

# Supporting parents whose own parent (or early attachment figure) has died

**“The death of a parent is grief-filled and traumatic, and permanently alters children of any age, both biologically and psychologically. Nothing is ever the same again — it’s a wholly transformative event”**

**(Krisch, 2020)**

**Coping with the death of a parent or primary attachment figure is one of the most traumatic and distressing experiences we all face and will inevitably bring about immense pain and grief.**

For many of us, our parents provide a safe base, a source of emotional and perhaps practical support, positive regard and love. For others, the relationship may have been ambivalent or painful. When an adult child has a fractured or difficult relationship with a parent, the death can be painful and full of complexity.

There is no time in life where this loss is easier, however it brings particular challenges in the perinatal period and perhaps beyond. Health visitors can be an important source of support for bereaved parents grieving the loss of their own parent or primary attachment relationship (e.g. a grandparent, foster carer or other).

There may be times in your life when you feel that you are not able emotionally to work with this level of distress, either because of your own emotional wellbeing or because the work triggers difficult emotions for you. Supervision is an important element of professional practice to support processing of feelings around work that may be challenging emotionally.

**This Good Practice Points (GPP) resource is part of a series of GPPs on loss and bereavement. Within this GPP, we will consider supporting parents who have lost their own parent (or someone with whom they formed their primary attachment relationship with early in life) during the perinatal period and early years as a parent.**

## Providing support to grieving parents

*“When Dad died suddenly four days before my due date I was in bits. I fell to the floor and cried and cried and couldn’t believe the news. I couldn’t eat, sleep etc. Then I felt panic for my unborn baby - petrified my reaction and my grief would harm them”*

(Hayley Brewer – Parent with lived experience)

Providing support to parents who are grieving the loss of their own parents or early attachment figures can be an important part of the health visiting role. There is strong

evidence that the perinatal period, in particular, is the time in our lives when we are most vulnerable to mental health problems (National Collaborating Centre for Mental Health, 2018). We also know that exposure to trauma and stress during the perinatal period increases risks to infants in a number of ways (Glover, 2013). Whilst we cannot stop stressful events happening to parents in this period, we can ensure that they can access good quality consistent support.

*“When we have joy we crave to share we remember them”*  
(Rabbis Sylvan Kamens and Jack Riemer)

**More information on page 2**

**For additional resources see [www.ihv.org.uk](http://www.ihv.org.uk)**

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Pregnancy and early parenthood are a time of immense vulnerability and adjustment when we draw on the support and security that we have around us. Parents have to adjust to changes to their identity, body, relationships, finances and careers. They will begin to reconcile the sacrifices and intense vulnerability associated with having children of their own. The people that have made them feel safe and secure throughout their lives will be a dominant feature in helping to make these adjustments. They will also look to them to share in the joy of a baby or young child. This time will also bring forward other emotions, e.g. about relationships that were abusive or unsupportive, and this can trigger complex emotional reactions. The death of a parent where relationships were difficult for whatever reason is very challenging.

*“One of the overriding emotions I struggled with was guilt during this time. Guilt for not taking my baby to all of the classes and groups I had planned, like a ‘normal’ maternity leave - instead he spent the first 11 weeks of his life sat watching my Dad slip away in bed. Guilt that I couldn’t be with my family more - especially around the clock to give my Mum the support she needed at home, support my sister who helped out so much, feeling like the bad daughter. I felt guilty when I shared a joyous moment with our newborn son and my husband. How could I be so happy when my Dad was dying? Guilt about not doing the best for my son as I sat sobbing for my Dad as I had to hand him over to someone”*

