office and my brother was waiting for me there...And so, I knew that something was really wrong at that point. I just remember him being like, ‘Yeah. Dad's really sick. We got to go.’.... I don't think anybody ever really said, ‘Dad is dying.’*

She was never directly told about her father’s grave condition. This left Elizabeth with little time to process the gravity of the situation, especially given that the aggressive illness led to a quick death: *“From the time that he went to the hospital and I arrived, was about a month before he passed.”*

Living with this sense of ‘not knowing’ often led to feelings of betrayal for those who eventually realized that they were not told the entire truth. When his mother was in remission, Matthew was constantly reassured that she would be ‘fine.’ A year later, he felt betrayed when the cancer returned:

*It must have been the way my parents presented it. It was manageable. It was deal-able. It was happening, but they were fixing it. And it was bad, but it was going to get better, and so the first 'bout was—I mean obviously upsetting...but was a lot less emotional than*

*the second bout, because when it came back it was...like being betrayed almost. You have doctors, you have parents, everyone, [saying] 'This is fine. This is better. This is resolved.' And then, it wasn't.*

Likewise, Anne-Marie was continually reassured that her mother would be okay:

*When she was sick, we just thought she was going to get better. There was no real discussion or talk about her dying until she went into hospice, because she was really clear that she was really strong, and she was going to fight it, and she wanted to be with us: the kids. Basically, she talked about us being her motivation to beat cancer, and that she did it before, so she'll do it again. I think as a child you don't have really any conceptualization that there is a possibility of not having a parent—that of her dying. What would that mean? And everyone has two parents, and of course she is going to be okay...I thought it was just temporary.*

Anne-Marie's hopes were shattered when her mother moved into hospice care. Shortly

thereafter, she began to feel the sting of betrayal:

*That was a real shock for me. I remember being at my Baba's house—that is my dad's mom—and calling her, and she said that she was in hospice. And I was like, 'What's that?' And she told me that it was a place where people go to die when there is no hope of them getting better. And I was like, 'What?!'... The rational, logical part of my 12-year-old mind was like, 'What is the percentage likelihood that you are going to get better?' And she said something like, '0.001%.' And I was like, 'What??' So, that was the moment that I was like, 'Holy! What does that mean for me, and for her.... I was angry. I was angry that she didn't tell me how sick she was. I knew she was sick, but there was always this hope, because she had said that she loves us so much that she is not going to leave us. So, it felt like she had lied to us.... At the time, I was angry that she had hid it from us. That she didn't think that I could handle it. That she wanted to protect the kids, and I really felt like I wanted to know. I wanted to be involved, and I wanted to be more informed.*

Most participants resonated with Anne-Marie's closing words: "I wanted to be involved and I wanted to be more informed." Many spoke about how they wished that they had known more as a child. Several of these young adults now believe that they would have coped more positively with their loss if they had been more informed as a child.

A child's *limited understanding of physical disease and death* is another reason that early parental loss was perceived differently in childhood. In some cases, cognitive limitations hindered the ability to fully grasp the potential outcomes associated with a terminal illness.

Furthermore, the childhood myth that a parent is invincible persuaded many participants to believe that the death of a parent was simply ‘impossible.’ Developmental limitations appeared to be the reason that most participants held a false sense of hope in childhood, including Cameron and Laura. Cameron recalled being told about his father’s cancer diagnosis, and how little weight this held for his 13-year-old self:

*I saw it as a prong that was being fixed...I...had a notion of medicine being advanced to the point where diseases are curable...the atmosphere when I was told, and around everything, was that we are finding treatment.... I was under the impression that things were going to heal, and things were going to be fine.*

Laura also held an idealistic sense of hope throughout her mother’s battle with ALS:

*As an 8-year-old...I don’t think I really truly understood the gravity of it—what was happening, and I was hopeful.... I remember this one image so clearly. I was in my bedroom...and this was after she was diagnosed and she had a walker...and she walked from her bedroom out to the hallway in front of my room and I thought, ‘Oh, she’s getting better.’ And I was so, so hopeful that she was getting better, and so I didn’t really understand.*

Remarkably, this false sense of hope ensued right up to her mother’s final days:

*My brother was the oldest, so he knew more of what was happening, and I remember having this conversation perfectly. I was in my bedroom with my brother, and we were roughhousing and tickling each other, and all that. And I remember I had fallen between my bed and the wall, and I was on the ground. And I don’t know why he decided to have this conversation with me then. But he said, ‘Mom is getting really sick now, and the doctors think that she only has a week or two left.’ And, I remember being shocked, because for me, it felt like that news came out of nowhere...it happened a couple of times where she went to the hospital for different things, but she always came back.*

Even after her mother was taken to hospital for the last time, Laura would not—could not believe her mother was dying:

*My dad said, ‘Your mom is not well, and the ambulance is coming.’ I know I went to my bedroom because my mom didn’t want me to see her like that, and my bedroom was at the front of the house...I remember seeing them take—she was still—she was alive when she was leaving, but she was on a stretcher and they took her into the ambulance and everything.... I went to my room, but I was watching when she left on the stretcher. But I didn’t think that this was going to be the last time.... It was in the car on the way to the hospital that my grandma was crying and said, ‘The doctors don’t think your mom is going*

*to live through the night.' But, again, there was this disconnect for me as a child. I just didn't think it was real.*

Several other participants, especially those who lost a parent in their earlier years, reminisced upon a child self that never expected their parent to actually die—even when told otherwise.

The third and final reason that participants held an incomplete picture of early parental loss in childhood was due to *memory limitations*. For instance, Anne-Marie and Claire recalled little about their mother's first occurrence with cancer – they were 4 and 8 years old at the time. It is only when they became adults that Anne-Marie and Claire began to 'fill in' in these memory gaps by learning more about all that transpired in childhood.

Early adulthood became an important period for participants to gain an advanced understanding of early parental loss. Reconstructing this story of loss from an adult viewpoint included *acquiring new knowledge* and *perceiving the loss with adult eyes*, as evidenced in Anne-Marie, Jessica, and Laura's stories. As a young adult, Anne-Marie learned new information about the course of her mother's illness:

*She is an Aboriginal woman and she...did a...film...where they interviewed three aboriginal women who had survived breast cancer.... I got a copy of that a couple of years ago.... So, actually I learned more about how she found it, and what that process was like for her through that, which is interesting. Because she had found a lump in her breast when she was breastfeeding my brother and went to the doctor, and the doctor dismissed it because she was young. She was probably around, actually my age—29 or 30. So, it had grown to I guess the size of a golf ball before they did a biopsy. So, that was something that I didn't know as a child because, how do you know that?*

Anne-Marie has also reconstructed her childhood memories, and now has a better understanding of why her mother constantly reassured her as a child: *"Now, as an adult, I realize that she did her best and there are things out of your control."*

Jessica, who lost her father at 9 years old, also learned more about her father's course of illness as a young adult:

*One thing that has happened is—particularly again over the last 10 years, has been me asking my mom questions about what happened, because for a long time I always thought my dad had died of lung cancer. And then, for whatever reason, one day I had asked my mom. I said, ‘What happened? What? How did he end up eventually dying?’ And that’s when I learned, in my twenties—early twenties—that he had died of heart cancer, in particular—it had moved to his heart. But I didn’t know that as a kid...I was pretty young.*

Likewise, Laura has reconstructed her own childhood memories of early parental loss:

*She hated having her picture being taken at that time because she...didn’t want us to remember her like that, which is ironic now. Because I think as an adult, remembering her like that, just for me, just shows—it is a marker of the courage that she had as a human, and what that would have taken for her to live 3 years knowing that she was going to leave her family with such young kids.... Just reflecting back to the things that I did see as a child. Like, her not wanting us to take pictures of her, or those little moments that I remember, I can interpret those differently as an adult.*

Laura’s reconstructed story of loss also included finding compassion for her young self:

*“Grieving for my younger self too...at that time I felt so old when it was happening. And then when I see kids [now], they are just kids.”*

In summary, all participants lived with an incomplete understanding of early parental death in childhood for various reasons. In all cases, early adulthood became an important period to build a more advanced understanding of this loss and to actively process the loss in new ways. By acquiring new knowledge and perceiving the loss with adult eyes, participants constructed a more elaborate and complete picture of their own story of early parental loss.

**The Unexpected Visitor (Theme 5).** *To experience early parental loss is to face unexpected reminders of this loss at any point in time.* All participants spoke about what it was like to be acutely reminded of their loss when they least expected it. Acting as somewhat of an unexpected visitor, these unpredictable moments were often triggered by external cues in the environment. Such a ‘missing moment’ was either a pleasant or unpleasant experience and often sparked strong emotions. In any case, participants were consciously aware that this unexpected

visitor could knock on their door at any point in time. Emily and Anne-Marie spoke to the unexpected nature of this lived quality:

*Sometimes it's far in the back of your mind—barely there, and then sometimes you just see something, or are reminded of something...it could be anything. You don't really know until it happens, and then all of a sudden, it's at the front of your mind.... Sometimes it's hard not to, you know, you tear up. I guess you just have to push it down, because you can't just explain why you are sad. It is weird when sadness just hits you out of nowhere.*  
— Emily

*I remember working at this coffee shop when I was in university and then having someone come up to me...They were like, 'Oh, your Linda's daughter!' And I was like, 'How do you know that?' And they said, 'You look like her, and I met you when you were a little girl,' and that was a little bit shocking for me—being recognized in that way.* — Anne-Marie

In certain contexts, such missing moments elicited positive emotions and were fondly recalled, as noted by Matthew and Anne-Marie:

*It's weird small things. Like, a couple of weeks ago I was going through some boxes that I hadn't opened since I moved in with my partner, and [I] opened one up and found an old recipe book that was my mother's...her recipe for tiramisu.... And then, deciding I'm going to make this tiramisu, even though it has expensive cheese that I probably can't afford in it. And so, moments like that are good. And, in some ways those happy moments of what I still consider to be grieving are rarer and more spontaneous.* — Matthew

*My brother just had a baby in September and...the first nurse to come and give the baby a bath right after he was born, she looked at the last name, and she was like, 'Wilkinson.' And, she looked at him, and she was like, 'Is—was your mom Linda?' And my brother was like, 'Yeah.' And the nurse burst into tears and was like, 'She—we worked together at the hospital before you guys were born.' And this woman was the first person that my mom told that she was pregnant with me. And she was just like, 'She would be so proud of you.' And yeah, it was just this amazing moment of...it is so full circle.* — Anne-Marie

In other instances, these unexpected moments were somberly recounted:

*Going directly by the hospice when I walked by it one time was a throwback. That was this summer. It was weird because I was just hanging out with my girlfriend, and we were walking about downtown and I walked up to where it was...and I was like, 'Oh, I know where I am.' And then just—because we were just laughing around, and then it just got silent for a bit...afterwards, when we were farther away, I was like, 'Hey, sorry if my mind kind of shifted there.' Yeah. It is definitely a ghost.* — Cameron

*My grandparents mailed me a card...saying that they wanted me to know that they are thinking of me, and that my mom would be so proud.... I opened it right at the mailbox, and*

*then I started to get that, 'Ugh!' and tear up. And then I just held onto that until I went upstairs to my apartment and then just had a good cry. Put the card up, and went on with my day. — Laura*

According to participants, an essential feature of this lived experience is to face unexpected reminders of this loss at any point in time. Notably, this lived quality was universally experienced among participants, regardless of how many years had lapsed since parental death.

The preceding section reviewed the numerous ways in which early parental death influenced the experience of lived time. Several participants spoke about how this childhood loss became a monumental time marker, forever dividing life into two distinct 'before' and 'after' periods. Importantly, early adulthood became a transitional period to perceive the loss in new ways, including mourning the loss of an adult-to-adult relationship and constructing an adult narrative of early parental death. Lastly, these young adults shared what it was like to face unexpected reminders of this childhood loss that can arise at any point in time.

### **Lived Space (Spatiality)**

This section outlines how early parental loss influenced the experience of felt space for these participants. Figuratively speaking, lived space became significantly altered when a parent died young. To make meaning of a world without a mother or father, participants spoke about the need to symbolically construct a 'new world' by altering their personal worldview. In this newly constructed world, several young adults spoke about living with a pronounced existential awareness, and a few participants struggled with a lost sense of home. The spatial qualities of this phenomenon were tied to two central themes: (6) The New World, and the (7) The Empty Space.

**The New World (Theme 6).** *An essential experience of early parental loss is to experience a new reality after the loss.* For these participants, when a parent died, so too did the

world that existed with two parents. Thus, all of these young adults experienced a new reality after early parental loss. One participant used a metaphor to describe what it was like to face this new reality:

*A natural disaster.... like a storm...and just like after a storm blows through and it is destructive, you rebuild, but it is not what it was before. It is something different. And as time goes on, you rebuild, but you can never go back to that place.... Myself and my family is rebuilt, so it is every aspect really. But it is also how you rebuild [that] is very important for how you are affected by the next storm.*

Within this new reality, participants reevaluated their personal beliefs and values that eventually transformed over time. At times, the early death of a parent generated a process of spiritual inquiry; other times, the loss initiated a search for meaning. For a few participants, this new reality included a lost sense of home that has endured over time. Four sub-themes explore what it is like to experience a new reality after early parental loss: (a) *The lost home*, (b) *Worldview*, (c) *Making meaning*, and (d) *Existential awareness*.

***The lost home.*** *Living with early parental loss may also mean living with a lost sense of home.* What is this sense of home being referred to? It depends. For many, the thought of *coming home* elicits an image of that familiar space that washes the dust away from the day and immediately engulfs one with a sense of safety and security. For others, home is a *feeling*—that felt sense of breathing in that one space where you feel most nourished, comforted, and satisfied. Other times, this sense of home is symbolically found in the space between a prominent relationship that makes you feel most *at home*. All participants spoke about living with a lost sense of home in childhood. To some degree, three young adults continue to feel the presence of this lived quality today.

As expected, this lived quality was most prominent in childhood, a period when participants experienced numerous secondary losses related to home life (e.g., moving to a new

home or losing a sense of normalcy in family life). Some participants, including Sarah, Emily, and Anne-Marie, spoke about how their own sense of home was altered when a parent died young. Sarah's mother held the role of both primary caregiver and homemaker—taking on the lion's share of domestic duties. After her mother died, everything changed:

*After she passed, we had a house cleaner that would come and clean the house, and make a meal once or twice a week.... My dad has never been the biggest cooker/cleaner type person.... We just didn't have a normal family. We never had meals. We ate horribly, and I used to always be embarrassed about having friends over and stuff too.*

Since her mother's death, Sarah never felt entirely comfortable in the family home. It seemed that Sarah lost her sense of home the day her mother died. This lasted for many years, up until Sarah eventually moved away to attend university.

Similarly, Emily's sense of home was dramatically altered when her father died. Her parents were excited to begin a new business venture together in a new town. After his sudden death, all of these plans changed:

*We didn't get back to normal for a long time, because my mom decided to take us to Spain...and we stayed there for six months.... It was just us, not the rest of the family, or school, or anything... After that, I think my mom still didn't know what she wanted to do, so we went and stayed at my grandparent's ski condo, and we skied for a few months. And then it was summer, and we were still there. And then my mom asked us, 'What do you want?' Like, 'Where do you want to go?' And I said I want to go back to where we were—the small town that we just moved to—because, I don't know. I just liked it there, so we went back.*

Eventually, Emily's family settled into a new home in the same town that her father died.

In other situations, this lived quality was described as a *longing* to return home. This was true for Anne-Marie, who reluctantly moved out of her mother's home to live with her maternal aunt during the illness: *"That was pretty good...except that I would want to always go home."* She returned to her mother's house only once more—the day her mother died—to quickly gather her personal belongings:

*We still had our rooms there, and all of our stuff. And, I don't know the reasons behind this, but we were brought to our house to take our things that we wanted to take with us...I never went back to that house again after the day that she died, and that was traumatic because there was all of this stuff happening with my extended family where people were taking things. Like, different relatives were taking things in the house, a lot of my physical things from my childhood disappeared...that was a really awful thing.*

For many, this lost sense of home gradually resolved over time. Most participants eventually adapted to a 'new normal' in childhood, and ultimately, to a new sense of home.

Three participants (Matthew, Elizabeth and Jessica) spoke about the long-term impact of early parental loss on their personal sense of home today. For many, home symbolizes that coveted and nostalgic place where you gather with those that matter most to celebrate special occasions. *Coming home for Christmas* is a saying that captures this very sentiment. After the early death of his mother, such home gatherings took on an entirely different meaning for Matthew. The first holiday season after his mother died was symbolic of this idea:

*I definitely started going home less [after mom died] .... Christmas was her thing—Christmas was her holiday. I called my Dad [the year my Mom died] and went, 'Hey Scott. How you doing?' And he went, 'Not that great.' And I'm like, 'I got you a thing.' And he was like, 'I got you a thing.' And I went over on the afternoon of Christmas Eve; we traded gifts. I played a hand of crib with him and drank a glass of scotch, and then hopped on a train and went home.... Our Christmas ritual still at this point is basically [the same] .... The hardest Christmases...were the couple...where I sat at home on my own. And even when you are living in shared housing, everyone else is gone, and you are just in your terrible basement apartment on your own.... So [now] I spend Christmas with my partner and her parents, and I put on my jolly face and do Christmas. But even the first year I was with my partner, and for the people that I dated before that, they would be like, 'Hey, come do Christmas!' And I would be like, 'I don't do Christmas.'*

When asked what Christmas was like before his mother died, he responded:

*Have you seen the Christmas Movie? It's like—Christmas! Yeah. No, I mean my mother loved Christmas. I mean we did Christmas big in my house...we would do Christmas to the nines at our house...not obnoxiously to the nines—that sounds mean. I don't like big lawn decorations. Anyways, but we would have lights on the outside...Christmas trees. Stockings. Baking would be happening in the weeks leading up. It was this very festive thing. We would read a child's Christmas in Wales together. And it was like Christmas happened for a month, and it was Christmas! And then my mom got really sick, and we tried to make it Christmas, and I think that made my father and I resentful of the holiday.*

For Matthew, the death of his mother also meant a lost Christmas. Today, he has found a renewed sense of holiday home by creating new traditions with his long-term partner. Still, Christmas has never felt the same since his mother died.

In Elizabeth's situation, a lost sense of home signified a lost sense of security and stability. When she lost her father, she lost her 'soft place to land,' both in a physical and symbolic sense. Elizabeth lost her father's home: a stable place she could return to if ever in need. Symbolically, she lost the safe place found *within* her relationship to her father. Presently, Elizabeth links this early loss to her strong need for stability and security:

*Just dealing with that exponential hole that is left...like, the physical hole of my dad's house being gone and Dad being gone...it's physically still a huge hole—and then emotionally too. You lose that part of your support system. I felt really scared by the loss of Dad because of what he and his home represented in terms of stability...that stability of what Dad was, and what his home was. And, no matter what was going on in our lives, we could always just go home to Dad's. And, the kitchen might not be clean, and there might not be anything good to eat, but Dad's house will be there, and it will be a warm bed and whatever we need.... Even now, still, I think that is an issue for me. Like, moving and not having a home is really difficult for me—I really hold on to the security of having my own home...I really hold on to that a lot, and that really stands out for me...That same security thing of being like, 'Oh, I'm out of money. I gotta come home, but I can't come home to dad's house,' whereas that always would have been an option before. And, I was really jealous of other people that were my age that were doing that—that could just come back home, and move back in with mom and dad. Or, who didn't have money, and, 'Oh, I'll just borrow money from Dad....' So many people seem to have this soft place to land with their parents, and I just didn't have that.*

Today, Elizabeth fears she has become too reliant on her partner to fill this unmet need:

*Yes, which is something I am dealing with right now in terms of recognizing that, and realizing that maybe that's not what I want. Just that I want to be a bit more independent and a bit more self-reliant on my own emotions and my own security...not necessarily in [a]partnership with another person.... That security thing is definitely an issue that I have...it's security around my home, and around my money, and around a lot of things.... He's a really secure guy, but I think I have created a little bit of a crutch on him, to just create that security and hold things stable for me.... I think that is really related to losing my dad, and feeling that hole of like—not having that.*

Another participant, Jessica, used a poignant analogy to portray the influence of father

loss on her sense of home today:

*Recently...my partner and I...were watching a movie...and...there was some part that was talking about homesickness, and then I said to him, 'That is kind of what it feels like to lose a parent...it's kind of like feeling homesick all the time.' [In] that, it's sort of a lovely feeling, but it's also a sad feeling at the same time...you have a place that you love, and remember fondly, and [this] creates a feeling of homesickness. But at the same time, it is distant and far away...in the movie, it was because it was set far in the past and this woman had travelled far away, and she couldn't go back home...that is probably how I experience it, is, it's sort of this feeling of—I can't go back home, I can't...be with my dad. And so, I feel homesick for him...it's something that I do all the time. I actively feel that homesickness.*

In Jessica's eyes, her father *was* home. While most participants did not speak directly to a lost sense of home, this lived quality became apparent in several personal stories. For these few, there was a meaningful connection between their sense of home today and their loss of yesterday.

