

The price of loss – a literature review of the psychosocial and health consequences of childhood bereavement



Martin Lytje, PhD

The Danish Cancer Society,
Copenhagen, Denmark
martinl@cancer.dk



Atle Dyregrov, PhD

Center for Crisis Psychology,
Bergen, Norway
atle@krisepsykologi.no

Introduction

When a child loses a parent, their life is forever changed. A world that seemed safe and predictable suddenly becomes strange, frightening, and uncertain (Green & Connolly, 2009). In the time following the loss, it may be difficult for the child to imagine how to ever rediscover the joy of life and move past the loss. The loss of a parent is unfortunately not entirely uncommon, as Pearlman, Schwalbe and Cloitree (2010) report that about 4% of all children in the Western world lose one or both parents before the age of 18.

Over the past decade, there has been an increasing level of consensus among researchers that the loss of a parent in childhood can have all-encompassing consequences. Bereaved children have an increased risk of developing psychological, physical, and social challenges in life. These challenges can, in cases relating to life-threatening illnesses, already be identified in the time preceding the loss (e.g. Lytje, 2016b; Phillips, 2014) as well as in the time period following bereavement (e.g. Dowdney, 2000; Nielsen, Sørensen, & Hansen, 2012). Although the majority of these challenges are reduced over time, others persist.

This article investigates the short to medium and long-term consequences of losing a parent as a child through a literature analysis primarily based on the last two decades of research. This is accomplished through the presentation of studies that have explored the psychological, physical, social, and health-related consequences of a parental loss in childhood. The review focuses on presenting selected research literature and discussing both the limitations and the quality of these studies.

Method

This review explores the consequences of parental bereavement that occurs before the age of 18. Often studies related to this area utilise samples both covering children and adolescents, which also include participants above the age of 18. Sawyer, Azzopardi, Wickremarathne, and Patton (2018) further suggest that there exists some confusion as to what years adolescence entails. While it has often been seen as including children aged 10-19, a definition that covers 10-24-year-olds better corresponds to a modern understanding of adolescence. This expanded definition can also be seen in recent studies that have adolescent participants. In order not to exclude data from children aged 18 and below, because they are embedded in a study that also includes older adolescents or young adults, such studies will be included when relevant. The addition of older participants will be highlighted during presentation of such data.

This article is written as a narrative overview article (Uman, 2011). According to Greenhalgh, Thorne, and Malterud (2018) narrative reviews are a process whereby the reviewer judiciously and purposively selects evidence with an eye to what is relevant for answering key review questions. Mulrow and Cook (1998) propose that narrative overview articles are particularly effective when creating an overview of a larger field rather than analysing a single, specific area within that field. Rather than having a simple focus placed on only one topic, this article examines the physical, psychological, social, and health challenges related to the loss of a parent. This is done to help readers understand the consequences of childhood bereavement, as well as

the advances in our understanding of these risks during the last two decades.

The goal of a narrative analysis is to summarise, explain, and interpret a research topic through the inclusion of qualitative and quantitative studies (Mays, Pope & Popay, 2005). Although the method is a powerful tool for surveying a field, Greenhalgh et al. (2018) argue that narrative reviews are frequently misunderstood and unfairly dismissed, when compared to systematic reviews, who are often seen as “the gold standard” (p. 1). This hierarchy has had the unfortunate consequence that a mechanic process of exhaustive search, wide exclusion and mathematical averaging are often seen as more important than the thoughtful, in-depth, critically reflective processes utilised by narrative reviews. Greenhalgh et al. (2018) argue that this is problematic, since it is questionable whether systematic reviews have any fewer issues than their narrative counterparts. As an example, a study by Malterud, Bjelland, and Elvbakken (2016) reviewing 151 systematic reviews found that the majority had significant issues in the quality or relevance of their underlying documentation. This led Greenhalgh et al. (2018) to conclude that the narrative review is not a poor cousin of the systematic review but an alternative and possibly complementary way of scholarship.

