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Chapter Six: The Loss of Parents in Later Life

Existing literature on grief has frequently underplayed the psychological impact the of a loss of an older parent can have on the adult child. In this chapter we will turn our attention to the experience of loss which arises from the witnessing the cognitive and physical decline of a parent's health, evoking fears for the parent's future and existential anxiety for the adult child. It will be argued that bereaved adult children experience a significant increase in psychological distress, a greater awareness of personal mortality, existential sensitivity, a reprioritization of life goals, and a recalibration of relationships in the external world into the intra-psychic space. Furthermore, there is a significant experience of loss and a process of grieving which occurs before the physical death, and this is an experience which is commonly disenfranchised.

Timeliness and the Disenfranchised Death

Following the death of an older person, the bereaved are often 'comforted' with idioms or platitudes of 'they had a good innings' or 'it was for the best', suggestive of a hierarchy of grief related to the 'timeliness' of the death. The death of an older parent is considered 'timely', and wider societal attitudes towards this type of loss are often disenfranchised (Scharlach and Fuller-Thomson, 1994; Marshall & Rosenthal, 1982; Osterweis et al.1984; Umberson, 1995; Taylor and Norris, 1995; Moss & Moss, 1989; Smith, 1999). Timeliness refers to a death happening in the expected part of the life course, and the meaning and the consequences of the loss may differ by the timing of the death (Arbuckle and de Vries, 1995). For instance, the tragic death of a child may be considered to induce a greater sense of loss and distress, compared to the natural death in the final stages of the life course (Calhoun et al. 2010). In comparison, the death of an older parent is frequently treated as a 'normative life event' (Scharlach and Fuller-Thomson, 1994) because the generational order dictates that the oldest generations die first. Taylor and Norris (1995: 30) write that the 'death of a parent when you are middle-aged, and your parent is elderly seems more part of the natural timing of events'. Consequently, the death of an older parent can be minimised or underplayed, making it difficult for the depth of grief to be fully acknowledged and worked through. Dying in a 'timely order' is used to deny the depth of emotional experience of the mourner.

Ken Doka's 2002 book, *Disenfranchised Grief* highlighted that there were certain situations

in life in which we can experience a sense of grief and loss, but these feelings are ignored or minimised. There is often a misunderstanding of the loss and a lack of understanding and appreciation of the depth of emotional suffering which people experience in these types of loss. Attig (2004: 198) in his later text *Disenfranchised Grief Revisited*, wrote that

Disenfranchising messages actively discount, dismiss, disapprove, discourage, invalidate, and delegitimize the experiences and efforts of grieving. And disenfranchising behaviours interfere with the exercise of the right to grieve by withholding permission, disallowing, constraining, hindering, and even prohibiting it.

He continues stating that

This misunderstanding of suffering actually compounds the loss and hurt that mourners endure. It induces and reinforces feelings of helplessness, powerlessness, shame, and guilt. And it withholds support from, breaks connections with, isolates, and abandons the bereaved in their sorrow (2004: 205)

No one would doubt that the death of an older parent would elicit sympathy responses from those surrounding the adult child. And it is unlikely an adult child would be denied the opportunity to mourn the death – albeit there may be a societal expectation to come to terms with it sooner given its ‘timeliness’. However, I found that the grieving process begins before the biological death occurs, and it is this grief which goes unrecognised, emotionally isolating the adult child. This grieving process, before death, arises as a result of ‘anticipatory’, ‘progressive’ and ‘acknowledged’ losses.

Types of Loss

‘Anticipatory loss’ is a term coined by Pauline Boss in 1970s, referring to a situation of loss which is unresolved, incomplete, or uncertain. In her later work (Boss, 1999) she identified two types of ambiguous loss; the first arises when it is unclear whether the person is still biologically alive, such in the case of a missing person. In this case the person is physically absent but psychologically present; their body is missing but they are held alive within the mind. In the second type of ambiguous loss, the person is physically present but psychologically absent and this relates to witnessing a loved one with dementia for example. In this second typology, the physical body is present, but it is felt that the person within has been lost. In both forms of ambiguous loss, the relatives may grieve for their

loved one whilst they are still living, and over a long, gradual period of time (Dupuis, 2002: 94). In the 1960s, Glaser and Strauss (1966) introduced the concept of the 'social death' which referred to how someone may appear to die socially and psychologically, before their biological death. Králová (2015: 237) writes that 'analysis of repeatedly occurring structural similarities in diverse studies of social death reveals three underlying notions: a loss of social identity, a loss of social connectedness and losses associated with disintegration of the body'.

