

A child in the face of a parent's death: Aspects of children's loneliness

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ABSTRACT

Introduction: Among bereaved families, numerous tensions, stressors, and anxieties that are direct consequences of the loss of close relatives can be observed. Effective mitigation of these concerns depends heavily on the depth of the feeling of loneliness as well as on various factors that determine it.

Purpose: To determine the impact of the death of a parent on children's feelings of loneliness within their own families.

Material and methods: A total of 10 families (6 mothers, 4 fathers, and 15 children) from the city of Białystok who had been in mourning during the two-year period were included in this qualitative research. The case study method was applied in addition to the following research techniques: structured interview, narrative interview, the Rotter Incomplete Sentences Blank projective technique, and an analysis of children's activity products (essay entitled "My Family").

Results: The youngest children were characterized by less-intense feelings of loneliness, as they do not yet understand the irreversibility of death, whereas children at ages 12 to 14, aware of human life's

stability and persistence, felt the state of loneliness significantly more deeply. To cope with its presence, the children and their families usually used informal social support (parents, grandparents, siblings, or friends) rather than seeking the help of qualified social service professionals.

Conclusions: Talking with children about death and remembering a deceased parent with them are integral parts of the mourning process. Before children can accept their loss, they feel a great need for talking and having the company of other family members in experiencing their pain. There are a number of critically important tasks that a family in mourning needs to face, including the following: helping to understand the need for breaking personal ties with the deceased and reducing the internal tension caused by the loss; modifying former structure, duties, and family roles; and the need for the bereaved family, especially its children, to find new relationships in the outside world.

Key words: Family; death of a parent; solitude; loneliness.

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Received: 27.05.2014

Accepted: 1.06.2014

Progress in Health Sciences

Vol. 4(1) 2014 pp 118-123

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INTRODUCTION

It is extremely difficult to define the notion of loneliness in a precise way. It is not always possible to describe because of its incorrect identification and interchangeable use with the term *solitude*. While searching for various sources and factors of loneliness, researchers focus especially on people's early experiences (psychodynamic theories), social reinforcement networks affecting their behavior (social learning theory), values and cultural norms (sociological theories), different individual preferences and views (cognitive theories) [1]. The essence of the state of loneliness is the sense of the lack of love, understanding, abandonment, rejection, and acceptance [2]. It is also a reaction to the lack of important social reinforcements [3]. It may be accompanied by such feelings as anger, pessimism, or helplessness [4]. P. Mellody, however, includes difficulties with one's own self-esteem, setting one's functional boundaries, experiencing and expressing reality, as well as fulfilling one's individual needs and desires in the symptoms of loneliness, especially within a family [5].

Children's behavior and development disorders which appear during the mourning period, as representatives of different fields of study indicate (psychology, psychiatry, pedagogy, and sociology), are the basis for recognition and interpretation of structural-functional deviance as well as improper emotional relationships within the family. Emotional rejection, permanent breaking or limitation of bonds between a child and their parent cause the appearance of features typical of deprivation syndrome, mental atrophy, familylessness, anaclitic depression, separation anxiety, self-alienation, or orphanhood.

MATERIALS AND METHODS

The subject of the research was the loneliness of children in their families caused by the death of a parent resulting from a long-standing illness. Cognitive and practical aims corresponded closely with this notion [6] as the intention of the research was to indicate sources and factors causing children's loneliness (the impact of the children's age, economic and household situation, and relationships within the family on the feeling of loneliness), and determining the influence of illness and death of a parent on children's behavior and emotional growth (how the children understand and interpret death, how they experience their parent's illness and death, what the methods of coping with the loss of a close person are, who and how supports children in difficult situations). The studies were prepared and analyzed according to the social science qualitative research methodology [7].

In order to solve the posed research questions effectively, it was necessary to select appropriate methods, techniques, and research tools. While selecting those items, the main criteria were clarity, which is common comprehensiveness, explicitness, orientation, which is the subordination to a specific goal, as well as effectiveness ensuring its achievement, and fruitfulness [8].

