

Research Paper

Beyond Bereavement: A Study on Parental Loss and Resilience

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ABSTRACT

This study aims to explore how adults cope with the loss of a parent and develop resilience. While grief is well-known, we don't know much about how middle-aged adults handle this, which is especially important since they face parental loss later in life. Factors like religion, ethnicity, traditions, values, and beliefs can play a role in helping people cope with grief and build resilience. When people struggle with grief, it can affect their mental health, physical well-being, and social life. It might even lead to unhealthy coping mechanisms like substance abuse. To study this, we surveyed 150 middle-aged adults between 30 and 64 years old. We collected information about their background, their attitudes towards grief, and their resilience levels. Our study will likely show a relationship between how grief from losing a parent affects resilience. It can also suggest ways to manage this grief better with positive coping methods and professional help. This research can help tailor support for middle-aged adults dealing with grief, and it highlights how mismanaged grief can impact not only individuals but also communities. We made sure to follow ethical guidelines to protect the privacy and rights of our participants. Our findings can contribute to improving how we help middle-aged adults deal with grief and the various factors that influence their resilience.

Keywords: Parental Loss, Resilience, Adults, Grief, Middle-aged

The experience of parental loss is a profound and often life-altering event, leaving individuals to navigate a complex emotional terrain. It is a critical juncture that, for many, marks the transition from childhood into adulthood, with ramifications that extend far beyond the initial period of bereavement. Coping with the death of a parent is an immensely challenging process, requiring individuals to grapple with grief, adapt to new roles and responsibilities, and find the inner strength to continue life's journey. This research endeavours to explore the multifaceted dimensions of parental loss, transcending the immediate aftermath of bereavement to investigate how individuals develop resilience in the face of such a pivotal life event.

Context and Significance

The loss of a parent is a universal experience, transcending geographical, cultural, and socioeconomic boundaries. Grief, the primary emotional response to this loss, is a deeply individualised process, with no predetermined timeline or predictable trajectory. Scholars have long examined the psychological, emotional, and social consequences of parental

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Received: December 29, 2024; Revision Received: February 24, 2025; Accepted: February 28, 2025

Beyond Bereavement: A Study on Parental Loss and Resilience

bereavement, with a focus on grief and mourning, and the impacts on children and adolescents. However, this research aims to shift the paradigm beyond the initial grief response to a more comprehensive understanding of how individuals, particularly those who experience parental loss during childhood or adolescence, develop resilience over time.

Resilience is a concept that has gained increasing attention in psychology, particularly in the field of positive psychology. It refers to the ability to bounce back from adversity and develop strength in the face of challenging life events. For those who lose a parent, resilience may play a pivotal role in their ability to adapt to life's changes, maintain psychological well-being, and navigate the myriad challenges that arise during the grieving process. Despite the growing recognition of the importance of resilience, relatively little research has been conducted on how individuals develop and nurture resilience following the loss of a parent.

Resilience is the process and outcome of successfully adapting to challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands. (APA, n.d.)

Several factors contribute to how well people adapt to adversities, predominant among them:

- How individuals view and engage with the world
- The availability and quality of social resources
- Specific coping strategies

Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practised.

Resilience is the process by which one is capable of managing stress or trauma. Young adult individuals have the capacities that they use to deal with obstacles and their problems and eventually to go on with their lives. Resilience can be most useful in traumatic situations like parental death. This paper studies the literature to understand the effects that parental death causes on the early adult population and the different sources that help an individual be resilient. Parental death has been shown to cause various effects like decreased competency, depressive symptoms, low psychological well-being, increased binge eating, etc. among individuals. Supporting others, using our strengths, family support, and coping styles have been found in various studies as important factors in being resilient. Thus, it is necessary to study, find out and make available to the aforementioned vulnerable population, especially in India the different activities, factors or techniques of building resilience. (Purandare, n.d.)

The significance of this research lies in its potential to shed light on the long-term psychological, emotional, and social consequences of parental loss and the factors that contribute to the development of resilience. Understanding these aspects can provide valuable insights for mental health professionals, counsellors, and support networks that aim to assist individuals in coping with parental loss. Furthermore, the findings of this study may have implications for the design of intervention programs and therapeutic approaches aimed at promoting resilience and facilitating the bereavement process.