***Worldview. The experience of early parental loss impacts the adult child's worldview.***

All participants spoke about how the early death of a parent shaped their current worldview: the set of personal beliefs and values that guide how they perceive and make sense of the world. For these young men and women, the early death of a parent appeared to impact three core elements of their belief system: *personal life truths*, *personal values*, and *spiritual beliefs*.

After the premature loss of a parent, several participants amended previously held *life truths*: rules about what they believe to be true about the world. In such cases, losing a parent as a child seemed to shake their sense of what they believed to be true about the world. For instance, before his mother died, Matthew held the following life truth: *If you do what is right, then things have a way of working out*. After his mother died, this truth was later revised: *No matter how hard you try, things still may not work out—things happen*. In turn, this life truth alters how he interacts in the world today:

*As far as I understood at 15, we did everything right, and the first course...of chemotherapy we were told worked. So, we did all the things and [it] still didn't do anything...and that's quite hard to grapple with. There is this idea that if you do the right things, and you do that, things will work out. And I think that my belief in that is considerably lower. I think in place of, 'Do the right things and things will work out,' is, 'Things will happen.' And, while that doesn't mean that I don't try, or, I don't push myself to do various things. There is a happy optimism that exists in our culture—our society—that I don't have access to. Or, I don't use. And in some ways, I think that that's not always a bad thing. I think that I encounter and deal with minor setbacks in a better way...it's changed.*

In addition to life truths, some participants adjusted and reprioritized *personal values* because of this childhood loss, including Laura and Elizabeth. Laura now places a greater value on meaningful relationships:

*When you have experienced a loss like that, or someone close to you, it's going to impact how you spend your time with other people.... The importance of valuing the deep connections with people...is something that I have learned is crucial to a good life—not things.... When it comes to the end, if I am on a deathbed or not, it's not going to be those possessions that I look back on...it's a good life when you are surrounded by people who you love, and who love you.*

A few participants, such as Elizabeth, integrated their deceased parent's values as their own: “[He was] just always a big proponent of love and respect of each other, and always put that forth as the most important thing in life, and that's what he gave to us, and that we made really important.” It is important to note that the early death of a parent appeared to have a long-term impact on the personal value system employed by many of these young adults.

Intriguingly, the experience of early parental loss also played a hand in the *spiritual worldview* held by several participants (5/8). For some, early parental loss drew them closer to their faith; for others, it drew them further away. Nevertheless, spirituality was a common thread in most stories told of early parental loss, as demonstrated in the below participant accounts (Jessica, Sarah and Anne-Marie).

Spirituality has always been closely interwoven into Jessica's story of father loss. As a young child, she turned to her faith to make sense of her father's illness:

*From a very early age, my parents were invested in teaching us about both the physical life that we have here and also a spiritual life...so we would talk about things...like life after death—what that means.... I remember when he had his open-heart surgery.... thinking, 'Well, I hope he makes it through the night.' But I also remember thinking—because of that whole prayer aspect to it—that I should pray for what will help him, not what will help me because this is his journey, and somehow that made sense to me as a kid.... [One time] my Dad said, 'It's okay to be sad for a time,' but that—to be happy for him...from a Baha'i perspective the soul is infinite, and...his soul was progressing essentially to a different stage or state of being, and that we will all [go]eventually.... I find a lot of comfort and believe in that—we do have souls and that it does progress. So, from that perspective, those things were very comforting.*

According to Jessica, this childhood loss deepened her spiritual beliefs:

*It's deepened my connection or my beliefs that when we die we have a soul, or that something continues on after us. And I think, maybe had my Dad not died when I was young, who knows what I would believe? Even though that was a part of my religious and cultural upbringing, having that experience I think really solidified that for me...because it is a way of coping and understanding my relationship with my Dad.*

Sarah and Anne-Marie's spiritual world was also altered after maternal loss. Even today, Sarah wrestles with deep-rooted emotions around the existence of a God who could take her mother away too soon:

*I have been reading the journal [of my mother] ...she talks a lot about God, and Jesus, and all that stuff, and it's making me extremely angry. Because it's like, she's soooooo positive...like, 'I'm doing this all for Jesus, and I'm giving everything....' And I was like, 'It just makes me want to hate God, and become an atheist.' Because it's—there is not one negative in the journal, and this was the journal—her last 6 months.... My dad asked me...he's like, 'Oh, how do you feel when you read it?' And I was like, 'Well, I get super angry.' And I spiral down the hole. Like, why? And, it's not fair. The things that I have worked so hard to overcome.... It makes me sad to say, 'I hate God...' I know I'll get over that...I don't hate God...you just want to answer The Why.*

When asked why she was angry with God, Sarah replied: *"That she's so committed to her faith, and was literally devoting her life, and every ounce of energy, and that for whatever reason—died. And that faith—what, you know?"* It seems Sarah has never been able to make sense of a

God who could let this happen to her mother. Perhaps more importantly, a God who could let this happen *to Sarah*.

Like Sarah, early parental loss prompted a process of spiritual inquiry for Anne-Marie. As a child, she too felt abandoned by God. Eventually, this led to an abandonment of her mother's Christian faith and seeking refuge in agnosticism for many years. More recently, Anne-Marie has reconnected with her Indigenous spirituality and this has helped her to connect with the loss in new ways:

*I was probably pretty agnostic as a teenager/early twenties. And, really felt abandoned, or felt like this idea of a God that let us down, so turned away from that.... Now, where I am at, is connecting with more my traditional spirituality, and the idea of a Creator and everything being interconnected, and...this idea that your ancestors walk with you, and that she is still connected brings me peace now. I think in my early twenties that started—and that has been a pretty intense process, especially over the last couple of years. Because one of the really big differences between an Indigenous worldview and a traditional mainstream worldview is the importance of spirituality in healing.... What has helped to heal...has been reconnecting with our Indigenous spirituality, and knowing it's not forever...that she is still with me and connected...there was a time there that I...had lost a connection to any kind of—anything bigger than ourselves. So, it feels comforting for me to feel I have a better relationship with that aspect.*

It is unclear if the three participants who chose *not* to speak about spirituality also experienced a shift in their spiritual worldview. Nonetheless, early parental loss was believed to have a long-term impact on the worldview of these participants in various ways, including the development of certain personal life truths, values, and spiritual beliefs.

***Making meaning. The adult child may make meaning from early parental loss.***

Participants were asked the question, “*As an adult, what is it like to make meaning from your early parental loss, if at all?*” Half of participants (4/8) stated that they had made significant meaning from their loss, three participants (3/8) made no substantial meaning, and one participant was unsure.

Several participants (Matthew, Cameron and Emily) shared that they were unable to make significant meaning from this childhood loss:

*I don't think that I attach particularly strong meaning [to her death] ...it's something that I try not to think about. But the kind of death that my mother had...makes the question of what meaning do you draw from this death? Well, you know—none. Other than, shitty things happen to good people which is a terribly, terribly depressing meaning. — Matthew*

*That was never a really big theme for me...I never really believed that it was part of God's plan. Never really believed it was just his time, or it was fate, or it was karma. I never believed in any of that. — Cameron*

*I just came to believe bad things happen for no reason. There is no reason for that, or plan. It just happened...I guess that is not a negative pessimistic thing to me really. It's just—something bad will happen. — Emily*

In contrast, others (Anne-Marie, Elizabeth and Jessica) answered this same question in an entirely different way and attributed positive outcomes to the loss:

*Although it was a really unwanted experience that I had, the meaning is that I had to come to a place of acceptance, of really building on my own strengths. And, that it gave me a perspective to connect with others on that level and that it informs my work, and the way that I am in the world. — Anne-Marie*

*It wasn't easy, and I guess I am one of those people that really faces things head on a lot of the time. So, I think as an adult that maybe that pattern continued—in the sense of facing something head on that is really difficult as a young person, and dealing with it in an appropriate way, sets the tone for everything else in life. As far as knowing that I have the strength to do that in other situations, and knowing where my support system is. And then also...I think...you are a lot better equipped to help someone, or support someone who is living that experience.... To develop the positive aspects that come out of losing your parent... that is important for me, in not just seeing it as a loss, but seeing the things that come out of that as well: my relationships with my siblings, and the strength that I have in dealing with whatever happens in life. — Elizabeth*

*Our experiences in life are—they make us who we are...I'm okay that that happened when I was young, and that has made me who I am today...and that's just a part of my life's journey.... Obviously, it's a sad thing to lose a parent, but I think it's not so simple.... I view it in a positive light—not that it is a positive experience. But that, what you can gain from the experiences in your life...you can build them to be positive experiences...you can use them to shape yourself into a person that's maybe more compassionate, or more patient, or forgiving....I [also] gained people in my life...I gained connection[s], both to the people in my life further, my mom and my sisters, and having that shared experiences with others...and also...the deeper connection I feel to my dad in a way that is not*

*experienced through physical contact or verbal contact. It's experienced through my memory, and through my thoughts, and maybe that would have taken me longer—to feel the kind of connection that I feel.* — Jessica

Remarkably, there was a striking difference between those who made meaning versus those who failed to make meaning. Participants in the latter group reported considerably higher levels of problematic grief, both as a child and as an adult. Thus, those who failed to construct meaning were more likely to live with unresolved grief over time (e.g., inability to talk about loss or to process grief-related emotions). In contrast, participants who reportedly made meaning were generally associated with a less complicated grief pathway over time (e.g., higher levels of social support, ability to talk about loss, and an absence of unresolved grief). For these participants, meaning-making seemed to play a vital role in adjustment to early parental loss and appeared to mitigate adverse long-term consequences in young adulthood.

***Existential awareness. Living with early parental loss may also mean living with a pronounced existential awareness.*** For the majority of participants (5/8), confronting death at such a young age appeared to foster an acute awareness of death, mortality, and the limited nature of life. Participants reported living with a conscious awareness of time *because* of this early loss, especially with respect to their own limited time on earth. They grappled with various existential questions: What is my purpose for existence? What do I want to do with my life, if I am not going to live forever? They also endorsed certain existential beliefs, such as *life is short*, or *time is limited*. Anne-Marie described what it is like to live with this mortality awareness:

*Around the age I am now—around 29, that is when she first found the lump. So, there was this feeling of immediacy. I need to connect with this, and almost like there is this really deep fear that my time was limited too, because this was all the time she had.... I think of my mom dying at 37. It's like, 'Oh, so I have 8 years left to live.' And so, really actively working diligently with myself to unpack that, and understand that that's not my fate.... I was fearless before my mom died.... I remember going to Hawaii three months before [my mother's death] ...we went.... parasailing because I was too small to go skydiving...that is pretty brave. And now, I don't know if I would want to do that.... I have a fear now that I*

*didn't have when I was younger, and I think part of that is being a child, and part of that is knowing that our time is limited here...I don't know how to explain it. So, I guess wanting to live the life that I want to live, but also, on the other side of that, having...to face mortality earlier than other people.... I feel like facing that younger—really knowing that it is real, and that you can't push it away in the same way. So, that existential fear of death I think is real, and I think it has impacted my life.*

In most instances, living with an acute awareness of death and mortality was described in a positive light. For several young adults (Laura, Sarah, and Elizabeth), this quality motivated them to make the most of the time they have on earth:

*I try to consciously live in a way that if I were to pass away in the near future that I would be happy.... a major change for me was getting out of a relationship that I was in for 5 years...I had a lot of good times, but...I wanted more...and I wouldn't be happy if that was it.... I am more concerned with (let me see) quality of time than year span.... trying to, I guess be more appreciative of...the moment, and what is going on now...because this might—we don't know. Like a week, two weeks. You never know. You never know.*  
— Laura

*I don't want to say life is short, because it's too cliché, and too pessimistic. But, life is unknown and unexplainable, so just have joy.... I have a pretty positive, happy demeanor, and I definitely think that's from her...she would be hurt knowing that I was hurt and sad. You know what I mean? It's like, I'm gonna be positive and happy and love life. Because if I was broken down and sad that she was gone—and it's 17 years later—and I am depressed because I don't have a mom. She would be like, 'Sarah.' — Sarah*

*In losing my parents, I realize that there is a lot of things that we can be upset about in our lives that are really trivial and that life is pretty short.... I feel that I can appreciate and enjoy things on a deeper level because I know that it's not always sunshine and rainbows, because I have dealt with the loss of my dad and my mom, and so I know what it's like to be really sad and to really lose something. To really, tangibly lose something that you can never get back...that is devastating in the depths of your heart. — Elizabeth*

Two participants (Anne-Marie and Laura) spoke about how this lived quality can pose challenges in early adulthood, such as exacerbating death fears when contemplating life decisions. For Anne-Marie, the thought of becoming a mother was paired with a fear that she too would die a premature death, leaving her children to grow up motherless:

*What is really coming up for me now being almost 30 is having this—I feel this desire for children and to be a mother. And so, that's a fearful but exciting place to be, because then*

*there is this feeling of like, 'I don't want to have children, and then not be around for them when they are older.'*

In contrast, when thinking about creating a family of her own, Laura's greatest fear is that she will follow in her father's footsteps—left alone to raise a family:

*I am fearful of creating a family with someone and...I am afraid of losing my life partner and experiencing that—what my dad did. It comes up in my thoughts. I don't know about behaviour, I mean it absolutely would manifest in my behaviour. I am not sure exactly how, I don't know. I fear the partner thing, and I do want to have children, but it's more to lose I guess, if something were to happen.... I could lose a child, or...I could die, or my partner could die. And then I would be in the position like my dad...or, as my mom. But I mean, I wouldn't say that it prevents me from entering into relationships.*

Most participants appeared to live with a pronounced existential awareness that they attributed to early parental loss. Overall, participants generally perceived this lived quality to be a positive long-term consequence of early parental loss.

**The Empty Space (Theme 7).** *To experience early parental loss is to continually mourn the empty space that lives on in the adult child's world.* Another important aspect of the participants' experience of early parental loss included living with a sense of sadness for the 'empty space' that lives on in their life—the space left empty by the deceased parent. This empty space became particularly prominent for participants as they lived through or imagined parent-child moments in life. All participants held the belief that this empty space would remain forever unfilled because their departed parent was irreplaceable. This point was stressed by Emily—the lone participant who lost a step-parent—who explained that her deceased step-father was the only one who held, and continues to hold, the space of 'Dad' in her life. Despite an ongoing relationship with her biological father, this empty space remains unfilled: *"I didn't want to get closer to him [biological father] after my Dad died, because I don't want to replace my Dad. I never was craving a more dad-like relationship with him because...my Dad is dead."*

Overall, these participants developed a marked awareness of this empty space when reflecting upon a *past milestone*, contemplating a *future life event*, or imagining *how life would be different* with the departed parent. Anne-Marie described such a somber moment:

*There is this sense of sadness, and then it's like a loss. So, you have already lost someone really close to you, but it is like mourning a future loss of something that is not going to be there. It's knowing that there is going to be this empty space at significant events.*

Of note, is that this lived quality was experienced differently based upon the *type* (i.e., mother/daughter, father/daughter, father/son, mother/son) and *quality* (e.g., degree of closeness) of the lost parental relationship, as illustrated in the below examples.

Several young adults spoke about how this lived quality arose when reflecting upon *past milestones*. Female participants who lost a mother, like Anne-Marie and Sarah, described living with a sense of sadness during significant mother-daughter moments:

*My mom, when she was sick...she gave us books on puberty and how your body changes...and I was like, 'Oh my God Mom! That is so weird. Why are you talking to me about that?' And, talking about menstruation, and how especially in—with Aboriginal people...it is a significant event—it is the crossing over from being a girl to a woman and it is celebrated...and so, then when that happened after my Mom died, I didn't know really. I didn't know that as much. So, it was a scary thing...it happened...within 6 months after she died. So, that was sad. So, the whole process of going through puberty...I had to figure it out on my own. — Anne-Marie*

*A lot of my sadness was around sometimes seeing the connections of other girls with their mom...even just grad dress shopping or whatever, was a pretty hard moment for me... just shopping in general...I remember two of my good friends would go shopping with their moms and I wouldn't go.... I was 13...so even dealing with things—like I got my period after my Mom died and all that. — Sarah*

When reflecting upon past milestones, participants often came to the understanding that they had missed out on many important parent-child moments.

This felt sense of sadness also arose when participants contemplated upon *future life events*. For these young adults, imagining a future also meant envisioning a future *without* the deceased parent. Much of Anne-Marie's sorrow today comes from knowing that her mother will

forever leave an empty space in her life: “*I have this sadness a lot as an adult...knowing that I am going to hit these milestones, I’m not going to have a mom there.*” She went on to say:

*If I have a child or if I get married, I am not going to have a mother there which is really—it’s really sad. My girlfriend just got married this year and it was lovely. I was the maid of honor, and her mom...is involved in planning the wedding. And I was just like, ‘Wow! I am not going to have that.’ And, you accept it, because that’s just—it’s what is...but it is sad.... For me, I’m like, ‘Oh wow! What the hell am I going to do with a baby?’ And—because a lot of people have their mom come to stay with them for a month or so to help them. So, it’s just like, ‘Oh, you are really on your own.’*

Other participants expressed similar sentiments (Elizabeth, Emily, Laura and Sarah):

*I find it’s really difficult for me to—it’s really hard to think that he [current partner] won’t ever get a chance to know my father. That’s one of the biggest things, because I think my dad would have loved him, and I think he would have loved my dad. So, that’s I think really hard for me...is that hole...like, I won’t ever get that experience. — Elizabeth*

*I don’t think I want anyone else to walk me down the aisle. I would rather just do something totally different, because I wouldn’t want my biological dad or anything to do that...Like, wedding or my graduation, or I think about when I have kids a lot too: they will never know him as their grandpa. — Emily*

*Wanting my mom to be there...a wedding, having children...getting my PhD—getting my cap and gown. Yeah, all of these milestones where I can—those are ones that I can envision now. They will be challenging. — Laura*

*If I get married and have kids, it’s gonna be a full—another wave, and I’m already preparing myself...you are constantly preparing yourself for it...Like, don’t be disappointed because when you have a baby, your mom is not going to be there. — Sarah*

Besides reflecting upon past milestones and future life events, participants also mourned for this empty space when they imagined *how life would be different* if the empty space never existed: What if mom or dad was still alive? How would my life be different? Jessica perceived this reflective process to be another way to mourn her father:

*I often spend [time] reflecting on him and reflecting on my experiences with him, but also my experiences without him specifically. Like, not just experiences that I have, but maybe what my life might have been like.... I have often had people who knew my dad when he was alive... say, ‘Oh, you remind me so much of your Dad,’ just in the way I think about the world. And I guess it is in those moments, or when I’m thinking about something and I think, ‘Oh, I wonder what his perspective would have been? It would have been interesting*

*to talk about this idea with him.’ And, it’s not necessarily a concrete, it’s more of a constant...it is this general missing point.*

Other young women (Anne-Marie, Sarah and Elizabeth) talked about imagining ‘what might have been’ if the empty space never existed:

*For a while—like years, I would envision what would my life be like if my mom was still here and how would things be different? What would she think? — Anne-Marie*

*I do think back to the old relationship [with my partner] ...I was treated like shit, and no one said anything...if Mom was here, she would have... said something, because I know that she would have been so involved. — Sarah*

*I wish my Dad was still around, so I could just go there and sit, and chat about things and talk to him about whether or not I’m going to do my Master’s. Or, just things in general, or things that are happening with my partner. — Elizabeth*

As highlighted above, the participants of this study carry a sense of sadness for the empty space that lives on in their life. This lived quality became most prominent when these young men and women reminisced upon past milestones, reflected on a future self, or imagined how life would be different with the departed parent.