Narrative reviews have rightly been criticised for sometimes putting disproportionate emphasis on highly cited articles rather than on new research (Mulrow & Cook, 1998). To ensure that this potential limitation does not affect this article, the focus has been on including literature from within the last two decades. However, in cases where no significant new studies exist, older ones might be included, to provide an insight into certain aspects of the bereavement process. The authors’ research and clinical experience were used to assess the relevance and quality of the studies. This approach created a solid foundation from which to author a descriptive and reflective evaluation of the research area. Additionally, the writing process was supplemented with smaller literature searches, to ensure that recently published studies were not overlooked.

The purpose of this article is to present an overview of the consequences related to losing a parent in childhood. For parts of the article, we have prioritised research from Scandinavia that utilises large register data (such databases are not available in all countries). By using large numbers, these studies can shed light on issues of morbidity and mortality. Research on parental bereavement has most often been undertaken by researchers from the fields of psychology and educational psychology. Therefore, this review has drawn most of its articles from these fields, as well as specialised journals on bereavement (e.g. *Death Studies*). Nevertheless, since bereavement has many varied consequences it is also covered in a number of different journals and therefore articles from the fields of medicine, health and psycho-oncology are included.

Psychosocial consequences

In this section, we review the psychosocial consequences of losing a parent as a child. More specifically, we provide an overview of the associated psychological reactions, social consequences, levels of life-satisfaction, high-risk behaviour, and suicide attempts.

Psychological reactions

From a historical perspective, the loss of a parent in childhood has long been associated with a variety of psychological reactions. These include fear, anger, dysphoria and regression (Dowdney, 2000; Gray, Weller, Fristad, & Weller, 2011; Holland, 2008), insomnia, intrusive thoughts, apathy, (Bylund-Grenklo, Fürst, Nyberg, Steineck, & Kreicbergs, 2016; Dyregrov, 2008), and the development of schizophrenia (Liang et al., 2016). Grey et al. (2011) have further identified feelings of guilt, which seem to be an often overlooked but present reaction that can be difficult for bereaved children to recognise and manage, especially in the case of deaths related to suicide. The level of guilt appears to be dependent on how the surviving parent copes with the death. Research shows that the better the parent is at discussing the loss and openly talking about the deceased, the less guilt is exhibited by children (Worden, 1996).

Today, the most well-documented consequence of parental loss in childhood is depression (e.g. Brent, Melhem, Donohoe, & Walker, 2009; Dowdney, 2000). Although the majority of research points to a direct link between the loss of a parent as a child and the risk of developing clinical depression in childhood, researchers disagree about the magnitude of this risk. In a study by Gersten, Beals and Kallgren (1991), which included 92 bereaved children aged 8-15 years and 72 case controls, researchers found that 9.8% of the bereaved children met the criteria for severe clinical depression. The same was only true for 1.3% for the case controls.

However, the study suffered from one weakness in that it did not include the time period elapsed since the loss of the parent as a factor. It is therefore difficult to know if depression was something that only existed during the period immediately following the loss, or if it was a continuing issue. The issue of unclear time periods was circumvented in a study by Gray et al. (2011) when they interviewed 325 children between the ages of 8 to 18 two months after they lost a parent. They found that 25% of their participants had suffered from episodes of severe depression compared to 1% of the non-bereaved control sample.

Other studies, such as Lin, Sandler, Ayers, Wolchik, and Luecken (2004) have found that up to 40% of participants displayed symptoms of clinical depression in the period following a parental loss. This is over twice as high as what was reported by Worden (1996) in the *Harvard bereavement study*. However, this divergence probably

relates to recruitment. The study by Lin et al (2004) features a clinical sample recruited from families who were already seeking for support for their bereaved child.

Bylund-Grenklo et al. (2016) surveyed 622 respondents who had all lost a father or mother while between the ages of 13-16. The researchers found that in the 6-9 years following the loss, 51% of respondents reported that they had gained full or partial resolution of their grief, while 49% felt they had experienced little or no resolution. It is worth noting that "resolution" was assessed through a single question, in which the authors asked: "Have you worked through your grief?"

A common issue in the above articles is that they were all written at a time when researchers did not distinguish between complicated grief reactions and depression in children. Since these diagnoses share many common features, it is not unlikely that the articles' reported figures include both children with depression and those with complicated grief reactions. This challenge is not diminished by the fact that some uncertainty exists regarding what constitutes complicated grief in children (McClatchey, Vonk, Lee, & Bride, 2014). For an introduction to the differences between depression and complicated grief, Kristensen, Dyregrov, and Dyregrov (2017) can be consulted.