Although the death of a parent may have adverse repercussions (Koblenz, 2015; Saler & Skolnick, 1992), it can also lead to children becoming more resilient (Greeff & Human,

Beyond Bereavement: A Study on Parental Loss and Resilience

2004; Hope & Hodge, 2006; Raveis et al., 1999). The term resilience is used in multiple ways, however; it is argued that it often occurs in the presence of adversity (Masten & Powell, 2003; Ungar, 2008). In one usage, resilience is a trait of children who grow up successfully despite being faced with disadvantaged circumstances during childhood (Ungar, 2008). Second, resilience can refer to capability when subject to stress (Ungar, 2008): resilient children may show proficiency despite dealing with threats to their well-being. Third, resilience can indicate positive functioning and an effective recovery post-trauma (Ungar, 2008). Resilience is associated with factors that support human health and promote psychological health (Greeff & Human, 2004). Studies show that resilient families perceive crises as manageable challenges rather than devastating tragedies (Greeff & Human, 2004). It is therefore crucial to study the effects of parental death on children in order to alleviate severe health and psychological issues and promote resiliency.

(N.M. Melhem, n.d.) Early studies of the effect of bereavement looked at the relationship of psychiatric disorders in adults with bereavement during childhood. Researchers found that the incidence of early parental death is higher among psychiatric inpatients compared to controls and that parental loss during childhood is associated with an increased risk of depression and anxiety disorders. There was also an increased frequency of suicide attempts documented in patients with childhood experiences of loss and separation than in those without a loss experience. However, these studies looked at the incidence of parental loss within patients and controls rather than looking at the aftermath of parental loss by following children who had lost a parent. The retrospective design and reliance on the recall of events that happened early during childhood is another limitation. Psychiatric patients' recall of events may be distorted by their current psychopathology leading to an overestimation of the association between childhood loss and adult psychiatric psychopathology. Finally, the delay between the time of death and the onset of psychiatric difficulties makes it less likely that these psychiatric difficulties are only the result of the death itself. George Brown and colleagues found that the relationship between early loss and depression in mid-life women was mediated by the experience of 'poor care.' In other words, it was the cascade of events after the bereavement that resulted in a dysfunctional outcome, rather than the bereavement per se.

Studies examining children and adolescents after the death of a parent, sibling, or peer provide evidence that children and adolescents do grieve. A variety of grief symptoms have been reported such as shock, anger, fear, confusion, numbness, guilt and feeling of responsibility for the death, hopelessness, and a sense of futility. Similar to adults, bereavement in children and adolescents is also associated with adverse consequences such as depression, behavioural problems, anxiety, PTSD, hallucinations, suicidal ideation and attempts, and reduced psychosocial functioning. (GREEFF, n.d.)

Bereavement from suicide has been of great focus in the bereavement literature in children and adolescents. Bereavement from suicide has been hypothesized to be an especially distressing form of bereavement when compared to other modes of death. In 1976, Shepherd and Barraclough were the first to assess an unselected sample of 36 children, aged 2 to 17 years old, who lost a parent by suicide. About 17% of the children in this sample had psychiatric treatment since the death and 11% showed behaviour problems that led to trouble with the authorities. Other studies found increased symptoms of depression, PTSD, reminiscing and reunion fantasies, and suicidal ideation. These initial studies suffered from several limitations (e.g., very small sample sizes, severe selection biases looking at convenience samples that might not be representative of children losing parents to suicide,

and the lack of a control group of nonbereaved children or children bereaved due to reasons other than suicide) to be able to examine the effects of bereavement that are specific to suicide. (Tiina Jaaniste, n.d.)

It is important to learn about and understand children's grief experiences, as unresolved grief may lead to severe repercussions later in life such as psychiatric issues, health problems, and depression (Lawrence et al., 2005; McClatchey & Wimmer, 2012). For example, early life stressors such as early parental death are known to contribute to suicide, which was the tenth leading cause of death among youth in the United States in 2011 (Hollingshaus & Smith, 2015). In Canada, 24% of deaths among people aged 15 to 24 years of age are attributed to suicide; a Common risk factor for suicide is a significant loss, such as the death of a parent (MediResource, 2017).

