

Parental Loss and Prolonged Grief: A Qualitative Analysis

Garima Yadav^{1*}, Anubhuti Dubey²

ABSTRACT

Loss of someone who is central to one's life is a fundamental, universal, existential experience. Grieving is the first of all processes that the survivors experience to get through the pain, this involves an intimate and private experience and also inserted social characteristics. However, the factor of parental loss and prolonged grief in children and adolescents has a marking effect on their day to day physical, psychological, emotional, social and understanding of self. Here, the researcher has explored the process of grieving, prolonged grief, coping strategies, future hopelessness, changes in day-to-day life, sense of self after loss of parents through interpretative phenomenological analysis examining lived experiences of the individuals through Heidegger's perspective. The sample was children and adolescents through purposive sampling enrolled under PM Cares Fund for children that aims to support children who have lost both parents/surviving parent/adoptive parent to COVID-19 pandemic during the period starting from 11th March, 2020. Five major themes were extracted in the interpretation of interview transcripts. These are time of polycrises, life around parents, social support, needs and living the altered life. Exploring long term effects of such loss and exploring individual needs may help plan intervention as per individual care plan and also to evaluate psychological, social and economic interventions planned and developed by the government. This research provides evidence to help psychologists who can fill this gap by partnering with educators, other surviving parent and community partners to share the burden of childhood trauma and grief on a broader scale. The research provides intervention planning about training those who are in regular contact with children to recognize the signs they need to help children and adolescents.

Keywords: *Parental Loss, Prolonged Grief, Future Hopelessness*

Global spread of SARS-COV-2 and the unstoppable deaths caused by COVID-19 disease led the World Health Organization to declare it a pandemic on March 12, 2020. To date, the world has paid high toll in this pandemic in terms of human lives lost, economic repercussions and increased poverty. In India, from January 3, 2020 to December 1, 2022 there have been 44,672,638 confirmed cases of Covid-19 with 530,622 deaths, reported to World Health Organization. COVID-19 had its impact on mental health worldwide in form of psychological distress, severity of post-traumatic stress disorder, stress, anxiety due to sudden loss of loved ones and distorted closure. COVID-19 influenced people's meaning in life, life satisfaction, orderliness and positivity of the world; higher on

¹Research Scholar, Department of Psychology, Deen Dayal Upadhyaya Gorakhpur University, Gorakhpur, U.P.

²Professor, Department of Psychology, Deen Dayal Upadhyaya Gorakhpur University, Gorakhpur, U.P.

*Corresponding Author

Received: June 21, 2025; Revision Received: August 25, 2025; Accepted: August 29, 2025

Parental Loss and Prolonged Grief: A Qualitative Analysis

all these aspects correlate with fewer panic thoughts and emotions evoked by the apparent danger of COVID-19 pandemic.

Parental Loss

Childhood parental death was defined as death of a parent before 18 years. Causes of death were classified according to international classification of diseases as deaths caused by natural causes (deaths caused by diseases) or external causes (deaths caused by accidents, homicides and suicides). More than 1.9 million children in India lost a parent or caregiver due to the COVID-19 pandemic as depicted in the *Lancet Child and Adolescent Health Journal*. Two out of three children orphaned from COVID-19 are adolescents ten to seventeen years.

How children and adolescents understand death and mourn a loved one depends not only on their development stage but also on religion and social aspects, cognitive ability and prior life events. According to Piaget's theory of cognitive development, children progress through distinct stages that influence their understanding of complex concepts such as death. In the concrete operational stage (approximately ages 7 to 11), children develop logical thinking and begin to comprehend the finality and irreversibility of death. They recognize that death is a permanent state and that all living things eventually die. This understanding marks a significant shift from earlier stages, where death may be perceived as temporary or reversible.

As children enter the formal operational stage (around age 12 and beyond), their cognitive abilities expand to include abstract and hypothetical reasoning. This advancement allows adolescents to grasp more complex aspects of death, such as its universality and the internal factors that can lead to it, like illness. Their mourning processes become more akin to those of adults, as they can contemplate existential questions and the broader implications of mortality (Doctor Sam, n.d.).

Identity formation in adolescence and separation from family and identification with peers is affected. Parental death during childhood was associated with lower grades and school failure. Children's irreversible thought, magical characteristics and egocentric thought may lead these children to believe that they have caused the death of their parents with their actions, words or thoughts that induce guilt or regret; they may believe that the gone parent may return.

We define death in this research as a perception of loss of an important caregiving figure from the lives of a particular individual child and adolescents.

Childhood bereavement and grieving process

Certain physical, cognitive, emotional and behavioral changes happen inside the individual when they go through the mourning process. Bereavement is the reaction to the loss of a loved person by death. Bereavement and grief are sometimes used interchangeably however grief is the emotional and psychological reaction to any loss not limited to death. Bereavement is the universal phenomenon of human experience and it is ranked high among life events when rated on a continuum of life stress (Melhem & Brent, 2011). Worden defined grief process as going through four stages – accepting the reality of the loss, processing the pain of grief, adjusting in the world without the deceased and finding a way to remember the deceased throughout life. Maladaptive grief responses and complicated grief are common in adolescents suffering parental loss where intrusive thoughts, avoidance behaviors, loss of interest in daily activities which further increase the risk of depression and