Through the development of Boss' work, Dupuis (2002) recognised that there were other forms of 'non-death' loss which arise when relating to someone towards the end of their life. She writes about 'progressive loss', which refers to the witnessing of a gradual deterioration in health and/or the disintegration of mental capacity of a loved one. Characterised by unpredictability and uncertainty about the future (Dupuis, 2002: 101) the phase of progressive loss often begins in the mid-phase of the institution-based caregiving career and involves living through and dealing with the gradual loss of loved ones (Dupuis, 2002: 102). Progressive loss can be correlated with ambiguous loss and refers to a 'loss situation that remains incomplete, confusing, or uncertain for family members' (Dupuis, 2002: 94). It is this uncertainty and incompleteness of the loss which poses the challenge for the adult child. They may be experiencing deep grief but yet are unable to mourn opening, constituting a form of disenfranchised grief.

Ambiguous loss was evident in adult children's stories of their parents' declining health.

Lily (age 57) said about her mum,

I'm not saying I want her to die now, but when she does die, of course it's going to be difficult. It's almost as if you have sort of been through a lot of that because that person, that relationship, that mother, is sort of gone really, and what's left is almost like a caricature, almost like a, not a skeleton, but sort of a, just an outline of that person that says and does some of the things that she used to say.

Coleen (aged 45) described her father's health in a similar way, saying

He's got all these tablets basically keeping him alive, but the dementia is slowly, and the light's gone. And, and this is a controversial thing, and I will say it, but I'm just wondering, where do you get to the stage where you keep propping someone up with these tablets, when there's nothing left – they're almost an empty shell.

Both accounts reveal confusion about the incompleteness of the loss of their parent. The language they use is telling, 'skeleton', 'empty shell', 'an outline' are striking metaphors for someone considered dead whilst still physically alive.

Dupuis (2002) writes that 'acknowledged loss' is the recognition that a loved one no longer exists in the same way, and never will again. She found that the two most commonly used coping strategies for acknowledged loss were 'acceptance and avoidance' (Dupuis, 2013: 93). In the avoidance strategy, family members might psychologically protect themselves from the loss by avoiding their loved one, reducing or ceasing visits to them in care, not inviting them to join in family events, not acknowledging their parent's role identity, and even talking about their parent as if they are already dead. There is a psychological retreat from the relationship. This was evident in Ruth's (aged 54) description of the relationship with her father. 'He's still here. I'm still glad he's here, but he's not who he was. He was my rock'. Towards the end of the interview, I asked how her father's move into care had affected her, she replied 'it was a really sad time, and that's the bit about losing both parents'. She quickly corrected herself 'but clearly I have not lost my dad'. This mis-saying 'losing both parents' was an interesting slip of the tongue, revealing an unconscious belief that her father has already been lost. For Lily, witnessing her mother's weakening physical and mental health, meant that she was considered less and less 'alive' - to the point where Lily has to reassure herself that her mum is still here. She said 'it's weird that I'm trying to reassure myself, "No, she hasn't died"'

In the coping strategy of acceptance, relatives may have reached a pivotal moment in ambiguous loss grieving process. At this point there is a psychological maturation and a 'coming to terms' with the loss. There is peace and acceptance of the changes in their loved one, and an acknowledgement that things will not ever return back to how they once were.

However, adult child may find themselves oscillating between different psychological positions of acceptance and avoidance. Adult children presented contradictory wishes for their older, and frail parents to die, but also a deep wish for them to stay alive too. Coleen (aged 45) exemplified this, confessing

I know this is a really brutal thing to say, and these are the conversations I have with other people, where they say, "Well, they wouldn't let a dog live like that",

but we have this thing where we have this fear of dying. We have this, the NHS has to keep people alive under whatever the circumstances. We have the fear of euthanasia. I almost think - and I don't want him to pass away, God Almighty, I really don't! I actually like the idea that he's still alive, because I often feel like I'm almost too young to have lost both my parents.