A longitudinal, population-based study conducted by Brent, Melhem, Donohoe, and Walker (2009) found that two years after adolescents and young adults (7-25 years old) had lost a parent they showed an increased risk of depression, alcohol and substance abuse, and anxiety compared to a control group. The risk of depression immediately after the loss was at its highest following deaths due to suicide, while the risk of depression 21 months after the loss was higher for those bereaved by suicide rather than natural causes, and for those bereaved of a mother. Furthermore, it was found that if a participant had an increased risk 9 months following the loss, this risk increased in the following 9-21 months. Although these reactions declined for most individuals over time, the research group found that around 10% of the bereaved did not show any signs of change 33 months after the death (Brent et al., 2009). This could once again be considered a sign of the children displaying some form of complicated grief.

Researchers (e.g. McClatchy, Vonk, & Palardy, 2009; Melhem, Walker, Moritz, & Brent, 2008) have also examined the risk of succumbing to post-traumatic stress disorder (PTSD) following the loss of a parent. Melham et al. (2008) uncovered that children and adolescents (n=140) who had suffered parental loss between the ages of 7-25 years had an 8.5% higher risk of developing PTSD compared to the study's control group (n=99). This risk increased further in instances of traumatic and stressful deaths in the family, such as suicide or murder (Black, Harris-Hendriks, & Kaplan, 1992; Dowdney, 2000).

Not all research supports this conclusion. Among these is a study by McClatchy et al. (2009) based on 158 children aged 6-16, who had lost a parent between 1 to 48 months before the commencement of the study. Sixty-three children had lost a parent to an expected death (e.g. cancer, heart disease), while 95 had lost a parent to a violent death (e.g. suicide, homicide, heart attack). While the study did find an increased risk of PTSD in both groups, there was no significant difference between the children who had suffered an expected loss and children who had experienced a violent death.

While researchers have often focused on examining the risks which follow parental bereavement, not all have found negative consequences. When Christ and Christ (2006) interviewed 87 parentally bereaved children aged 3-11 years, they uncovered that when there were strong support networks present in children's lives they often returned to their previous functional level. This was true both in terms of their mental wellbeing in regards to rebuilding relationships, and concerning school performance. In another study, Feigelman et al. (2017) used longitudinal data from 13-19 year olds who had lost a parent prior to the study. These participants (n=1,090) were compared to case controls (n=8,626) who were living with both parents prior to their enrolment in a longitudinal study. Although the researchers found higher levels of mental challenges (e.g. depression, delinquency) on entry to the study among those who had lost a parent, these behaviours returned to normalcy over the next seven years.

In contradiction with the findings of Feigelman (2017), both Worden (1996), and Harrison and Harrington (2001), found that parentally bereaved children had an equal (or greater) risk of displaying high levels of depressive symptoms two to five years after their loss as in the time directly following the death. Although these studies therefore can seem contradictory, they might not be. It could be that children did feel more depressed two to five years following the loss of a parent, but that this feeling decreased in the following years, as described by Feigelman (2017). However, the ambiguity of these findings does confirm the necessity for additional high-quality research studies being conducted on the long-term challenges that follow parental bereavement.

Risk of mental disorders later in life

Several studies (e.g. Agid et al., 1999; Appel et al., 2016; Mack, 2001) have found loss in childhood to be associated with the risk of developing psychiatric disorders (major depression, bipolar disorder, schizophrenia, anxiety) in adult life. However, in general, studies have been more concerned with exploring the risks of early life stressors, rather than parental bereavement specifically (Grassi-Oliveira, Honeycutt, Holland, Ganguly, & Brenhouse, 2016; Ishikawa, Nishimura, & Ishikawa, 2015).

In a nationwide cohort of Danes ($n=1,124,215$) born between 1970 and 1990, Appel et al. (2016) investigated the connection between the loss of a parent in childhood and the use of antidepressant drugs in life post-bereavement. In their sample, 71,380 individuals had lost a parent, and among this group 9,608 had suffered this loss when they were between 6-19 years of age. The study found a significant increase in the use of antidepressant drugs among the parentally bereaved participants. The younger the child was at the time of loss, the greater this consumption, and this was especially true for girls who had lost a parent to suicide. Furthermore, the consumption had not diminished two years following the bereavement.