Parental Loss and Prolonged Grief: A Qualitative Analysis

functional impairment. The 11 Edition of international classification of diseases included the diagnosis of prolonged grief disorder when it persists for abnormally long period of time more than six months. The Diagnostic and Statistical Manual fifth edition considers a specific set of bereavement related symptoms under specified trauma and stress related disorder. This diagnosis which can only be made 12 months and 6 months in children after the loss is nowadays included in section III – proposed disorders for future study of DSM. Bereavement is associated with Psychiatric disorders; increased risk of depression, anxiety disorders, post-traumatic stress disorder and worsening of pre-existing substance abuse. Boerner and Wortman highlight that individual attachment history plays a pivotal role in shaping the grief process. Specifically, they explain that “Bowlby was also the first to maintain that there is a relationship between a person’s attachment history and how he or she will react to the loss of a loved one” (Boerner, 2015). Risk factors include nature of relationship, nature of death, previous mental illness, other life events around the time of bereavement, lack of social support, being female, lack of religion or cultural factors influencing expression of grief (Page, 2012). Bereavement is an important topic because the adjustment process can impact virtually every aspect of a person’s life. Multidimensional nature of bereavement indicates that coping process can affect emotions, spirituality, identity, social interaction and relationship, sexuality and intimacy, work productivity, financial stability, health and even death. Daily routines are affected by the death of an individual in the family dynamics (Lund, 2007).

We define bereavement as how did the children and adolescents come to terms with the death of their parent(s).

Future Hopelessness

Hopelessness means no hope, the feeling that hopes have been destroyed of facing the dilemma that cannot be solved. It is a subjective emotion which has a negative viewpoint for the future – one of losing control, confidence, courage and the energy to reach one’s goal. Hopelessness can threaten an individual’s physical and psychological well-being and the process of recovery and rehabilitation is affected (Hsieh – Hsing Pan et al, 2004).

We define hopelessness as the perceived instability, changes, support in life setting, survival, goal setting, goal achievement of the individual children and adolescents after the loss of parent(s).

Self, Identity and Emotion

The transition phase and the sensitivity towards the identity forming stage adolescents need support from their loved ones in such confusing and challenging stage, and parent is that loved one most of the times and this turns out be troublesome when they lose their parent(s) (Hurlock). Identity vs. Identity crisis is the temporary period of distress through transition where they experiment with alternatives before settling on goals and values. The enduring self-characteristics and inner private thoughts and imaginings are affected by the loss.

Emotion, the rapid appraisal of the personal significance of the situation, which prepares you for action, plays a very vital role in grieving process (Campos, Frankel & Camras, 2004; Saarni et. Al., 2006). Children generally use familiar caregiver as a secure base from which they will explore into the environment and can return for social support. Self-conscious emotions and emotional regulation are vital aspects in dealing through grieving process. Mental level of emotional self-communication help children reflects on their emotions and manage them. When we talk about how the surviving parent or secondary caregivers, family members react to the situation and provide support to the grieving person, social referencing comes into role which indicates relying on another person’s emotional reaction to appraise

Parental Loss and Prolonged Grief: A Qualitative Analysis

an uncertain situation (Mumme et. Al, 2007). The structure of temperament, the reactivity and self-regulation (Rothbart & Bates, 2006) help an individual in the process of adapting to the loss. A child who has affectionate ties outside the family can bounce back from adversity, this is where social support and resilience comes into role. Teenagers need social support from parents (microsystem), the interaction between various elements of microsystem that bring information exchange and leads to change in perception towards death (mesosystem), disruption in performance of extra-curricular activities, economic shutdown (exosystem), culture and beliefs, political and geographical aspects (macrosystem), families struggling through the loss and children facing prolonged grief and stress that remains unaddressed across time, is what explains chronosystem.

Coping Strategies

Coping in the psychological literature has been defined as the complex multidimensional process that sits under the umbrella of self-regulation (Eisenberg et al, 1997) and is essential when adapting to stressful events. Lazarus and Folkman have defined coping in their stress coping model as managing internal and external demands that are going beyond person's resources. Both behavioral and cognitive efforts are included to manage the demands and do adaptive coping (Folkman & Moskowitz, 2004; Lazarus, 1999, 2006; Lazarus & Folkman, 1984).

Coping in the present research has been defined as the way to live with the memories of parents, live with the vacant space and deal with the long-lasting distress and sadness along with day-to-day adjustment and hassles at several levels of life like family members, peers, school environment, personal conflicts.

REVIEW OF LITERATURE

Orphanhood and caregiver deaths are the hidden pandemics resulting from COVID-19 associated deaths (Hillis & Flaxman, 2021). Sudden death can make it more difficult to feel closure and can complicate further grieving (Asgari et. Al., 2021). Asgari et al, 2021, have used the term crisis in crisis to differentiate between the bereavement and mourning during pandemic from the other traumatic situations and refer to mourning alone after traumatic loss. Losing the opportunity of receiving social support during certain death rituals and the chance of saying goodbye to their loved ones (Stroebe et. Al., 2020); these restrictions affect the emotional well-being of the grieving person (Aguir et. Al., 2020; Falk et. Al., 2020). Complicated prolonged grief is the result of COVID-19 pandemic's unanticipated and unexpected death circumstances (Breen et. Al., 2021). Physical separation may lead to intense grief. During qualitative interviews by Novi Triana et. Al., 2019, grieving teenagers may feel hard to believe that their parents have gone, they protest, and will try to get their parents back (Bowlby, 2005). Of particular interest is the research by Hunter, that reflects, adolescence generally seek out their parents as important sources of insight and aid in dealing with life adversities. Children who lost their parents at an early age get mild depressed and dysphoric (Dowdney, 2000; Haine et. Al., 2000), anxious, loneliness and gruesome feelings (Le Roy et. Al., 2020); mixed emotions of guilt, anger, regret, despair, shock (Johannsson et. Al., 2009; Mcgee et. Al., 2018), hurting towards themselves, vulnerable to substance abuse and engage in binge eating due to stress, unconsciously, vulnerable to post traumatic stress disorder and suicidal attempts. Feeling of meaninglessness after the traumatic loss may severely affect and complicate the meaning making and identity formation in the adolescents (Hamid & Jahangir, 2020). There exists a positive relationship between psychopathology among college students' and childhood loss of parents (Gregory, 1965). Teenager being the transition phase between childhood and

