

CHILDHOOD AFTER THE DEATH OF A PARENT

By

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## Abstract

The aim of this thesis was to look at the consequences of parental death in children. The first part of my thesis examined what can be expected after the death of a parent. It looks into theories about grief, physiological changes related to grief, behaviors of grief seen in children. The second part of the thesis dealt with potential risks that the individual might present after the death of a parent during childhood. This section looks at the difference in outcomes in respect to how the parent had died and differences in outcomes as related to gender. The third part of this thesis focused on what should be done by caregivers to help the child after the death of a parent. It focuses on the attachments between caregivers and these children who are dealing with the death of a parent. It looks at how the caregiver should talk to a child about death and activities that can help the child with healing. It then looks at the importance of making the deceased present in the life of the child and how to incorporate a new partner into the family dynamic, should this arise in the future.

# CHILDHOOD AFTER THE DEATH OF A PARENT

## INTRODUCTION

The well-being of children after a parental death is something of great importance. It is estimated that approximately 2.5 million American children experience the death of a parent before the age of 18 and worldwide over 151 million children have lost one or both of their parents (Howell, et al. 2016). With so many children facing this hardship, it is important to understand how to deal with these events to help in the healthy development of these bereaved children.

After the death of a parent, it is important for those left caring for a young child to know how to act in response to this death, so they can better help the young child. Dealing with the death of a loved one is an inevitable part of life and is difficult to deal with at any age but for a young child, who is still in the process development, losing a parent can affect this development. It is important for any caregiver in the child's life to know how to help the child deal with this death, so they may develop in a relatively normal manner throughout their life.

## **PART 1: WHAT CAN THE CHILD'S CAREGIVERS EXPECT AFTER THE DEATH OF THE CHILD'S PARENT**

Probably the most widely known theory on how grief functions is that of the Five Stages of Grief by Kübler-Ross, in which she describes how people work through grief. She proposed that people work through grief in a series of stages, starting with denial, moving on to anger, then bargaining, followed by depression and finally ending with acceptance (Kübler-Ross, 1969). New research has shown that this stage theory may not be as definitive as previously believed.

Possibly one of the main problems with Kübler-Ross's theory is that it was based off of her research done on individuals that were terminally ill and their reactions to their own impending death rather than bereaved individuals (Kübler-Ross, 1969). Grief affects people in different ways and cannot be organized neatly into stages as previously believed (Bonanno, 2009; Konigsberg, 2011; Maciejewski, Zhang, Block & Prigerson, 2007). Even before Kübler-Ross' five stages of grief, Lindemann suggested that acute grief comes in waves of somatic distress, which usually last between twenty minutes to an hour. These waves are accompanied by tension, breathlessness, sighing, feelings of emptiness, weakness, mental pain and restlessness. Often, individuals who have lost a loved one may become hostile toward loved ones and may even isolate themselves from those they love (Lindemann, 1944). Lindemann also suggested that a bereaving individual may also become preoccupied by images of the dead. After Lindemann, the idea that symptoms of grief come to a person in waves continued to be researched and expanded upon (Lindemann, 1944). Continued research found that these symptoms of grief can come in waves, where the individual, for example can feel sadness, and then a wave of anger comes over them followed by a wave of numbness (Zisook & Shear, 2009). Moments of irritability are also common in those mourning a loss of a loved one. The time between these series of waves can vary from minutes to days, usually with the shorter time being close after the death, when these waves come on initially unprovoked and then longer between waves when they are brought on by reminders of the deceased (Zisook & Shear, 2009).

Losing a loved one is one of the most stressful events that can happen to a person, and the effects can be seen not only emotionally but physiologically (LeBlanc, Unger, & McNally, 2016). Studies have shown that bereaved individuals have elevated levels of cortisol (Buckley et. al, 2012). Elevated levels of cortisol can lead to many health problems including,

higher blood pressure, lowered immunity, increases in blood glucose, and longer healing times. After the death of a loved one, individuals can also experience trouble sleeping. A lowered immune system has also been found in bereaved individuals, with decreased levels of T Lymphocytes and Natural Killer cells (Buckley et. al, 2012).