If the burden of care for an older parent has been prolonged or particularly difficult then there can be relief at the parent's deaths due to the end of suffering for the parent but also due to the end of care duties. Sprang and McNeil (1995: 22) wrote that 'society tends to be impatient with prolonged bereavement...the old are expected to die'. Perhaps then there is a truth in the feelings of impatience, which in turn make the adult child feel guilty and ashamed for entertaining those thoughts. This was most evident in Jeff's story. Jeff (aged 48) had a heavy care responsibility for his mother, and he felt he needed his mother to die in order for him to start leading a life of his own. Jeff's father had died of cancer when he was five years old, and Jeff's mother had struggled with severe mental health ever since. Now in her eighties, Jeff's mother was in very poor physical and mental health, and Jeff and his sister had cared for her for their entire lives. Neither had lived away from their mother and neither have formed a serious romantic relationship with anyone, never had children, and Jeff had never been able to achieve his main life ambitions. He talked about his ambivalent feelings about his mother's death. In many ways he wanted her to die, but then found himself shifting to a fear of her dying. He said,

I suppose I want her to die really. I mean I will be sad. I will be sad in some ways, and I think I've purposely distanced myself from the emotional bond sometimes. I think people are very flexible. I could easily find myself getting back into more of a sort of son/mother relationship and being terrified of her dying.

Jeff could not separate himself from his child-like role. Despite having lived with and been the carer for his mother all his life, his mother was still his mother, and he was still her son. His roles were confused; his caring parenting role, his vulnerable child role, his grown-up independent adult role were all conflicted with one another. He had a deep desire to grow up and be independent, he also had a fear of separation. Coleen, Lily and Jeff all narrate this parallel emotional experience of feeling like a parent has lived 'too long', yet deep longing for them to stay alive. There is also a child-like distress in their stories. Jeff's 'terror' of losing his son/mother relationship and Coleen's cry of, 'I'm almost too young to have

lost both my parents', perhaps are reflective of their rejection of an impending new identity as a midlife orphan and the implications this has for their own ageing process and mortality awareness.

When faced with the terminal decline of an older parent, particularly towards the very end of life, the adult child may not know which of their visits is their last. They recognise that with every significant health change, this could signify the end. Being faced with an irreconcilable and imminent loss is an emotionally exhausting experience. It leaves the family and the older person to deal with deep existential questions about the life that has been led and the death that is to come. There is an unpredictability about this liminal space between life and death. Lily said, 'they call it "the long goodbye", and I feel like I did a lot of that "good-byeing" when she first started going downhill, and when she went into the home, and then it seemed like we've lost so much of her' and she continued, 'you just don't know when it's going to happen'. Dupuis (2002: 109) also writes about this long and painful grieving process as the 'long good-bye' and 'the never-ending funeral'. And with progressive loss, changes in a parent may be evident with every visit. In one visit they may be cognitively aware in one visit but absent in the next. This not knowing what will happen next and what the appropriate emotional response should be, causes great stress upon the adult child relatives.

Ambiguous and progressive loss is particularly confusing, painful, and overwhelming, because the loss is repeated over and over again. With these multiple, sequential and seemingly insignificant, smaller losses which happen with the progressive loss of a parent, the accompanying grief is disenfranchised and does not elicit the same level of loss empathy from social support networks. Losses, before the final death, cannot be easily and openly mourned, and adult children are expected to carry on with life until the death happens (Smith, 1999: 43). Adult children are expected to continue with work, family roles, and the tasks of everyday life, without the opportunity to take time for a period of grief and reflection. The impact of these multiple losses can further lead to bereavement overload and weaken emotional resilience (Moss and Moss, 1996: 27).