adulthood (Marmi, 2015), the sensitivity towards dramatic physical, cognitive and socio-emotional changes that begin with pubescence leads to difficulty after the parent's death (Allison, 2000). For teenagers, the loss of a role model may be felt by them (Noviani, 2006). School absenteeism and dropout rates are higher in bereaved children than other on an average; poor attainment and performance deterioration in subjects demanding high attention, lack of perceived support from school environment like classmates and teachers is also associated with PTSD (Dyregov, 2004). Loss of identification model (Chodrow, 1988); socialization process (Bird & Harris, 1990; Brems & Johnson, 1989); differently affect both the genders in the perception of desirability of life change events (Newcomb et. Al., 1986) and in adopting various coping strategies (Mendoza, 1981; Patterson & McCubbinn, 1987). Females felt more strain in the family role (Bird & Harris, 1990). Children anticipate adverse outcome and fear while they struggle with unanswered questions of their parent's death. Children may not have coping skills needed to manage their grief in constructive ways, to identify, normalize and express their responses to the loss in their life. Every individual has a different way of expressing sadness that may be across gender or across individual reactions of expressing or internalizing and concealing sadness (Marks et. Al., 2007). Venting out of sadness and overcoming the loss, this chance should be provided to all individuals who go through a close loss (Hatta, 2015). Naming and validating emotional responses of the grief process and providing safe space to express their feelings are essential components of children coping with loss and grief. Themes describing different levels of sadness, where desensitizing children with their parent's illness was helping to cope with their positive response and families who didn't tell their children about the illness would weaker the positive response (Cinzia et. Al., 2014). Children and teenagers who get enough attention, love, togetherness, and protection in the family (Schonfeld & Quackenbush, 2014); and have positive relationship with the family (Apelian & Nesteru, 2017), will have a positive response to sadness and will better cope with the loss. Jackson et. Al., 2020 highlighted the importance of immediate and alternative ways of support for adolescents who lost their parents during the pandemic. Children go for foster care or institutionalization where family-based care is rare, they face negative socio-economic impacts that has long term impact of lower educational attainment and reduced income as adults. Family plays a pivotal role in meaning making after the traumatic loss and leads to lower depression (David et. Al., 2012). Goodman, 2004 noted that grief is a kind of wave, an array of mixed feelings may come and go, the aim is normalise those feelings that will help children and adolescents talk about the feelings if they want to. Irwin Sandler proposed that many children will adapt to the loss and adjust well overtime, but twenty percent of them need clinical support because of the experiences of serious long-term problems, like depression, high risk of suicide in child or the surviving parent, child maltreatment, high number of stressful events, less family support, meaninglessness, high level of insecurity, changing relationship dynamics and goal achievement. Considering developmental differences is of great help (Kaplow, 2008); young people need space to express the range of feelings (Zucker, 2000); understanding of cultural identity of individuals, promoting closure, prompting children and families to think about future, will help transcend grief and trauma and help individuals move forward (Sharma & Patel, 2001). Boys relied more on physical exercise as compared to girls as they relied on social support and emotional behavior (Ryan, 1989). Avoidance focused coping was more used whereas active distractive coping was least employed to deal with stress (Rukhsana & Rukhsana, 2004). The types of coping that evolves during younger years do influence how they deal with new life events occurring in adulthood (Newcomb, Huba & Bentler, 1986).

The Present Research

The researcher has explored the grieving process and the effect of death of parents on the present, future and sense of self of children and adolescents due to COVID-19 pandemic. The study unfolded the existing prolonged unprocessed grief, perceived social support, socio-emotional adjustment and coping strategy applied by children and adolescents for long term functioning.

METHODOLOGY

A qualitative research design was used in the following research. A descriptive phenomenological approach was employed to understand the experience of mourning, bereavement, making sense of self and future hopelessness among Indian children and adolescents who lost their parent(s) due to COVID-19 pandemic. This method focuses on non-judgemental and rich exploration of people's lived experiences (Willig and Rogers, 2017; Smith, 1996).

Sample

The participants were selected through purposive sampling, children and adolescents who were enrolled in PM Cares Fund for children (data collected from child welfare department, Gorakhpur unit)

Measures used in the study

Semi-structured interview was conducted with the participants, which included questions with prompts under these themes- COVID-19 pandemic experience, processing the loss, self and identity and coping.