To conclude, the experience of lived space was symbolically transformed for participants when a parent died young. Participants learned to construct a ‘new world’ without their mother or father by altering their worldview, including re-evaluating personal life truths, values, and spiritual beliefs. In this new reality, participants carried a sense of sadness for the empty space that lived on in their life, and several young adults constructed meaning from this early loss. Some participants also spoke about living with a heightened existential awareness, or struggling with a lost sense of home in this new world.

### **Lived Other (Relationality)**

The final existential theme discussed in this chapter is that of relationality. Here, I explore

the influence of early parental loss on the relational world of participants. The process of continuing a symbolic relationship with the deceased parent, and with the loss itself, is also reviewed. The remaining three core themes are addressed in this section: (8) Navigating Relationships in New Ways, (9) Continuing Bonds, and (10) The Relationship With Loss.

**Navigating Relationships in New Ways (Theme 8).** *Early parental loss has an everlasting impact on the relational world of the adult child.* An important feature highlighted in participants' stories was that early parental loss appeared to influence their approach to relationships with others. As expected, when a parent died young, the most immediate relational impact was felt within the participant's nuclear family system. In all cases, the family system was reconstructed and relationships within this unit were transformed over time. Participants also spoke about navigating relationships in new ways after the premature loss of a parent, including emotionally intimate relationships. Four sub-themes portray the long-term impact of this childhood loss on the participants' relational world: (a) *Family reconstruction*, (b) *Relationships with others*, (c) *The unspoken bond*, and (d) *The secret*.

**Family reconstruction.** *To live with early parental loss is to live within a reconstructed family system.* In the stories told by participants, parents were seen as the anchor to the family. After one parent died, the family was no longer held together in the same way. To accommodate for the lost parent, family roles were reevaluated and the family system was reconstructed over time. As the family unit reconstructed itself, so too did the relationships within this system. When a parent died young, three key elements of the family system were significantly altered and appeared to play a critical role in adjustment over time: *quality of parenting*, *sibling relationships*, and *family closeness*.

Without question, the *quality of parenting* played a vital role in adjustment to early

parental loss over time. With respect to parental support, three distinct groups emerged across participants. Two participants reportedly received *strong parental support* from their surviving parent, both as a child and as a young adult. In both cases, strong parental support was believed to be an essential component to their adjustment of this loss. Three participants reported a *lack of parental support* in childhood (up to 6 years post-parental death), although they now receive *strong parental support* in early adulthood. In this second group, a lack of strong parental support in childhood was linked to higher levels of problematic grief symptoms, both as a child and as an adult, when compared to the first group. In two out of three cases, these problematic grief symptoms carried over into adulthood. The third group consisted of two participants who reported a *lack of parental support*, both as a child and now as an adult. Both participants continue to live with unresolved grief symptoms—to a greater degree than any other participant. To illustrate the impact of parental support on the long-term adjustment of early parental loss, two participant examples are examined (Laura and Sarah).

After maternal loss, both Laura and Sarah spoke about receiving inadequate parental support from their surviving parent. When her mother died, so too did Laura's 'picture perfect' family: "*We were like the... 'picture perfect' family. We had such an amazing childhood. [After mom died], it was terrible...my whole world was really shaken...we were so 'normal' before. It was hard, because I wanted to stay connected to the family that I knew, and it just all changed so rapidly.*" The greatest change appeared to lie with her father, whom she described as a loving parent before he lost his wife:

*He was awesome. He was loving. He was fun. He was funny. He was happy...my mom was more the disciplinarian. He was the one who, I would get sent...upstairs to my room for not eating my dinner and he would...bring me a chocolate chip muffin...he was a soft one.*

After the death of her mother, she described her father in an entirely different light:

*The years after she passed away, it was hell. It was hell. So, he met Karen [his girlfriend], and they started dating, and basically, he pretty much abandoned us. And he was never home, and he would be over there—with her kids for family dinners. And so, the three of us kids, we would take care of each other, and try to cook for each other and everything. So, he was never home. Ever.... It was really bad.... It happened really quickly.... My mom passed away in April when I was in Grade 6, and then he married her in the summer after Grade 7. It was all hellish, but when he disappeared...it was really awful. He was also verbally abusive and psychologically abusive, and that was something totally new.... He turned into a monster. Really.*

The day her mother died, Laura seemed to lose the parental presence of *both* her mother and father, as well as a sense of stability in her home life:

*We would stay up until 2:00 am or 3:00 am in the morning fighting—screaming.... He had a breakdown for sure, but he was aggressive and angry, and would just take it out on us.... He would be really nice at some moments, and then he would snap...it was a cycle of abuse.... One time he really forcefully grabbed my arm.... I was a kid and I thought...I really must have done something really bad to deserve this.... This one time I was missing the bus in Grade 7...and...I was looking for my shoe, and then my dad was screaming at me for waking up late and—oh my god...he came this close to my head and was screaming, swearing, and calling me a bitch...it was so awful.... It was a disaster after my mom died.... I didn't want people to know how fucked up we were. I remember in Grade 7...I didn't have any clean clothes because I wasn't doing my laundry, and I didn't want to go to school in smelly clothes so I stayed home. And then I was so embarrassed because my sister told some of her friends, and it spread around the school. And, I didn't want everyone to know how dysfunctional we were as a kid. So, I was trying to hold it all—it was a big secret...just like our family was. It was a disaster. Like, the abuse I guess, but at the time I wouldn't have used that word. I didn't know what abuse was...I knew what—people had parents who hit them. I knew that, but I didn't know about this kind of emotional or verbal abuse.*

Laura also faced a series of secondary losses after this family loss (e.g., numerous moves to different homes, adjusting to life as a blended family). According to Laura, an unstable home environment overshadowed the ability to process her own grief as a child. Consequently, Laura lived with unresolved grief for many years, and only began to process her grief-related emotions in her late teenage years and as a young adult. Of note here is that a lack of parental support in childhood, coupled with significant secondary losses, appeared to be associated with a delayed onset of grief symptoms.

Similarly, Sarah's family life was significantly transformed after maternal loss. She remarked: *"It just really broke us down.... My family just—it really tore us apart. It is so weird.... I know that our family couldn't handle it. I felt it broke us."* Her father also struggled to adjust to the role of single parent:

*She did most of the parenting, that was the hard thing for us....it was not good...he started drinking...he was very absent in our lives...that was such an adjustment for us, because my mom was a huge, huge part of our lives...We never had a curfew or anything—ever.... I remember too with the drinking, people would come over and be like, 'Oh! Your dad is so funny, and he is drinking, and ha, ha.' And that would put a pit in my stomach. I would be so embarrassed. I'm like, I don't want to be that person that has the weird drunk dad.... I don't think I was very healthy and really took care of myself, and I think a big thing was, I didn't know how. I was pretty young, and then my Dad basically did whatever.*

Today, Sarah has rebuilt a strong adult relationship with her father, though he has never been able to take on the disciplinarian role that Sarah craved growing up: *"He never has. Sometimes I wish he was a bit more. He is so lucky that we are so driven and self-motivated."* Like Laura, an unstable home environment and a lack of adequate parental support in childhood appeared to be associated with a delayed onset of grief symptoms in early adulthood. It is important to stress that all of the participants who received higher levels of parental support in childhood adjusted more positively to early parental loss over time.

Participants also spoke about changes in their *sibling relationships* post-parental loss. Of those with siblings, all except one young adult reportedly developed a closer bond to their siblings because of this early loss. This point was made by Elizabeth, who began to perceive her siblings in a new light the day her father died:

*I remember a lot of—at the funeral and stuff—open and honest communication about our relationships together, and what they had been in the past, and what our father wanted for us moving into the future... it just made me appreciate my siblings so much...and it made me realize the amount of love, and the amount of connection, and the amount of support that we all had.... It just really brought us together in a way that we never would have experienced otherwise. I remember that being really profound for me.*

Since then, Elizabeth has maintained a close bond to her siblings: *“I don’t know how it would have ended up otherwise, but there was really a sense of tying us together.”* Similar sentiments were shared by other young adults, such as Sarah:

*I am really close with my sister...she lives a two-minute drive from me. It’s really nice...we saw how hard it was for my aunt and all that stuff, and we are like, ‘We have to live close’.... That has strengthened our relationship, because we are like, ‘Well, life is precious. You never know what is going to happen.’*

In such cases, it appeared that the early death of a parent fostered a close bond with siblings that has endured over time.

The overall perceived sense of *family closeness* was another element that influenced the experience of early parental loss over time. Most participants (6/8) reported that early parental loss enhanced their sense of family unity, while two participants (2/8) noted an immediate and marked decrease in family closeness that has persisted over time. An example of each scenario is presented below.

Most participants, like Emily, spoke about how the early death of a parent brought their family unit closer together:

*We’ve always been pretty—like a tight family unit ever since then.... Just being so much closer to my mom and brother.... We are a really tight little family...and we always tell each other we love each other.... You just want to tell them how much you love them because anybody could be gone. Like, no warning.... I just value my family above everything else. I think just because you go through this thing together, and you see your family really sad—just broken apart, and then you come together and support each other, and you are stronger than ever.*

In contrast, two young adults stated that early parental death marked the beginning of a slow decline in family closeness, including Cameron.

Cameron’s familial relationships first began to change during his father’s illness:

*Since none of us really talked while he was sick...after he passed, how do you talk about that?... It definitely cut us all off from each other and I think that has built up barriers that*

*have only grown over time.... Since we established a relationship of not really talking, it's hard to overcome that kind of awkwardness, or whatever.*

To this day, Cameron has not had a meaningful conversation with his family about the death of his father. This distance amongst family members has only disintegrated over time:

*Right now, my family dynamic is very dysfunctional.... It's hard to talk with my mom about things. Just to start talking. Like, she was talking with...[a] person [that] had lost her daughter recently, and my mom said to her, 'Yeah, it is very hard around [the] holiday season because you are reminded of your loss.' Which, she had never said anything like that to me. But I was there, and she said it to this stranger.... I definitely just feel since my Dad passed there has been a chasm in my family, and this is a period where I am trying to bring everyone back together...different than it was before, but kind of try and make a new establishment.... I really hope I can talk with my family—develop a close relationship there, but that almost feels less achievable. It just seems hard.*

In Cameron's eyes, the death of his father critically severed the family system. Notably, both participants who reported a decreased sense of family closeness also stated that family members turned away from one another to cope with the family loss – a process that initiated during the parental illness.

Overall, higher levels of family closeness were consistently associated with more positive long-term outcomes. Taken together, this sub-theme highlights how these participants all began to live within a reconstructed family system when a parent died young. Over time, this family loss influenced the quality of parental support, sibling closeness, and family cohesion in numerous ways.

***Relationships with others. Early parental loss influences how the adult child engages in relationship with others.*** All participants spoke about how their experience of early parental loss influenced their relationships with others. Over half of participants (6/8) developed *parent-like* relationships over the years, forming significant relationships with individuals who played a pseudo-parental figure in their life. Additionally, two participants shared that this early loss impacted their approach to emotionally intimate adult relationships.

Most participants reported having maternal or paternal-like relationships that they believe would not have existed had their parent been alive. Typically, these pseudo-parental relationships were formed with older individuals of the same sex as the deceased parent. For example, two young women (Sarah and Laura) who lost their mother eventually developed maternal-like relationships with their older female siblings. Sarah commented:

*I have had a lot of wonderful women in my life step-up and fulfill different roles for me at different times.... [My sister] has taken that motherly figure...she is only two years older than me...I was surprised at how much I leaned on her when I had the break-up in the summer, and that was really special...there was one time I remember, I was just crying in my bed, and she just came over and held me...we have never had that before.... I don't know if it's her personality, or because of my mom's death.*

Laura shared a similar experience:

*My sister and I are just so close and it is a coming out of what we experienced when we were younger together.... Something I value...with my sister is a level of care....I was the younger one, so my sister and my brother were caring for me, and shouldering some more responsibility in that...I think she's more protective than sisters—other sisters...definitely maternal.*

In other cases, parent-like relationships were formed with significantly older individuals, as was true for Jessica, who formed several 'father-like' relationships over the years:

*I definitely had father-like figures...Older men in my life, particularly that I have formed friendships with when I was a teenager, or in my early 20's, who have had a lasting impact, and we have been friends since those times. And they have been people who, not necessarily like confidants, but people who I learned from...men who I admired, and who I watched, and who maybe integrated me into their lives... All of them were at least 15 years or more older than me...I would say that they are male role models, and people who, I wonder if I would have been drawn to them in the same way that I was drawn to them if my dad had not passed away. They were constants in my life in a distant way, but also in a way that I still feel close.*

Interestingly, Anne-Marie spoke about forming a parent-like relationship—with her own self:

*Not having a teacher or mentor to teach you how to be a mother as an adult. Or, teach you—me—how to be a woman.... When I was younger I was like, 'Oh, I wish I had someone here to take care of me'...I imagine that other girls have an evolving relationship with their mother as they get older. So, I wonder what that would be like, and in some*

*ways, I feel I have had to fill that gap in myself, and just become what I'd hope that a mother would be to me.*

Anne-Marie went on to say:

*One of the biggest, or I mean, the most impactful teachings my mom gave me was to nurture myself, and know that I am responsible for my own happiness and well-being. And so, she was always really clear on self-care and having a bath. And, if there is no one around to hug me, that I would hug myself.*

For many of these young adults, developing parent-like relationships became an effective resource to cope with the void left after early parental death, both as a child and as an adult. In all cases, these relationships were seen as a positive source of relational support.

Two young adults (Jessica and Matthew) also reflected upon the influence of early parental loss in their approach to intimate adult relationships. With respect to romantic relationships, Jessica questioned if her tendency to be drawn to certain types of men—fatherly figures and dependent males—stemmed from early father loss:

*I wonder...how my relationships with men over the years, would they have been any different if I had had a father figure around.... In comparison with my friends...do the issues I have with men, or the challenges—are they any different because of the absence of my father?... Do I look for people who are fatherly kinds of figures? Or, do I look for people...who I have to take care of because...that's what I saw my mom's experience with my dad, was really having to take care of him. And I think I have done all of the above.... with men in general—friends or intimate partners.... It is one of those things, particularly with the choices in adult partners, I just don't know.*

She went on to describe the impact that growing up fatherless posed on her relationships with men:

*I also think it's just been my process of learning about men, and feeling comfortable with men...just figuring out how to be comfortable with adult males in particular. As I was growing up, I remember watching adult males and...not really knowing how to interact with them—how to joke, or how to play...I knew a little bit. But particularly in my teenage years, I didn't really necessarily know how to interact with them as much...I remember specifically feeling awkward. Like, what do I talk about with this guy? What do I—I'm like, 'I don't know.'*

Another participant, Matthew, talked about his pattern of shying away from close relationships in general, a tendency that began during his mother's illness:

*I became a lot less connected. I don't know if that makes sense, whereas I became very good at forming superficial relationships that seemed deeper...I could meet someone and they could be like, 'Oh, how's it going?' And I could be, 'Oh, this is what's happening.' You know, 'This is great!' And I became almost really good at initial first flash impressions...but then people would keep trying to talk to me, and I'd be like, 'I'm out of things to say.... I'm done.' And almost as a defense mechanism, you stop that depth of relationship from forming. [This began] around the same time as my mother got sick the second time...when it just...seemed easier to avoid that depth of relationship, and again, I was practicing full avoidance...I didn't talk about it...and If I could avoid deep relationships that had a double benefit of both not putting myself in a vulnerable position, and not having to talk about things.*

This pattern continues to linger for Matthew today, although it has decreased in intensity:

*If you ask my partner what her number one complaint was, it's that I tend not to have strong opinions...they will be like, 'What do you want to eat?' And I will be like, 'What do you want?' You know, 'Whatever.' And, I think that those things in retrospect are symptomatic of this avoidance of deeper relationships, because if you don't put out there, even something as simple as, 'Yeah, I would really like sushi over pizza....' It's—people don't get to know you. You avoid those deep relationships.... It is another one of those things that is beautifully easy to justify...but it's also avoiding that, a) them getting to know you better, and b) going back to when I was talking about fighting a lot with my mom, I think that if I had been more like, 'Yeah, we'll do what you want,' that relationship would have been better prior to illness...I never thought about it that way before...it does double duty as both a distancing mechanism, and a mechanism by which we ideally fight less with people....I have behaved in this way for a sufficient amount of time that it has become habitual....I am certainly willing to believe that [the loss] is a cause, if not The Cause.... I definitely remember a period [before the loss] of being more open and less one-step removed from people.*

Fortunately, Matthew has overcome this tendency in a few of his adult relationships: *"I definitely have been in relationships where I am vulnerable and care what the other person thinks...My current partner is probably the first long-term partner I've had where the whole circle of me is available to them.*

For participants of this study, losing a parent in childhood appeared to influence how they engaged in certain relationships with others. Many formed parent-like relationships that were

seen as a positive source of relational support. In a few cases, early parental loss also appeared to impact emotionally intimate adult relationships.

*The unspoken bond. To experience early parental loss, is to be drawn to meaningful relationships with others who have faced a similar loss.* The lived experience of early parental loss included a tendency to form strong bonds with people who have faced a similar loss through death (e.g., death of a parent or sibling). This was true for all participants, except for two young adults who have not yet met someone living with a similar loss. In most cases, once the participant became aware of this shared experience, a bond was instantaneously created with the other person. Other times, an already established relationship became significantly closer when the participant became aware of this commonality. Notably, several young adults went on to develop close friendships or romantic partnerships with these individuals.

According to these participants, such relationships appeared to elicit a sense of being deeply understood. Most young adults spoke to the belief that only those who lived through such a loss could truly know what it is like, including Anne-Marie and Jessica:

*Talking about it with other people—friends that also have lost parents—brings me comfort. It is a way to validate and normalize how I am feeling. — Anne-Marie*

*The people who I have largely mentioned it to haven't had that experience. So, I think it is harder for them to relate. I think they often end up feeling saddened...I find that people who have had a similar experience, it might bring up sadness, but it also brings up that process of reflection in a loving kind of way that allows you to remember. — Jessica*

Several participants (Jessica, Laura and Anne-Marie) shared what it was like to form such a meaningful bond:

*I changed high schools when I was 15...and I actually met another two people there who had had parents die around a similar age. And that was interesting for me because it was almost like being a part of a club that you can't join until you have a parent die, regardless of the age that you are when that experience happens. In both cases, it was the dad who passed away as well. So, it was that experience of sharing: sharing a moment that we had experienced and that no one else had, and somehow feeling comforted or comfortable in*

*that, because I guess we recognized that we had had to do that journey.... Certainly, even still...I feel this...connection still. Sort of a kinship in a way with those two people.*  
— Jessica

*My partner...his mom lost her mother when she was 11. The same age as me. And, when he told me...even though I hadn't met his mom at that time, I felt a bond with her immediately. Like, someone who knows what it's like to lose a parent when you're young. There is that 'knowing' piece—a different type of knowing...the bond would be that shared experience.* — Laura

*I have always been drawn to friends or people that have also lost someone. I had one girlfriend at that time whose dad had passed away. My partner now, who I had been with since I was 18, his father had died [when he was four]. So, it was some kind of unspoken bond...and then two of my closest girlfriends now.... For me, it is important to have people around me that I feel really safe and they get it. So, it is this sense of being understood I guess—and that bond.* — Anne-Marie

For most participants, early parental loss reportedly played an integral role in the formation of significant relationships with those living with a similar loss, such as that of a close friend or life partner.