However, for some adult children when a parent does die physically, much of the grieving process will have already been worked through due to the processing of these multiple preceding losses. Hazel described her mother's death in a care home, following a period

of dementia. She said, 'to be frank and honest, she'd had a long life, and when she died, of course I was upset, but I didn't mind.... But it is, there's a loss, so you mind that. But the loss was already there. It's just an extra loss'. Joe (aged 49) too recalls how he was not particularly emotional at his mother's funeral but the only time he became upset was when he realised that he lost his mum a long time before her actual death. He remembered, 'I said after she died it's the only time I nearly got a bit tearful and I said you know that's not my mum, because I don't think she had been my mum for a while'.

Just as Dupuis (2002) recognised that acknowledged loss included experiences of 'acceptance and avoidance', Freud's early work (1917) suggested that the threat of an impending death can generate a psychologically detachment from the relationship in order to protect from the final loss and to deal more effectively with the rising anticipatory grief. Freud (1917) called this a process of 'decathexis', whereby the libidinal energy is removed from the loved object. According to Freud's this mourning process involves 'severing' each attachment one has to the loved object. Freud wrote that 'mourning occurs under the influence of reality-testing; for the latter demands categorically from the bereaved person that he should separate himself from the object, since it no longer exists' (1917, 1917: 172). Freud wrote that in the process of mourning 'each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it ... when the work of mourning is completed the ego becomes free and uninhibited again' (Freud, 1917: 245). Freud's (1917) early work, followed later by Bowlby (1961) and then Parkes (1975) all claim that the goal of the mourning process is to lead to a detachment from the lost loved object. We might suggest that this is one explanation for some adult children refusing to visit their parents in care, and the seemingly callous needs for detachment from their parents. This process of detachment from the loved parent, protects the adult child from imminent pain and ultimate loss.

Freud later reconsidered this early theory on complete detachment, instead suggesting (in his text *The Ego and the Id*, 1923), that there follows a process in which libidinal energy is displaced and reattached to a new loved object, in the form of a substitute. For example, the adult child putting all their energy into another relationship (i.e., a romantic relationship, work, or children), or into a new relationship with the lost parent. Klass et al. (1996) wrote *Continuing Bonds: New Understandings of Grief* which challenged these earlier

linear models of grief which suggested that acceptance and detachment from the lost loved object were the goal. Instead, they recognised the importance, and normalcy, of promoting a continued bond with the deceased. And it is through these continuing bonds that the bereaved can gain comfort, resilience, and adjustment. Foote et al (1996: 150) recognised that it is 'possible and helpful to have a continuing relationship with the person who died'. They write that 'the challenge is to discover new and constantly changing ways of taking the dead person along on the rest of one's journey through life (Foote et al, 1996: 150). Angell et al. (1998: 618) write that contemplating, fantasizing, and dreaming of a lost parent is a spiritual process which locates our parents in 'a time and place and transporting our recreated experiences to the here-and-now'. This may take the form of an internal dialogue with the idealised parental figure in their inner world. In that psychic space, roles can be reversed, and the parent-child relationship cognitively restored. Shmotkin (1999: 478-479) recognised the continuing bonds with dead parents and that adult children continued to be 'occupied and influenced by the parents' imaginary presence and emotional impact' and that in the process of bereavement there was a 'restructured relationship and revitalized engagement with the inner representation of the lost person'. Shmotkin (1999: 480) further suggests that 'these powerful bonds go beyond normative mourning, extend the past connection into the present separation, and continue to resonate family constellation and roles. Continuing dialogue with a dead parent serves the important function of reconfiguring roles and relationships, returning thoughts to the familiar when life feels disrupted, and anchoring memories in the mind. In her study on the death of parents, Umberson (2003) also recognised the importance in a belief in the afterlife in comforting the bereaved and allowing them to believe that the deceased parents was not permanently lost to them. She writes, 'The parent plays such a powerful role in shaping the child's sense of self that the parent can be said to reside within the child throughout life' (Umberson 2003: 82).

It is important to note that this reconnection with a lost loved one does not have to be as the result of a religious belief, or even necessarily a spiritual belief. It may be achieved through a variety of symbolic forms, firstly such as generative achievements and the creation of a legacy, or through creative endeavours such as art, writing or telling stories that have been passed on. It might be through rituals such as tree planting or funding a prize in their name.