In Scandinavia, Berg, Rostila, and Hjern (2016) found a slight increase in the risk of depression among young adults aged 22 to 40 who had lost a parent before the age of 18 due to natural causes. This risk was increased in cases of sudden death, and especially when the children had lost a parent at a young age. Berg et al. (2016) proposed that, particularly in the case of sudden deaths such as suicides, the increased risk of depression could be due to psychosocial factors within the family that the child might have inherited. At the same time, they argued that sudden deaths were often more challenging and burdensome for the families' social networks, and that this could weaken the natural ability of the family to support the child. However, few young adults were hospitalised for depression (3-4% after sudden death) and relatively few received outpatient treatment (approx. 10%) (Berg et al., 2016) after the death of a parent. This finding was supported in a study by Otowa, York, Gardner, Kendler, and Hettema (2014), based on a sample of 584 twins aged 20 to 58, who had lost a parent before the age of 17. More so, the study also found parental death to be specifically associated with phobia and alcohol dependence.

Although the majority of studies appear to be able to confirm the association between mental disorders and the loss of a parent, an American study (Tebeka, Hoertel, Dubertret, & Le Strat, 2016) ($n=43,093$), which explored the consequences of divorce and loss in childhood, found no increased presence of mental illness in bereaved children over 17 years of age. However, this study failed to include any data related to the time period elapsed since the loss, and therefore these results should be interpreted with some caution. In conclusion, relatively little new knowledge about the impact of parental bereavement and mental disorders in adulthood has been uncovered in recent years although more general studies on life stress do link such experiences to the development of mental disorders (e.g. Grassi-Oliveira et al., 2016; Sitko, Bentall, Shevlin, O'Sullivan, & Sellwood, 2014).

Social consequences

The topic of social consequences related to the loss of a parent in childhood has not been extensively explored

within research. Some studies (e.g. Cerel, Fristad, Verducci, Weller, & Weller, 2006; Saldinger, Porterfield, & Cain, 2004) have found that the challenges (e.g. family socioeconomic status, parental depression, remaining parent diminished ability to provide care) that arise in the wake of the loss can create as many issues as the loss itself. Researchers (e.g. Balk, 2010; K. Dyregrov & Dyregrov, 2008) have demonstrated the importance of bereaved children having friends who are willing to support them in the time following the loss, and have found that this becomes more important as the child grows older.

From this perspective, it is problematic that Holland (2001) found that the death of a parent was often followed by the loss of friends, home, school, community, and stability. Cerel et al. (2006) further described how socioeconomic status and the level of depressive behaviour displayed by the remaining parent can negatively influence a child's resilience. Other studies (Brent et al., 2009; Mack, 2001; Melhem et al., 2008) have found that the bereavement can lead to a loss of self-confidence and an increase in high-risk behaviours, such as involvement in physical altercations, driving without a seatbelt, and engaging in unsafe sexual practices. These practices are further explored later in this article.

In a study of children who had lost a parent to cancer, K. Dyregrov and Dyregrov (2011) found that bereavement often led children to feel a decreased sense of belonging among their peers than before the loss occurred. In another study (K. Dyregrov & Dyregrov, 2005), which included children who had lost a sibling to suicide, the participants often described their friends from before the loss as "childish, immature and focused on irrelevant and meaningless things" (p. 720). Several participants also reported having a sense of anxiety when needing to interact with people in general. Their bereavement made them feel insecure when developing interpersonal relationships, and they felt afraid to enter into close relationships out of fear of experiencing another loss.

Høeg et al. (2018) further assessed the influence of gender in forming relationships and experiencing marital separation. Using Danish registry data of all children born between 1970 and 1995 ($n=1,525,173$), who had lost a parent before the age of 18, the study found that parental loss was associated with a higher relationship formation for young women, but not young men, and higher rates of separation among both men and women. Once again, the associations with separation were stronger for persons who lost a parent to suicide than to other causes.