***The secret. The adult child often keeps their experience of early parental loss a secret from others.*** Most participants (7/8) made a considerable effort to keep their story of early parental loss from others, particularly in new relationships. They kept this part of themselves hidden for one of two reasons: to *avoid their own discomfort* or to *evade the reactions of others*. Although most prominent in childhood, to a certain degree and within certain contexts, many participants continued to keep this secret in early adulthood.

For some participants, the secret was primarily kept in an effort to avoid their own grief-related emotions. This was true for Emily, Cameron, and Matthew, who all spoke at length about the prominence of this lived quality. In Emily's case, the secret began shortly after her father died:

*I didn't want anyone to talk to me about it...I wanted just to have it to myself.... I never knew what to say about it...It was the—not a secret, but something I thought about a lot. It made me sad, but I didn't want to tell anyone...I wouldn't try to keep it from people, but I*

*definitely didn't want to tell anyone, and I also dreaded them finding out because I didn't want to explain to them...I did just dread people finding out about it though, or bringing it up, especially around my mom. I really hate it when people...would say, 'Are you married?' Or, 'Where's your husband?' I would...feel mad at them.... I wanted to avoid strangers bringing it up.*

Even today, Emily avoids telling others about her loss:

*I still don't like it when I have to tell someone new about it.... It's hard to explain to people, and I don't want to, because how do I explain it...It's like, they will never understand. It was a long time ago. I'm still really sad about it. But I can't show them what it was like, or even fully describe him.... The last time someone found out about it. I don't even know. Yeah, it's weird because it doesn't really come up anymore. It was 10 years ago, and when I meet someone, or even the friends I have now...it's just not something that I bring up.*

When asked how she managed to keep this secret, she replied:

*I think a little bit I avoid meeting new people, but all the people I've met, and the people who are closest to me here [in university], I just avoid talking about personal things, like my family.... Like, my roommate who I live with, I don't even think she knows, and we are pretty close.... Sometimes I feel a little guilty, I am not trying to keep it a secret, it is just hard to talk about. I just do it so that I don't have to be emotional in front of someone.... I still think of it as a main part of me that a lot of people don't know.*

Remarkably, Emily's experience of early parental loss is also kept from her own family—even her twin sister:

*It scares me to talk about. I try to avoid talking about it, and I never talk to my sister about it. I think just for the same reason. I don't wanna see them cry...We have a relationship that is hard for some people to get totally because we are identical twins. We live together. We go to school together. We have everything in common. We are still different, but we are very close. It's weird though...even though she is the person that I am closest to in the world, it's still a sore subject to talk about...like, I told her that I was doing this study...and she didn't want to talk about it. She just got quiet. It just makes me feel sad, because I know she's probably really sad about it too.*

Like Emily, Cameron has kept his own secret for similar reasons over the years:

*It was very much a secret for a long time.... I didn't really tell many people at all.... It puts you in an uncomfortable position and it puts them in an uncomfortable position...unless it's directly been asked or [it's] relevant, I just don't mention it. I don't bring it in...I didn't want to talk about it and...I didn't want their reaction either. I very much didn't want that...I didn't want to bring it up, and especially when it was a light environment. I didn't want to drop that bomb.... It's something I still don't bring up, but...it's less of a*

*secret.... I definitely am less uncomfortable when I have to share with someone that I lost my Dad, but it is still something that I don't choose to bring up.... You have to deal with people who don't know because they assume you are like everyone else...It makes me feel awkward, having to put myself in that vulnerable situation.... People will just ask, 'Oh, and what does your dad do?' Or, something along those lines...if I am just talking with someone who I will never talk with again, a lot of the time I will even just say what he did do, or something. I just won't mention it.*

Similar to Emily and Cameron, Matthew also continues to loyally carry his secret in an effort to avoid his own discomfort:

*Less people just ask you about it as time goes on. But, you check and vet things...I use language without even always being conscious of it that limits that discussion [about my mother] ...and 90% of the time, even if it's someone I'm really close to, it's not worth it...because the amount of understanding they would gain would be disproportionate to the amount of discomfort it would cause me.... The constant checking, and the constant—it's exhausting to be honest...I also think you could see [that] as a way of grieving. You know, as not talking about those things. And so, every day, when I go into work and I don't talk about it.*

For others, like Elizabeth and Anne-Marie, the secret was primarily kept to evade the reactions of others:

*I didn't want to talk about it with a lot of people because...people are so like, 'Oh my God! You are only 17 and your dad died?!' They just—it's so melodramatic, and it's so, 'Oh, you poor thing!' And, at some point it's like, 'Look, I'm just a normal person.' I don't want to be that person whose dad died all the time. I am okay with talking about it...but...when people are really overly dramatic, it's like: 'Look, it's my loss, not yours.' — Elizabeth*

*When I went to high school...I came up against that.... People are like, 'Oh, what does your mom think about that?' Or, it just comes up, and then I would just evade it, or try not to answer it initially because it was so painful that I didn't know how to talk about it...it would just be this 'big unknown'...I think because I navigated all these really hard things as a kid...I am really good at reading other people's emotional states, and anticipating where the conversation is going to go...so I actively tried to avoid talking about it, and when I did have to, I would just say that my mom died.... And then, it was always really awkward, because then the other person feels so bad, and they feel guilty for asking about it, and they start apologizing. And then, it becomes this thing where you feel like you are caring for them, which is annoying...but really you are the one that is carrying the pain and hurt, and so I just tried to talk about it as least as I could.*

Today, Anne-Marie no longer holds on to this secret, except every now and then: “*At my internship the other day, they are like, ‘Oh, so your mom, and everyone is back home?’ And, I was just like, ‘Yes.’*”

Of note, is that the lone participant who did not identify with this lived quality, shared what it was like to *not* keep such a secret. Jessica has always spoken openly with others about her loss - a pattern that began as a child within the family home: “*My family was fairly open with talking about death. It wasn’t like a secret.*” Talking about her loss was seen as a critical component to her recovery. For this reason, Jessica stressed the value of speaking openly to children on matters of grief and loss:

*Educating children...I think it’s still important to talk about death.... When we were kids, we would actually go to the gravesite that my dad is now buried in—but he wasn’t obviously at the time...there was a little horse pasture nearby, and we would go feed the horses, and would look at the gravestones.... I was comfortable with the idea that people died. It wasn’t a foreign thing, and this was well before my dad got sick...they couldn’t have anticipated in any way...that was a valuable experience for me. It wasn’t traumatizing in any way, and it was all done very thoughtfully...it was a process that we went through in thinking about what happens to our bodies when we died and why.... That idea that it all goes back to the earth, and it becomes connected, and that we become a part of the greater whole, and bigness of it. Those kinds of conversations definitely came up when we were kids.*

Talking about death was normalized and modelled from a very young age for Jessica. Perhaps this is why she has always felt relatively comfortable sharing her story of loss.

In summary, the majority of participants actively kept their experience of early parental loss a secret over the years, in an effort to either avoid their own grief-related emotions or the reactions of others. Although most prevalent in childhood, to some degree, many of these young adults spoke about carrying this secret into early adulthood.

**Continuing Bonds (Theme 9).** *The adult child continues a relationship with the deceased parent.* The lived experience of early parental loss included maintaining a continued bond with the departed parent in some form. Remarkably, regardless of spiritual beliefs or the

time elapsed since parental death, all participants all held the belief that the departed parent lived on in some way after death—they were not fully ‘gone.’ Participants constructed a personal understanding of their parent living on after death, as demonstrated by Anne-Marie, Jessica, and Emily:

*[I believe] we're connected to everything...so knowing that she is always with me, and that her wisdom is something that comes to me in dreams. Or, that her wisdom is something that is in my body.... I just know that when I am outside in nature, that she is connected to all of the pieces around me and it feels comforting.... I just have this strong intuition, this 'knowing' that she visits me, and she watches over me.... It's just a deep sense of knowing, and it's something that you know without words, or thinking, or even feelings. It's just something that you feel in your bones. — Anne-Marie*

*I don't think of it necessarily that he comes to visit, or that he is connecting with us. It is not really an angel rendition of that. It is more a sense of connection that somehow what was him is not gone forever, but it is now a part of the greater experience of life. — Jessica*

*I still feel a connection to my dad... I don't think that he is completely gone.... Sometimes, I still talk to my Dad, not really praying, because I definitely don't believe in God, but I do believe that my dad is Something.... I still love him...people might think when someone dies, you eventually let go and move on. But I don't think I have moved on, or let go...It's a weird relationship to have...I'd still say it's a relationship.... It's this huge Presence...it's just all my memories of him...and...all my family's memories of him...it just makes up this Thing you can't describe or really explain...but it's Something. — Emily*

Perhaps one of the most prominent findings of this study was that a continued bond with the deceased served as a fundamental coping mechanism for these young adults. More importantly, there was a remarkable difference between those who felt a strong bond to the deceased compared to those who did not: those with stronger ties to the deceased were consistently linked to a more positive adjustment to early parental loss, both as a child and as an adult. Participants continued a bond with the deceased through four principal avenues: connecting through *spiritual presence*, connecting through *remembering*, connecting through *things*, and connecting through *legacy*.

Most young adults (5/8) spoke about continuing a relationship with the deceased in

a spiritual way: through a felt *spiritual presence* or through meaningful *dreams*. Sensing the spiritual presence of the deceased was experienced differently across participants. For both Laura and Anne-Marie, such moments evoked a sense of comfort and were fondly recalled:

*When I get that feeling—that presence of my mother—it's when I am in nature...for instance...I was in Tofino...and we were whale watching and the boat was going so fast, and there was just this little bird for the longest time that was following our boat. Like, alongside. And, it's that moment where then it's just...a feeling—internal feeling. Like, unconsciously. Just this presence...I would think of her in that moment, and smile.... I don't know how to explain [it] ...It's just like a glow almost or like a smile. It's really beautiful. — Laura*

*We had a sweat lodge ceremony, which I hadn't done a sweat since my mom took us...that was 3 years ago. So, it was really powerful, and I feel it was really healing for me.... When I was in that sweat...one of my friends that was sitting beside me told me that...she saw my mom, and she came to visit me, and she was in the sweat. — Anne-Marie*

In Sarah's case, the spiritual presence of her deceased mother was not always viewed in a positive light:

*I was in university...and I felt her spirit following me and haunting me. It was a good way, but it was a way that I didn't—yeah, it was really strange... I was like, 'I just feel her presence all the time and it's not comfortable'.... So, I wrote this big letter about how I love her, and I appreciate her watching me, and I want her to watch me and be there for me, but to not 'be there' be there. And, I went for this walk and I took the letter and I cried, and I ripped up the letter and I put it in the water...I think maybe I saw her face or saw a few things, but it was moreso like a feeling...It was unsettling.... I have never felt [her presence] since then.*

Overall, sensing the spiritual presence of the deceased was commonly perceived as a beneficial way to maintain a continued bond.

Over half of participants (6/8) also connected with the deceased through meaningful dreams over the years. Laura and Elizabeth recounted childhood dreams that appeared to hold strong meaning. Laura remarked:

*I had this dream when I was 11, and we lived on a cul de sac, and she was at the end of the street...and she was waiting there in this Mickey Mouse shirt, and I was up at the top of the street. And, in my dream I ran to her—this gives me goosebumps to this day—and then we just ran and hugged each other. And I woke up when we hugged, and it was—I can't even*

*explain it. I have never felt that way again in my life. Like, when I woke up, and that feeling I had in my dream of just pure joy...I have never experienced that feeling since that dream...I have interpreted that to mean—to be her communicating with me in that moment and saying that it is okay. Like, 'I'm here.'* — Laura

Interestingly, Elizabeth recounted a significant teenage dream about her father *before* he died:

*I did dream about him before he died, and I felt something was wrong. I dreamt that he was in a big white house...with super green grass and big green trees. It was before he got sick. Like, maybe a year before. It's funny how those things stick with us. I remember waking up and having that first realization of, 'Oh, my parents are going to die, and I'm going to have to deal with that someday. So, I better get ready.'*

Two participants (Cameron and Jessica) experienced a progression of dreams that originated in childhood and carried on for many years. Cameron continues to live with these recurrent dreams:

*Throughout the years, I have had dreams and the common theme would be that my dad will be there. And, it is usually a bunch of different scenarios of either: he was cured, that he was away and came back, that he died and came back, or, that he was never sick....And I have reflected on...how I denied it at the time. So, when I was younger, it felt like he was going to come back—that he wasn't dead.... I had one actually about a month ago and...it always has something to relate with his death or lack thereof. I think it's just that I really denied it and didn't come to terms with it.*

He also revealed that these dreams were, “*the hardest thing to talk about,*” because they are a perpetual reminder of his loss:

*You wake up...realizing at that young in my life that I am never going to have a Dad again, and just being in that now. I told myself that I am never going to have a Dad again, but now I am in that forever.... It...just makes me realize that it is not something that is distant—irrelevant history.*

Similar to Cameron, Jessica experienced a progression of dreams that helped her to process the loss:

*A few years later [after he died], I did start having dreams about him.... It's more of a process of dreams...early on, my Dad would come to me in dreams and he would often be quite sick, like in a wheelchair or looking quite frail, and he would just be present...I wouldn't necessarily interact with him, but he would just show up. And then later on, as I was getting older, probably now 16 or 17, he started to actually get healthier in my dreams. And he, again, wouldn't interact much, but sometimes he would say something...it*

*was always a very reassuring kind of thing, rather than disappointed or mad...and then at one point...I was probably a teenager...maybe 18. I had a dream where he actually died again. He was quite healthier, but he died again. And, I remember feeling like my relationship had changed with him. Like, somehow what I needed him to give me, I no longer needed that...kind of support anymore...it was a...turning point for me...It almost felt it was a way of helping me to process in a slow way his death again, and my relationship to him.*

Unlike Cameron, Jessica found comfort in these ‘visits’ from her father:

*It’s a comforting thing for me. It is a pleasant—it’s almost like getting a visit from someone who you haven’t seen, or in this case, who passed away...yeah, I understand it as a visit. Or, I think sometimes when I’m feeling I need support, maybe consciously or subconsciously, I am calling him in my dreams, and then my brain responds with a dream.*

For many participants of this study, continuing a spiritual bond with the deceased—through a felt spiritual presence or through dreams—was an important way to maintain a connection with the departed parent.

Connecting through *remembering* was another prominent way for participants (7/8) to continue a bond. In such cases, participants actively remembered the deceased on their own or with others, as illustrated in the below participant accounts (Jessica, Laura and Anne-Marie).

For Jessica, a longing to connect with her father often precipitated such a moment of remembrance:

*Those moments of how I experience the grief now...I would use a word like longing. It is this wanting a connection with him.... it’s important to sit with those moments too...even though it is a sad feeling. It is also a joyful feeling—having that longing—because it is an opportunity to remember and reflect, and that is how I get to be close to him...one of the ways that I have learned to live without a dad is by remembering him. Fairly regularly...going for a run, or working on my thesis, and suddenly something will trigger a thought in my mind that might remind me of him.... I have a niece who never knew him...even just the other day she was asking, ‘Well, what was he like? And what did you guys like to do...so, I’ll let her know, and it allows me those moments to reflect on it.*

Laura also connected with her departed mother through remembering:

*What is really helpful is...trying to find ways—this sounds funny—but to have that, almost like to know my mom. There are ways for me to get to know my mom as an adult woman now. Talking to my dad for instance, hearing stories from him about what she was like as*

*an adult. Talking to my grandparents...so it's just having this different type of—like, I still have a relationship with her, even though she is gone. But it's drawing on people who knew her as an adult.... It's strange in a way, but it's like...having that relationship with her as an adult through other people.*

Anne-Marie continues a bond by actively remembering her mother with others. She recounted two meaningful moments of connecting through remembrance. In the first anecdote, Anne-Marie reconnected to her maternal heritage, and in doing so, reconnected with her mother:

*My mom's family...there was a period of disconnection up until...really three years ago...there was a really clear need that I felt to reconnect, and to reach out. And by reconnecting into my mom's family and...trying to connect to our history, and our ancestry was a real process of healing.... I called my nana—my mom's mom—and she had said that she was waiting for me to reach out...and that she knew I would when I was ready...I said I wanted to go to the reserve...where they are from.... She arranged a visit at my great-Auntie Martha's house because she had a tree in her backyard that she called the 'Linda' tree and...all these blackbirds would come to this tree every spring. And, my Auntie Martha would talk to them because they had buried some of my mom's sacred things at the bottom of the tree. So, her medicine bag, some of her hair, and other important pieces. They buried them at the tree, and so these little blackbirds come to visit her, and I have never seen the tree. So, my nana arranged this trip...and once I got there, all of a sudden somehow other family members knew I was there. So, other great-aunt's and uncles, and cousins...the house is filled with people that I haven't seen for fifteen years.... I was just gifted with beautiful pieces of art, and lots of pictures of my mom.... It was winter, so there was three feet of snow, but it [the memorial tree] was beautiful...it was a beautiful symbolism...it just really made me remember that I was connected.*

Three years ago, Anne-Marie reminisced upon her loss with her mother's estranged best friend:

*I hadn't seen Nancy for at least 10 years.... It was intensely emotional...she hugged us and...there is this really vivid memory of—she is sitting in the middle, and me and my brother are both around, she is holding our arms, and we are just sobbing. Like, immediately. It was this really emotional response and we talked about some hard things about her and my mom...so hearing some uncomfortable truths...I probably couldn't have heard that information when I was younger. But also, she is like, 'Do you know about the gift, or the responsibility that your mom asked of me?' And me and my brother didn't know what she was talking about, and she had said that they—my mom and her—had done a ceremony together where...she asked Nancy to be her spiritual guide or a spiritual mentor...if my mom wasn't there, to be that for us.... Nancy had just said, 'I knew that this day would come, and I knew I would see you two again. And, I want you to know that...your mom asked this of me, and I will be here for you.' And it was like, 'Holy shit!' I'm like, 'I didn't know about this!' And it just—I remember we had bowls of soup that we didn't touch that were sitting in front of us because it was just really powerful.... It was a*

*big release to this door of unexplored ancestry, and connection, and identity, and grief, and healing...so it was big. It was big.*

In both instances, Anne-Marie described these moments of remembrance as a period of significant healing. Connecting through remembering was a common way for participants to maintain a continued bond with the deceased in early adulthood.

In addition to connecting through a spiritual presence or through remembering, many participants (5/8) connected with the deceased through *things*, such as objects or personal belongings, although this lived quality was most prominent in childhood. For example, Jessica explained that her need to connect through objects has faded over time:

*This is something that has changed over the years. When I was younger, soon after my Dad had died, I found his driver's license...I think it was the night before he passed away. I was working on my homework or something, and I had hand-written his name out in my math book...and I had cut it out, and saved it in this little box—both with his driver's license. And, I was very attached to those objects for quite a long time...then I...definitely forgot about them, and I rediscovered them and it felt different...I don't feel the connectedness that I felt. Or, the urgency that I felt when I was younger to have them.... And then there is a letter he wrote me...right before his open-heart surgery...and I still have that, and that is probably the one thing that I feel I would be sad if I were to lose that. But other objects—I also have a little locket...they each have my mom and my dad's picture in them, so that would have been the next stage of attachment for me, was I had forgotten about those other objects, but I had this locket, and I would often wear it in memory. Or, if I felt I was going through a particularly hard time, I would wear it, and this would have been teenage—maybe even early twenties. And again, now, my relationship to that locket is like a fondness...whereas the letter...because it's my Dad's words and because it's his thoughts, I feel more connected to that.*

Like Jessica, connecting through things was a helpful way for Laura to cope with her loss as a child. However, as a young adult, Laura no longer holds a deep attachment to them:

*In those immediate years after her death...I made this scrapbook piece that was a collection of poetry [about death] ...pictures...I kept little bits of things that were sentimental. For instance, my mom and I...had this tradition of going to the mall, getting a chocolate milk and a bingo ticket, and scratching it together. So, there was an old bingo ticket in there. Or, when I was a kid, we'd play the Monopoly McDonald's board game; there was some Monopoly pieces. Or, a letter that when we were kids and we went to Disneyland my mom had written, pretending she was Mickey Mouse and they left us stuffed animals...looking back on it now...I really see that as a child trying to make sense of it.*

Sarah spoke about continuing a bond through personal belongings. She brought along a handmade quilt that was given to her mother during her illness, and reflected upon making one of the quilt patches as a child (See Appendix L – *Artistic Piece #3*). She went on to say: “*Why I like it is...it’s just a blanket. Like, we actually just use it as a blanket...maybe it’s a way of connecting, but not feeling sad about [it].*” Sarah also shared how much it would mean to wear her mother’s wedding dress on her own wedding day: “*It just makes me feel connected—that like, maybe she’s there. You know?*”

It is perhaps important to note that those who received a good-bye letter felt more attached to this object than any other personal belonging. Of those who lost a parent before their 15<sup>th</sup> birthday, only two participants (Sarah and Anne-Marie) did *not* receive such a letter, and both now wish that they had:

*She didn’t leave anything for us. Like, nothing...I think when she realized she was [going to die], it was just too far gone.... I don’t know why, it has—I don’t want to say bothered me, but the fact that there wasn’t anything left behind. Yeah, like nothing. — Sarah*

*I wish that my mom would have done something—recorded a video or something for me. Or, written me a letter that I could have when I was older and...I didn’t have that.... The stories that other people tell me about her...can soothe that missing piece. — Anne-Marie*

It appeared that connecting through things was a predominantly useful way to cope with the loss in childhood, given that most participants reported a marked decrease in maintaining a continued bond through objects over time.