Reminiscence and preoccupation are powerful aspects of the grieving process. Remembering is the ability to bring memories into the present conscious awareness and helps connect the living with those who have died. It helps the mourner to recognise the legacy that their loved one has left behind and this helps forge that connection beyond their physical death. Attig (2004: 213) writes that

The legacies of memory itself include moments, episodes, periods, and stories of their lives filled with enduring meanings not cancelled by death, meanings that themselves “give life to life.” Remembering connects mourners with some of the best of life. It is itself an expression of their enduring love for those they mourn.

The preoccupation phase is an opportunity to reconnect with the lost object through intense mental absorption into thoughts about a lost parent. Petersen and Rafuls (1998: 508) write about a preoccupation period in the grieving process in which they found that the bereaved adult child dealt with thoughts of their parent’s death ‘quietly internally, and without sharing, with the deepest meaning and purposes of life’. They found that their participants ‘were somewhat unaware of how preoccupied they had been until someone else brought it to their attention’ (Petersen and Rafuls, 1998: 508). This was most evident in Hazel’s (aged 68) account of how she had lost interest in everyday pleasures and a loss of concentration following her mother’s death. She told me,

I think there’s a number of things about grief that I hadn’t ever considered, because when my dad died, I had to look after my mum, and this time I’ve only got to look after myself. My sleep pattern has changed. I’m not interested in food. I mean, I’ll sit and eat a meal, but I couldn’t give a toss. I am used to reading a book every three or four days, it’s taking me four weeks to read a book now. I’m not, I can’t concentrate on what I’m reading, even if it’s fascinating, right? I have to read it again. It’s like my head’s too full. I’m forgetting words.

Hazel’s account is particularly interesting here in that she describes a greater depth of grief following her second parent (her mother’s) death. Marshall (2004: 361) described the death of parents in later life as a ‘two-phased transition’, with two distinct periods of mourning – one following the first parent and one following the second.

The Order of Parental Death and The Midlife Orphan

Following the death of the first parent, adult children can experience a heightened awareness of their own mortality and the mortality of their remaining parent. There is a grief for the lost parent, and a changed relationship, sympathy, concern and even grief on-behalf-of the remaining parent. Sometimes the adult child's grief is suppressed by the grief of the remaining parent, leading to changes in that relationship, perhaps an increase in responsibility, a change in roles, additional concern for the welfare of the remaining parent. Once one parent dies and the other remains, this can create a double bind of grief. Marshall (2004: 359) describes this as where 'an individual grieves both with, for, and alongside another person'. Furthermore, the adult child may modify their grieving process so that they appear strong or resilient in front of their remaining parent.

Marshall (2004: 362) noticed that it was only following the death of a second parents that adult-children felt permitted to 'own' their grief. Diane (aged 55) recognised that she had not had the opportunity to process the loss of her dad alongside her mum's intense grief. She said,

I mean she's never been to my dad's grave since he passed away. I think to this day she can't accept it, even though it's nine years on, ten actually. I find it very difficult sometimes to talk about my dad. I have to be careful you know what I say sometimes. I don't want to upset her, and she won't have flowers in the house, not since the funeral.

Joe (aged 49) described that once his dad had died his mother became 'a sub person' with 'no role in life'. 'She had no function at all'. In an ageing spousal relationship, the husband and wife often support each other through age-related challenges and there is usually a division of labour of household tasks. However, when one parent dies the care requirements of the remaining parent may increase as that form of support is no longer available at home. Fred (aged 56) noticed a distinct change in his parents' relationship as they got older and how their needs increased ultimately becoming more dependent upon one another.

I do remember distinctly seeing Mum and Dad going from one phase of life where, yeah, they were in their 70s, to a new phase of life where they both sort of realised they needed each other. And it was, it wasn't that they needed each other in a very loving way, but they realised they needed each other. So, there was a definite shift into a phase of their lives when they realised, subconsciously, I mean, they didn't

verbalise it, but they needed each other.