In general, when exploring the social consequences of family bereavement, the environment in which the child lives appears to play a significant role. Losing a breadwinner can have disastrous consequences in some parts of the world. In these cases, the loss may mean that

the family can no longer afford to live at their current residence, cannot pay for the child's/children's schooling, and live in a community where external support (e.g. governmental, NGO) is unavailable (Holland, 2001; Mallon, 2010). Such situations seem less likely to arise in parts of the Western world (particularly Western Europe) where social welfare systems are better established and many people have adequate insurance (Lytje, 2016a). Nevertheless, even in such circumstances, a parental loss may impact living conditions and access to social support.

Reduced life satisfaction

It has been difficult for researchers to uncover the long-term consequences of losses that transpire in childhood. This is partly due to the issues associated with attempting to isolate the consequences of loss from other life factors (e.g. puberty, socio-economic factors), which also affect how children develop. Related to this, Parsons (2011) undertook an interesting study in England where she examined the physical and psychological consequences of loss in childhood based on a sample of 534 adults. Through a comparison between how these adults performed in relation to non-bereaved adults, she uncovered several differences. The study determined that the bereaved adults had an increased risk of being unemployed at the age of 30. At the same time, they were also more likely to report that they “never get what they want out of life” (Parsons, 2011, p. 11).

This finding was supported in a larger study by Moor and Graaf (2016), which made use of a randomised sample of 1,500 people from each of the 47 countries, and found significant differences in the experience of happiness for participants who were bereaved, both in the time immediately following the loss and 10 years onward. The study reported that people who had been bereaved in childhood experienced reduced happiness compared to the non-bereaved. When Moor and Graaf (2016) controlled for socio-economic and family characteristics the finding remained. This was not the case when Parsons (2011) controlled her data for the same factors. For Parsons, the importance of coming from a parentally bereaved family could not be confirmed within the relevant statistical significance level.

High-risk behaviour

Several researchers have found a link between the loss of a parent in childhood and what can be seen as high-risk behaviour (e.g. smoking, drinking, drugs) (Brent et al., 2009; e.g. Cross & Harrison, 2002; Worden, 1996). Among these is a Danish study by Nielsen, Sørensen and Hansen (2012) that included 3,481 respondents between the ages

of 15-24 years, of which 7% had lost a parent or sibling. Among the bereaved children, 36% reported that they smoked regularly compared to 19.1% of non-bereaved children. 52.1% of the bereaved children had tried using drugs compared with 34.9% of the non-bereaved. This trend was confirmed in a cohort study (Høeg et al., 2017) that included 1,796 bereaved adults, where 836 had lost a parent before the age of 18. Here there was a significant increase in the use of drugs compared to the non-parentally bereaved control group. This risk was highest for the participants who had been bereaved between the ages of 6-18. A similar result was uncovered by Hamdan et al. (2012), who found the sudden loss of a parent to be directly associated with what they called “health risk behaviours” (participating in high-risk activities, taking risks, attending wild parties, etc.).

In a further analysis of the consequences of the loss of a parent or sibling, Nielsen et al. (2012) found that 34.7% of the bereaved participants had committed criminal acts such as assault, shoplifting, or theft. This number was 7 percentage points higher than among the non-bereaved control group, while the results were statistically significant at ($p=0.002$). Nielsen et al. further determined the importance of children and adolescents having someone to talk to following a loss. Twenty percent of the bereaved participants reported that they had not talked to anyone, and this was directly correlated with an increased risk of having participated in bullying or assaults. Another troublesome finding by Nielsen et al. (2012) was that 5.9% of bereaved girls had been sexually abused by a near family member, compared to 1.1% of females from non-bereaved families. While generally a very small risk, it is worth noting that the chance of being a victim of incest was five times higher for girls from bereaved homes.

Risk of attempting suicide

One of the most dangerous issues that has been associated with parental bereavement is the increase in suicide risk among the bereaved children. In the previously mentioned study, Nielsen et al. (2012) found that 23.4% of their participants who had been bereaved from a parent or sibling had considered suicide compared to 14.7% of children from non-disrupted homes. Additionally, 4.6% of the bereaved sample had attempted to take their own life, compared to 3.3% of children from non-disrupted homes. This means that the risk of participants attempting suicide was nearly 10 percentage points higher for bereaved children and adolescents. The increase in suicide attempts among parentally bereaved children was confirmed in a large cohort study (Rostila, Berg, Arat, Vinnerljung, & Hjern, 2016) of Swedish citizens ($n=871,402$) born between 1973-1982. Here, 3.5% of the sample was reported as having lost a parent prior to their 18th birthday. The study

found a direct connection between the loss of a parent and the risk of having attempted to take one's own life. This risk was highest when the parent had died from causes such as suicide, car accident or murder, and was still present after the study adjusted for socio-demographic factors.