The mourning of an adult and child after the death of a loved one is very similar. They yearn for their lost parent as persistently as an adult yearn for their lost loved one (Bowlby, 1980, p.276). From time to time, the child is likely to save some hope that the deceased parent will return and with reluctance accept, that this is not possible, that they will not come back and then they will be swept up by a wave of sadness (Bowlby, 1980, p.276). It is not uncommon to find the young child searching for the lost parent or for the child to vividly sense or imagine that their lost parent is there. Like adults, it is common for the child to be immersed with many emotions, and show bursts of sadness, anger, guilt, and fear. The fear of potentially losing another loved one, especially their caretakers, is ever present in the mind of the child. Their – previous experience with loss and fear of future loss will lead the child to be anxious and clingy, which may lead to some behaviors that the caretakers may find strange until the rationale behind the behavior is known (Bowlby, 1980, p.277).

Even children in the first year of their life will mourn the death of a parent (Romano, Marty, Baubet & Moro, 2013). Popular belief is that since the child's cognition at this age is very limited, they are indifferent to their loss and that only when they can cognitively understand death, may this news affect them (Romano, et al., 2013). This is not the case though, even children in the first year of life, sense the absence of their parent and show signs of mourning, although they do not yet understand the concept of death. This sudden loss can affect the child's sense of security and well-being (Romano, et al., 2013). The way these babies react will be

greatly affected by the attention and attitude of its caretakers following the death of their parent. It is not uncommon for these children to enter into a cycle of intense crying, screaming, and combativeness with their caretakers. It is also common for these children to enter into a state of hypersomnia or into a constant wake state, or cycle between both. These children may become withdrawn, show indifference to their surroundings, and show very little reaction to stimuli. These reactions can make the job of taking care of the child even harder for the caretaker, leading to frustrations of the caretaker, which can in turn affect the reaction of the child (Romano, et al., 2013). The caretaker needs to remember that the child is mourning the loss of their parent as well so that they can better understand the child and care for them.

## **PART 2: POTENTIAL RISK TO THE CHILD**

The death of a parent can bring on many risks for these children. It is not uncommon, after losing a loved one, for a person to suffer from depression and anxiety, and this reaction is no different for children.

The context in which the parent died also affects a child. A study done by Kaplow et al. shows that children exhibited higher levels of maladaptive grief and posttraumatic stress symptoms when the death was due to a prolonged illness, than children who lose a parent due to a sudden natural death (Howell, et al. 2016; Kaplow, Howell, & Layne, 2014). A key difference between these two events though is the fact that when the death of the parent is anticipated, such as, in the case of an illness, the adults surrounding the child go into pre-mourning, and do not experience the same level of mental breakdown as those who lost the loved one unexpectedly (Romano, et al., 2013). In these cases, the needs of the child are anticipated and someone to help with their care is usually selected. This anticipation helps there to be continuity in the care of the child as well as providing more emotional security after the death of their parent (Romano et al.,

2013). In cases where the death was sudden and unexpected, the adults surrounding the child are severely impacted. This level of mental breakdown does not allow them to assure the child that they will be able to give them the daily care that they need or to comfort the child and provide for their emotional needs (Romano et al., 2013).

Further, if the child is witness to the violent death of a parent, the terror felt at the presence of their mother or father's lifeless body, which in many cases may be unrecognizable due to their injuries, may leave a lasting impact on the child (Romano et al., 2013). It is not uncommon for certain stimuli, such as noises, odors or certain sights, to be imprinted in the mind of the child. These stimuli can impact a child causing extreme distress, and may even cause the child to experience post-traumatic flashbacks when they come in contact with the stimulus, even though the child may not remember why the stimulus affects them. Although children can present symptoms of traumatic grief and post-traumatic stress, it has rarely been studied in children, although vastly studied in adults (Romano et al., 2013).

In instances in which the parent of the child dies from committing suicide, it is common for the adults surrounding the child to feel great levels of guilt surrounding the suicide of their loved one. It is common as well for the child to feel guilt over the death of their parent. These children tend to blame themselves, thinking if only they had been different their parent wouldn't have killed themselves. Living through the consequences of their parent's decision, in many cases is associated with the child's distrust in adults (Romano et al., 2013).

What is true in cases where a parent of a young child dies, no matter the context, is that it is associated with disturbances in the family organization, which further is associated with new tension for both the caretakers and children. This in turn exposes the child to other conflicts, feelings of guilt and questioning responsibility for the death of the loved one, decisions regarding

child care arrangements and reactivating of previous family conflicts. These are factors that can be associated with insecurities in the child and have the potential to increase the likelihood for psychological disorders (Romano et al., 2013).

