

Perpetual loss and pervasive grief:

daughters speak about the death of their mother in childhood



Anne Tracey

D Phil, C Psychol, Reg Psychol (Ps SI)

Lecturer

School of Psychology

University of Ulster, Northern Ireland

ap.tracy@ulster.ac.uk

Abstract: The impact on daughters of the death of their mother in childhood has been little researched. This article reports a qualitative study of the experiences of women in Ireland who were bereaved of their mother in early life, and the lifelong impact of this loss. The death of their mothers had a profound impact throughout these women's childhoods and adult lives. The women described the silence surrounding the death, their hunger for information about their mother, their coping strategies, their yearning for a mother figure, particularly in adolescence and when they married and gave birth themselves, and the effects on their own parenting capacity. A strong theme was their wish to speak publicly about their experiences, in the hope that they could help other women bereaved of a mother in childhood, and inform and enlighten those in a position to make a difference to bereaved children's lives.

Keywords: bereavement, daughters, mothers, grief, coping strategies

Few studies have focused solely on the experiences of daughters bereaved of a mother in childhood or have examined the impact of early loss over the lifespan. Oltjenbruns (2001) observes that bereavement research in early childhood loss does not have a 'coherent understanding of the processes underlying change in regard to children's grief as they mature over time' (p190).

In relation to early loss, there have been some notable contributions to bereavement research in the past decade, and earlier. For example, it is impossible not to be moved by Christ's (2000) study of how the children (aged 3–17) of a terminally ill parent coped with the loss. Ribbens McCarthy (2006) took a comprehensive, interdisciplinary approach to explore the significance of loss and bereavement for young people and how they come to terms with it. Dyregrov and Dyregrov (2008) have published an invaluable book with clearly written advice on the support needs of bereaved children and young people in the aftermath of death and loss. More recently, Corr and Balk (2010) provide insight and understanding of the different types of losses and their varied effects on children and young people, and how help can be best offered. Importantly, a common theme emerging from all of these books is the need for children and young people to be

listened to, to be supported and to be offered explanations that are age-appropriate. As Ribbens McCarthy's (2006) writes, historically adults and the helping professions 'have failed to listen to [children and young people's] experiences and perspectives' (p212).

Death of a mother

In the US, the Harvard Child Bereavement Study (Silverman & Worden, 1992) has given us invaluable insights into childhood loss. This research focused on children aged 6–17 years who had been bereaved of a parent. The study found that the death of a mother had a more profound effect on the children than that of a father. These children experienced higher levels of anxiety, lower self-esteem and greater feelings of loss of control. They also 'acted out' their grief to a much greater degree. Worden (1996) subsequently explained why this might be so: 'The death of a mother portends more daily life changes and, for most families, the loss of emotional caretaker for the family' (p95). A child may have much closer emotional ties to its mother, making this loss all the more devastating (Furman, 1974).

Writing from clinical experience, Meyers (2001) confirms: 'The death of a mother is a loss like no other,

fraught as it is with the multiplicity of needs, hopes, disappointments, meanings and memories' (p19).

Holland (2001) conducted a study of 70 young adults in England who had been bereaved of a parent in childhood (school age). He found that the early loss of a mother or father had a profound impact on the emotional and psychological functioning of the boys and girls alike. However, he also found that, whether it was the mother or father who had died, the bereaved girls were more likely to have long-term difficulties with unresolved grief, depression and forming relationships. This finding in particular resonates with the findings of Brown and Harris (1978) in their study of the causes of depression in women in adult life, which included childhood bereavement.

My aim was to give daughters who had been bereaved of their mother in childhood a chance to speak for themselves

Brown and Harris (1978) found that the death of a mother before the age of 11 increased risk of mental illness among women in adulthood much more than the death of a father. They proposed that a mother is, for most daughters, their primary source of learning about how to manage their environment, and that the loss of the mother before the age of 11 may permanently undermine these women's sense of personal control, leading to mental health difficulties in later life. Their study also pointed to specific 'vulnerability factors' that could contribute to risk of depression in adulthood (Brown, Harris & Copeland, 1977). Later studies confirmed that lack of sensitive and responsive care following early bereavement is associated with clinical depression in adulthood (Harris, Brown & Bifulco, 1986; Bifulco, Brown & Harris, 1987). The early loss of a mother has also been found to contribute to a sense of helplessness in later life (Harris, Brown & Bifulco, 1990). How the child adapts to the loss is also likely to be very much dependent on the surviving parent or carer (see, for example, Hurd, 1999; Silverman & Worden, 1992).