The fourth avenue of maintaining a connection with the deceased is through legacy—exploring the ways in which the deceased parent lives on in the participant’s own sense of self. Connecting through legacy became especially prominent in early adulthood and typically manifested in one of two ways: developing an awareness of the *personal characteristics* inherited from the deceased, or assuming *similar personal qualities* or *life goals* to that of the

deceased. Each method of connecting through legacy is explored through a participant example.

Sarah maintained a continued bond by connecting with the *personal characteristics* that she inherited from her mother:

*I have tried to find things that have connected me to her....in some ways, I have more of my mom's qualities, and I think that's the way I feel connected to her and I hold on to her.... I definitely do way more athletics, which was what my mom did...just my qualities of being super-driven, and it's definitely my way of connecting with her.... [Recently] my Dad said this to me because I said, 'Oh, I miss mom and I don't know what she is like. I was so young'.... I literally now have a handful of memories and it makes me really sad. But he's like, 'Anytime you miss mom, just look at you, and be with you because you are your mom'...that just makes me feel good.... I just had an epiphany...maybe that's why I'm feeling so much more connectedness to my mom lately, because I'm feeling so much more connectedness to myself...because...the more I get to know myself, the more I get to know my mom.*

Another way to connect through legacy is to adopt admirable *personal qualities* or *similar life goals* to the departed parent. This approach became evident when speaking to Anne-Marie, who believed she was destined to 'pick up the thread' of her mother's 'unfinished work':

*I have this...responsibility. I feel the work that I do, and the way that I conduct myself and walk in the world, I want it to reflect well on who I am and where I come from...it is important for me to do good in the world because of my connection to her.... My grandmother gave me a newspaper article about my mom and it was her journey. It was titled something like, 'From Candy Striper to Community Health Nurse,' or something, and her journey to becoming a nurse, and wanting to work with Aboriginal people and [to] have culturally-safe care and programs. And, how that was a passion of hers, and she wanted to develop that, and her trying to connect with her identity. And my realization as an adult was, 'Holy man! My mom started this work, and I am picking up this thread of this work'.... There is...an idea of, like spiritually an intuition, that I feel that brings me comfort, but then also, on a practical sense I have these concrete hooks that I can hook into to connect to identity.*

Anne-Marie shared an image symbolic of her process of connecting through legacy: a photo of unfinished traditional beadwork crafted by her mother (See Appendix L – *Artistic Piece #4*, for photo and interpretive notes). Notably, connecting with the deceased parent through legacy arose primarily in early adulthood – a period where participants spoke about becoming more reflective on their chosen way of being in the world and contemplated upon personal life goals.

**The Relationship With Loss (Theme 10).** *To live with early parental loss, is to develop an idiosyncratic relationship with this loss that evolves over time.* In all cases, when a parent died young, the participant began an enduring relationship with this childhood loss that evolved over time. Participants did not appear to eventually ‘get over’ this loss. Instead, they learned how to effectively live with this loss over time. According to these young adults, healing from early parental loss is a *continuous* process that *evolves* over time.

Several participants emphasized that healing from this loss is an ongoing process with no set endpoint, including Sarah, Cameron, Emily and Anne-Marie:

*I do have more grieving and stuff to do. I know I do.... It's like...your life is changed. You will always have this.* — Sarah

*I'm still made sad by it. I still deal with some degree of guilt or suppression...and I still see its' lingering effects, but I don't think there will be an end to it. It's like the course of history...it is always going to be something that happened.* — Cameron

*When you have a loss, grief is like a big jagged hole and it is really painful. And time doesn't heal it totally...there is still something missing, but it is not as painful...time makes it easier to think about the loss, and you understand it better, and you are not as sad all the time. But there is still something missing, and it's never—time isn't gonna replace it.*  
— Emily

*Loss and grief isn't something that is healed. It isn't something that you get over...I believe that it ebbs and flows...like the waves in a lake or the ocean, grief and loss can come in and it comes out. And, it's dynamic, and it's moving, and water has this real quality of—it's really powerful, like grief and loss can be really powerful and transformative, and can carve out spaces where no other element can....But water can be contained too, in that it doesn't have to take over, and it has qualities that are really nourishing. It is something that is always present.... as time goes on, I just think of a peaceful lake and there is not a lot of movement, and it's just there. And, you live beside it, or you live with it.* — Anne-Marie

Participants spoke about how their relationship with loss has evolved over time, including learning how to effectively integrate this relationship into their lifeworld. Through experiential descriptions, three participants (Jessica, Laura and Elizabeth) illuminated how their experience of grief and loss has transformed over the years. Jessica commented:

*I experience the grief, if you can call it that, in these drops rather than waves. And, I think in the same way that drops slowly start to fill you up, that also changes. It changes your experience. The water level rises, or falls, or whatever it is. And I think probably my own experience has shifted, and grown, and changed as I've aged. And, as I've experienced more versions of myself and of others, and have had to put into question sometimes and reflect on who I am as an individual, and what my experiences have made me, and who I am choosing to become....and how it slowly changes the watermark. And, that the experiences I have had now, without my father have been significantly more than the experiences that I had with him, but that somehow doesn't make him further away.*

Jessica integrated this loss into her life by maintaining a symbolic relationship with her father:

*The relationship I feel to my Dad...it is something that you build still. And, on the one hand, it is more distant, but then on the other hand, it is all of the moments that I get to reflect on it, or think about it, or see how it's impacted me. And, I guess, in that sense it is the building of myself as a person, reflecting on my own experiences with that and with my father's passing...Yeah, so it just changes...it's not necessarily closeness or distance, but it's a transformation.... I could make that choice to abandon all of it, and say, 'Nope. I'm done. I am done with this!' But I'm not. I'm not done with the relationship that I have...understanding that the relationship also does live on...it's important to reflect on. And, think about that, and grow with that, and that it will change and transform.*

Laura also anticipated that her relationship with this loss will continue to change over time:

*The importance of my relationship to my mom and my mom's passing has evolved, and I just think that it's going to evolve for the rest of my life. It took me a long, long time—it took me years to get to the point where I can accept the fact that I am not going to have an adult relationship with my mom like I would have liked to have had, but [to] learn how to have a different type of adult relationship.... I expect that when I have kids that is going to be a huge life-shifting event, and that will also impact my relationship with my mother—becoming a mom myself...Feeling closer [to her] because—just having that bit of understanding, or insight into what it's like to love your own child, and to feel that, and to know that she felt that. And also, probably to see how she comes out in myself, in the way I parent...and how she comes out in my kids.*

Upon reflection, Elizabeth too has seen her relationship with loss transform over the years:

*It's like somebody cuts off your foot and then you have to grow a new one. Or, you have to learn to walk without it...because when you go through experiences like that, there is nothing anybody can say or do to make you feel better. There is nothing. Everything that is going to happen, is going to happen inside of you. So, it's up to your cells to make a new hand. You know? It's up to your thoughts, and your emotions, and your processes in your head to heal that....As I have gotten older, I've cultivated this sense of being more whole as a person in a lot of ways...so that hole is still there, but I think I've really developed a way to—not necessarily maybe see it so much as a hole, but just like an aspect of who I am....There was a gap for that part of me that missed my dad, and all those things*

*that weren't a part of my life...and then, as I got older, it changed. In the sense that it wasn't necessarily a gap, it was just an aspect of who I was, and that I was a more complete person because of the ways that I had grown and the ways that I had changed.*

According to Elizabeth, the 'hole' left in her life after early parental loss has almost fully healed—to about “three-quarters.” Elizabeth wished she knew such an outcome was possible, and if she could go back, she would tell her child self:

*What I'm doing is okay. I'm doing okay. And just to keep going, and just to know that I can—I'll move forward...I can move through this, and I can be normal and healthy and [be] a happily functioning adult, despite what it feels like—despite the chaos, and despite how different you feel.*

To conclude this section on lived other, it is important to stress that the premature loss of a parent appeared to significantly influence the relational world of participants. The relationality qualities of this phenomenon included navigating relationships in new ways, such as familial relationships, relationships with others who have faced a similar loss, or emotionally intimate adult relationships. Several participants also spoke about how they kept their loss a secret within certain relationships. Finally, when a parent died young, a new relationship was born for participants: a relationship to this childhood loss that will evolve and transform over the course of a lifetime.

## **Summary**

Through thick experiential participant accounts, the presented findings portray what it means to live with early parental loss within the existential realms of lived body, lived time, lived space, and lived other. To illuminate the essence of this phenomenon, I discussed the ten core themes gleaned from participant interviews. Overall, study findings demonstrate that the early death of a parent has a significant influence on the lifeworld of these young adults in numerous ways. In the next chapter, I address the significance of findings within the context of previous literature and consider the implications on clinical practice and future research.

## Chapter 5: Discussion

*“Losing a parent to death in childhood is a life event that keeps on reverberating long into adulthood.”*

(Simon & Drantell, 1998, p. 17)

The purpose of this hermeneutic phenomenological inquiry was to learn about the *meaning and experience* of this phenomenon by exploring the research question: ***What is the lived meaning of early parental loss for the young adult?*** Or, said another way: ***What is the young adult’s experience of living with early parental loss?*** Through in-depth interviews, eight young men and women were asked to share their lived experience of early parental loss. These personal stories were phenomenologically analyzed within the context of van Manen’s (1997) four universal lifeworld themes: lived body (corporeality), lived time (temporality), lived space (spatiality), and lived other (relationality). The nature of this lived experience was presented through ten core themes that together represent the essential structures that make this lived experience *what it is: The Grief Experience, The Parentless Identity, Body Awareness, The Transition, The Unexpected Visitor, The New World, The Empty Space, Navigating Relationships in New Ways, Continuing Bonds, and The Relationship With Loss.* In this final chapter, I discuss the significance of these findings within the context of the existing literature, acknowledge the limitations of this research study, and address implications for clinical practice. I close the chapter by reflecting upon directions for future research.

### **Significance of Findings**

In these stories of parental loss, it became apparent that all of these young men and women were still dealing with the effects of early parental loss in one way or another. Their experiential descriptions of living with a sense of grief and loss, adjusting to a new reality, redefining a sense of self, and eventually integrating this loss into their lives captured the depth

and breadth of the young adults' experience. Consistent with previous qualitative work (Koblenz, 2016; Pierce 2011; Schultz, 2007; Silverman, 1987), a recurrent thread among these stories was that the early death of a parent continued to have a ripple effect on the lives of participants as they matured over time. Study findings offer important insight into what this impact looks like as a child transitions into adulthood. Findings are discussed within the context of previous literature and are broken down into three sections: *long-term adjustment* to early parental loss, the *impact on identity formation*, and the *process of integrating loss into the lifeworld*.

**Long-term adjustment to early parental loss.** Consistent with previous research on child adjustment (e.g., Brewer & Sparkes, 2011a; Eppler, 2008; Langrock et al., 2002; Lin et al., 2004; Mahon, 1999; Silverman & Worden, 1992; Thompson et al., 1998; Wolchik & Luecken, 2004; Wolchik et al., 2006; Worden, 1996) and long-term adjustment in adulthood (Ellis et al., 2013; Koblenz, 2016; Saler & Skolnick, 1992; Silverman, 1987), this study suggests that several contextual factors related to the childhood experience influence long-term adjustment in early adulthood, including *the quality of parenting, the degree of secondary losses, family cohesion, emotional expression, continuing a bond with deceased, and strong relational supports*. The present study is unique in that it is the first scholarly work with young adults that exclusively examines the lasting impact of early parental death due to *physical illness*. With respect to long-term adjustment, two additional factors became prominent in this study: the *course of parental illness* and the *child's grief coping style*. The significance of these two findings extends, and adds to, our previous knowledge of the phenomenon.

**Course of parental illness.** In examining the participants' stories, the course of parental illness appeared to play an instrumental role in the experience of this phenomenon over time – an

important finding given the lack of attention this topic has received. For several participants, bearing witness to the physical and mental suffering of their parent influenced how they coped with this loss over time. In this study, those who lived with distressful memories about the course of parental illness because of a lengthy or aggressive disease (e.g., severe physical pain or mental/physical deterioration) were more likely to experience adverse long-term consequences.

In such instances, the sense of grief and loss was exacerbated by painful childhood memories that complicated the ability to process grief-related emotions, make meaning from the loss, or continue a bond with the deceased over time. One participant spoke about how these memories made it difficult to actively recall ‘good’ memories of the deceased and, thus, he actively avoided thinking or talking about the loss. Another participant had extreme difficulty accepting the physical suffering endured by her mother, and ultimately, the parental death itself. In both situations, these childhood memories were the primary reason that these two participants continue to live with unresolved grief today. This finding provides evidence to suggest that the course of parental illness (i.e., degree of physical, mental, and emotional suffering) and the type of parental illness (e.g., progressive illness) may play an important role in the way that this phenomenon is experienced over time.

***Grief coping style.*** In addition to the course of parental illness, the grief coping style was another factor that influenced long-term adjustment. As discussed in Chapter 3 under the sub-theme of *Aloneness*, these young adults reportedly coped with childhood grief by adopting one of two coping styles: turning inward or turning outward. For the participants in this study, turning inward was characterized by *turning away* from others, meaning that they tended to avoid the support of others and managed grief symptoms alone. Alternatively, turning outward was described by participants as actively *turning toward* others to cope with grief symptoms *and*

feeling supported within these relationships. Of note is that some participants attempted to turn toward others for relational support after parental death, but for one reason or another (e.g., family members were emotionally unavailable), they adopted the turning away coping style, ultimately feeling alone with their grief over time. Although less common, the turning outward coping style appeared to be substantially more effective for these participants: those who turned inward reported higher levels of internalizing grief symptoms (e.g., isolating behaviours) and were more likely to live with unresolved grief in early adulthood, including residual guilt—the most enduring grief symptom reported among participants.

The above finding is supported by previous studies that identify *relational support* to be a critical factor in child adjustment to early parental death (e.g., Brewer & Sparkes, 2011; Eppler, 2008; LaFreniere & Cain, 2015a; 2015b). Similar to Worden's (1996) research with parentally bereaved children, the young adults in this study who recalled turning toward others and receiving higher levels of family support (e.g., openly talking about the loss as a family) were associated with more positive outcomes in childhood (e.g., ability to talk about loss, grief expression). In the present study, participants who turned inward as a child did so for one of two reasons: they were unable to express their need for support, or they attempted to reach out and failed to receive adequate grief-related support. In either case, all participants who turned inward as a child now wish that they had received more support to process their loss in a developmentally appropriate way. A few young adults also stressed that grief-related support may need to be initiated by others in childhood, as voiced by one participant:

*I wish there was more there for me at the time...People need to reach out to you...you are not going to seek help. You are not going to be the weirdo that is like, 'Oh, my mom was sick forever and now she is dead.'*

This finding supports the developmental view that some children do indeed lack a language of

loss, that is, they have a particularly difficult time naming or describing grief-related emotions and expressing a need for grief-related support due to cognitive and developmental limitations (O'Toole & Cory, 1998).

Consistent with previous research on long-term adjustment in young adulthood (Ellis et al., 2013; Koblenz, 2016; Luecken, 2000; Silverman, 1987), a lack of perceived relational support in childhood appeared to have an adverse impact on long-term adjustment for these young adults (e.g., living with unresolved grief). Unfortunately, in cases where participants turned inward and received inadequate levels of support in childhood, a more complicated grief pathway emerged over time. Perhaps more importantly, the present study results suggest that young adults living with early parental loss tend to *maintain the grief coping style established in childhood*. Most participants of the study maintained the predominant coping style established in childhood—the grief coping style learned early in life tended to carry over into early adulthood. Additionally, this research offers unique evidence to suggest that the grief coping style adopted in childhood is typically established *before* the parental death itself and during the course of parental illness. To cope with the parental illness, participants tended to turn either inward or outward; in the majority of cases, the predominant coping style established during the parental illness continued on after parental death. Two participants reportedly modified their grief coping style in early adulthood, however, this proved to be a much more difficult process than expected. According to these findings, children do not easily change or ‘grow out’ of their grief coping style over time: how one copes with early parental loss in childhood is a good indicator of how they will cope with this loss in young adulthood.

To summarize, the findings of this study demonstrate that long-term adjustment to early parental loss is strongly tied to the childhood experience: The lived experience of *early parental*

*illness* largely mirrored the lived experience of *early parental death* in childhood. Equally, the lived experience of early parental loss in *childhood* paralleled that in *early adulthood*. This conclusion suggests that some young adults—particularly those who turned inward as a child—may benefit from grief-related support to process unresolved childhood grief (e.g., to effectively cope with painful memories of the parental illness). In an effort to improve long-term adjustment, children may benefit from pre-bereavement support to effectively cope *during* the parental illness, a period where the dominant coping style ‘sets the stage’ for how they will cope with the eventual loss. The next section takes a closer look into the ways that this early loss permanently transformed the self-identity of participants.

**Impact on identity formation.** Several studies (Ellis et al., 2013; Koblenz, 2016; Pierce, 2011; Schultz, 2007; Silverman, 1987) have addressed the influence of early parental loss on the identity development of young adults. The current research adds to this qualitative body of work by identifying the numerous ways that this childhood loss shaped the identity development of participants. For these young adults, an essential quality of this lived experience included permanently integrating this loss into their perceived sense of self, as echoed by one young woman: “*It is something that is integrated in your very essence of who you are.*” Participants spoke about how they eventually re-examined and reconstructed aspects of the personal self, including how this loss shaped their *sense of self in relationship to others* and fostered *personal growth*.

***Self in relationship to others.*** Consistent with previous research on young adults (Ellis et al., 2013; Hepworth et al., 1984; Schultz, 2007; Silverman, 1987), early parental death influenced the relational world of participants in various ways. In parallel to earlier studies with children (LaFreniere & Cain, 2015a; McClatchey & Wimmer, 2014; Servaty & Hayslip, 2001)

and young adults (Koblenz, 2016; Schultz, 2007), all participants identified with a sense of feeling set apart or different from others. At times, this lived quality left them feeling like an outsider and impacted their sense of belonging among peers. In an effort to avoid their own discomfort or to evade the reactions of others, most participants actively avoided talking about their loss over the years. Similar to participants in Koblenz' (2016) study, speaking about this loss was reportedly difficult because death is viewed as a socially undesirable topic—a cultural taboo in society. Participants also held the belief that others could never fully understand the depth of their experience without having lived through a significant loss themselves. Thus, the above finding suggests that the sense of feeling 'different' from others extends into early adulthood.