In a register-based study that included all Swedish citizens born between January 1973 and December 1983, Niederkrotenthaler et al. (2012) investigated the consequences of children taking their own lives before the age of 31 when their own parents had died from suicide. Of the sample, 1,407 participants who had lost a parent to suicide were reported as having died by suicide themselves, while 17,159 individuals had attempted suicide. These groups were matched with a randomly selected control group, and the study found that participants who had lost a parent to suicide had a 2.5 times higher risk of having attempted suicide. The younger the child had been at the time of the parental suicide, the higher this risk. The association between suicide and loss was present for both sexes and remained after controlling for parental suicidal behaviour, parental socioeconomic conditions and marital status. The authors therefore recommended an increased focus on early intervention for families exhibiting such risk factors. In a register study by Jakobsen and Christiansen (2011), which uncovered similar results, it was found that children who lost mothers and lived alone with a father who lacked socio-economic resources were also at particular risk of dying by suicide.

Physical reactions and health consequences

In this section, we review the physical reactions and health-based consequences that have been associated with childhood bereavement. More specifically, we provide an overview of physical health consequences, increase in use of medication, and mortality.

Physical reactions

Researchers (e.g. Liu et al., 2013; Nielsen et al., 2012; Van Eerdewegh, Clayton, & Van Eerdewegh, 1985) have identified an increased incidence of physical health problems among bereaved children. These reactions include headaches, asthma, loss of appetite, concentration difficulties, and muscle pain.

It is worth noting that while reviewing the consequences of losing a parent as a child, Luecken (2008) found that the majority of the physical problems children experienced proved to be life-long rather than temporary. This finding was later given nuance by Bylund-Grenklo et al. (2016), which examined the consequences of having lost a parent between the ages of 13-16. In their study, 8% of respondents reported that they had found no grief resolution, while 41%

had only found little grief resolution 6-9 years after the loss of a parent. Participants reported reactions such as insomnia and persistent feelings of fatigue. In 2002, Neeleman, Sytema, and Wadsworth conducted a large cohort study of 5,362 middle-aged participants. Here, the researchers found that participants who had lost a parent before the age of 16 reported more health problems than the non-bereaved control group. While this is an interesting finding, it has to be noted that the study was based on the 1964 cohort, which does make the sample rather old. Much has changed since then in regard to employment patterns, mortality patterns and society's recognition of children's grief. Other studies (e.g. Agid et al., 1999; Krause, 1998) have confirmed this tendency and have also been able to link parental loss to a life-long increase in health problems.

Not all researchers agree on the existence of the above presented risks. Among these, Clark, Caldwell, Power, and Stansfeld (2010) failed to find any significant correlation between the loss of a parent and increased health problems later in life. The contrasting results depict a somewhat inconclusive picture of the connection between health-based risks and parental loss. However, in one of the most recent literature reviews of this topic, Luecken and Roubinov (2012) proposed a theoretical model that explained these variations by emphasising the importance of proactive factors and their ability to impact future stressors as pathways to long-term health. They further found risks to increase when the loss was the result of suicide, an accident, or an unexpected death (Luecken, 2008).

In her review of the field, Luecken (2008) proposed that generally the research field had shown surprising little interest in investigating the physical symptoms that children experience in the time following bereavement, and that this area has long been under-prioritised. She further recommended that researchers start looking at how the physical, emotional, social and behavioural processes interplay and influence bereaved children.

Health consequences

Studies of health challenges related to the loss of a parent are generally rare. Nevertheless, one study, that did not consider the loss of a parent in childhood, but in late adolescence and adulthood, was conducted by Kravdal and Grundy (2016). The researchers examined the consequences of a losing a parent for people aged 18-59 years and was based on a register study including the entire Norwegian population. The researchers found that the participants' physical health decreased directly after the loss and remained poor in the time thereafter. This decreased health was associated with an increase in the use of medication, however, the reported increase was rather minor, at around 1-7%. Interestingly, this study also found that while the consumption of medications associated with mental health

problems diminished over time, the use of medication associated with physical challenges increased.