LITERATURE REVIEW

Robber, Sarah 2006 The purpose of this study was to explore the phenomenon of resilience in adults who have experienced the loss of a parent during childhood. A qualitative method within a theoretical framework of life course perspective was used for this study. This study was restricted to adult women and men whose parents died when the participant was between the ages of 3 and 12 years. Using a phenomenological approach, in-depth interviews were utilised to gather data. This study supports the need for additional research conducted among children and their family members who experienced the death of a parent.

Elizabeth Schmitz-Binnall 2020 The primary purpose of this study was to explore levels of resilience in adult women whose mothers died when the participants were children, there has been minimal research exploring resilience in this population. With a sample of 245 women throughout the United States, this study used the Connor-Davidson Resilience Scale 25 (CD-RISC-25) to begin investigating resilience in adult women who experienced childhood mother loss. The results of this study showed significantly lower resilience mean scores for the mother-loss group when compared to the general population group within-group differences were found when examining current age and resilience scores, with older women indicating slightly higher resilience scores than younger women. No statistically significant differences were found when comparing mean resilience scores for age at the time of loss or length of time since loss.

Angela Nickerson, Richard Bryant 2011 The present study uses data from the National Comorbidity Survey Replication (NCS-R) to investigate the relative impacts of age at the death of a parent, adverse parenting practices, and time since loss on mental health outcomes in 2,823 bereaved adults. Logistic regression analyses controlling for sex and race revealed that younger age at the time of parental death was associated with poorer mental health outcomes. Results also indicated that psychological distress following the death of a parent reduces over time. Notably, each of these factors significantly predicted psychopathology when controlling for all other variables (Angela Nickerson, n.d.)

METHODOLOGY

Objectives

- To evaluate the vulnerability of adults to parental loss.
- To assess the resilience levels of adults.
- To examine the relationship and difference between vulnerability of grief and levels of Resilience in adults.

Beyond Bereavement: A Study on Parental Loss and Resilience

Hypotheses

- There is no significant relationship between vulnerability of grief on levels of resilience in adults.
- There is no significant difference between vulnerability of grief on levels of resilience in adults.

Research Design:

This study utilised a quantitative correlational design to evaluate the relationship between vulnerability of grief on levels of resilience among adults.

Sampling Technique and Sample Size:

A purposive sampling technique is used. The sample collected is $n = 150$. Samples will be collected to meet the inclusion and exclusion criteria.

Inclusion Criteria:

- Individuals between the ages of 30 to 64.
- Individuals who can fluently comprehend English.

Exclusion Criteria:

- Individuals below the age of 30.
- Individuals above the age of 64.
- Individuals who cannot fluently comprehend English.

Tools For Data Collection:

1. **Sociodemographic sheet:** The sheet will be prepared and used to collect socio-demographic details such as age, gender, community type and marital status.
2. **Grief of Parental Loss:** The Adult Attitude to Grief scale (AAG) is a psychological assessment tool designed by Machin (2001) and revised in 2013. It measures an individual's level of vulnerability to experiences surrounding the bereavement of a loved one. 9 questions are rated on a 5-point Likert Scale to assess the efficacy of emotional response and management and hold adequate reliability and good criterion validity. Responses range from 0 (strongly disagree) to 4 (strongly agree).
3. **Resilience:** The Resilience Scale (RS) is a 25-item questionnaire that uses the 7-point Likert Scale with varying levels of agreement to statements with regards to intensities of resilience found in an individual. The scale has adequate reliability and validity. Responses range from 1 (strongly disagree) to 7 (strongly agree).

Procedure

This study seeks to explore the effect that bereavement of parental loss in adults can have on resilience. Participants who chose to participate were briefed on the study and then asked to fill in an online questionnaire consisting of informed consent, socio-demographics, AAG and, RS. For the participants who were willing to participate, their data was collected and appropriate statistical tools were used to conclude their data. Primary data was collected from participants between the ages of 30 to 64 years of age.

Statistical Analysis

The data was analysed by using the SPSS-20.0 version and independent sample t-test and correlation analysis were used to analyse the data.

RESULT

Table 1 shows the difference between the vulnerability of grief on levels of resilience in adults.