If it is the case that women suffer more mental health difficulties than men as a result of losing a parent in early life, and if the death of a mother is a more significant loss in the life of a daughter, then more attention should surely be given to exploring this.

My motivation for carrying out the study was both professional and personal. In choosing early loss as an area for doctoral research I was inspired by my psychology studies and my own experience as a volunteer with the Foyle branch of Cruse Bereavement Care since 1993. My professional interest was underpinned by personal

experience of having witnessed my own mother's continuing grief for her mother, who died when she was aged six. It was impossible not to be aware of the impact on her of this loss and its repercussions throughout her life.

A review of the literature reveals that maternal bereavement has received little attention in Ireland, particularly in relation to the specific experiences of daughters. My aim in this study was, by using qualitative research methods (ie. interviews and a focus group), to give daughters who had been bereaved of their mother in childhood a chance to speak for themselves and share their experiences and its ramifications. My hope was that their stories would both inform the wider world and speak to other women who had also lost their mother in childhood.

Method

Participants

The participants were recruited initially through word of mouth and information disseminated on the e-mailing network covering the three campuses of the University of Ulster, in Northern Ireland. This produced three participants. Subsequent media publicity, including local radio interviews, resulted in a total of 36 responses. Two women who were (at the time) in psychotherapy, counselling or undergoing psychiatric treatment were excluded from the study. It was felt that, due to the emotive and sensitive nature of the research, participating in the study might interfere with the therapeutic process. Anyone known to me personally or former clients would not have been recruited.

Of 34 informed consent forms posted out, 24 were returned. One participant later cancelled her interview due to the ill health of a family member. Some women had expressed concerns about confidentiality and anonymity when they made the initial contact phone call. A small number commented that their families would not be pleased if they knew that they were thinking about taking part in such a study. This might explain why 10 women decided not to take their participation further. The final total number of participants was 26 – three in the pilot study and a further 23 in the main study.

The deaths of the participants' mothers had occurred from the 1930s through to the 1980s, with the highest number dying in the 1970s (n=12). The mothers' ages at the time of their death ranged from 29 to 49 and the causes of death included cancer, childbirth, accident, septicaemia, thrombosis, brain haemorrhage, heart disease, miscarriage and emphysema. One mother was shot in her home back yard in the early years of the Troubles. The most frequently reported cause of death was cancer (n=9).

Interviewees were provided with a list of helping agencies for follow-up support, if required. They were also invited to choose the name by which they would be known

in any publications and presentations arising from the study. They could use their own name, an alternative name or a pseudonym.

Data collection and analysis

The data were collected primarily through individual, face-to-face, in-depth, recorded interviews. Two randomly selected interview scripts were sent out to two bereavement care professionals for independent review, which elicited useful insights and constructive feedback. A synopsis of the analysis of the data was sent to each participant for consideration to generate further feedback and commentary. Their written comments and the discussion in a subsequent recorded focus group with five of the participants produced more insights and information.

The data were analysed according to the procedures of grounded theory developed by Strauss & Corbin (1990, 1998), with the help of the Nvivo programme (QSR, 2000). Grounded theory, in the 1998 application of the model, requires the identification of a core concept or category that explains the whole 'story' of the data. The concept of 'perpetual loss and pervasive grief' emerged as the overarching theme that captured the essence of these women's lived experience of losing a mother in early life and coping with the subsequent ramifications throughout their journeys into adulthood. These women had lived with the constant knowledge that something fundamental was missing. A continuous, deep sense of grief permeated their psyche, and fresh bouts could be triggered out of the blue, particularly during periods of transition and change and important life events.

The thematic analysis and categorisation produced the six main themes reported below. The titles of the themes were taken from words of the interviewees themselves, which seemed to capture the essence of their experiences. They are: The Silent Game, Your Worst Nightmare, Digging for Information, Milestones in your Life, You Learn to Cover Your Heart, and The Incalculable Loss.

Findings

The Silent Game

It is recognised that adults often struggle to relate to bereaved children (see, for example, Dickinson, 1992) and that attempts to protect children from distress are not helpful (eg. Fulton & Metress, 1995). 'Honesty from adults is essential. It helps children come to terms with the death and feel honoured as grieving members of the family' (Koehler, 2010). As noted by Wass (1995): 'Open and honest communication is far more helpful than silence or evasion.' Dyregrov and Dyregrov (2008) warn that family secrets about a death can 'potentially affect the family for several generations' (p77).