Individuals who lost a parent due to death during childhood were much more likely than others to suffer periods of extreme emotional distress during early adulthood. They were also more likely to suffer from major illness in adulthood than individuals whose families were intact. This is likely due to the fact that individuals who experience the loss of a loved one have lowered immune systems. Children who lost a parent during childhood were also more likely to have convictions and be arrested than other individuals (Bowlby, 1980, p.296-298).

According to research by Bowlby, higher instances of psychological disorders were found in individuals who lost a parent during childhood (Bowlby, 1980, p 295-310). His research showed that certain groups of children who had lost a parent due to death were more likely than others to suffer psychological difficulties. Among these one group that was found to be more vulnerable, were individuals that had lost a parent before the age of ten. Females were also much more likely than males to suffer some form of psychological adversity; this is especially true when it came to depression and alcoholism. Something else that made groups more vulnerable was the sex of the parent which had died. For both male and females, the loss of a mother before the age of ten made them more vulnerable than control groups, especially with respect to depression in both male and females and also for alcoholism in females. The loss of a father before the tenth birthday also was more detrimental for females than for males, leading especially to depression and alcoholism in females (Bowlby, 1980, p.300). Researchers also found a higher rate of suicide and suicidal behaviors in children who had lost a parent for any reason, whether it were due to death or parental abandonment (Bowlby, 1980, p 301). Another

study found that children who had lost a parent due to sudden death showed lower competence in work, lower educational aspirations, limited career planning and lower attachments with peers (Brent et. al, 2012)

The stress of losing a loved one is immense and can be damaging to the body. Stress is known to affect many functions in the body, including an under production or overproduction of hormones by the body. A study showed that adults, years later, after having dealt with parental loss during childhood, still had elevated levels of cortisol in their blood (Buckley et. al, 2012). This increase or decrease of hormones can lead to damage of the organs in the body (Everly & Lating, 2013). This stress can be so great that researchers found an increase in type 1 diabetes in children that had lost a first-degree family member after the age of 11 (Virk et al., 2016).

### **PART3: WHAT CAREGIVERS SHOULD TRY TO DO TO HELP A BEREAVED CHILD AFTER THE DEATH OF A PARENT**

The conditions required by the child to deal with the death of a parent in a healthy way are similar to that of an adult. Of these conditions some of the most important ones are first, that the child had a secure and loving relationship with the parent prior to their death. Next, that the child has been given prompt and accurate information as to the death of the parent, as well as being allowed to ask questions and take part in family grieving (Bowlby, 1980, p.276; Biank, & Werner-Lin, 2011). One of the most important conditions that help a child deal with the death of a parent in a healthy way, is that the child be in the presence of someone the child can rely on, that will give comfort to the child and be there for the child when they need them. This will usually be surviving parent and if that is not possible, someone who the child knows and trusts, with whom they know they will continue to have a relationship (Bowlby, 1980, p.276)

## **How to approach the subject of death.**

For those left caring for the child, one of the first things they need to do is that they need to explain the concept of death to the child. For most young children death is a new and unknown concept, if not a completely new altogether. Most children get introduced to death when they experience the death of an insect, a bird or other creature. In most of these cases, the child has not formed any form of attachment with the creature unless they are dealing with the death of a pet. The explanation of death in these cases tends to be very brief and mainly factual with little explanation (Bowlby, 1980, p.274). For example, “The animal is no longer alive.” “It will not move anymore.” or “It will not breathe anymore.” In most of these cases the idea of death is given some thought by the child, for example is it true that the animal will not move anymore and what does that mean, but they do not dwell on these ideas and soon move on to other things. In the cases where the child has had some form of attachment with the animal, the explanation given of death may leave the child confused about their feelings of sadness. For this reason, it is recommended that the first explanations of death that are given to a child should include other facts about death. Examples of these facts can be, that death is a normal part of life and that death at some point or other will come to every living thing. Another fact about death that can be given to the child is that when you feel close to a person or animal it is normal to feel sad and angry about their death and that it is normal to wish that they could come back. It is also important to explain that they will not come back. Explanations like this one will help a child accept these truths about death because the explanation given about what is normal to feel, coincides with what they are feeling (Bowlby, 1980, p.274, 275).