It remains uncertain if these tendencies can be extrapolated to children who have suffered from parental loss before the age of 18. In the previously highlighted study by Parsons (2011) it was found that female participants who lost a parent in childhood reported having poor or average, but not excellent health. At the same time, 4% of men from bereaved families reported that they were not working at the age of 30 because they were permanently sick or disabled. Although this figure is not high, it is twice as high as the 2% of men from intact families reporting the same.

Consequences related to mortality

Many researchers (e.g. Li et al., 2014; Rostila & Saarela, 2011; Smith, Hanson, Norton, Hollingshaus, & Mineau, 2014) have shown that loss in childhood has a direct impact on bereaved children's general mortality (disease-related deaths, accidents, and suicide). A study by Li et al. (2014) included all citizens born in Denmark between 1968 and 2008 ($n=2,789,807$), citizens born in Sweden from 1973 to 2006 ($n=3,380,301$), and a randomised sample of 89.3% of all people born in Finland from 1987 to 2007 ($n=1,131,905$). Among these groups, 189,094 people had lost a parent before the age of 18. Using the log-linear Poisson regression, Li et al. (2014) found that for bereaved children the loss of a parent in childhood was associated with a 50% increase in the risk of early death, from both diseases and external causes. If the death of the parent occurred due to causes such as suicide or care accidents, risk of mortality increased further. Heightened risk directly following the loss appeared to be associated with the age of the child at the time of the death. The younger a child was at the time of the loss, the higher the resulting risk of early death. Li et al. (2014) argued that this could indicate a lack of physical care in the time immediately after the death, which was particularly problematic for very young children. However, the overall, general increase in mortality remained high for more than 20 years after the loss, regardless of the child's age.

The above findings are supported by an earlier study conducted by Rostila and Saarela (2011). Using a registry database containing information about the entire Swedish population, they found similar results. Here the death of a mother was found to have stronger influence than the death of a father. The study also highlighted that parental deaths by, for example, accident or suicide, had a stronger effect than death by illness. In addition, boys were more vulnerable than girls. Although both studies had impressive sample sizes, they lacked information about lifestyle and the socio-economic conditions of the families. Thus, although the studies found a connection between the loss of a parent and mortality, they did not manage to identify the underlying causes.

A study that did test for such conditions was undertaken by Smith et al. (2014). The researchers explored the risk of an increase in mortality after the loss of a parent in childhood and early adulthood for people over 65 years of age. Data were extracted from the Utah Population database ($n=92,618$). The study found that initially children (and especially young adults) whose parents had died had a modest but significant increase in mortality, and this increased significantly after the age of 65. The risks were only slightly associated with marital condition, fertility, and socio-economic factors. While the authors could not eliminate the risks of residual biases in their study, they noted that factors such as marital status, fertility and socio-economic status did not alter these risks.

Death by suicide significantly increases the risk of mortality for the bereaved. Several studies have found that the risk of children dying by suicide is drastically increased if the parents themselves died this way. Guldin et al. (2015) conducted a registry-based study involving 7 million people from Denmark, Sweden, and Finland, identifying a group of around 190,000 children who lost a parent before the age of 18 during the period between 1968 and 2008. The risk of dying by suicide was twice as high for all children who had lost a parent, no matter how the parent had died. For those who had lost a parent to suicide, the risk more than tripled. The study found that children who had lost a parent to suicide had an 82% higher risk of taking their own lives compared to children who had lost a parent in an accident. A study by Burrell, Mehlum, and Quinn (2018) using a sample of 19,015 suicide cases aged 11-64 from Norway, found that younger offspring bereaved by parental suicide were at particular risk of dying by suicide themselves. Guldin et al. (2015) argued for the potential existence of a shared genetic predisposition, environmental factors, social changes, and psychological stress as possible causal explanations. It should be emphasised that overall, very few (0.14%) of those who have lost a parent to suicide go on to take their own lives (Guldin et al., 2015).