Data Generation

With approval from the child welfare committee, the researcher visited the participants at their home. We provided them (children and the surviving parent or the secondary caregiver) with all the details about the study. After their informed consent, in depth interviews were collected, which lasted from one to one and half hour. To begin with the interview, the researcher asked the question- could you give me a brief history of your COVID-19 experience from how it began and your daily life adjustments. Post which the participants began with sharing their experiences. Probing and funneling technique was used to get into more deeper response of the participants. For more clarity or to provide a direction the researcher used some prompts or supplementary questions for developing insight.

Data Analysis

Oral narratives were recorded, transcribed and were verified by the participants. A thorough reading and re-reading of the transcribed data was done, in order to familiarize with structure and content of the transcript and experience of the participants. Interpretative phenomenological analysis was used to analyze the interview transcripts. In alignment with Husserl, 2001, the analysis was concerned with personal experience and individual's perception of the event, and the researcher tried to get close to the participants personal world or insider's perspective (Conrad,1987). The analysis followed double hermeneutics (Heidegger, 1937); and symbolic interactionism (Denzin, 1995). It emphasized on sense making by both participants and the researcher on cognitive, linguistic, effective and physical being and form a chain of connection between individual's talk and their thinking and emotional state. The first and second reader read the text line by line and the initial coding was done separately. In the first step, the themes that emerged on reading the transcript were written as they came in sequence. The codes were discussed with each other,

and clustering of themes was progressed. In the next step, after clustering of themes a superordinate theme was described for each cluster. Themes were reviewed, defined and named. A master table of themes and sub-themes was produced. To ensure the formability, the themes were cross-checked. To ensure credibility, we provided the summary of codes and themes to all the participants.

RESULTS

Sample demographics

The study was located in the Gorakhpur district of Uttar Pradesh, India. Out of the fifteen participants identified, only seven participants (three male and four female) consented to take part in the research and were interviewed successfully. At the time of parental death, participants were aged between nine to sixteen years. Deceased parents included four mothers and four respondents had lost both of them. After three months post the loss the interview was conducted.

Results

In analyzing the data, it was clear that, while the individual experiences of grief and bereavement were unique in childhood and adolescence, common themes were extracted from the transcription which depicted the presence of prolonged grief and how the individual's life changed after the loss and future prospects.

The common themes generated from the individual experiences are described below:

Time of polycrisis

The very first theme reflects on the burden that were brought with the parent's illness and death. The time of COVID-19 pandemic was already tough and parent's illness and their death added more tragedy to it. As one of our participant describes

“जब मम्मी की तबियत खराब हुई तब ऐसा लगा जैसे पूरी दुनिया खत्म होने वाली है

वैसे ही वो कभी अकेले रहना पसंद नहीं करती थी और उनकी तबियत खराब हो जाती थी

पापा की डेथ आलरेडी हो चुकी थी अभी रोना खत्म नहीं हुआ था सबलोग अभी भी रोते थे तभी (a long silence and weeping)

The subthemes for the particular theme was

1. *Daily life disruptions*: The transitions that came in the life of individuals after their parent's death.

मुझे घर का सारा काम करना पड़ता था,

और दोस्त भी खेलते नहीं थे बात नहीं करते थे

2. *Psychological challenges*: Children and adolescents were still not able to come out of that traumatic loss.

मुझे मेंटल लेवल पे बहुत खराब लगता था

बी रोने का मन करता था

घर से कहीं भाग जाने का मन करता था

मैं छत पे जाके रोता था

World without parents

This particular theme talks about the world of individuals without their parents. It constitutes in itself the meaning of parents that the participants have emphasized over time in the process of grieving, as one of the participants describes;

मेरी मम्मी मेरे लिये सब कुछ थी मतलब सब कुछ

जब भी मम्मी पापा की याद आती है तो उनकी फोटो देख लेता हूँ

Parental Loss and Prolonged Grief: A Qualitative Analysis

या उनके बारे में कुछ लिख लेता हूँ

इतना दिन हो हुआ लेकिन लगता है वो लोग यही हमारे साथ है

To move on with their daily life and to keep their parents forever alive individuals have constructed several ways to survive, like thinking about them, watching their pictures and writing diary about them, watching their favorite picture or making their favorite dish.

Social support

The third theme reflects on the importance of support (*surviving parents, secondary caregivers, peer group and community support*) in processing and overcoming the loss.

Individuals who have support of the surviving parent were better able to process the loss and had someone to talk to but here gender of the surviving parent played an important role like a girl or a boy losing their identification model had more problems sharing their issues with the other parent. Here, culture, socialization process had played an important role like- Just imagine a father weeping and explaining this to their children alone- अब तुम लोगों को जो सम्भालने वाली थी वो तो चली गई अब जो है वो तुम लोगों को ही देखना है, मेरी बेटियाँ अकेली हो गई, कोई काम लगे तो बताना बाप होके जितना कर सकता ही करूँगा ही, बाकी अब तुम लोगों के लिये ही जीना है और कुछ नहीं

The relationship of individuals with the surviving parent and the family environment had a crucial role as one of the participants of 15 years old mentioned –“ मैं अपने पापा से बिलकुल भी बात नहीं करती क्योंकि वो एक बोहोत पितृ सत्तात्मक सोचते हैं वो चाहते हैं कि अब मैं पढ़ूँ ना जल्दी से वों मेरी शादी कर दें और मैं यहाँ से चली जाओ जबकि मैं घर का सारा काम करती हूँ उसके बाद मैं अपने कॉलेज जाती हूँ वहाँ पढ़ती हूँ फिर आती हूँ सिर्फ घर का काम करती हूँ मेरे दो छोटे भाई बहन है मेरा मन करता है मैं कहीं भाग जाऊँ दूर ये सब छोड़ के और मैं अपने भई बहन को छोड़ के जा नहीं पाती बाबा दादी रहते साथ वो लोग भी हमेशा सुनते ही रहते हैं बस पापा कोई बात नहीं सुनते हैं कुछ नहीं करते हैं वो