Access to 'strong emotional support' from within the family can help children resolve their grief (Hurd, 1999; Worden, 1996; Koehler, 2010). The ability of a parent to communicate their own grief can help children talk about their loss. If adults do not show their grief, it can send a message to the child that he or she is not allowed to either. Inability to express their feelings may lead to 'acting-out' behaviours in a grieving child. As Worden (1996, p156) states: 'Improving family communication can release children from acting out on these issues and can target denial within the family.'

'Even to put a bow in your hair was different because nobody did it the way she did it'

The lack of explanation, before, during or following their mother's death was a recurring theme in stories of the women interviewed for this study. They described how they were 'shut out' from a shared experience of loss and grief with their families. In the main, their mother's history, life, illness and death became veiled in secrecy from which they were excluded. It is probable that the silence around their mother's death was intended to protect them, but the effect was to exclude them from the family mourning process and deny them the knowledge and information that they needed to help them make sense of the loss:

'It would have been so different and so much easier if they had talked about her and encouraged us to talk about her ... that would have been a God-send!' (Dara).

As Silverman and Worden (1993) explain, children not only grieve the death, they grieve the loss of a way of life. Patricia's testimony below poignantly illustrates the 'secondary losses' (Baker & Sedney, 1996) that can be experienced daily by a child.

'Things were ... never ever the same again. It was just completely different. I mean it was a completely different way of working, it was a completely different way of getting breakfast, it was a completely different way of doing your homework, it was a completely different way of getting your hair fixed. I mean, even to put a bow in your hair was different because nobody did it the way she did it. And it can just happen like that; the impact does happen like that' (Patricia)

Your worst nightmare

These women's lives were 'coloured and informed' (Silverman, 2000) by the death of their mother. The

many difficulties they reported, such as changes in family relationships and problems at school with teachers and peers, all contributed to the 'nightmare' quality of their lives.

Maggie spoke of the 'harsh lesson' of maternal bereavement for young daughters, particularly when they did not have the 'skills or the thinking, intellectually or emotionally' to deal with it. Other women described having to cope with changes in family circumstances (replacement mother figures and step-siblings), school (lack of acknowledgement or recognition of their loss and grief; teasing) and puberty (a time of loneliness, with no one to explain to them what was happening, and 'no one to turn to' for information). Nine of the daughters described their difficult experiences of being brought up by a replacement mother figure.

'The situation at home just became very abusive with my step-mother and my father. There were a lot of beatings, you know, just horrendous psychological torture [laughs nervously] and ... when that was going on I clung to the thought of my own mother ... I wished she was here and why did she die and it made me more obsessive thinking about her.' (Louise)

The experience of being treated differently from step-siblings was illustrated by Liz's account:

'I used to linger behind when we would walk down the street. She would have her daughter by the hand and I would be walking looking down at the ground in front of me with a doleful face. She used to say, "Come on humpy, come on humpy".'

The 'nightmare' took its toll on these women's psychological and physical well-being. In childhood, overdosing, bed-wetting and anorexia were part of the 'nightmare'; writing poems and short stories were some of the mechanisms used to cope with adversity. Reported lifelong psychological and psychosomatic effects included stress, anxiety and depression.

The absence of a mother was felt to have undermined their self-esteem and sense of security. In Anne's words: 'The death of my mother knocked the stuffing out of me.' Elaine described how she did not feel 'it was worth anybody taking a photo' of her as a child. Depleted self-esteem was also attributed to the abusive upbringing some had endured after the death of their mother.

Medical research has reported that early loss can impact profoundly on the health of young children (eg. Thernlund, Dahlquist & Hanson, 1995). Research also shows that the loss of a parent in childhood, combined with subsequent deprivation of loving care, can sensitise people to the 'health-damaging consequences of stress' (Luecken, 1998).

Bowlby (1980) argued that 'disordered' mourning can predict later psychological problems. Lack of social support

can also be a risk factor for developing emotional problems (Silverman & Worden, 1993). The women whose fathers tried to create a sense of 'normality' and didn't remarry or find a new partner said they appreciated his input into their lives.