The death of the first parent may serve as a stark reminder about the care level requirements which may have gone under-recognised until this point. Hazel recalled,

My dad died when she [mum] was almost 80 and since then I've had all the responsibility. I mean she'd never paid a bill and she'd never written a cheque. She hadn't had the responsibility of dealing with the State, or the gas company. She'd open these things, and she'd say, "What's this?" I said, "That's called the Council Tax". "Oh, will you pay it?". I'd reply "Of course". She didn't know how to do a lot of things, not because she was 80, but because my dad had always done them.

This highlighted for Hazel (aged 68) the new, and advanced levels of care needs her mum had now that her dad had gone. In other examples, the death of the first parent revealed new characteristics, personality traits, and strengths that had previously been overshadowed. For example, Lisa (aged 45) found that following her father's death, she was surprised by her mother's strength. 'I think she's probably got a personality we didn't realise she had, she's a lot stronger than she thought she was and as I said, she was very much in my dad's shadow'.

Marshall (2004: 364) writes that the 'the second stage to the parent loss life transition involves reflection on a status as 'parentless' and that 'bereaved adult children may feel a sense of being an orphan'. Anna (aged 46) said that with the death of our parents, 'we lose our sense of being a child'. And a 56-year-old relative of my own once cried to me, 'I am now an orphan' after having lost both of her parents within six months of each other.

In 1988 Bowlby introduced the idea that a secure and responsive attachment in a parental relationship provides the child with a *Secure Base* as they develop. This secure base gives the child the space to venture their surroundings with confidence. The child begins to learn what is dangerous in their external environment and they become more confident in their own abilities to do things for themselves, developing self-sufficiency and a sense of individual identity. Bowlby (1988: 62) writes 'All of us, from the cradle to the grave, are happiest when life is organised as a series of excursions, long or short, from the secure base provided by our attachment figures'. Yet, when our parents (our once secure base) reach the end of life or die and no longer provide that sense of security for that child-like part of ourselves. McDaniel and Clark (2009: 45) state 'when the last parent dies, there is

no “home” for the child to return to. The parents are dead. Relationships, however, never die’. Pritchard writes that ‘the loss of a parent evokes all the old fears and threats of the lost child’ (1995: 153). Archer argued that to lose a parent in adulthood is ‘difficult to cope with because they make the individual’s personal world an unsafe and unpredictable place’ (1999: 213). Just as a child first ventures from the security of its primary caregiver, so too must the adult child renegotiate the world around them alone following both their parents’ deaths. Although aspects of this separation process from parents are reminiscent of earlier infantile experiences, it is now experienced in a qualitatively different way. Jaques (1965: 505) suggested that one of the differences between earlier infantile experiences of loss and of those experienced in midlife is that midlife ‘calls for a re-working through of the infantile depression, but with mature insight into death and destructive impulse to be taken into account’. Now in adulthood the child faces the ultimate and final loss of their parents and there is no option for the adult-child to revert back to the child-role.

Schmotkin (1999: 474) however, cautions against comparisons between orphanhood at a young age and normative orphanhood in adult life, in that adult-orphanhood has more possibility for growth and individuation. McDaniel and Clark (2009: 45) claim that the death of the second parent raises a unique set of feelings and experiences. It is a ‘maturing experience’ as Silverman (1987) puts it and is about relearning the world. Attig (1996: 13-14) writes that it is a period of the life course in which ‘we find and make ways of living with our emotions and struggle to re-establish self-confidence, self-esteem, and identity in a biography colored by loss’. Petersen and Rafuls (1998: 512) quoted a woman who had lost both parents as saying, ‘something in me grew up’. Having a connection with a supportive and protective parent gives the adult-child a sense of belonging and a place to return to in times of need. Even if that relationship is more complicated, that loss can still be felt deeply as the hope for an improved or idealised connection with a parent is also lost.