The death of a child’s parent is always tragic; not only for the child, but in most cases for those left caring for the child as well, which in most cases is the surviving parent. Therefore,

unlike that of a dead animal, relating the death of a parent and explaining it to the child is a very difficult, painful and stressful situation to deal with. For this reason informing the child about the death of the parent and explaining it is usually put off as long as possible and the younger the child is, the longer it is usually put off, in some cases even weeks or months. In these cases the child may be told that the parent is on a trip in order to delay this conversation (Bowlby, 1980, p.270).

The concept of death for a young child is difficult to understand given that they have not yet developed the capacity for abstract concepts (Berk, 2008). For this reason it is important to be as honest with the child as possible, so that the caretaker's explanation remains constant and reliable to the child. Two important concepts that need to be related to the child are that, the parent is not going to come back and what happened to their body, whether they were buried in the ground or cremated (Bowlby, 1980, p.271). These concepts are very difficult to relate to a young child, in part because it is difficult for the child to understand but mostly because the caretaker wants to shield the child from the knowledge of death and even more so from the pain and suffering that they themselves are feeling. In most cases, this is also difficult for the caretaker because it forces them to bring into focus the situation that they, themselves are facing, which although is a reality and is present in the mind of the caretaker, they have most likely attempted to keep it out of focus in their mind (Bowlby, 1980, p.271).

Another thing that most caretakers have to face by immediately after the death of the child's parent, is how to behave around the child who is dealing with the death of a parent. Caretakers who were close to the deceased parent are dealing with their own feelings of loss. Most of these caretakers try to avoid showing any of these feelings around the child, they avoid crying, showing anger or talking about the deceased parent and on the contrary try to act cheerful

around the child to try and avoid adding moments of pain to the child or to avoid having to see the pain that the child is experiencing. (Bowlby, 1980, p. 271, 272) Young children look to their caretakers to know how to react to different situations. This therefore, can be very confusing to the child who is having feelings of grief after the loss of their parent but are shown that they should not be feeling this way, or at least that they should not express it. If the subject is avoided and there are no discussions or shared emotions over the event, the child will likely learn to avoid asking questions or avoid showing their own emotions when in the presence of the caregiver (Bowlby, 1980, p. 272). For this reason, it may be a common assumption that children do not truly grieve over the loss of a parent.

### **Recognizing the signs of grief in children**

It is important that the caregivers of the child dealing with the death of a parent know some of the common signs of mourning that the child may present. These can include anxiety, nightmares or other difficulties with sleep, sadness, longing, anger, acting out and physical complaints (Willis, 2002). It is important for these caregivers, not limited to just those in charge of the principle care of the child but also teachers and other relatives, to recognize these mourning signs in the bereaved child, otherwise caregivers may believe that the child is just behaving badly when in reality the child is grieving. By being able to recognize these signs the caregiver is better able understand the child and their behavior and therefore, is able to support, encourage and help the child rather than solely reprimand the child.

### **Activities that can help a child cope with the death of a parent**

If in early childhood, caregivers can encourage the child to play, this can help with healing (Willis, 2002). Play encourages not only the development of motor skills but of

emotional skills as well. Play is a way for children to develop self-expression and communication. Play allows children to express and act on their innermost feelings. When the child is with other children, a good way to encourage play is to introduce objects to the children, such as balls, building blocks and play phones. Once children are playing and especially when they have incorporated an object into their play, they are much more likely to let their guard down and communicate openly. Play does not need to be with other children to be useful though, even solo play helps the child communicate and to heal (Willis, 2002).

Much like play, art and music can help with healing in children in early childhood by opening up a form of communication, although not always verbal (Willis, 2002). This music may be effective for older children and adolescents as well. Both art and music can serve as an outlet for the child's emotions. With art and with music, the child can create something that means something to them. A child may not anyways want to tell you what they have created or even what it means to them, that is alright, the idea is for the child to express their emotions in a healthy way. Even if the child is not musically talented, the self-selection of songs can be healing, allowing for songs already written to express what they are feeling (Willis 2002).

To help a child after the loss of a parent, caregivers can also encourage the child to get involved in nature. Different ways that a caregiver can do this is by taking the child on nature walks, have them grow a plant, scavenger hunts, or have them start a collection of something from nature, such as, a leaf collection or insect collection. It is unknown why nature has such a healing effect but what is known is that it can be very therapeutic for an individual (Willis 2002).