Thus, the case study method together with its characteristic techniques: structured interview with parents on the family situation and the feeling of loss, narrative interview with parents on the feeling of loneliness within the family, and an analysis of children's activity products (an essay entitled "My Family") [9,10]. A purposive sample selection was applied during the research, conducted as part of a Master's degree seminar under my supervision. Ten families living in the city of Białystok, where one of the parents had deceased within the two previous years as a result of a neoplastic disease, were selected for the study. Six women and four men at 25 to 43, among whom six people had higher and four had secondary education diplomas, participated in the research. Five women and two men had one child each, two families were raising two children each, and one family had three children. The youngest of the children grew seven years old during the research, whereas the oldest was fourteen.

RESULTS

The economic and household situations of the families studied proved to be average. Every environment had sustainable income in the form of remuneration of parents or other people in the household (grandparents, siblings, partners), as well as received benefits from social security on accounts of the appearance of social risk, which is the death of an income earner. The resources at the disposal of the family were sufficient to fulfill the needs of all its members, including some of the children's individual desires.

While analyzing the results obtained, it may be stated that younger children cope with the death of a parent more easily than older children ("My mommy was very ill and she died" Kacper, age 12; "Our mom, who had breast cancer, passed away a year ago. Mommy was ill for a long time. Sometimes it hurt her very much. I tried to help her with everything, but mom didn't make it against the illness. After mom died, dad was very sad and subdued. I often cried, too. Mom was my best friend. We liked to spend time together. (...) When mom died, everything changed." Małgosia, age 14; „Ania has been growing up without her mom since she was three. This is why she doesn't agonize over her loss as much as our elder daughter. It was quite recently when she started asking where mommy is

and why she doesn't come to pick her from pre-school." Krzysztof, age 41). Another important factor connected with mourning and the feeling of emptiness related to it is the state and quality of relationships within the family. In the majority of the families studied they were described as proper or correct (*My son helped me to go through this tragedy. It was him that motivated me to fight for our family and to get counseling. I noticed what a mature boy Piotrek has become.*" Kasia, age 40; *"My relationships with Martynka have improved significantly. She brings up talks about her dad much more often."* Kasia, age 42; *"I help my dad a lot with all household chores. We get along very well. We help and support each other."* Małgosia, age 14). Only one of the study participants expressed regret while discussing the quality of family life atmosphere (*I often feel that Maciek has such a grudge against me for Monika's death.*" Edward, age 39). The parents interviewed repeatedly remembered past relationships of their children with the deceased parents, (*Robert got along with his dad perfectly. Tomek spent a lot of time with our son. He pampered him. Robert didn't come to me for help or when he had a problem. He always went to talk to his dad.*" Dagmara, age 30; *"During the course of his illness, my husband spent almost all his time with Tomek."* Zosia, age 37), as well as current ones with their siblings and other relatives (*My daughter takes care of her brothers. After the funeral, Maciek spent a lot of time with her. He followed her all the time. When he had problems, he went to talk to her. The kids usually discuss what happened among themselves.*" Edward, age 39; *"Paulina looks after her sister very well. She tells her a lot about mom."* Krzysztof, age 41; *"I don't have a daddy anymore because he was very ill and died. And he is in heaven, and when I go to sleep I always wave at heaven because mommy says daddy is looking down. Me and my mom and granny Tereska live in an apartment building, on the third floor. I like granny Tereska very much because she plays with me a lot and reads many books to me. My family is very nice, but small because there is no daddy."* Klaudia, age 10; *We all often talk about mom and we visit her grave. My family is the greatest in the world. I would never exchange it for another. I only wish our mom was in it too. It's often tough because I can't come to her with a problem or ask her for advice because I know that she would always know how to help me. Dad keeps telling us that mom is watching over us and I deeply believe in that.*" Małgosia, age 14).