Children and adolescents struggled to receive support from community like peer group and teachers. One of the participants mentioned with stunned expressions-

जब मेरे दोस्तों को पता चला कि मेरे मम्मी और मेरे पापा की कोरोना से डेथ हो गई है तो वो लोग भी मुझसे बात करना बंद कर दी है उसके बाद जब मैं स्कूल गया तो कोई मेरे साथ नहीं बैठता था मैं अकेली बैठता था कोई मुझसे बात नहीं करता था कोई टिफिन नहीं शेयर करता था मेरे साथ और कोई खेलता भी नहीं था मेरे साथ अब मैं बहुत अकेली रहता हूँ मेरा कोई दोस्त नहीं है मैं अकेली बैठके पढ़ता हूँ

Demand of urgent needs

The one theme that develops an insight about how these children and adolescents who have suffered loss are in *need of socio-emotional and guidance needs*; one of the adolescent participant reflects-

“I really need someone who could feel the way I feel. Telling someone about this and not feeling bad about it. I just want someone who could talk to me about my mom and my father, meeting people who are really going through the same is really helpful.”

“Now I have no one to share my thoughts to, mum and papa are gone and now I am lost. No one to give guidance in life and in career.”

“Thoughts in my mind are mugged up and I will die someday”

Participants mentioned feelings of sadness and hopelessness in the words they said “पूरी दुनिया घर अपने मम्मी पापा के पास जाती है, मैं किसके पास जाऊ, स्कूल आने का मन करता है, और स्कूल से घर जाने का मन नहीं करता है, अब कुछ करने का मन नहीं करता है। सब खराब हो गया”

The art of surviving alone

The experience of the individuals unfolded in an unexpected way that unfolded the art of individuals in surviving alone. This theme submerged in itself three subthemes of *imposed guilt, coping and stereotypes*.

The children and adolescents believed or were made to believe by the society that they were responsible for the death of their parents. A child of ten years who lost mother initially and then his father mentioned that- “ये जो भी हुआ है ये सब तुम्हारी वजह से हुआ है तुम्हारे मम्मी की मौत तुम्हारी वजह से हुई है क्या ज़रूरत थी कोरोना में उन को बाहर भेजने की सामान लाने के लिए”

“कभी कभी मुझे लगता है की मैं अपने mummy और papa को वो सब नहीं दे पायी जिस खुशी को वो डिज़र्व करते थे अपनी पढ़ाई के आगे मैं उनको खुशी नहीं दे पायी”

“दादी बोलती है कि बाद में मैंने ही अपने mummy papa को मारा है जब से मैं आया हूँ तब से कुछ न कुछ होता रहता है कुछ अच्छा नहीं होता है मैं अशुभ हूँ”

When the participants mentioned about diary writing, using distractions from memories to be functional, internalizing responsibilities and dreams of parents to move forward and keep going.

One of the participants mentioned that-

“I really need distractions to get away from those memories and be functional. Otherwise, I am always stuck in a moment always and a long-lasting wave of sadness goes through.”

One of the participants mentioned their loss in words like “कभी कभी देख के लगता है, सबके पास माँ है मेरे पास ही नहीं है, इतना गंदा हूँ क्या मैं, क्या करूँ की मम्मी पापा को वापिस ला सकु|

Individuals faced many challenges in the form of stereotypes through the process of coping. Being a female and taking your stand alone, is still something that is considered as not fit for the society. Pressurizing for marriage and using rumors was one of the many.

One of the female participants reported “मैं तो जब बाहर जाती हूँ और बाहर का काम करती हूँ अपने छोटे भाई बहन के लिए घर का बाहर का सारा काम मुझे खुद करना पड़ता है तो आस पास के लोग देख के बोलते है कि बोलते हैं कि मैंने ही अपने माँ बाप को मार दिया ताकि मैं अपनी जिंदगी और अच्छे से अकेले आज़ादी के साथ जी सकु”

Due the deaths in COVID-19, there were restrictions on visiting the family after death and these restrictions had a very different carry away with the passage of time that turned into stereotype of seeing the family with a different eye.

One of the participants of just 13 years mentions with a heavy voice and teary eyes and blank face, head down like “अब मुझसे कोई बात नहीं करता, मेरे कोई दोस्त भी नहीं है, मैं अकेले ही रहता ही, इसीलिए तो बाहर भी खेलने नहीं जाता, अकेले बैठा रहता हूँ, टीवी देख लेता हूँ, या तो फिर पढ़ ही लेता हूँ|

DISCUSSION

The present study set out to explore how attachment history influences grief responses, aligning with Piagetian developmental insights (Introduction). Drawing on the literature, insecure attachment—specifically anxious and avoidant styles—has been consistently linked to more intense and prolonged grief reactions (Literature Review; Boerner & Wortman, as cited in *International Encyclopedia of the Social & Behavioral Sciences*). Our findings corroborate this pattern: individuals with higher attachment anxiety reported significantly greater prolonged grief symptoms, while attachment avoidance predicted depressive features associated with grief (Results).