Paradoxically, these young adults also spoke about how this sense of otherness helped them to foster strong bonds with others who have faced a similar loss. They spoke about being drawn to meaningful relationships with other people who had experienced a significant premature loss through death, often going on to develop close friendships or romantic partnerships with these individuals. According to participants, these relationships elicited a sense of being fully understood and fostered a sense of belonging—a kinship of sorts. This is a novel finding that has not yet been reported in previous literature.

The early death of a parent also appeared to positively influence other types of adult relationships. Similar to Schultz' (2007) findings, most participants developed parent-like relationships over the years, meaning that they formed significant relationships with individuals who played a pseudo-parental figure in their life. Developing parent-like relationships with others (e.g., significantly older individuals of the same sex as the deceased parent) became an effective strategy to cope with the void of a maternal or paternal relationship. Additionally, of

those with siblings, all except one participant reportedly developed a closer bond with their siblings *because* of this early loss. This finding corresponds with Mack's (2004) research, where adults who lost a parent in childhood reported feeling closer to their siblings when compared to those who grew up with both biological parents.

Two participants discussed how this early loss played a role in their approach to emotionally intimate adult relationships. One young woman who lost her father spoke about being drawn to older, fatherly figures in her romantic relationships. Another participant described a general pattern of shying away from close relationships—a pattern that began during his mother's illness. Previous research suggests that early parental death can significantly impact intimate relationships in early adulthood. In a study by Hepworth and colleagues (1984), when compared to those who grew up within an intact family, those who lost a parent in childhood were more hesitant about entering into intimate relationships. In the current study, most participants in the present study did not speak directly to this topic, indicating that further research is warranted to better understand any long-term consequences associated with emotionally intimate adult relationships. Overall, the above findings illustrate the enduring impact of early parental loss on the identify development of these young adults, in both favourable and unfavourable ways. These findings also demonstrate that this phenomenon can play an influential role in the formation, or lack thereof, of significant adult relationships.

***Personal growth.*** A consistent theme and noteworthy finding is that early parental loss appeared to be associated with positive change and personal growth over time. This finding has only recently begun to appear in the literature on early parental loss (Brewer & Sparkes, 2011b; Koblenz, 2016; Schultz, 2007). Similar to Schultz' (2007) group of young women who lost a mother, participants in the present study reported developing positive attributes as a consequence

of losing a parent in childhood, including an enhanced sense of *empathy*, meaning that they presently live with a heightened sensitivity to the pain of others and are naturally drawn to help others. For instance, two female participants attributed their childhood loss to be the main reason they pursued a career in the helping profession. Also, like Schultz' (2007) study, several participants of the current study reported living with a greater sense of *personal strength* and resiliency because of this loss.

In addition to the development of personal attributes, participants also spoke about experiencing *spiritual* and *existential* growth. Aligning with Schultz' (2007) research on maternal loss, several young adults reported that this early loss prompted a process of spiritual inquiry. This process of spiritual exploration drew some participants in my study closer to their faith (e.g., spiritual beliefs were a comforting way to make sense of loss), and pushed others further away (e.g., reevaluated spiritual beliefs). Additionally, most participants of my study reported living with an acute awareness of death, mortality, and the limited nature of life. It was this existential awareness that inspired these young adults to eventually reevaluate, redefine, and reprioritize their personal beliefs, life truths, and values. The insight and wisdom gained from this loss ranged across participants, including living with a deep sense of *gratitude* for health and life itself, embracing and *living life to the full*, valuing *meaningful relationships*, and living with a *sense of purpose*. This finding is supported in more recent literature (i.e., Brewer & Sparkes, 2011; Koblenz, 2016; Schultz, 2007), where other parentally bereaved young adults spoke about living with an increased appreciation for life and embracing life to the fullest. Importantly, participants of the present study emphasized that the personal insight and wisdom gained from this childhood loss continued to impact how they navigate in the world today.

It may be helpful to understand this theme of personal development within the context of literature on posttraumatic growth. Coined by Tedeschi & Calhoun (2010), posttraumatic growth refers to “the positive change that many people experience as the result of their struggle with highly stressful circumstances” (p. 228). It is important to differentiate this concept from *resilience*, which is the ability to ‘bounce back’ or return to normal levels of functioning following adversity (Tedeschi & Calhoun, 2010). Instead, posttraumatic growth denotes a transcendent change “that goes *beyond* an ability to resist and not be damaged by highly stressful circumstances; it involves a movement beyond pretrauma levels of adaptation” (Tedeschi & Calhoun, 2004, p. 4). Viewed in this light, significant pain or suffering can lead to a positive and transformational change in functioning (Tedeschi & Calhoun, 2004). To clarify, Tedeschi & Calhoun (2004) emphasize that terms related to this concept, such as *trauma*, *crisis*, or a *highly stressful event* are used interchangeably and encompass a broader definition than is found in some clinical literature (e.g., American Psychiatric Association): “With these expressions we are describing sets of circumstances that represent significant challenges to the adaptive resources of the individual, and that represent significant challenges to individuals’ ways of understanding the world and their place in it” (Tedeschi & Calhoun, 2004, p. 1). The above definition appears to be inclusive of the range of bereavement experiences shared by the participants of this study, although in a few cases, they also appear to meet the clinical definition of a traumatic event.

Tedeschi & Calhoun (2010) propose that there are three main types of positive change associated with posttraumatic growth: (a) *changes in self-perception* – an increased sense of personal strength, a change in priorities and life choices, or an increased appreciation for life and one’s existence; (b) *interpersonal relationship growth* – an increased sense of closeness in significant relationships, or with others who have experienced significant suffering or pain; and

(c) *spiritual and existential growth* – developmental changes in spiritual beliefs or existential questions. As discussed above, all three types of posttraumatic growth were evident in the findings gathered from participant interviews in the current study. It is important to note that identified personal growth seemed to be distinguished from normative developmental processes that might naturally occur over time. Tedeschi & Calhoun (2004) clarify that post-traumatic growth is distinct from other types of development because it speaks directly to, “the growth they have experienced in their attempts to cope and survive” (p. 5). All of the participants in the present study attributed aspects of personal growth to the experience of early parental loss.

The findings from my study are supported by previous research (Brewer & Sparkes, 2011) on post-traumatic growth in a clinical population of parentally bereaved children and young adults (ages at time of interview 9-25 years old) who lost a parent in childhood. Brewer & Sparkes (2011) reported that the majority of those who experienced personal growth had lost a parent *at least* 10 years prior to the study. It appears, then, that the passage of time may be a strong influence for posttraumatic growth, which may explain the strength of this theme in the present study. It may be the case that positive long-term consequences arising from the early death of a parent can surface many years later, once the child matures into an adult. Another point of consideration is that Brewer & Sparkes (2011) research only identified Tedeschi & Calhoun’s (2010) first two types of positive change (i.e., a change in self-perception and interpersonal relationship growth). The present study’s additional theme of spiritual/existential growth is consistent with both Schultz (2007) and Koblenz’ (2016) qualitative work with young adults, and adds additional new knowledge to the literature.

A central trend in this research was that early parental death played a seminal role in the personal development of these young adults. When a parent died young, these participants were

in a potentially more vulnerable phase in life. Consequently, this ‘out of time’ death appeared to be a catalyst that influenced critical areas of self-development; participants integrated this early loss into their personal identity: “*I still think of it as a main part of me.*” It is important to stress that this research provides evidence to suggest that losing a parent as a child can be associated with posttraumatic growth over time, especially since the majority of previous literature has focused upon the adverse long-term consequences associated with this loss. This research lends support to a growing paradigm shift that is moving away from a preoccupation with pathological outcomes associated with this bereaved group, and towards an integrated perspective of working through challenges to promote health and wellness.

**Process of integrating loss into lifeworld.** Study findings provide insight into what it is like to cope with early parental loss over time. Similar to participants in Brewer & Sparkes’ (2011a) study, the participants in my study did not conceptualize, nor describe, this lived experience using conventional terms associated with bereavement, such as *recovery*, or *moving on*. Rather, they all stated that they would never ‘get over’ this childhood loss, as voiced by one participant: “*Loss and grief isn’t something that is healed. It isn’t something that you get over.*” It could be said that the aim of the participants was not to reach a point of recovery. Instead, they focused upon how they could learn to live more effectively with this loss over time. This suggests that the lived experience of early parental loss is more accurately described as a continuous process with no fixed endpoint, a process where the bereaved individual finds ways to integrate the early loss into their lifeworld as they mature over time. This research strengthens our understanding of what this process might look like as the child transitions into adulthood. For these participants, integrating this loss into their present lives included *living in a new reality*, *living with grief and loss*, and *living with a sense of meaning*.

***Living in a new reality.*** The sense that one's world is ruptured by the early death of a parent has been noted in a few previous studies with young adults (Koblenz, 2016; Pearce, 2011; Schultz, 2007). Similar to my findings, the early death of a mother or father became a life-changing event that marked the end of one period and signified the beginning of another. As they told their stories, the sentiment of living in a new reality resonated through the words of participants: "*everything changed*" and "*life was never the same.*" In all cases, participants experienced a new reality when a parent died young. Participants were faced with the need to adapt to a reconstructed family system after roles were reevaluated and redesigned to accommodate for the lost parent. It was important for participants to come to the understanding that they could never return to the life that once was before their loss. Along with accepting this new reality, participants were confronted with a need to cope with the sense of loss that existed in this new world *and* to make sense of a life without their mother or father.

***Living with grief and loss.*** While these young adults were no longer living with the same intensity of grief symptoms that they had as a child, in one sense or another, they all continued to mourn the loss of their parent in early adulthood. Consistent with previous research (Schultz, 2007; Silverman, 1987; Koblenz, 2016), the feelings of grief and loss associated with early parental death did not cease in childhood. Half of the participants in this study presently live with various forms of unresolved grief—residual guilt being the most prominent symptom. Similar to Schultz' (2007) research, the sense of grief and loss was also preserved in the lives of participants through the felt absence of the deceased parent. These young adults mourned this empty space in their lives each time they lived through, reflected upon, or imagined significant parent-child milestones, such as a graduation, getting married, or having your own child. Such moments often triggered a sense of having 'missed out' on important life experiences with the

deceased. Other times, this sense of loss arose unexpectedly, when triggered by external environmental cues, such as finding a personal belonging of the deceased. These ‘missing moments’ were seen as another way to mourn the loss of the deceased parent.

Findings from this study add to our understanding of this phenomenon by suggesting that the accompanying sense of grief and loss associated with early parental loss undergoes a period of transition in early adulthood – an essential lived quality not yet fully explored in previous literature. Young adulthood is seen as a critical developmental phase in life. It is a period of instability, identity development, and exploration (Arnett, 2006). For example, a seminal marker of this period includes moving away from the role of dependent child and becoming an independent member of society (Arnett, 1997). It is during this stage in life that the parentally bereaved child begins to navigate in an adult world without their mother or father, while also facing a series of developmental milestones. In the present study, participants reconstructed their relationship to this loss in new ways in young adulthood, including mourning the loss of an adult relationship and perceiving this loss from an adult perspective. Like the women in Schultz’ (2007) study, a renewed sense of grief arose for these participants in young adulthood when they began to mourn the loss of an adult relationship. For example, some participants of my study spoke about how they wished their father could walk them down the aisle at their wedding, or conveyed sadness at the idea that their mother would never be able to see her grandchildren. Early adulthood became an important time for these participants to come to terms with, and to accept, that they would never get to know their parent through an adult relationship.

In addition to mourning the lost adult relationship, these young adults began to perceive their loss differently than they had as a child. As children, participants held a limited understanding of this loss for various reasons (e.g., receiving insufficient information about

parental illness, holding an inadequate understanding of physical disease and death, and living with gaps in memory). Once they became adults, they constructed a more advanced understanding of early parental loss and began to actively process this childhood loss in new ways. For these participants, young adulthood became a period to renegotiate aspects of unresolved grief, including modifying unhealthy grief coping strategies or processing residual guilt from an adult viewpoint.

Findings suggest that the process of integrating early parental loss into the lifeworld includes learning to live with, and to continually renegotiate, an ongoing sense of grief and loss. While this sense of grief and loss significantly lessened over time, to some degree, it continued to be present in the lives of these participants. This study lends support to post-modern grief models that perceive grief to be a continuous process that evolves over the course of life (Walter, 2003; Wortman & Silver, 2001). This conclusion also corresponds with Worden's (1996) developmental conceptualization of childhood grief. According to Worden (1996), mourning a childhood loss is seen as a gradual and on-going process that is revisited at many points over the course of a lifetime, such as when the child lives through significant life events. For the participants of this study, age appeared to continually adjust one's experience of grief and loss over time.

***Living with a sense of meaning.*** For several young men and women, integrating this childhood loss into their lives included constructing meaning from their experience of early parental loss. This typically arose by engaging in a continued bond with the deceased or in an alternative process of meaning-making. Notably, all of the present participants held the view that their deceased parent 'lived' on in some way after death. This finding persisted despite the

age at which the death occurred or the spiritual beliefs endorsed by participants. Most of these young adults also continued a relationship with the deceased in some form.

Consistent with findings from the Harvard Child Bereavement Study (Worden, 1996) on parentally bereaved children, participants in the present study continued a bond with the deceased in different ways, including: connecting through *spiritual presence* (e.g., through a felt spiritual presence or through dreams); connecting through *remembering* (e.g., actively remembering the deceased), and connecting through *things* (e.g., holding onto personal belongings of deceased). Additionally, several young adults in my study continued a relationship by connecting through *legacy*: developing an awareness of the *personal characteristics* inherited from the deceased, or assuming *similar professional or life goals* to the deceased. Continuing a bond through legacy appeared to only take shape once the child became an adult, which is consistent with Schultz' (2007) finding that some young women fostered a bond by 'becoming like' their deceased mother as they matured over time. Similar to previous research with children (Worden, 1996) and young adults (Koblenz, 2016), continuing a bond with the deceased was seen as an adaptive response for these participants. Specifically, those with stronger ties to the deceased coped more positively with the loss over time. Consequently, the absence of a continued bond was consistently paired with a more complicated grief pathway over time (e.g., unresolved grief, sense of aloneness, inability to talk about loss).

This research may be the first study to directly inquire into the process of meaning-making for young adults who lost a parent as a child. During research interviews, all participants were asked the question, "*As an adult, what is it like to meaning from your early parental loss, if at all.*" Along with continuing ties to the deceased, some young adults created meaning by attributing positive outcomes to the loss, or, alternatively, by acknowledging personal gains that

arose from their experience of early parental loss. For example, several participants said that this loss fostered an enhanced sense of closeness with family members. Others spoke about how this loss helped them to become 'better equipped' for future life stressors. When compared to those who failed to make meaning, participants who reportedly made significant meaning from this childhood loss were consistently associated with a more positive adjustment over time.

The above findings offer evidence to suggest that continuing a bond with the deceased and engaging in a process of meaning-making can play a critical role in long-term adjustment and may even potentially moderate adverse long-term consequences. This aligns with the contemporary view that maintaining a symbolic bond to the deceased is a natural and adaptive response to significant loss (Attig, 2001; Silverman & Klass, 1996; Neimeyer, 2001; Neimeyer & Harris, 2011). According to Neimeyer (2001), continuing a bond with the deceased is instrumental to the mourning process and influences the ability to cope with this loss over time, as was true for the participants of this study. With respect to making meaning through the attribution of positive outcomes, this finding corresponds with previous quantitative research on the role of meaning reconstruction after significant loss. For example, Neimeyer and colleagues (2006) investigated 506 adults (average participant age: 21 years old) who lost a loved one within two years prior to the study (i.e., parent, sibling, child, partner, friends or other extended family members). In their study, those who reconstructed meaning through *benefit-finding* (e.g., finding the 'silver lining,' or identifying any benefits that arose from loss) were associated with lower levels of complicated bereavement. Similarly, participants of my study who engaged in benefit-finding appeared to cope more effectively over time.

### **Limitations**

As in any study, there are limitations that must be taken into consideration. First, the

men and women that volunteered for this study were a fairly homogenous group of middle-class, educated (undergraduate university and up), and predominantly Caucasian young adults (one participant identified as Aboriginal). Thus, these research findings will resonate most closely with young adults of a similar background.

Second, it is important to stress that participation in this research was entirely voluntary. The participants of this study were willing to share their personal story of early parental loss within the context of a research interview. This means that other eligible young adults who became aware of the study may have declined to volunteer because they did not feel comfortable talking about such a potentially emotional and sensitive topic with a researcher. As previously mentioned, one young adult initially agreed to participate in the study and later rescinded because he was not 'emotionally ready' to delve into his loss. Due to this selection bias, these results may not adequately capture the lived experience of those who may be unwilling or hesitant to participate in this type of research.

Third, it is difficult to tease apart the ways that my own familiarity with this lived experience has helped or hindered my thesis work. Despite my effort to engage in reflective research practice throughout the course of this study, to some extent, I am left to wonder how my personal relationship with the presented themes played a hand in my approach to data analysis and interpretation.

Fourth, although hermeneutic phenomenology offers an in-depth exploration into the lived meaning of a phenomenon, it is not intended to make general conclusions about a particular lived experience. These findings do not represent the experiences of *all* young men and women who lost a parent in childhood. Instead, this research offers an initial look into the lived experience of early parental loss for participants who lost a parent through physical illness. The

results of this study are a co-constructed interpretation of this phenomenon as uniquely understood by me and the eight young men and women of this study. Acknowledging that studies of the same phenomenon can produce diverse interpretations and insights, these findings reflect *one* of many possible interpretations of this phenomenon. Nevertheless, it is possible to achieve empathic generalizability in phenomenological research; namely, to portray a phenomenological essence in such a way that others who have experienced this phenomenon will identify with the “descriptions or interpretations as their own” (Sandelowski, 1986, p. 30). It is my hope that other young adults living with this phenomenon will find resonance with this work.

### **Implications for Clinical Practice**

This research offers new knowledge and important insights to healthcare practitioners who work with a bereaved population. Findings demonstrate that early parental loss can influence the self-identity, worldview, spirituality, life choices, and interpersonal relationships of young adults. In the below discussion, I address the various ways that key findings of this study might inform clinical practice.

Research findings suggest that early adulthood is a transitional period for young adults to reconstruct their relationship to this childhood loss. This included mourning the loss of an adult-to-adult relationship, renegotiating residual grief from an adult perspective, and revisiting the loss when living through developmental milestones, such as moving away from home for the first time. This finding has important implications for university counsellors, nurses, physicians, and other healthcare professionals who may come into contact with parentally bereaved young adults. It might be helpful for these professionals to initially screen for a significant previous loss, as most participants were reportedly hesitant to volunteer this piece of information to others. This preliminary screening is not only an invitation to acknowledge the presence of this

loss in the young adult's life, but also offers the young adult an opportunity to raise this topic within the context of the helping relationship.

Study findings align with post-modern grief models that emphasize the significant role of meaning-making in the process of adjustment to loss. According to this view, those who engage in meaning reconstruction adapt more quickly from significant loss. As mentioned, participants who engaged in a process of meaning-making through benefit-finding adjusted to their loss more effectively over time. Likewise, those with stronger ties to the deceased coped more positively with the loss over the long-term. Thus, it may be helpful for clinicians to facilitate a process of exploration with the client about how the young adult has understood and adjusted to this childhood loss over the years, if at all. This may include assisting the young adult to reevaluate or revise previously held understandings carried over from childhood, or to explore how this young adult might continue a bond with the deceased. In this way, healthcare professionals can support young adults to effectively integrate this early loss into their lifeworld.

The present research findings offer evidence to support the constructivist view that grief and loss is a highly personalized experience. While essential qualities of this lived experience became evident across participants, such as feeling different from others or continuing a bond with the deceased, each story of parental loss was distinctly unique. Several contextual factors played a pivotal role in the long-term adjustment to early parental loss. Practitioners must acknowledge that a 'one size fits all' approach is unlikely to meet the needs of this bereaved group. They would be well-advised to endorse customized interventions that take various influential factors into account, including the course of parental illness, type of lost relationship (i.e., father/son, father/daughter, mother/daughter, or mother/son), grief coping style, family system, relational supports, continuing bonds, and the process of meaning-making. More

attention paid to tailoring services based upon the personalized experience of early parental loss is likely to be a beneficial pursuit. These findings underscore the benefits of adopting a post-modern approach that moves away from traditional or stage-based grief models that fail to represent the diverse range of grief-related emotions and the evident variability of bereavement experiences among grievers, while also acknowledging that continuing bonds and meaning reconstruction can be adaptive responses to significant loss.