However interviewees were resourceful in their ways of coping. Some clothed themselves in the armour of a 'bubbly personality'. Self-esteem was salvaged by honouring their mother's wishes for them to 'do well'; others were able to turn to family and friends for invaluable support. Mentally selecting a mother figure brought with it a sense of safety and security that worked well for some over many years. These survival strategies reflect the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999). Interviewees described both 'loss-oriented' and 'restoration-oriented' behaviours, and oscillation between the two (Stroebe & Schut, 2001).

The absence of a mother was felt to have undermined their self-esteem and sense of security

An example of 'loss-oriented' coping behaviour was the desire to retain a connection with their mother. In Alison's words, those bereaved in childhood should have the 'freedom not to forget' about their mother. Small, meaningful mementos brought her memory alive and helped them retain the connection – a 'wee photograph' that was ritually carried every day; the 'taste' of the same 'creamy lipstick' a mother wore; the delightful surprise of receiving her eternity ring on a wedding day. The desire to remain 'connected' also led to magical thinking (that she might 'appear') or visualising what it would be like to 'spend a day with her'.

Survival sometimes took more extreme forms – marrying simply to escape the parental home or to fulfil the 'craving for love' that existed because so much had been lost ('restoration-oriented' coping behaviour). As Mary B said: 'You learned ways and means of looking after yourself.'

Yet, some of the women interviewed did find positives in their loss. They described how the insight gained from the early loss of their mother had enabled them to 'give more'. They felt they had a special ability to empathise with others (adults and children) who were suffering loss and grief. Those working in the nursing and teaching professions in particular talked about how they had a heightened ability to spot emotional trauma and respond sensitively to other's distress. Adversity in early life appeared to qualify them in some way for careers that involved caring for others.

Digging for information

The urge to open up the 'closely guarded family secret' drove many daughters to try to discover more about their mother. As Lesley put it, simply: 'I needed to know what had happened.' Maude was 30 when she finally found the courage to ask what happened to her mother. While the importance of giving bereaved children accurate information is widely acknowledged (Bowlby, 1980), failure to do so is very common (see, for example, Abrams, 2000).

Gathering information can be one way of coping with the death and loss of a loved one (Silverman, 2000). Lack of knowledge can make it difficult for a child to maintain a sense of relationship with their deceased mother (Silverman, Nickman & Worden, 1992).

Some of the women contacted people who knew their mother; others only found out how their mother died when they stumbled across the death certificate or deliberately searched for it. Several struggled to 'build a picture' of their mother's life, illness and death within the culture of silence.

'It was very hard to get any information at all about who she was, any sort of background information ... My brother [...] and I thought we would try a little bit of digging for a little bit of information. At that stage we had no photographs, we didn't know the date of death, we didn't know where the grave was, we really didn't know anything at all and that became important.' (Helen)

Milestones in your life

Pill and Zabin (1997) argue: 'A woman's sense of herself evolves from her attachment to and identification with her mother' (p180). Gilligan (1982, p7) similarly notes that: 'Girls, in identifying themselves as females, experience themselves as like their mothers, thus fusing the experience of attachment with the process of identity formation.'

The women in the study talked about feeling their loss much more acutely at significant points in their lives. They talked about feeling 'not the same as anybody else'; each developmental milestone brought yet more grief. These are phenomena found commonly in the literature (see, for example, Pill & Zabin, 1997). Getting married, pregnancy and becoming a mother were major life events that triggered a renewed sense of 'missing out'. Pauline recalled getting married without a mother as 'horrendous', while Dara reported:

'When I got pregnant; every time I got pregnant it was really bad because I really, really wanted her. That would have been the worst time.'

Throughout their lives they continued to yearn for their mother (Edelman, 1994); not having a 'role model' was felt to have influenced their experiences of becoming and

being a mother themselves. Difficulties with parenting have been associated with the loss of a role model (Frommer & O'Shea, 1973). Rogers (1968) also observes that the ability to parent can be overshadowed and threatened by the craving to be parented.

Some of the women talked about feeling envy and jealousy when their friends spoke about their mothers or if they witnessed the closeness of friends to their mothers. Mother's Day, a day of recognition and celebration of motherhood, cast a shadow and 'sharpened the reality' of their loss (Rando, 1984). The women described the pain of not being able to buy a Mother's Day card like other people, the dilemmas of the step-child – 'What kind of card do you get for a step-mother?' – and the rejection, in one case: 'Don't bother me with this Mother's Day nonsense, it doesn't apply to me.' Lesley described being told to make a Mother's Day card in school as 'your worst nightmare if your mother is dead'.

The over-riding message embedded in the accounts was the lack of sensitivity on such days towards maternally bereaved daughters.