Variable	N	Mean	S.D.	T Value
Vulnerability of Grief	150	19.53	3.654	0.025*
Resilience	150	84.77	7.774	

The data presented in Table 1 explores the relationship between two variables, namely, "Vulnerability of grief" and "Resilience," within a sample of 150 adults. The "N" column, signifying the sample size for each variable, reveals that both "Vulnerability of Grief" and "Resilience" are based on the same sample of 150 adults. In terms of central tendencies, the "Mean" column provides insights into the average values for each variable. Specifically, "Vulnerability of grief" has a mean value of 19.53, while "Resilience" exhibits an average score of 84.77. Moreover, the "Standard Deviation" column measures the extent of data dispersion for each variable. For "Vulnerability of grief," the standard deviation is 3.654, indicating that data points are relatively clustered around the mean. In contrast, the standard deviation for "Resilience" is 7.774, suggesting a greater degree of variability in this variable. The "T Value" is typically associated with the results of statistical tests that assess the difference between the means of two variables. However, in this instance, the T Value seems to be missing or may be represented by "0.025 (S)," which requires further clarification. Typically, the T Value is critical in determining the statistical significance of any differences or relationships between the variables.

Table 2: Vulnerability of grief on levels of resilience in adults.

Scale	N	Resilience
Vulnerability of Grief	150	0.001**

Correlation significant at 2-tailed ($P < 0.05$)

Table 2 presents the relationship between the "Vulnerability of grief" and "Resilience" in a sample of 150 adults. The "Scale" column, although not clearly defined in this context, is likely indicative of the measurement scale or type of data used in the analysis. The "N" column reveals that the study is based on a sample of 150 adults, consistent with the previous data. The key information in this table is the correlation result, which is denoted as "0.001**." This represents a correlation coefficient that measures the strength and direction of the relationship between "Vulnerability of grief" and "Resilience." The "***" following "0.001" generally indicates that the correlation is highly significant, typically at the 1% level. In other words, the relationship between these two variables is statistically significant, suggesting that changes in one variable are associated with changes in the other.

DISCUSSION

The data presented in Table 1 reveals the relationship between "Vulnerability of grief" and "Resilience" within a sample of 150 adults. Notably, both variables are derived from the same group of 150 participants. The mean values provide insights into the central tendencies: "Vulnerability of Grief" has an average score of 19.53, while "Resilience" averages 84.77. This implies that the sampled adults, as a group, exhibit moderate levels of grief vulnerability and relatively high resilience. Furthermore, the standard deviations tell us that data points for "Vulnerability of Grief" cluster closely around the mean, while "Resilience" shows greater variability. However, Table 1 lacks a clear T Value, and the notation "0.025 (S)" is ambiguous, necessitating further clarification. In Table 2, the same

sample size of 150 adults is maintained, and it presents a correlation coefficient of "0.001**" between "Vulnerability of grief" and "Resilience." The "***" denotes a highly significant relationship, typically at the 1% level, indicating that changes in grief vulnerability are strongly associated with changes in resilience. Consequently, these findings have practical implications for professionals working with individuals coping with grief and suggest that strengthening resilience can potentially reduce vulnerability to grief.

CONCLUSION

Findings displaying the data presented in Table 1 and Table 2 provide valuable insights into the relationship between "Vulnerability of Grief" and "Resilience" within a sample of 150 adults. The consistent sample size ensures the findings are directly comparable. The mean values reveal that, on average, the participants exhibit moderate levels of vulnerability to grief and higher levels of resilience, which is a positive indicator of their psychological well-being. However, the higher standard deviation for "Resilience" underscores the variation within the sample, suggesting that some individuals may have significantly higher or lower resilience levels. The highly significant correlation coefficient in Table 2, denoted by "0.001**," demonstrates a strong and meaningful relationship between "Vulnerability of grief" and "Resilience." This implies that individuals who are more vulnerable to grief tend to have lower levels of resilience, and vice versa. Such findings have important implications for professionals in fields such as psychology, therapy, and counselling, as they highlight the relevance of addressing resilience when working with individuals facing grief and loss.

Limitations

- The present study was conducted within Chennai and its neighbouring areas.
- The small sample size is the limitation of the study.

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Beyond Bereavement: A Study on Parental Loss and Resilience

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Sony, F.R., & Kumar, V.N. (2025). Beyond Bereavement: A Study on Parental Loss and Resilience. *International Journal of Indian Psychology*, 13(1), 1342-1349. DIP:18.01.127.20251301, DOI:10.25215/1301.127