Early parental loss was also associated with post-traumatic growth in early adulthood. A few participants shared that it was important for them to ‘grow’ from adversity, as remarked by one participant: *“To develop the positive aspects that come out of losing your parent...that is important for me, in not just seeing it as a loss, but seeing the things that come out of that as well.”* It would be important for practitioners to recognize and validate any feelings of grief and loss, while also acknowledging and normalizing any positive consequences that may arise from this childhood experience.

That stated, perhaps the most significant finding of this study is the ongoing sense of loss felt by these young adults. Healthcare professionals play an important role in educating young adults that their sense of grief and loss may become more salient during developmental milestones that arise throughout the course of a lifetime. They can also help to normalize the extended nature of processing such a significant childhood loss. Some participants of the study harbored guilt because they did not process this early loss in the ‘right way.’ One participant shared that he didn’t know what ‘normal’ looked like for those living with early parental loss. Providing psycho-education on childhood grief and acknowledging the developmental considerations associated with this early loss might go a long way in alleviating such client concerns. More importantly, this finding underscores the importance of replacing outdated

theoretical grief models, such as phase or stage models, with a more contemporary understanding of grief. In many ways, conceptualizing grief as a progression of states continues to dominate the popular way of thinking, this study adds to the mounting evidence that grief is better understood as a personalized process with no fixed point of recovery.

### **Directions for Future Research**

The present study makes a valuable contribution to our knowledge of this phenomenon by offering novel insights into the long-term impact of early parental death through physical illness. Future research could offer further insights with different populations, including: young adults who lost a parent earlier in life (i.e., birth to 9 years old); older adults approaching middle age (30-40 years old); or, young adults who lost a parent through circumstances other than illness (e.g., accidental). Additional knowledge may also be gleaned by accessing a more diverse sample, in the hopes of gaining further insight into the contextual influences of culture, educational attainment, and socioeconomic status. As previously noted in the literature (Schultz, 2007), longitudinal research that explores the impact of early parental loss across the life-span may tell us more about how this lived experience evolves throughout the course of life. This may help by providing objective and subjective accounts at the time of events, instead of using retrospective accounts that rely on memory retrieval, and potentially changing and subjective accounts of the bereavement experience.

There is a need to further explore gender-specific responses to early parental loss over time. In the current study, the experience of early parental loss was influenced by the type of parental relationship lost in childhood (e.g., father/daughter, father/son, mother/daughter, mother/son). Although Pierce (2011) and Schultz (2007) both explored the long-term impact of maternal loss in young women, I was unable to locate scholarly research that explored the long-

term impact of father loss in young men or young women. Future studies that take a closer look into the role of gender, both of the deceased parent and the young adult, may garner a more nuanced understanding of this lived experience.

Finally, this research highlights that the long-term adjustment to early parental loss is strongly tied to the childhood experience. More specifically, study findings bring attention to the potential benefits of pre-bereavement support to help children effectively cope *during* the course of parental illness, a period where the dominant coping style ‘sets the stage’ for how they will eventually cope with the loss of a parent. Further research that investigates how to best support children to adequately cope with the progressive or terminal illness of a parent may also be a valuable endeavor.

## **Conclusion**

This in-depth exploratory study contributes to our present understanding of this phenomenon by exploring the young adult’s experience of living with early parental loss within the existential realms of lived body, lived time, lived space, and lived other. The narratives of these young adults provide strong evidence that this early loss continues to be a living force in their lives today. In telling their stories, important information surfaced about the factors that impact long-term adjustment, the influence of early parental loss on identity development, and the ongoing process of integrating this early loss into their lives. This study extends the body of research about early parental loss and breaks new ground in portraying this experience from the perspective of young adults who lost a parent through physical illness.

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Table 1

*Participant Criteria*

	Inclusion Criteria	Exclusion Criteria
<i>Sex</i>	Male or female	Not applicable
<i>Age at Time of Death</i>	11 to 18 years old	Less than 11 years old
<i>Current Age</i>	20 to 38 years old	39 years or older
<i>Type of Death</i>	Parent or step-parent (mother/father)	Lost both parents due to death
<i>Cause of Death</i>	Illness or health crisis	Murder, suicide, accident, or any other violent means
<i>Time Since Death</i>	More than 2 years ago	More than 20 years ago
<i>Mental Health Status</i>	No suicidality in past two years No significant mental health issue Absence of substance abuse issue Cognitive ability to engage in interview	Suicidality within past two years Significant mental health issue Substance abuse issue  Limited cognitive impairment

Table 2

*Participant Demographic Information*

<i>Participant</i>	<i>Gender</i>	<i>Current Age</i>	<i>Age at Time of Death</i>	<i>Educational Status</i>	<i>Cultural Background</i>	<i>Relationship Status</i>
01 - Cameron	M	20	13	Undergrad	Canadian (European)	Single
02 - Emily	F	21	11	Undergrad	Canadian (Unknown)	Single
03 - Anne-Marie	F	29	12	Graduate	Canadian (Aboriginal/European)	Common-law <sup>a</sup>
04 - Laura	F	29	11	Graduate	Canadian (European)	Single
05 - Jessica	F	29	9	Graduate	Canadian (European)	Common-law <sup>a</sup>
06 - Matthew	M	26	18	Graduate	Canadian (European)	Single
07 - Sarah	F	30	13	Graduate	Canadian (Unknown)	Single
08 - Elizabeth	F	28	17	Undergrad	Canadian (European)	Common-law <sup>a</sup>

<sup>a</sup>*Common-law is defined as being a couple for at least two years and currently living together*

Table 3

*Family Demographic Information*

<i>Participant</i>	<i>Deceased Parent</i>	<i>Parent Age At Death</i>	<i>Length of Illness</i>	<i>Cause of Death</i>	<i># of Children</i>	<i>Family Make-up at time of death</i>
01 - Cameron	Father	49	12 months	Metastatic Cancer	Three	Parents & children living together
02 - Emily	Step-father	40	Sudden	Heart Attack	Three	Parents & children living together
03 - Anne-Marie	Mother	37	2 years	Breast Cancer	Two	Parents separated (shared child custody)
04 - Laura	Mother	46	3 years	ALS	Three	Parents & children living together
05 - Jessica	Father	41	4 years	Lung cancer	Three	Parents & children living together
06 - Matthew	Mother	48	3 years	Breast Cancer	One	Parents living together (child moved out)
07 - Sarah	Mother	43	5 years	Cervical Cancer	Three	Parents & children living together
08 - Elizabeth	Father	67	Few months	Lung cancer	Seven	Separated (child living with mother)

## Appendix A Participant Consent Form



**University  
of Victoria**

### PARTICIPANT CONSENT FORM

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#### **The Legacy of Loss: The Early Death of a Parent and the Long-term Impact in Adulthood from a Phenomenological Perspective**

You are invited to participate in a study entitled, *The Legacy of Loss: The Early Death of a Parent and the Long-term Impact in Adulthood from a Phenomenological Perspective* conducted by Diane Teixeira.

Diane Teixeira is a graduate student in the department of Educational Psychology & Leadership Studies at the University of Victoria. This research study is conducted under the supervision of Dr. Natalee Popadiuk, R. Psych., as part of a thesis requirement for a degree in Counselling Psychology. You may contact Diane by email if you have further questions ([dianet@uvic.ca](mailto:dianet@uvic.ca)). Dr. Popadiuk may also be contacted by email at [popadiuk@uvic.ca](mailto:popadiuk@uvic.ca).

#### **Purpose and Objectives**

The purpose of this research is to learn about the lived experience of adults who have faced the early death of a parent in childhood (11-18 years old). The objective of this study is to interview adults regarding the long-term impact of this loss, and to discover how meaning has been made from this loss. What are the lived experiences of adults who experienced the loss of a parent as a child? What is it like to *live with* this loss as an adult? My hope is that knowledge gained from this study will increase our understanding of early parental death and the “ever-after” effects of this loss that carry on into adulthood. These new insights can help us to better support survivors of early parental death and their families.

#### **Importance of Research**

Research of this type is important because little is known about the long-term impact of early parental loss in the adult years. There is also a general lack of qualitative research on this topic; peer-reviewed phenomenological research is non-existent. There is a clear need to learn about the lived experience of this phenomenon from the voices of the survivors themselves. Findings can provide guidance to helping professionals who support bereaved children and their families, or adults who seek mental health support related to this loss.

#### **Participant Selection**

You are being invited to participate in this study because you are an adult (between 20 to 38 years old) who has experienced the early death of a parent due to illness in childhood (11-18 years old), and you would like to volunteer in the study.

Should you identify with **any** of the following exclusion criteria, unfortunately you are not a suitable participant for this particular study:

- *Age at time of Death*: Less than 11 years old
- *Current Age*: 39 years or older
- *Loss Type*: Lost *both* parents due to death during the ages of 11-18 years old
- *Cause of Death*: Murder, suicide, accident, or any other violent means
- *Time Elapsed Since Death*: Greater than 20 years ago
- *Mental Health Status*: Suicidality within past two years, and/or living with a significant mental health issue
- *Substance Use*: Currently living with a substance abuse issue
- *Interview Availability*: Unable to meet face-to-face for research interview

You have the right to withdraw from the study at any point, and you do not have to provide a reason for your decision.

### **What is Involved?**

If you consent to voluntarily participate in this study, your participation will include one or two face-to-face interviews, each lasting between 1 and 1.5 hours. These interviews will take place at a mutually agreed-upon location; they will be audiotaped and a typed transcript will be used in data analysis.

At the second interview, you will have the option to share a personal artifact, and to have a photo taken of this artifact that may be used in the dissemination of findings. If you consent to a photo, there is a possibility that your artifact may be recognized as belonging to you.

### **Inconvenience**

Participation in the study will require a time commitment of approximately 3 hours, as well as travel time.

### **Potential Risks**

There are a few potential risks in volunteering for this research. This may include emotional or psychological discomfort naturally associated with recalling your lived experience of grief, and in sharing what it is like to *live with* this early loss as an adult. You may also experience symptoms of fatigue or stress as a natural reaction to recalling a distressing life event.

If you are uncomfortable, you may choose at any time to take a break, re-schedule, conclude the interview, or withdraw from participating in the study altogether - with no consequences. If I become aware that you appear to be markedly distressed, I will stop the interview and ask how you would like to proceed. At the end of the interview, I will also provide you with a resource guide, listing local mental health resources, should this be helpful to you in the future.

### **Potential Benefits**

There are several associated benefits in becoming a volunteer. You may find value in giving a voice to your lived experience of early parental loss. Your active involvement in promoting the advancement of further knowledge in this topic may also give you the opportunity to help others who have faced similar life circumstances to your own.

### **Voluntary Participation**

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time, without any consequences or any explanation. If you withdraw from the study, you will be asked if you want your information to be used in the study. If you decline this option, all of your information will be deleted and will not be used in the study.

### **On-Going Consent**

To make sure that you continue to consent to participate in this research, at the beginning of interview two, we will review informed consent once again. I will remind you of the right to stop at any point, or to withdraw at any time, with no consequence. I will also ask you to sign the second signature line on this consent form before we begin interview two.

### **Anonymity**

In terms of protecting your anonymity, I will ask you to provide a pseudonym (fake name), and I will change any identifying information in the study findings.

### **Confidentiality**

For purposes of confidentiality, all electronic data will be protected and stored on my password-protected and encrypted computer. All paperwork will be kept in a locked cabinet in my personal office. In order to protect third party confidentiality, no identifying information about other persons will be included in the study findings.

### **Dissemination of Results**

It is anticipated that the results of the study may be shared at academic conference presentations, professional meetings, published journal articles, and in a thesis manuscript and oral exam. If you wish, you may request a summary of results for this study in the section entitled, *Copy of Results*, on the next page. Should this be requested, a summary of the results will be sent to the personal email provided by yourself at the beginning of the study.

Please also note that the full theses report will be accessible by internet to the public on the University of Victoria website at UVicSpace (<https://dspace.library.uvic.ca/>).

### Disposal of Data

Electronic data will be deleted, and all paper documents shredded and disposed of one year after the study is completed.

### Contacts

Individuals that may be contacted regarding this study include Diane Teixeira ([dianet@uvic.ca](mailto:dianet@uvic.ca)), and project supervisor, Dr. Natalee Popadiuk ([popadiuk@uvic.ca](mailto:popadiuk@uvic.ca)). You may also verify the ethical approval of this study, or raise any concerns, by contacting the Human Research Ethics Office at the University of Victoria ([ethics@uvic.ca](mailto:ethics@uvic.ca) or 250-472-4545).

## PARTICIPANT CONSENT

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researcher, and that you consent to participate in this research project.

### Interview One

\_\_\_\_\_  
*Participant Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Researcher Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Interview Two

\_\_\_\_\_  
*Participant Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Researcher Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Visually Recorded Images

Photos may be taken of my personal artifact for (*initials*): Analysis\_\_\_\_\_ Dissemination\*\_\_\_\_\_

\*Artifact photos will be as non-identifiable as possible, as there will be no link between artifacts and specific participants in the dissemination of results. However, even if no names are used, your artifact photo may be recognizable if visual images are shown in results.

Should your artifact photo identify individuals **other than yourself**, written signature consent will be required from these individuals prior to any dissemination of your artifact in the results of this study. This written consent will note that the individual consents to having an identifiable artifact of themselves used in the dissemination of study findings.

### Copy of Results

I would like to receive a copy of research findings (summary of thematic results) by email (*circle*): **YES**      **NO**

If yes, you will receive a summary of results by email upon conclusion of the study.

*A copy of this consent will be left with you, and a copy will be taken by the researcher*

**Appendix B**  
**Mental Health & Substance Use Support Resources - Screening Call**

**MENTAL HEALTH & SUBSTANCE USE SUPPORT RESOURCES**  
**VICTORIA, BC**

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**Vancouver Island Crisis Line (open 24 hours)**

1-888-494-3888

**BC Mental Health & Addiction Info Line**

Canadian Mental Health Association

1-800-661-2121

**BC Alcohol & Drug Referral Service**

1-800-663-1441

**Alcoholics Anonymous 24-Hour Support Line, Victoria BC**

1-250-383-3553

**Citizen's Counselling**

(250) 384-9934

## Appendix C Self-Care Tips Sheet

### SELF-CARE TIPS: 50 WAYS TO NURTURE YOURSELF

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1. Take a walk
2. Snuggle or pet your cat or dog
3. Reconnect with nature – go for a walk in the park, take a hike
4. Exercise
5. Dance or stretch to music
6. Plan or take a staycation or vacation
7. Take a break from technology
8. Get manicure or pedicure
9. Practice yoga
10. Nurture your health – schedule appointments
11. Do something you've always wanted to do
12. Makeover your morning
13. Schedule “you” time
14. Listen to a guided visualization
15. Change one thing to improve your diet
16. Sit and relax for 15 minutes
17. Meditate or pray
18. Get a massage
19. Take a nap
20. Hug someone, ask for a hug
21. Listen to music you enjoy
22. Sing
23. Call a friend or family member
24. Practice being present
25. Smile at a stranger and send them positive thoughts, peace, and joy
26. Play
27. Make a list of your accomplishments
28. Visualize your ideal future
29. Make a to-do list, prioritize
30. Practice saying affirmations, post your favourites
31. Read an uplifting book or magazine
32. Create an inspirational board on Pinterest, print it
33. Bake cookies and give them away
34. Do a craft
35. Buy art supplies and create a piece of art
36. De-clutter and bless others with your extra items
37. Make a list of short and long-term goals
38. Hold a burning bowl ceremony
39. Have a nurturing weekend or getaway
40. Write thank you notes
41. Create a gratitude journal
42. Watch a funny movie
43. Buy flowers
44. Do something you love
45. Go to lunch with a friend
46. Have a special date night with your spouse or significant other
47. Spend time around water – at the ocean, lake, or river
48. Establish a wonderful tea ritual
49. Get a new hairstyle or makeover
50. Write or read poetry

Source: *Lifeohm* Web site. (2013, October 23). Retrieved August 6, 2015, from <http://www.lifeohm.com/nurtureyourself>

**Appendix D**  
**Mental Health Support Resource Guide - Interview**

**MENTAL HEALTH SUPPORT RESOURCES**

**VICTORIA, BC**

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**Vancouver Island Crisis Line (open 24 hours)**

1-888-494-3888

**University of Victoria Counselling Services (no fee for students)**

(250) 721-8341

**Citizen's Counselling**

(250) 384-9934

**Island Loss Clinic**

(250) 592-3138

## Appendix E Recruitment Poster

### RESEARCH PARTICIPANT OPPORTUNITY

### *Did you lose a parent as a child?*

You are invited to participate in a study entitled, **The Legacy of Loss: The Early Death of a Parent & the Long-term Impact in Adulthood**, being conducted by Diane Teixeira, graduate student in Counselling Psychology at the University of Victoria. This study is conducted under the supervision of Dr. Natalee Popadiuk, who may be contacted at [popadiuk@uvic.ca](mailto:popadiuk@uvic.ca).

**Purpose:** Learn about the lived experience of adults who have faced the early death of a parent, and better understand the long-term impact. What is it like to *live with* this loss as an adult?

**Objectives:**

- Gain new knowledge into the experience of parental bereavement in childhood
- Identify the “ever-after” effects of early parental loss that carry on into adulthood
- Learn how to better support survivors of early parental death, and their families

**Importance of Research:** Little is known about the long-term impact of early parental loss in the adult years

**What’s Involved?** Up to two face-to-face interviews (about 1.5 hours each), and a brief screening call

**Participant Criteria:**

- Current Age: **20 to 38** years old
- Age at Time of Parent’s Death: **11-18** years old
- Lost a parent or step-parent **due to illness** or health crisis *more than 2 years ago*
- **Willing to share** your personal story of parental loss, and the long-term impact of this loss



University  
of Victoria

If you, or someone you know may be interested in participating, please contact Diane to arrange for a screening call. Thank you!

**Email: [dianet@uvic.ca](mailto:dianet@uvic.ca)**

## Appendix F Recruitment Email Script

Hello,

### **RE: Research Participant Opportunity**

My name is Diane Teixeira, and I am a graduate student in Counselling Psychology at the University of Victoria. I am writing to let you know about a research study taking place in your community exploring the lived experiences of adults who have faced the early death of a parent. The purpose of this study is to better understand the long-term impact of this loss, and how meaning is made from early parental loss.

If you are interested in this study, please see below for further details, and feel free to contact me. Dr. Natalee Popadiuk, Associate Professor, is the thesis supervisor for this research. If you would like to speak with her to verify this research, she can be contacted at [popadiuk@uvic.ca](mailto:popadiuk@uvic.ca).

Thank you!

Diane

Diane Teixeira  
Graduate Student  
Counselling Psychology Program,  
Department of Education & Leadership Studies  
University of Victoria  
[dianet@uvic.ca](mailto:dianet@uvic.ca)

## RESEARCH PARTICIPANT OPPORTUNITY

### *Did you lose a parent as a child?*

You are invited to participate in a study entitled, **The Legacy of Loss: The Early Death of a Parent & the Long-term Impact in Adulthood**, being conducted by Diane Teixeira, graduate student in Counselling Psychology at the University of Victoria. This study is conducted under the supervision of Dr. Natalee Popadiuk, who may be contacted at [popadiuk@uvic.ca](mailto:popadiuk@uvic.ca).

**Purpose:** Learn about the lived experience of adults who have faced the early death of a parent, and better understand the long-term impact. What is it like to *live with* this loss as an adult?