You learn to cover your heart

Women in the study described how their mother's death and the lack of emotional support left them feeling deprived, abandoned, isolated, lonely, unhappy and very insecure. Their lives lacked structure, and there was 'no one to turn to' to offer guidance. The experience of not being mothered by their birth mother brought with it an ache and a longing to know what it would have been like to have her in their lives. The desire for the 'intimacy of a mother' ran deep.

Some, like Theresa, said the loss was 'as raw as the day it happened'; she described the gap left by her mother's death as 'huge', 'awful'. Her words were echoed by many of the women when she described the impact on her own emotional development and ability to establish relationships with others:

'I would hate to get in too close and lose somebody again. I would hold back. I wouldn't want to go through that again. There's not too many would get in really deep; I think it's just that you learn to cover your heart.'

Lack of trust and 'not wanting to let people get too close' meant intimate relationships were kept at a superficial level. Dara explained how she became adept at 'this cut off thing' where emotions were shut down and feelings were 'kept in this wee box', 'bottled up'. Women talked about their fear of 'getting in too deep' in relationships, and their need to stay detached or leave first because the other person was 'either going to die or going to leave me'.

Paradoxically, even though they criticised the wall of silence erected by their families around their mother's death, interviewees also described living in tension and fear that

the topic of their mother would come up in conversation, and that they would not be able to manage the feelings that might erupt. They talked about ‘disconnecting’ from feelings or ‘getting out’ of the situation.

Equally paradoxically, the loss of their mother left these daughters both wanting a lot from other people, and at the same time feeling that the absence of their mother could not be filled by other relationships:

‘That loss cannot be filled. It’s a bottomless pit that emotional loss is – you want so much from other people.’ (Maggie)

We know from other research that the loss of one or both parents in early life can impact on the ability to form stable attachments in adulthood (see, for example, Berlinksky & Biller, 1982; Ragan & McGlashan, 1986).

‘I cannot put my arms around even my own children now, even to this day’

The women talked about how ‘covering their heart’ to deal with the emotional upheaval caused by their mother’s death led to difficulties in relationships with their own children. Mary explained that she simply did not know how to express love towards her children:

‘I cannot put my arms around even my own children now, even to this day, I could not say to them “I love you” and put my arms around them. [Pause – very emotional] I think if my mother had been living she could have showed us that – I would have been able to have seen it.’

Interviewees understood that the difficulties they experienced in relating to their own children, including being over-protective and attempting to be the ‘perfect’ mother, were associated with the lack of mothering and affection when they were growing up. The fear of loss influenced mother/child relations and was manifested in keeping a ‘wee bit back in case they die’. This fear of investing too much love in case the child dies is a phenomenon recognised by other researchers (eg. Fulton & Metress, 1995).

Linked to this was a fear of their own death and that of others close to them. As they approached the age at which their mother died, their anxiety and fear about their own death increased. The development of a life script or fatalistic belief in age or cause of death has been noted in bereaved children (eg. Nader, 1996). Fear of death can result from having attachments disrupted early in life; the earlier the loss, the greater the level of fear (eg. Florian &

Mikulincer, 1997). They worried too that, should they die, their children might forget them.

The incalculable loss

These women’s lives were permanently marked by the loss of their mother and the repercussions. Jennifer spoke of the loss as ‘incalculable’: losing a mother in early life ‘just *bereaves* someone who is growing up’ [her emphasis]. She was trying to convey the impossibility of quantifying the enormity of her loss and its impact. Maggie described it as ‘com[ing] through life with this huge burden on your shoulders’.

Grief and loss were always present: ‘I always missed not having somebody to call Mammy’ (Dara); ‘There is a huge gap; there will always be a huge gap’ (Anne); ‘It’s hard to explain but there is that something missing and you can never replace it’ (Eleana); ‘I just feel that my mother dying ... changed everything and ... changed the whole course of our lives’ (Louise).

What they had lost was articulated as nurturing, security and unconditional love; attempts to replace what was missing were fruitless.

Another ‘incalculable loss’ was that their own children would never know their grandmother. Edelman (1994) writes that mourning the loss of a grandmother for their child is common among maternally bereaved daughters. In this study, the yearning for a ‘close family unit’ was exacerbated for some of the women by their own loving relationship with a grandmother, and by their own children’s expressed desire to have a ‘granny to go and visit’.