### **Helping the child stay connected to the deceased parent**

A big fear for children who have lost a parent is that they will forget them, especially if they were very young when their parent died. It is important for the child to have memories of their parent, even if they are not their own. Caregivers can help with this, is by telling stories about them, looking at pictures and by talking about them in their everyday conversations (Schonfeld & Quackenbush, 2009; Biank, & Werner-Lin, 2011). Caregiver can even find creative ways to incorporate them into special occasions such as holidays by making their memory present in one way or another. It is common for children to want something physical with which to remember their parent, whether it be a picture or a piece of clothing or anything else that may have belonged to their parent (Schonfeld & Quackenbush, 2009).

### **New parental relationships**

When the primary caregiver of the child is the remaining parent, there may come a time when they want to start a relationship and life with a new partner. When forming a new relationship, it may be believed that to form a successful new relationship, it is important for that the memory of the deceased parent to fade. The child far from forgets the parent they have lost and does everything to hold on to this memory and their image of them. Likely because of this, evidence shows that the more distinct the two relationships are made, the more success the new relationship will be (Bowlby, 1980, p.287). The forming of a new relationship can be taxing for all involved, not only the child but for the remaining parent and new parent figure. Making comparisons between the new parent figure and the deceased parent is inevitable by the child, but by making the two relationships as distinct as possible, can help the child feel that they do not need to make so many comparisons, which can be very painful to the new parent figure (Bowlby, 1980, p.287). Therefore, the child can accept the new relationship as a separate entity who is there to love and support them, rather than someone who is there to destroy or interfere

with their relationship with the deceased parent. Only when both the surviving parent and the new parent figure show sensitivity towards the loyalties of the child and their tendencies to resent changes that are viewed as threatening to their relationship with their deceased parent, is the child likely to accommodate the new relationship into their life (Bowlby, 1980, p.287).

Other than these cites by Bowlby, the literature on the subject seems to be relatively limited. Although not sampling specific to children dealing with parental loss, attachment theory can help us further look at this subject. This can be seen in research using attachment theory perspective, which found that supportive others helped make a difference in the lives of individuals dealing with other life struggles. For example, they found that women that were earned-secure and expressed secure style of parenting with their own infants, reported significantly higher levels of emotional support from alternative support figures, as well as spent more time in therapy than those that were insecure and continuous secure. Researchers also discovered that while emotional support from alternative support figures aided with earned security, instrumental support did not (Saunders, Jacobvitz, Zaccagnino, Beverung, & Hazen, 2011). Research also found that individuals who recalled negative events during childhood, specifically dealing with their parent's marriage or romantic relationship showed a more beneficial relationship quality, when they were able to talk about these events with insight. In other words, they were able to provide a consistent, detailed and believable representation of their parents' marriage with several examples to support their assessments as well as being able to make connections between characteristics of their parents' marriage to their own marriage. These individuals self-reported and showed, through videotaped interactions better relationship maintenance emotional attunement and better conflict strategies (Curran et al., 2005, 2006, 2011). In another study, researchers found that among women who were abused during

childhood, some women were able to state that they had “learned what not to do” from their parents in preparation for parenting their own children. This usually was possible after the help of therapist and romantic partners. This is in opposition to more ambiguous women which were unclear, uncertain and confused about how to prepare for parenting their future children (Swartz, Mercier, & Curran, 2012). For children that have lost a parent due to death and then are faced with the changes that come when their living parent forms a new romantic relationship can be difficult for the child. These children though, have the potential to acquire a new alternative support figure, if the new parental figure gives them the emotional support that they need. Therefore, similar to these earned-secure women, this new relationship, if it provides the correct emotional support that is needed by the child need can help the child form earned-secure attachment after a devastating event like that of the loss of a parent, partially due to the support they feel from these new relationships in their lives. The new parental figure must also remember that this is done through emotional support, not just instrumental support, because it is important that the child feels the love of the alternative support figure and that they are there for them when they need them emotionally.