The main cause of children's loneliness within their own families was the death of a mother or father. It was characterized by chronically and deeply experienced anxiety about losing the other parent, aggression, anger, lack of the sense of security because of the inability of the children to

find themselves in a new situation (*I thought that month by month Damian would be functioning better and better, but it just kept getting worse and worse.*" Karolina, age 36; *"Robert became quiet and withdrawn. The fact that he will never see his dad again made him clam up. (...) Whenever I wanted to talk with him about what had happened, he would become very nervous, and sometimes even aggressive. Every attempt to talk ended with a row and an angry outburst. I remember that Robert told me that he is angry with God that He took away his dad."* Dagmara, age 30; *"Kacper cries a lot. Even when he is by Ewa's grave and tells her about what was going on, e.g. what he was doing today or what I bought him."* Daniel, age 43; *"After my husband died, Tomek became very aggressive. It happened a few times that he pushed me or spat at me."* Zosia, age 37; *"I'm sometimes scared that mommy will go to heaven, to daddy."* Robert, age 9; *"I'm sometimes afraid that daddy will die too."* Małgosia, age 14). As the research results show, the feeling of children's loneliness reveals itself most often by means of excessive and frequent questions about the deceased, tearfulness, sadness, being subdued, becoming introverted, avoiding having conversations and contact with other people, or the fear about the living parent.

The appearance of illness in the family analyzed, and numerous difficulties which accompanied it, were undoubtedly the factors which endangered the efficient functioning of the whole family system. Each of the children studied had tried to accompany the parents in their illness and experience it in their individual way by, for example, expressing interest in the ill parents' needs, comforting them, visiting them during their stay in hospitals or hospices (*During her mom's illness, our daughter helped her a lot. She took care of her. She often said: mommy, maybe I'll make you some raspberry tea and it won't hurt you anymore. (...) The worst thing was when my wife didn't have enough breath to talk. I could see how Paulinka was scared. She didn't know what was going on when Marta began to suffocate. She was all shaking with fear.*" Krzysztof, age 41; *"Paweł and Oliwka talked with each other a lot. I tried to take her there as often as I could so that my husband and daughter could enjoy each other. Mainly, it was about letting our little girl remember her dad."* Małgorzata, age 36).

Children as adults, while experiencing the loss of close relatives require a period of sadness and mourning filled with grief, emptiness, and despair. It is, therefore, a child's right to be allowed to experience death and mourning subjectively and privately (*At the funeral, Damian stood with me by the coffin almost all the time. During the whole Mass in the church he was brave. He stood quietly and very calmly at the cemetery too. I couldn't even notice any tears on him.*" Karolina, age 36; *"In the*

chapel, Klaudia walked to her dad. She didn't realize what was happening." Agnieszka, age 41; "After my husband's death, Oliwka missed him very much. She didn't want to sleep in her room. When I asked her why, she said she was scared. There was a time when she didn't speak even to me." Małgorzata age 36; "After my wife's death, our daughter forbade me to call her by the diminutive form which my wife had used, >Uliśka<" Krzysztof, age 41; "Each of our children suffered the passing away of their mom in a different way. Our youngest son often woke up at night screaming, >I won't give my mommy<. He sobbed and cried so much that it was almost impossible to calm him down." Edward, age 39; "Martynka did not want to visit the grave with us. She screamed at us that she doesn't love us." Kasia age 42; "Daddy had never really loved us because if he had, he wouldn't have died and would be living here with us, at home, not in heaven." Damian, age 11).

For the proper growth of children who lost their parents, it is necessary to activate multi-dimensional support, both informal and conducted by professional service, as soon as possible [11]. Out of the ten families studied, only two consulted psychologists and school guidance counselors, whereas the remaining ones received help only from their siblings, relatives, or friends. An important parental task during this period was to create circumstances which would enable the children to express their feelings freely, to accompany them in their difficult everyday life, to provide them with a sense of security, to help them to calm down and understand certain events in which they participated (*Pati constantly wanted to talk about Iza. She compared what I did with how Iza did that. (...) To this day she is using the same bath liquid which my wife used. For school, he often puts on things which belonged to her mom, some belt or hairclip. She thinks that if she has something of her mom's clothes on, she'll always remember her.*) Marek, age 41; "Our daughter shows everyone our wedding photographs and explains that this is her daddy." Agnieszka, age 41; "Our son came to me by himself and asked me to come and visit mommy's grave." Daniel, age 43; "I start conversations with Klaudia about Mariusz myself because I know that it's helping her and me too." Agnieszka, age 41; "My mom was my best friend, a person that I trusted the most. She knew about everything, I told her all my secrets. Now I'm most afraid of losing the necklace I got from my mommy." Patrycja, age 14; "My biggest dream is to have dream about my daddy." Tomek, age 9; "I often have a dream that my mommy is not dead and is playing with Ania and me." Patrycja, age 14).