**Objectives:**

- Gain new knowledge into the experience of parental bereavement in childhood
- Identify the “ever-after” effects of early parental loss that carry on into adulthood
- Learn how to better support survivors of early parental death, and their families

**Importance of Research:** Little is known about the long-term impact of early parental loss in the adult years

**What’s Involved?** Up to two face-to-face interviews (about 1.5 hours each), and a brief screening call

**Participant Criteria:**

- Current Age: **20 to 38** years old
- Age at Time of Parent’s Death: **11-18** years old
- Lost a parent or step-parent **due to illness** or health crisis **more than 2 years ago**
- **Willing to share** your personal story of parental loss, and the long-term impact of this loss



If you, or someone you know may be interested in participating, please contact Diane to arrange for a screening call. Thank you!

University  
of Victoria

Email: [dianet@uvic.ca](mailto:dianet@uvic.ca)

## Appendix G

### Interview 1: Interview Guide

In keeping with a phenomenological lens, interviews will be conversational, semi-structured, in-depth, and guided by a minimal number of questions. The purpose of the first interview is to learn about the lived experience of loss, both as a child and as an adult.

Interview One Questions:

1. *What do you remember about your experience of losing a parent as a child?*

Prompts: Can you give me a specific example? What was that like for you?

2. *As an adult, can you describe what is it like to live with the early loss of a parent?*

Prompts: For instance, in what ways, if any, has the early loss of a parent influenced how you experience the world? How do you embody, or carry this legacy of loss? (e.g. mind, body, spirit) What does it feel like? (e.g. feelings, mood, emotions). Describe, with as much detail as possible, using specific and descriptive examples.

3. *As an adult, what is it like to make meaning as an adult from your early parental loss, if at all?*

Prompts: In other words, as an adult, can you describe a specific situation when you were able to make sense of your loss in childhood? Can you give me a specific, detailed example? What was that like for you?

4. *How was it for you to be talking to me in this way?*

5. *What questions do you have for me before we end our time together?*

*Before we finish today, I would like to acknowledge that recalling, and sharing the lived experience of such an important loss in life can be challenging for some people. If you feel tired or exhausted from our discussion today, this is very normal. Is there anything that you can do later today that can help you to be kind with yourself? (self-care strategies) I have a sheet on self-care ideas, if you are interested (give Self-Care Tips Sheet in Appendix C).*

*Also, if you feel that you would benefit from some mental health support in the future, with regards to what you have shared today, please see the attached resource guide for some easily accessible local resources. Thank you! (Give Mental Health Support Resource Guide in Appendix D).*

## Appendix H

### Interview 2: Interview Guide

The purpose of the second interview is to learn about the participant's understanding of how early parental loss has impacted their adult life.

Interview Two Questions:

1. *How has your experience of early parental loss impacted your life as an adult, if at all?*

Prompts: In other words, in what ways has your experience of early parental loss impacted your adult life, either positively or negatively, or both? (e.g. relationships, career, spirituality, family life, etc.) Can you give me specific examples? A detailed description?

2. *What metaphor best symbolizes the way you experience the world as an adult who lost a parent in childhood?*

Prompt: Tell me more.

3. *What, if any, artistic piece have you created that illustrates what it means to live with the early loss of a parent? (e.g., journal writing, poem, painting, etc.).*

Prompt: In other words, what, and how have you made meaning from the loss? (Participants will be invited to bring an artistic piece to the second interview. Upon written consent, a photo will be taken of item that may be used in data analysis or shared in the final report).

4. *How was it for you to be talking to me in this way?*
5. *What questions do you have for me as we end our time together?*

*Before we finish today, I would like to acknowledge that recalling, and sharing the lived experience of such an important loss in life can be challenging for some people. If you feel tired or exhausted from our discussion today, this is very normal. Is there anything that you can do later today that can help you to be kind with yourself? (self-care strategies) I have a sheet on self-care ideas, if you are interested. (See Appendix C for Self-Care Tips Sheet). Also, if you feel that you would benefit from some mental health support in the future, with regards to what you have shared today, please see the attached resource guide for some easily accessible local resources. Thank you! (See Appendix D for Mental Health Support Resource Guide - Interview).*

## Appendix I Screening Call Script

Thank you for your interest in my research. My name is Diane Teixeira and I am a graduate student in Counselling Psychology at the University of Victoria. This thesis study is being conducted under the supervision of Dr. Natalee Popadiuk, R. Psych.

As you know, I am interested in learning about the lived experiences of adults who have lost a parent in childhood, and to better understand the long-term impact of this loss. The purpose of talking with you today is to find out together if you will be a good fit to participate in this research, and to answer any of your questions about the study. I hope that our time together today will help you to make an informed decision about whether you would like to volunteer for this study, should you meet the eligibility requirements.

First, if it is okay with you, I would like to ask you some brief questions to learn more about yourself, and to determine your eligibility to volunteer.

### Part I: Inclusion Criteria

1. Are you currently between the ages of 20 to 38 years old?
2. Did you lose a parent or step-parent, due to illness or a health crisis, more than 2 years ago?
3. Can you confirm that the cause of your parent's death was unrelated to a murder, suicide, accident, or any other violent means?
4. If so, were you between the ages of 11 to 18 years old at the time of the death?
5. Are you willing to share your personal story of parental loss, and the long-term impact of this loss?
6. Are you able to meet in person for two individual interviews?

➤ *If all answers in Part I are YES, proceed to Part II.  
If one or more are NO, proceed to Part III.*

### Part II: Exclusion Criteria

If it is okay with you, there are a couple of questions I would like to ask regarding your current mental health status. Due to the sensitive nature of the topic, it is important that we prevent the risk of excessive emotional discomfort for particularly vulnerable individuals.

1. Have you in the past, or are you currently living with a significant mental health issue?
  2. Have you in the past, or are you currently struggling with a substance use issue?
  3. Have you experienced any suicidal thoughts or behaviours in the past? Have you experienced suicidal thought or behaviours over the past two years?
- *If one or more are YES, proceed to Part III, and ask the individual if he/she is interested in a list of local mental health and substance use support resources. If so, send the Mental Health & Substance Use Support Resources list by email to individual (See Appendix I).  
If all answers in Part II are NO, proceed to Part IV.*
- *During the interview, should the individual demonstrate significant signs of cognitive impairment or mental illness, proceed directly to Part III.*

**Part III:**

Thank you for taking the time to speak with me today, and for your interest in my research. However, as you do not meet the participant criteria, unfortunately you are not eligible to participate in the study. To protect your confidentiality, I will shred all paper notes from our meeting today. Do you have any questions?

**Part IV:**

Thank you for sharing more about yourself. Based on the information you have shared today, you may be eligible to volunteer for this study. Do you have any questions before we talk in more detail about the research?

If you decide to volunteer, your participation will include one or two face-to-face interviews, each lasting about 1.5 hours. These interviews will take place at a location that is agreed upon by both of us. Both of these interviews will be audiotaped for data analysis.

The purpose of the first interview is to learn about your lived experience of loss, both as a child and as an adult. The goal of the second interview is to learn about your understanding of how early parental loss has impacted your life as an adult. In the second interview, you will have an option to share a personal artifact that symbolizes how you have made meaning from your loss. You will also have the option for a photo to be taken of this item for data analysis and dissemination of findings.

Do you have any questions about what we have discussed so far?

Thank you again for sharing more about yourself. If you decide to volunteer, I look forward to learning more about your personal story. Would you like to become a participant?

➤ *If NO, then:*

Thank you for taking the time to meet with me today. I appreciate your interest in this very important research. To protect your confidentiality, I will shred all paper notes from our meeting today. Take care.

➤ *If YES, then:*

As a participant of this study, I will make every effort to protect your confidentiality. I will ask you to provide a pseudonym (fake name), and change any identifying information in the study findings. However, if you choose the option of having a photo taken of a personal artifact, your photo may be recognizable if visual images are shown in results.

Do you have any questions about this?

Before the first interview, can you please review the *Participant Consent Form* and *Interview Guide* (list of all interview questions) that were electronically sent to you after our initial email contact? This interview guide will help you to know what to expect at each interview, and assist you to actively recall your experience of loss in preparation for our time together. After you have reviewed this material, if you have any questions or concerns, please do not hesitate to contact me. At the beginning of the first interview, we will review the participant consent form in detail, and you will again have the opportunity to ask any questions.

Given the sensitive nature of this research, it will also be important to develop a **safety plan** to ensure you have an adequate support system after our interviews together. I would like to ask you a few questions about what safety supports will work best for you:

1. **Professional Support.** Do you have a counsellor, or do you know of a professional that you can see, in case you would like to explore and discuss your loss in further detail after the interview(s)?

- a) Are you eligible for Employee Family Assistance Program (EFAP) counselling sessions, offered at no cost by your employer?
- b) (*Only applicable for University of Victoria students*) Do you know that you are eligible for counselling sessions at no cost through the University of Victoria Counselling Services?

At the end of each interview, I will also give you a list of easily accessible mental health support resources in the local community, should this be of benefit to you.

2. **Personal Support.** In case you need emotional support after our interviews, is there someone that can pick you up, should you not feel safe enough to drive on your own?
3. **Emergency Contact.** For safety purposes, we will need an emergency contact during your time as a participant for this study. This person will be contacted in case of a medical emergency.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I would also like you to be aware that you are free to withdraw from participation in the study at any time, without any consequences or explanation. If it is okay with you, I will also send a meeting reminder to you the day before our scheduled interview.

Where, and when would you prefer to schedule the interviews?

Do you have any final questions before we end for today?

Again, please don't hesitate to contact me if you have any questions arising from today's meeting. Thank you for your time today. I look forward to meeting you in person.

**Appendix J**  
**Artifact Photo Consent Form (Third Party)**



**University  
of Victoria**

**ARTIFACT PHOTO CONSENT FORM**

**The Legacy of Loss: The Early Death of a Parent and the  
Long-term Impact in Adulthood from a Phenomenological Perspective**

Diane Teixeira is a graduate student in the department of Educational Psychology & Leadership Studies at the University of Victoria. This research study is conducted under the supervision of Dr. Natalee Popadiuk, R. Psych., as part of a thesis requirement for a degree in Counselling Psychology. You may contact Diane by email if you have further questions ([dianet@uvic.ca](mailto:dianet@uvic.ca)). Dr. Popadiuk may also be contacted by email at [popadiuk@uvic.ca](mailto:popadiuk@uvic.ca).

Please note that artifact photos submitted by participants will be as non-identifiable as possible, as there will be no link between artifacts and specific participants in the dissemination of results. However, even if no names are used, an artifact photo may be recognizable if visual images are shown in results. It is anticipated that the results of the study may be shared at academic conference presentations, professional meetings, published journal articles, and in a thesis manuscript and oral exam.

You may also verify the ethical approval of this study, or raise any concerns, by contacting the Human Research Ethics Office at the University of Victoria ([ethics@uvic.ca](mailto:ethics@uvic.ca) or 250-472-4545).

**ARTIFACT PHOTO: THIRD PARTY CONSENT**

Your signature below indicates that you understand and consent to having an artifact photo (submitted by a participant of this study) that may be identifiable or linked to yourself, to be used for the dissemination of the results of the study entitled, *The Legacy of Loss: The Early Death of a Parent and the Long-term Impact in Adulthood from a Phenomenological Perspective*.

**Third Party Consent**

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

*A copy of this consent will be left with you, and a copy will be taken by the researcher*

## Appendix K Theme Isolation Method Examples

### I. Participant Example #1

#### A. Wholistic Reading Approach

Excerpt from a wholistic account (written *in my own words*):

“One important piece to this story is that the young adult appears to experience an ‘unspoken bond’ with others who have lived through a similar loss, being drawn to relationships with those who also lost a loved one early in life. It seems that these relationships elicit a sense of being understood and a strong sense of belonging—a kinship of sorts. Remarkably, in this case, this ‘bond’ was associated with the formation of significant relationships (e.g., life partner, close friends).”

#### B. Selective Reading Approach

Salient text highlighted from transcript (in *participant’s words*):

*“It is important to have people around me that I feel really safe and they get it. So, it is this sense of being understood I guess, and that bond. Yeah, I feel like you can’t really understand completely what it’s like to know that if I have a child or if I get married I am not going to have a mother there which is really sad.”*

#### C. Line-by-line Reading Approach

Participant Quotation (in *participant’s words*):

*“I have always been drawn to friends or people that have also lost someone. I had one girlfriend at that time whose dad had passed away. My partner now who I had been with since I was 18, his father had died. So, it was like some kind of unspoken bond. So, and then two of my closest girlfriends now. One, her father died at the same time, when she was 11 I think. And then my other girlfriend lost her dad when she was a bit older. I think when she was in her older 20’s.”*

Interpretive Statement (written *in my own words*):

“In this case, the young adult is drawn to meaningful relationships with others who have faced similar circumstances.”

## II. Participant Example #2

### A. Wholistic Reading Approach

Excerpt from a wholistic account (*in my own words*):

“A salient element of this account included living with a strong sense of enduring guilt in young adulthood. This young man spoke with deep emotion about how he continues to experience “bouts of guilt” stemming from his mother’s death. It seems that the guilt is related to a strained relationship with his mother, feeling like an “accomplice” in her death, and regrets that he did not deal with the loss in the “right way.” This young adult often returned to this topic time and time again throughout the interview. This protracted guilt bled into others areas of his life – it is his belief that this residual guilt has made him more prone to the general emotion of guilt today. This enduring sense of guilt continues to have a profound influence on this young adult’s life in various ways (e.g., self-esteem, relationships, etc.)

### B. Selective Reading Approach

Salient text highlighted from transcript (*in participant’s words*):

*“One of the nexuses of my guilt is—still has to do with my mother’s passing. I suppose both in that I remember not having the best relationship with her and I remember feeling—I guess when you are a kid, you see all these movies and stuff where someone is in danger, and the hero of the film comes in and saves them from otherwise certain peril, and the masculine ideal that our society constructs is that save people. And you go in, and you correct these uncorrectable situations. And while I have...convinced myself that this is a reality overtly, you still feel that pressure. At the core for me personally of my mother’s loss is this overwhelming sense of guilt that I couldn’t do anything. Not only could I not save my mother, I couldn’t even try, because it’s such a—I mean I am not a doctor. I am not an oncologist. I don’t know anything about that. And so that has been probably the most protracted influence on my life.”*

### C. Line-by-line Reading Approach

Participant Quotation (*in participant’s words*):

*“One of the biggest components that I struggled with at the time and have continued to struggle with still is, I didn’t have the best relationship with my mother...When I lived at home we were really similar, so we fought all the time and that kind of thing. So, I did then and I still now feel very guilty.”*

Interpretive Statement (*in my own words*):

“A long-term impact for this young man is to live with an enduring sense of guilt that appears to stem from a strained relationship with his mother.”

**Appendix L**  
**Artistic Pieces Submitted by Participants**

**Artistic Piece #1: “Lion”**

*Poem submitted by Cameron (See Preface)*

**Notes on Poem Interpretation**

*We discussed the meaning of this poem according to Dmitri - below are my notes on this discussion:*

He begins by comparing himself to *steel* as a way to depict how cold and unfeeling he felt towards his father during his illness. His father’s smile *deceived* Dmitri because he recalls knowing very little about of the gravity of the situation at the time—often feeling left in the dark about his father’s diminishing health. Dmitri was given *medicine* by his father each time he was reassured that everything was going to be okay. Dmitri was unable to provide support to his father in his time of need and *betrayed* him. The moment Dmitri’s *heart went black*, signifies how Dmitri became “emotionless” after his father died—neither crying after his father’s death, nor after all these years. In an effort to extinguish the guilt once and for all, the *sledgehammer* is used to finally confront this impenetrable guilt now that Dmitri is an adult, but by avoiding the guilt for so long, it only multiplied over the years—creating a *thousand more eyes looking up* at him. Dmitri concludes by *feeling the need to apologize* to his father, but knows his father would not *accept it* because even if given the opportunity to apologize, Dmitri knows that his father has already forgiven him. In the end, all that is left is for Dmitri to forgive himself.

**Artistic Piece #2: “Getting Older is a Way of Understanding”**

*Journal entry submitted by Jessica (written at 28 years old):*

I'm trying to write a little more, I've always loved writing. Even when I was little, one of the first things that I remember wanting to be was a writer (this is mixed in with the time that I wanted to be a singer, and a tree climber). Writing was constant though and I would often write either poems or stories. I once wrote a poem I was rather proud of about raspberry jam - I gave it to my mother. I was young - young enough that my dad was still alive. His death is a marker in my life; there was a time before he was sick, then his illness, and then after. Now, anything that happened before he was sick was a long time ago - his illness, and my young age make that part of my life seem remarkable. At least to me now.

Perhaps as I approach his age just before he died, I understand more what it is to be older. And what it was to be younger, then. When I was younger, and people said to me that I would understand (something) when I was older, I thought they were wrong. But I was wrong. It's not just that I thought they were wrong, but that if they could figure out how to explain it to me, I would understand. I was capable of understanding. This is what I thought, and why I thought they were wrong. I would become frustrated with these adults and with their ideas. At least, I would in my head. I was raised to believe that I could understand. That I was capable of understanding. However, I was wrong about this facet of adult ideas. **Getting older is a way of understanding.** No one ever explained that to me. Just in itself, age is a way or a lens.

Time is the way that lends itself to a broader depth of all that we have come to know thus far. It's a way that people who have lived some time in this world come to orient themselves, I think. Now, part of me wants to say that this does not happen for everyone, that there are those people who do not grow up. I do not think that anymore. I think that even in the least wise person, age tempers their beings, even in the most youthful, the most artistic, gregarious, generous, even-tempered. Time adjusts us. It creates in us the moments when we pause in our own behavior, and reflect. We become a mirror that we look into, gazing at ourselves, tilting our heads slightly, aware of what we are, pondering what we see. Age is the collective glances into our mirror all at once, compounded in a moment. We can choose not to look. But age is there, holding our reflection. Adjusting how we see.

### Notes on Journal Entry Interpretation

*During our time together, we discussed the meaning behind this journal entry, and Sarah offered the below response in her own words:*

*I remember when people were—when I was younger, people saying to me, or not necessarily even explaining things to me. There is this—that feeling that you will understand when you are older, and as a kid I remember feeling like, ‘Well, just tell me!’ You know? Like, ‘Just, just say it!’ Or, ‘I am totally capable of understanding!’ And then, realizing, I wasn’t necessarily capable of understanding. I thought maybe I was. And, certainly I think my mom treated us all very—and my dad too—I think they gave us a lot. Not too much, but they did treat us like we were capable of understanding, but I think that they also—they fed us with what we needed. They didn’t give us things that were too big to understand. They gave us what we were capable of. I knew my dad was sick, but I didn’t necessarily know what cancer meant. And I didn’t— maybe they even told me it was cancer. But, I didn’t know. I didn’t have the faculties yet to bring that together—what that meant...I think age does—it gives you those faculties. It allows you to see things in a way that that does temper it. That makes it somehow different than when you were younger—the sort of depth of it.*

—Sarah

**Artistic Piece #3: “The Good-bye Quilt”**

*Photo submitted by Sarah (Made by Sarah at 13 years old – given to mother during her illness):*



**Artistic Piece #4:** *“Unfinished Work”*

*Photo submitted by Anne-Marie (Beadwork made by Anne-Marie’s mother that remained unfinished due to her death):*



**Artistic Piece #4: Notes on Photo Interpretation**

*During our time together, we discussed the significance of this photo and Anne-Marie stated:*

*A red flower that my mom had beaded for me. When she was sick, she was making me a pair of moccasins. So, she was doing the beadwork and she never finished them. So, all that I have is the red flower that she had started me. So, again, it's a tangible thing that she had started the work from, and that I would like to finish. So, it is not something I created. It is something she created, and that I would like to one day complete.... I mentioned it to my professor and he was like, 'Oh, it sounds like some unfinished business.' So, it's something I need to again pick-up that thread and finish that work that she had set out for me. Right? So, I feel my mom has always had really clear hopes for us. She wanted the best for us, and she wanted us to be happy, and to do well, and—as most, like all parents hopefully have for their children. And for her—connecting with culture was one of those ways, so I would like to continue that. Well, and practically I want to make moccasins and finish the beadwork. So, it is something I actually want to do.*

—Anne-Marie