New Roles and Responsibilities

When a parent dies physically or psychologically, family roles are reassigned, and personal identities are reconfigured. If the parent was in a position of leadership within the family, then leadership responsibilities may be passed on, through continuing family traditions, or keeping continuity of a parent’s legacy. McDaniel and Clark (2009: 45) write that ‘maintaining or ending family traditions is now one of many responsibilities and choices

required of the surviving adult children'. Petersen and Rafuls (1998: 500) call this 'accepting the scepter', writing that

The emergent theme was of passing the sceptre of roles and responsibilities previously held by the deceased parent to the next generation of the grieving adult child. Respondents assumed the responsibility of "making things right for the future generations of the family" (Petersen and Rafuls, 1998: 501)

An interesting observation, from my research, was the internal change in some bereaved adult-children who have not only adopted their deceased parent's roles and responsibilities, but also have begun emulating their personal characteristics. Schmotkin (1999: 479) termed this a form of 'idealization', writing, 'idealization reflects a selective adoption of positive attributes in the deceased figure, so that the internal representation of the deceased continues to sustain meaningfulness and reassurance for the bereaved person.' Adult children described moments in which they found themselves imitating their lost parent or fearing that they are turning into them. Hazel describes how she 'can't remember things' following the death of her mother through dementia, and how 'this has got worse' since she had died. Another adult child found that in times of anxiety she would clap her hands together, almost as a tic, which was the same motion her mother had developed as her dementia had advanced. We might suggest that this behaviour arises due to the psychologically confronting nature of the parental death and that 'witnessing a parent's death means witnessing the death of a part of oneself' (Umberson, 2003: 17), and that developing a parent's character serves to keep, not only the parent psychologically alive, but also keeps a part of oneself alive too.

Difficult Parental Relationships

Much of the discussion so far has focused on relatively congenial relationships with older parents. However, it is important to acknowledge those parent-child relationships which are complicated, ambivalent, distant, or dysfunctional. Most family relationships have some level of dissonance, and this can be complicated if care decisions have to be made for and with older parents, with whom the relationship is less than harmonious. The death of a parent when there is a difficult relationship can lead to an experience of traumatic grief. Petersen and Rafuls (1998: 508) write that 'the grieving process was more disruptive in those families with dysfunction and conflict prior to the death'. They suggest that the more dysfunction the relationship was prior to the death, the more complicated and long

lasting the grief process was after it. One of the key complicating factors in this grieving process is the loss of hope that one day the parent may change and become the parent that you had longed and hoped for (Umberson 2013: 65); this is the loss of possibility. Another factor is that when someone dies there tends to be an idealisation of their character and their flaws ignored. The mourner has to come to terms with both the positive and negative aspects of their character, in the company of others who may be celebrating their life. A further complicating factor is a sense of relief and then the guilt that can follow that. Petersen and Rafuls (1998: 513) write that 'freedom from the dysfunctional "hold" parents had on their adult children was an unforeseen gift in the aftermath of the death' and that 'in those families where dysfunction was a serious issue, liberation from those patterns on the death of the parent provided motivation, hope for change, and empowerment to implement the change' (Petersen and Rafuls, 1998: 518). Similarly, Taylor and Norris (1995: 31) claimed that some people experienced the bereavement of a dysfunctional parent, as 'a welcome severing of destructive family ties that provides an opportunity for growth unhampered by parental expectations'. Relief following the death of a parent is also a complicated grief response, often resulting in feelings of guilt and shame. Given that there is often an intense caregiving burden and emotional strain upon the adult-child preceding the death of an older parent, it is not surprising that some adult-children felt a sense of relief and liberation from that experience. Bernard and Guarnaccia (2003: 810) describe a *Relief Model of Bereavement* which proposes that caregivers frequently experience caregiver strain. Once caregiving obligations end with the death of the care recipient, there can be an experience of post-death caregiver relief, and that there is now the opportunity to re-establish previously neglected roles in employment, family, and in leisure time.

As described earlier, Jeff lost his father to cancer when he was a five-year-old. In terms of psychosexual development, this could be significant in that it is as if Jeff triumphed in his primitive oedipal phantasy (Freud, 1900). As a young child Jeff may have felt in some way responsible for his father's death and guilt that he now has his mother all for himself – and indeed as an adult he lived his life *as if* he was married to his mother. His mother's behaviour seemed to enforce this by not allowing him to leave or have romantic relationships or friendships. Their relationship seemed exclusive and insular, based on guilt, love, and fear. Jeff spoke of being 'trapped' and often dreamt of a life without his mother. He considered plans for the future but did not think they could be realised until his mother has died.