Again, looking at new parental relationships, interdependence theory can be used. In interdependence theory, individuals that non-correspondent outcomes, in other words conflicts of interest, can use these circumstances to show that they care and are concerned for their romantic partner or family member (Kelley, 1979). Using interdependence theory, researchers have found that individuals facing changes in their family, for example becoming a new parent, can benefit by making easy sacrifices for their partner or family member or family member. Researchers found that when an individual is aware that their partner made a sacrifice for them, when sacrifices were not made too frequently, and when partners used more approach motives for

sacrifice, which deal with caring and concern for the other individual, rather than avoidant motives for sacrifice, which deal more with trying to avoid or minimize conflict (Akcabozan et al. 2017; Cooper et al., 2017; Corkery, Curran, Parkman, 2011; Curran, Burke, Young, & Totenhagen, 2016; Righetti & Impett, 2017; Ruppel & Curran, 2012; Totenhagen & Curran, 2011; Totenhagen, Curran, Serido, & Butler, 2013; Young & Curran, 2016). Applying this theory and research to families where children are dealing with the death of a parent, the new romantic partner may want to think about how and when they have the possibility for non-correspondent outcomes with the child who is dealing with the death of a parent. They may want to sacrifice their outcomes for that of the child although not too often, and take advantage of when it is easier for them to do so. They should take into account that the child is still developing and may not fully understand everything that is going on and may not always realize that these sacrifices are being made. They should also be aware of when the child is making sacrifices for the new parental figure. Doing these things may help, not only with the child-new parental figure relationship but with overall family well-being.

## **CONCLUSION**

For a child, losing a parent is a devastating event and can lead to emotional distress, such as anger and depression. Children need the support and comprehension of all of those who care for them. These caregivers, need to remember that feeling sick or acting out can just be a way for the child to reflect their grief. Knowing these signs can better help the child's caregiver support the child and show the child that they can be relied upon. This is especially important for children are dealing with the death of a parent because they have lost not only an important relationship but one of the first people with whom they created an attachment. This can cause children to worry about the possibility of losing other relationships in their life, especially those

with their caregivers. For this reason, it is important for the caregiver to reassure the child of their commitment to them. It is also critical that the caregiver always be truthful to the child because finding out that the caregiver was not honest with them, however small the subject maybe, can cause them to mark this person as unreliable and can easily damage their relationship with the child.

The emotional stress that comes with the death of a parent can lead to many psychological difficulties, including depression and anxiety in children, especially for girls. The manner in which a parent dies also has a great effect on the psychological wellbeing of the child. Children that witnessed the death of a parent, especially when it was a violent death, tended to have more psychological difficulties than those that did not. Even greater difficulties were seen in those who lost a parent due to suicide. No matter how the death came to be, the organization of the family and the way things are done, are always affected. This can increase the stress of the situation as well. The stress of losing a parent not only affects the child emotionally but also physiologically. Increase in hormones, mainly cortisol, which is associated with stress, can cause damage to the body and has been found to be elevated in children who have dealt with parental death, all the way into adulthood. The stress of losing a parent can also be so severe that it has been associated with some of these children developing type 1 diabetes.

Other than showing support and commitment to the child, there are some things that can be done to help the child deal with the death of a parent. Encouraging play in the bereaved child can help the child communicate and speak about what is going on in their life. The child should also be encouraged to get involved with art and music. This allows for expression and can help bring some healing to the child. Getting the child out in nature has also been found to be very therapeutic and can also help the child with healing. Children who have lost a parent fear that

they will forget them. For this reason, it is important to the child that they keep them alive in their daily lives. This can be done by telling stories, looking at pictures and by holding on to some keepsakes. If the principle caregiver for the child is the remaining parent, and they decided to form a new relationship, it is important to incorporate the new partner as a completely separate entity. The more this new relationship is kept different than that of the deceased parent, the fewer difficulties and resistance will be faced while trying to reorganize the family structure and the less painful it will be for all those involved.

When a new parental figure provides the correct emotional support that is needed by the child, they become an alternative support figure, which can help the child form earned-secure attachment after a devastating event like that of the loss of a parent, partially due to the support they feel from these new relationships in their lives. The new parental figure must also remember that this is done through emotional support, not just instrumental support, because it is important that the child feels the love of the alternative support figure and that they are there for them when they need them emotionally. The new parental figure may want to sacrifice their outcomes for that of the child at times, especially when it is easily done. The new parental figure needs to understand that the child is still developing and for this reason may not be reciprocal in their sacrifices but should be aware of when a child perceives themselves as making a sacrifice for the new parental figure. Doing these things can help their relationship and the overall family well-being.

There are many children in this country and throughout the world suffering from the death of a parent and though we have some information about the potential risks that come from losing a parent in childhood, it would be beneficial to know more. Even more than finding out potential risks, it is important to try and find ways to help children who have lost a parent. This

can help us avoid these risks altogether. Therefore, there needs to be more research into how to better help these children.

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