The above findings have been confirmed in other studies. A Taiwanese registry-based study (Lee, Li, Chang, Lu, & Chen, 2017) that examined children's increased risk of dying by suicide following the loss of a mother ($n=14,431$), father ($n=26,887$), or both parents ($n=281$) found that children who had experienced the suicide of a parent had nearly four times as high a risk of dying from the same cause, as children whose parents were still alive. The risk was smaller for older boys but elevated for older girls. In the Swedish study by Niederkrotenthaler et al. (2012), researchers found a 3.5-fold increase in suicide risk among children if one of their parents had taken their own lives. This risk was greater for those who had lost a parent at a very young age.

Several studies have linked increased mortality risk to pre-existing socio-economic circumstances in the family (e.g. Burrell, Mehlum, & Qin, 2017; Mackenbach et al., 2008) and behavioural changes (Brent et al., 2009; Melhem et al.,

2008). Therefore, it seems likely that this risk may reflect risk factors already present in the family prior to the death.

Discussion and conclusion

This literature review explored the many consequences that follow parental loss during childhood. These consequences are related to psychological, physical, and social parameters. Furthermore, they may lead to persistent, and in some cases life-long, psychological and social consequences. It is of great concern that the loss can lead to a life-long risk of early death for bereaved children. However, it is easy to be misled by statistics that state that a risk has doubled or tripled for a certain outcome, i.e. mortality, when this difference in life expectancy could be measured in months rather than years.

It should be noted here that although studies show a statistical risk of long-term adversity for children who lose a parent, most children still manage to do well during both their childhood and adult life. This does not mean that they do not struggle with the loss as time passes, but rather that the majority find a way to manage life and return to an appropriate level of functioning.

Nevertheless, we do caution about an overoptimistic view of children as resilient. This can easily make us underestimate their needs for good follow-up. Bonanno and colleagues (2002) have strongly argued that most people are resilient and only a small percentage of bereaved go on to have lasting health problems over time. Recently this statement has come under criticism. In several articles Infurna and Luthar (2016, 2017a, b) have shown that the rate of resilience depends on the breadth of domains measured. When they measured five different indices (life satisfaction, negative affect, positive affect, general health, and physical functioning), they found only 8% to be resilient over all five indices following spousal loss (Infurna & Luthar, 2017a) and 5% of parents following the loss of a child (Infurna & Luthar, 2017b). Twenty percent showed a non-resilient trajectory across all outcomes following spousal loss and 28% after child loss. The same type of studies have not been carried out on bereaved children. However, Worden (1996) who defined at-risk behaviour based on scores from the Child Behaviour Checklist found that a total of 36% fell into the at-risk group at one or more of the assessment points (4 months, 1 year, 2 years). The largest group (21%) at 2 years after the death, compared to 6% of the nonbereaved. The presented findings in this review show multifaceted effects across various domains. We predict that similar investigations in child populations as the one Infurna and Luthar have carried out in adults might reveal less resiliency in children than purported at present.

This literature review has also demonstrated the challenge of isolating the psychological consequences of grief from the socio-economic factors present in the family

before the death. Most current research suggests that these factors are important in determining the possible risks associated with a loss. While not a well-researched area, some studies (e.g. Berg, Rostila, Saarela, & Hjern, 2014; Prix & Erola, 2017) strongly indicate that the socio-economic resources of the bereaved family are highly impactful in determining the resilience and recovery process of the bereaved child. This potentially leads to problematic situations where those best off get the most support, while children from less resourced families can access much less support. More research is needed to fully understand the consequences socio-economic resources and the availability of support both from the home and the surrounding community have on the grieving process. While such research would be highly dependent on the specific regional context, it is an important step in securing that all children receive the necessary support.

Although there has been an increased interest in grief research in recent years, there is still a significant need for more methodical, high-quality, and well-founded studies to confirm and expand the knowledge recently attained. Longitudinal studies that follow the development and various pathways of children's grief would provide a more in-depth and expansive understanding of the consequences associated with losing a parent during childhood. Such studies can help us further understand the challenges encountered by bereaved children and help facilitate that the monumental loss they experience does not end up negatively affecting their lives and ability to achieve during their remaining life. ■

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