I am at home looking after my mother. I still have ideas of moving in with people, but it doesn't seem practical at the moment...The fact that my mum's health has stabilised might mean that she lives for another ten years or more when in fact last year I thought that she couldn't last the year. So that affects things practically.

Jeff spoke candidly about the phantasy of his mother dying and the brief excitement he felt when he thought she would die.

For my mother's health, one of the GPs diagnosed that my mother had bowel cancer from the blood tests, and this was about a year back and I suddenly thought I had a thrill go through me, that this is an escape, an escape for me from all this being tied down not being able to go on holidays and things like that. But it's an escape for mum from all the pain and all the other things that she has to go through. But of course, the GP got it wrong, so it was nothing of the kind [laughs] I suppose that's a good test of my reaction to mum.

It is interesting that Jeff is unapologetic about this reaction. I suggest that the passage into adulthood is something which both intrigued Jeff and was something to fantasise about but at the same time it also frightened him, and he retreated into the security of being close to his mum through her care. He told me, 'I'm quite trapped in a way. There's lots of things I can't do. Then again, that makes life less stressful in certain ways', indicating that his limited life opportunities also protected him from other pressures.

Jeff was torn between a loyalty towards his mother and a realisation that his own life is passing him by. He was also split by the security he felt with her and his need for autonomy and independence. He fluctuated between the different emotions, suggestive of being in what Klein (1946) termed the paranoid schizoid position. Roth stated that 'as adults we can retreat to a paranoid-schizoid state of mind when we are threatened by too much anxiety, or by illness, or by traumatic events' (2005: 52). Splitting is a primary feature of this paranoid schizoid position, and Jeff certainly had split feelings about his situation and relationship with his mother. Throughout the interview he fluctuated between the Kleinian 'good breast' of the security providing mother, and the 'bad breast' of the mother who controls his life and holds him back. It is perhaps the guilt he felt about the psychological attack on the bad elements which ultimately kept him in a reparative state of trying to make his mother better, and his prolonged care role. Also, by focussing his energies on her

dependence on him, he did not have to confront his own dependence on her. This kind of behaviour from Jeff could be seen as a psychological defence. By wishing his mother dead he does not have to face the loss in its full and devastating entirety, instead he devalued the loved object (his mother), helping to make the final loss psychologically easier to cope with.

Chapter Summary

The death of a parent represents a critical attachment loss, with the relationship with a parent being our most enduring relationship (Douglas, 1990, in Sprang and McNeil, 1995: 21). Following such a loss the adult child's identity is irrevocably changed through a process of adaptation to and emotional integration of the loss of the symbolic figure who has been there – in a functional relationship - since infancy.

On a societal level the death of an older parent is considered normative and timely, resulting in a disenfranchisement and minimisation of the emotional pain that accompanies such a loss. Yet the death of a parent can result in a painful loss, almost inconceivable in its magnitude and which taps into a deep, primitive level of existential anxiety.

The loss of a parent can reawaken old threats, anxieties and defences which were first experienced in the early infantile stages. Feelings of abandonment, threats to attachment juxtaposed by the need for independence and autonomy, are the original dilemmas of infancy but are replayed in midlife but with new understanding of death. This stage of the life course is about recognising the revised position in the generational hierarchy, that independence from parents is a necessary part of being grown up. The threatened and impending loss of parents, however, is often overwhelming and the state of anticipatory mourning can create a range of different psychological reactions, including psychic attacks to sever the psychological ties with a loved one in order to deal more effectively with the anticipatory sense of grief and this has significant consequences for how older parents are then cared for at the end of life.

Prolonged illness and a prolonged dying process can result in the 'psychosocial death' (Doka and Aber, 1989: 189; Dupuis, 2002: 94) involving a loss of self, connection, and identity. And although this may be true for some, it is important to recognise that social relations can still remain alive and present for others; families can still remain active in the

lives of older people with advanced dementia or other progressive illnesses. It is also important for care facilities and staff to encourage person centred narratives, to promote inclusionary practices even with those at the very end of life, and to involve families in maintaining social relationships and helping to keep their parent 'socially alive'.