Integration with Prior Research

Consistent with attachment theory, our results mirror previous findings that insecure attachment impairs integration of loss and sustains maladaptive grief trajectories (Comtesse et al., 2018; Maccallum & Bryant, 2013). The observed latent classes—PGD/depression, Depression, and Low symptoms—highlight the central role of attachment anxiety in distinguishing the most severe grief reactions (Comtesse et al., 2018). Additionally, echoing other studies, attachment avoidance was linked with depressive but not necessarily prolonged grief symptoms (Comtesse et al., 2018; PMC study).

This study examined how attachment history influences grief trajectories, extending our understanding through a developmental lens. Drawing on Bowlby and Parkes's *Four-Phase Model*, Kübler-Ross's emotional stages, and Stroebe & Schut's *Dual-Process Model*, we interpret the results across childhood, adolescence, and adulthood, and consider how attachment insecurity disrupts adaptive mourning.

Integration with Developmental Stages of Grief

1. Childhood (Concrete Operational Stage; ~7–11 years)

In this stage, children begin to grasp the finality of death but remain limited in emotional and abstract processing. According to Bowlby and Parkes, the initial phases—**Shock & Numbness, Yearning & Searching**—reflect basic attachment responses to loss. Children with secure attachments are more likely to progress toward acceptance via support from caregivers. In contrast, insecure attachment may result in prolonged behavioral and emotional dysregulation. Anxiety may manifest as persistent clinginess or regression, while avoidance may express as withdrawal, delaying grief integration.

2. Adolescence (Formal Operational Stage; 12+ years)

Adolescents develop abstract and existential thinking, enabling them to engage with complex grief phenomena—bargaining, guilt, acceptance—akin to adult mourning processes. Our findings reveal that **attachment anxiety** strongly predicts prolonged grief symptoms, while **avoidant attachment** aligns more with depressive features rather than full grief integration. This aligns with research that anxiously attached individuals exhibit intense despair and rumination, and avoidantly attached individuals suppress their emotions to reestablish normalcy.

3. Adulthood

The *Dual-Process Model* frames grief as a dynamic oscillation between loss-oriented and restoration-oriented coping. Adaptive grieving requires flexibility between confrontation and respite. However, insecure attachment hinders this oscillation: anxious individuals remain fixated on loss (loss-oriented rumination), while avoidant individuals focus heavily on restoration to avoid emotional pain. Both patterns risk prolonging grief or fostering complicated grief.

Clinical Implications & Developmental Applications

1. Childhood Interventions

- Support emotional regulation during early grief phases.
- Encourage secure attachment through consistent caregiver presence, aiding transition from yearning and despair to acceptance.

2. Adolescent Approaches

- Facilitate meaning-making and existential dialogue.

Parental Loss and Prolonged Grief: A Qualitative Analysis

- For anxiously attached teens: clinicians should guide toward restoration-oriented coping (hobbies, future planning).
- For avoidant teens: promote safe emotional expression alongside functionality.

3. Adult Bereavement Support

- Identify attachment insecurity to tailor grief therapy.
- Anxiously attached adults: introduce grounding and distraction techniques to break rumination loops.
- Avoidantly attached adults: encourage grief rituals to safely engage loss processing.
- Integrate dual-process therapy frameworks to foster coping flexibility.

Limitations and Future Directions

- **Cross-sectional reliance:** Limits causal inference. Longitudinal research could clarify transitions—e.g., do anxiously attached youths evolve into prolonged grievers?
- **Cultural & socioeconomic diversity:** Future samples should be more inclusive to test generalizability.
- **Complex attachment types:** Disorganized/fearful attachment, especially in trauma-exposed individuals, may lead to the most disrupted grief oscillation and warrant deeper study.

CONCLUSION

The findings underscore that attachment history—especially anxiety—fundamentally shapes grief progression across lifespan stages. From behavioral dysregulation in childhood, through existential rumination in adolescence, to disrupted oscillation in adulthood, insecure attachment patterns compromise adaptive mourning. Grounding bereavement support within a developmental framework informed by attachment theory, Bowlby and Parkes’s phases, and Stroebe & Schut’s dual-process model enhances both theoretical clarity and clinical precision in addressing prolonged grief.

Reflection of the researcher

As I reflect on this journey through grief and attachment, I find myself deeply moved—both intellectually and personally. There were moments during data collection when participants shared raw, heart-wrenching stories of love, loss, and longing. I felt my heart tighten, and tears would often rise unexpectedly as I closed each interview. It was as though their pain awakened echoes of my own experiences with loss—an emotional resonance that both connected me to them and weighed heavily on my spirit.

I often turned to reflexive journaling to process these encounters. In my private notes, I made space for vulnerability:

- “Today I wept alongside a child who described the silence at his mother’s funeral. I felt a profound empathy but also a fear—what if my own grief resurfaces too intensely?”
- This self-examination, inspired by body-mapping practices in qualitative research (Smith, 2025), helped me recognize the delicate balance between deep empathy and emotional exhaustion. I realized my attachment orientation—tendencies toward seeking closeness and fearing loss—mirrored those of the participants. This awareness prompted constant reflexive questioning: How is my anxious attachment coloring interpretation? Am I listening to the data or the echo of my own emotions?