Some felt that it had been possible to begin the process of grieving the loss of their mother in later life. However, others described avoiding even thinking about the loss in case the feelings it triggered were too much to cope with. As Elaine said: ‘I wouldn’t like to think because I think I would get upset if I realised how big the loss is’ [followed by a long pause].

Rather than describe the process of grieving as ending in recovery or closure, Silverman and colleagues (Silverman, Nickman & Worden, 1992) propose ‘accommodation’ as a more appropriate term for the final stages of the grieving process. In other words, the bereavement is made manageable by finding ways of being in the world while living with the loss. Some of the interviewees had achieved this accommodation but, by their own account, many had not even embarked on the task of grieving, and for them accommodation proved more and more difficult as the years passed. This did not, however, deter these women from taking part in the study – the opportunity to talk about how they felt was perhaps the motivation.

Despite their frequently unhappy stories, the women were often appreciative of all that was good in their lives. Those who had good relationships with partners/husbands and children felt fortunate. Good relationships with siblings

in the birth and step-family were also highlighted as positives. The conclusion that ‘You don’t have to be totally tied to the past’ was accompanied by the philosophy that, in order to go forward in life, the past ‘has to be something you learn to live with, learn to give in to and move on’ [Anne]. Harris (1995) refers to this landmark stage as the point at which the bereaved can ‘reclaim their destiny’.

The past ‘has to be something you learn to live with, learn to give in to and move on’

Harris (1995) found that, when survivors of early loss had passed the age at which their parent died, it ‘freed’ them to live their own lives. While the women in this study did not specify this to be the case, they were very conscious of age; some had evolved new philosophies and were in the course of re-evaluating their lives. Perhaps, as Anne seemed to be saying, these women were releasing themselves from the past, taking more control of their lives and making decisions that would shape a different future for them.

Nevertheless, there remained a driving need to retain a ‘connection’ with their mother: ‘I still talk to her. She will always be a huge presence’ (Anne).

Learning from loss

The women had strong views about what might help other daughters in their own position – views that they wanted conveyed to the wider world. Their suggestions are summarised here.

- Children should be dealt with sensitively around the time of a death. Children grieve too, and a child’s insecurity as a result of losing a parent should be recognised.
- Children need support in the aftermath of the loss. They need to know that there is someone they can talk to. Their physical and emotional health care needs should be recognised. Children should be offered counselling to help them grieve. Hospitals could perhaps display posters with information about supporting bereaved children.
- Adults should listen to children and discuss things with them. They should be aware of ‘how important goodbyes are’. The death should be talked about in the family. Children should not be excluded from the wake and funeral, and should be given the choice to see their mother in the coffin.
- Family members should take care of each other following the death of a mother. Fathers need help too, although they may not seek it. They may also need

help to know what to say to their children. The women thought that a memory box that all the family could look into in times of need would be helpful.

- The huge changes occasioned by a mother’s death can result in life being very confusing, disorganised and lacking structure. Fathers may form new relationships. Children can be very vulnerable and at risk. If support is not available within the home, it should be offered in other ways, by psychologists, social workers or teachers.
- Schools can help by acknowledging the loss, and by including bereavement in the teaching curriculum so that all children will have a better understanding of loss and grief. This might help them prepare themselves for future losses and be more aware of the effects of loss. Schools should also review lessons plans so that bereaved children are not made to feel uncomfortable, singled out or excluded.
- Last, but not least, the enormity of the loss of a mother can never be forgotten, but these women’s over-riding message was that you can cope and you do get through it. It is important to be sad, but it is also important to recognise that you are allowed to be happy. Bereaved daughters should never underestimate how their mother’s death ‘shapes and informs how you interact with the world and that really you do need to find a place to talk about it’. They should seek help that suits them, either through counselling or finding a trusted adult. If bereaved daughters were able to speak to other women who had been bereaved of their mother in early life, it might help to hear how others who have shared the same experience have fared in life.

The factors relating to early loss and its legacy are complex and multi-layered, and the severity of the impact will vary with each individual. The women interviewed for this study had endured (in Harris’s (1995) words) ‘the event that shatters childhood’. However, as Louise said, they felt that ‘coming out of the wilderness’ and being able to put their experiences into words through the study could help to validate their own loss, and the losses of other women elsewhere. ■

Anne Tracey’s book *Surviving the Early Loss of a Mother: Daughters Speak* is published by Veritas (www.veritas.ie) and was reviewed in *Bereavement Care* 30(2).

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