DISCUSSION

Death and the inseparable feelings of pain, suffering, despair, and experience of anxiety can be discussed from the medical and biological point of view, as well as from the philosophical, religious, but also psychological and pedagogical perspective which relates in a special way to human solitude and loneliness in the face thereof. The understanding of death by a child, depending on the age and cognitive development level, considerably differs from adults' ways of coping with it. In the period of heavy loss, their lack of experience and not fully developed personalities may easily cause confusion, misinterpretation of events, and the lack of sadness after the loss of a close person. Children who have achieved the ability of concrete operations are able to understand death more accurately, whereas those at the stage of formal operations also the state of finality and irreversibility of death [12,13]. The feeling of harm depends on numerous factors, among which we may mention the specific life cycle of a family, the causes of death, openness of the family system, and the position of the deceased within the family [14]. Relationships among the living relatives during that period require stressing, as the system of internal bonds and ties characterized by closeness, sincerity, directness, intimacy, and cohesion constitute the fundamental condition for developing mental balance of all family members [15,16].

While experiencing sadness after such loss, four essential phases may be enumerated: stupefaction after losing a close relative, longing and grief, disorganization and despair combined with the lack of vision for changing the situation, and reorganization in which slow acceptance of lonely life begins to take place. The most commonly appearing children's reaction to information of death are shock and denial, anger, sense of guilt, jealousy, sadness, anxiety, withdrawal, constant crying, aggressive behavior, as well as sleeping and appetite disorders [17]. The way of explaining to a child the definition and meaning of death ought to be absolutely appropriate for their age, physical, cognitive, and emotional development stages. While talking with a child, one should not use euphemisms, metaphors or lies. One should also not avoid explanations on the child's questions concerning passing [18]. The discussion on death proves necessary, important, and inevitable, especially in a situation when children express their readiness to learn about it, at least partially. A way to support children in coping with the feeling of loneliness upon the loss of a parent is to strengthen the ties with other family members, to take care of the conditions which create opportunities for not pondering past traumatic experiences, but also to sustain proper relationships in the peer group and undertaking cultural or physical activity in their free time. Helping children to cope with their loss is

done through allowing them to accept the situation by means of expressing emotions, both positive and negative, acceptance of their own feelings, adapting to the changes in their everyday family lives without the presence of a beloved person.

CONCLUSIONS

As the research material gathered shows, the passing away of a parent is an experience which is considered a difficult situation for a child, a traumatic event, but most importantly, a personal feeling which often causes withdrawal and escape into the world of unreal dreams. The youngest research participants, who did not understand the irreversibility of death, believed in the return of their parent, whereas a more intense feeling of loneliness appeared in the case of children at 12 to 14, aware of human life's stability and persistence.

The predominant factors of loneliness were the loss of a close person together with the continual suffering, feeling of abandonment, longing, deficits in fulfilling the need for security, but also deterioration in family relationships and economic status. During the course of a parent's illness, their children felt permanent sadness, depression, and anxiety about its consequence – inevitable death. The elder children became interested in etiology and the symptoms of the ailments, tried to assist their parents in simple hygienic, sanitary, organizational, and household actions, as well as those related to a meaningful filling the void in the parent's free time. To cope with their loss, children most frequently used informal social support: the living parent, grandparents, and siblings. The predominant form was the explanation of the situation, direct care and motivation to spend free time in active ways, but also accompanying them in common games and remembering the deceased father or mother in conversations. Help from professionals, educators, school guidance counselors, as well as support from peers was used less frequently. It seems that in spite of numerous attempts made by parents and specialists in terms of reinforcing a lonely child in the social and emotional sphere, the problem is still significant and up-to-date, and the remedial strategies available are still not used fully. The work plan for children and families, regardless of the entity implementing it, should create opportunities for children to express their emotions, reflect freely upon the deceased parent, and reject the sense of guilt for the situation. Intensified contact with the closest relatives, organizing meetings with other bereaved families, and initiating new social contacts foster the act of providing children with physical and mental safety. Spending time together and syntonetic feeling together should contribute to the change in the

child's perception of the surrounding world from a different perspective, a less painful one.

Conflicts of interest

None to declare

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