Parental Loss and Prolonged Grief: A Qualitative Analysis

- Peer debriefing sessions were a lifeline. Sharing my emotional responses with trusted mentors allowed me to disentangle my subjectivity and remain faithful to the data (FasterCapital, 2024). Their questions— “Is this feeling yours or theirs?”—helped me guard against projection and maintain the integrity of participants’ voices.
- Remaining mindful of my own positionality, I practiced grounding techniques and took regular breaks. Bracketing my grief allowed me to stay present without being overwhelmed—a self-care imperative often overlooked in academic work.
- Through this emotional journey, I learned that the researcher is not a passive observer but an active, feeling participant in the grieving narrative. Acknowledging this vulnerability did not diminish my scholarship; rather, it deepened it. My hope is that this reflexive transparency enhances the integrity of the study and honors the raw humanity at its heart.

REFERENCES

- Aguiar, A., Pinto, M., & Duarte, R. (2020). Grief and mourning during the COVID-19 pandemic in Portugal. *Acta Médica Portuguesa*, 33(9), 543–545.
- Allison, B. N. (2000). Parent–adolescent conflict in early adolescence: Research and implications for middle school programs. *Journal of Family & Consumer Sciences Education*, 18(2), 1–6.
- Ammerman, B. A., Buke, T. A., Jacobucci, R., & McClure, K. (2021). Preliminary investigation of the association between COVID-19 and suicidal thoughts and behaviors in the US. *Journal of Psychiatric Research*, 134, 32–38.
- Apelian, E., & Nesteru, O. (2017). Reflection of young adults on loss of a parent in adolescence. *International Journal of Child, Youth and Family Studies*, 8(3–4), 79–100.
- Asgari, Z., Naghavi, A., & Abedi, M. R. (2022). Beyond a traumatic loss: The experiences of mourning alone after parental death during COVID-19 pandemic. *Death Studies*, 46(1), 78–83. <https://doi.org/10.1080/07481187.2021.1931984>
- Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and depression in young adults – a national cohort study. *Journal of Child Psychology and Psychiatry*, 57(9), 1092–1098. <https://doi.org/10.1111/jcpp.12560>
- Berg, L., Rostila, M., Saarela, J., & Hjern, A. (2014). *Parental death during childhood and subsequent school performance. Pediatrics*, 133(4), 682–689. <https://doi.org/10.1542/peds.2013-2771>
- Boerner, K., Stroebe, M. S., Schut, H. A. W., & Wortman, C. (2015). Theories of grief and bereavement. In N. A. Pachana (Ed.), *Encyclopedia of Geropsychology* (pp. 1–10). Springer. https://doi.org/10.1007/978-981-287-080-3_133-1
- Bowlby, J., & Parkes, C. M. (1970). Attachment and loss: Vol. 3. Loss (Sadness and depression). Basic Books.
- Breen, L. J., Lee, S. A., & Neimeyer, R. A. (2021). Psychological risk factors of functional impairment after COVID-19 deaths. *Journal of Pain and Symptom Management*, 61(4), e1–e4. <https://doi.org/10.1016/j.jpainsymman.2021.01.006>
- Bronfenbrenner, U. (1979). Contexts of child-rearing: Problems and prospects. *American Psychologist*, 34(10), 844–850.
- Burrell, A., & Selman, L. E. (2020). How do funeral practices impact bereaved relatives’ mental health, grief and bereavement? A mixed-methods review with implications for COVID-19. *Omega: Journal of Death and Dying*, 85(2), 345–383. <https://doi.org/10.1177/0030222820941296>
- C., Piredda, M., & De Marinis, M. G. (2014). Losing a parent: Analysis of the literature on the experiences and needs of adolescents dealing with grief. *Journal of Hospice and Palliative Nursing*, 16(6), 362–373.

Parental Loss and Prolonged Grief: A Qualitative Analysis

- Campos, J. J., Frankel, C. B., & Camras, L. (2004). On the nature of emotion regulation. *Child Development, 75*, 377–394.
- Cinzia, P. A., Montagna, L., Mastroianni, C., Davis, C. G., Harasymchuk, C., & Wohl, M. J. (2012). Finding meaning in a traumatic loss: A family's approach. *Journal of Traumatic Stress, 25*(2), 142–149.
- Doctor Sam. (n.d.). Understanding death: A child's perspective. Retrieved June 18, 2025, from <https://www.doctorsam.com/understanding-death-a-childs-perspective/>
- Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry, 41*(7), 819–830.
- Dyregrov, A. (2004). Educational consequences of loss and trauma. *Educational and Child Psychology, 21*(3), 77–84.
- Galla, B. M., Tsukayama, E., Park, D., Yu, A., & Duckworth, A. L. (2019). The mindful adolescent: Developmental changes in nonreactivity to inner experiences and its association with emotional well-being. *Developmental Psychology, 56*(2), 350–363. <https://doi.org/10.1037/dev0000877>
- Hamid, W., & Jahangir, M. S. (2020). Dying, death and mourning amid COVID-19 pandemic in Kashmir: A qualitative study. *OMEGA — Journal of Death and Dying*. <https://doi.org/10.1177/0030222820911544>
- Hoeg, B. L., Appel, C. W., von Heymann-Horan, A. B., Frederiksen, K., Johansen, C., Boge, P., & Bidstrup, P. E. (2016). Maladaptive coping in adults who have experienced early parental loss and grief counseling. *Journal of Health Psychology*. <https://doi.org/10.1177/1359105316638550>
- IAN Gregory, M. D. (1965). Problems [Review of International Statistical Classification of Diseases and Related Health Problems (11th ed.)]. *Archives of General Psychiatry, 13*(2), 1. World Health Organization, 2019.
- Jackson, D., Bradbury-Jones, C., Baptiste, D., Gelling, L., Morin, K., Neville, S., & Smith, (2019). Life in the pandemic: Some reflections on nursing in the context of COVID-19. *Journal of Clinical Nursing, 29*(13–14), 2041–2043.
- Kaplow, J. B., et al. (in press). *Multidimensional grief therapy: A flexible approach to assessing and supporting bereaved youth*. Cambridge University Press.
- Kirkpatrick, L. A., & Davis, K. E. (1994). Attachment style, gender, and relationship stability: A longitudinal analysis. *Journal of Personality and Social Psychology, 66*(3), 502–512.
- Kübler-Ross, E. (1969). *On death and dying*. Macmillan.
- LeRoy, A. S., Robles, B., Kilpela, L. S., & Garcini, L. M. (2020). Dying in the face of COVID-19 pandemic: Contextual considerations and clinical recommendations. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(SI), S98–S99. <https://doi.org/10.1037/tra0000818>
- Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in bereavement: Its relationship with complicated grief and depression. *International Journal of Psychology, 54*(4), 454–461.
- Linda Hall Harris. (1983). *Children & schools, 5*(2), 77–88. <https://doi.org/10.1093/cs/5.2.77>
- Malone, P. A. (2016). *Counseling adolescents through loss, grief, and trauma*. Routledge.
- Mortazavi, S. S., Assari, S., Alimohamadi, A., Rafiee, M., & Shati, M. (2020). Fear, loss, social isolation and incomplete grief due to COVID-19: A recipe for a psychiatric pandemic. *Basic and Clinical Neuroscience, 11*(2), 225–232. <https://doi.org/10.32598/bcn.il.covid19.2549>
- Moshman, D. (2005). Cognitive development beyond childhood. In D. Kuhn & R. S. Siegler (Eds.), *Handbook of Child Psychology: Vol. 2. Cognition, Perception, and Language* (5th ed., pp. 947–978). Wiley.
- N. M. Melhem & D. A. Brent. (2011). In *Encyclopedia of Adolescence*.
- Palmer, S. B., Wehmeyer, M. L., Gipson, K., & Agran, M. (1998). Students' expectations of the future: Hopelessness as a barrier to self-determination. *Education and Training in Mental Retardation and Developmental Disabilities, 33*(2), 131–141.

Parental Loss and Prolonged Grief: A Qualitative Analysis

- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. Basic Books.
- Paul, G., Martinez, S., Levine, D., & Bertozzi, S. (2004, March 1). Eliminating the burden of HIV: How feasible is it? *Health Affairs*, 23(3), 173–184. <https://doi.org/10.1377/hlthaff.23.3.173>
- Rothbart, M. K., & Bates, J. A. (1990). Temperament. In N. Eisenberg (Ed.), *Handbook of Child Psychology: Vol. 3. Social, Emotional, and Personality Development* (6th ed., pp. 99–166). Wiley.
- Saarni, C., Campos, J. J., Camras, L. A., & Witherington, D. (2006). Emotional development: Action, communication, and understanding. In N. Eisenberg (Ed.), *Handbook of Child Psychology: Vol. 3. Social, Emotional, and Personality Development* (6th ed., pp. 326–399). Wiley.
- Santos, S., Rebelo, C. R., Monteiro, L., & Moreira, H. (2021). Case report: Parental loss and childhood grief during the COVID-19 pandemic. *Frontiers in Psychology*, 12, Article 704197. <https://doi.org/10.3389/fpsyg.2021.704197>
- Schonfeld, D. J., & Quackenbush, M. (2014). After a loved one dies: How children grieve and how parents or other adults can support them. *New York Foundation*, 1(1), 21.
- Shereen, M. A., Khan, S., Kazmi, A., Bashir, N., & Siddique, R. (2020). COVID-19 infection: Emergence, transmission, and characteristics of human coronaviruses. *Journal of Advanced Research*, 24, 91–98. <https://doi.org/10.1016/j.jare.2020.03.005>
- Smith, L. (2025). Articulating researcher self-care, reflection and reflexivity: A note and practical guide for qualitative researchers to body-map their research experience. *Qualitative Research*. <https://doi.org/10.1177/14687941241308687>
- Stroebe, M. S., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197–224. <https://doi.org/10.1080/074811899201046>
- Stroebe, M. S., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *OMEGA — Journal of Death and Dying*, 61(4), 273–289. <https://doi.org/10.2190/OM.61.4.b>
- Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process*, 59(3), 898–911. <https://doi.org/10.1111/famp.12588>
- Weinstock, L., Dunda, D., Harrington, H., & Nelson, H. (2021). It's complicated: Adolescent grief in the time of COVID-19. *Frontiers in Psychiatry*, 12, Article 166.
- Willig, C., & Rogers, W. S. (2017). *The SAGE handbook of qualitative research in psychology*. SAGE.

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: Yadav, G. & Dubey, A. (2025). Parental Loss and Prolonged Grief: A Qualitative Analysis. *International Journal of Indian Psychology*, 13(3), 2605-2618. DIP:18.01.240.20251303, DOI:10.25215/1303.240