**(Voice of a parent)**

## Grief

- If the parent is pregnant, grief can worsen symptoms that typically come with pregnancy. This can include aches and pains, sleep problems and digestive problems. Physical symptoms are not confined to people who are pregnant.
- Parents may feel confused or find it difficult to make decisions, or concentrate for any length of time. Even if they can sleep, they may still feel exhausted.
- Parents talk about the enormous conflict that they face between caring for their infant and being with their dying parent or grieving family. This can cause feelings of isolation, as if watching the rest of the family from the outside. In addition, family members may decide not to bother them with decisions (especially if they are pregnant or have a new baby) which can mean they feel as if they have missed something. It might be helpful for them to be clear with the family on what they want to be included in.
- Knowing what to expect in terms of emotions can be extremely helpful for parents. Many parents will have an extreme range of emotions, day-to-day and moment by moment. Parents want to know if this is normal and are reassured that it is. Going from extreme sadness to extreme happiness is not unusual, e.g. leaving a terminally ill parent in tears and then hearing mama for the first time. Many parents speak about this “tension of holding the pain and joy in mind and heart”.
- The range of contradictory emotions that healthy adults can experience whilst grieving includes, but is not limited to, anger, rage, abandonment, sadness, numbness, anxiety, guilt, emptiness, regret, and remorse.
- Part of the grieving process can include blaming themselves or others; they may feel angry with doctors, hospitals or others who have had contact with their loved one. These feelings of guilt and blame are normal.
- Almost all grieving people feel anger at some point. Some find helpful outlets for anger, for example, crying and shouting in an outdoor open space, or exercise such as walking/running/jogging.
- Some people start to doubt or question their religious beliefs. It is also not unusual to feel anxious or to fear something happening to other family members.
- Parents need to know that grief is a process that cannot be hurried or circumvented. They need to give themselves time to grieve and accept that this is normal.
- After someone you love dies, almost all “important events” thereafter become a mix of happy-type emotions and sad-type emotions. In time we learn to tolerate, expect and accept this. Every first new anniversary or occasion is difficult and can lead to setbacks.
- It can be helpful to explain the symptoms of depression, anxiety and post-traumatic stress disorder. There may be a need for further assessment and formal treatment.
- There is an increased risk of suicide following loss, and any suicidal ideation should prompt immediate assessment.

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## Complex, prolonged or incomplete grief

- The terms complex, prolonged or incomplete grief are sometimes applied to people who are unable to work through their grief despite the passage of time. It can take most people up to several years to begin to feel normal again after a serious loss.
- A more complex reaction is sometimes diagnosed. Prolonged grief disorder and complicated grief are collections of difficulties, which are distinct from, but often found alongside, other mental health disorders such as depression, anxiety and post-traumatic stress disorder. Around 10% of bereaved people experience

these difficulties. Most studies agree that it is possible to identify people at risk after around 6 months and they should be offered preventative intervention.

- Red flags may include:
  - Continued relentless yearning
  - Depression
  - Continued sense of “unrealness”
  - Negative thoughts about themselves, life and the future
  - Withdrawal from normal activities

(Boelen and Lenferink, 2019)

## Good Practice Points – What can HVs do?

*“The last time I saw my HV was the day after my Dad died and I was in complete shock and overly polite, numb and worried about being judged so put on a bit of a front. A call/chat a month later would have been a place where I could properly talk after things were starting to sink in”*

(Laura Cooper - Bereaved parent)

## Reach out and offer support

- On receiving information about a death, contact the family and offer face to face contact:
  - When you are contacting the family by telephone, ensure that background noise and interruptions are avoided.
  - Remember families may choose to decline HV contact. Seek their permission to check in at specific intervals by phone and provide information with your contact details.
- When visiting, sensitively and jointly agree the time available for the contact. This creates a safe environment where parents know what they can expect, and it avoids the interaction ending abruptly.
- This can be a busy time for parents with many competing demands. Giving parents a time when you will meet them is important. In addition, parents pick up when professionals are stressed, flustered and too busy. Taking a moment to notice how we are feeling and regulate ourselves before meeting the grieving parent can help us stay present.

## Be client-led in language used

- Be aware of the impact of shock following bereavement – the parent may find it difficult to understand information or think clearly. Speak clearly and use simple language.

- Be conscious of any cultural norms that may affect a parent’s readiness to express their feelings or wishes.
- Ask the name of the parent lost, and how they are referred to (e.g. Mum, Mummy, Dad, Father etc). Using their name openly in conversations signals that you understand the enormity of the loss and are willing and able to listen.
- Be cautious in sharing your own experience of loss. Loss is unique and parents should not feel burdened by your experiences or that they need to look after your feelings.

## Whole family approach

- Partners and family may feel it is their job to discourage looking back and to encourage facing the future. Others can find it difficult to acknowledge the grief and rather focus on the “it’s a blessing you have (baby) to get you through”. As a result, parents can feel they don’t have permission to be sad and share how they are feeling with family members.
- Fathers, same sex co-parents and partners are often overlooked – support should be offered to both parents if appropriate.
- It is normal for parents to worry about the effect that their grief will have on their baby. Whilst validating and acknowledging their fears, we can also reassure them that the risks are low. Learning to manage grief in healthy ways whilst enabling parents to feel they are honouring the grieving period may help.
- Parents worry about what to tell older infants and children. In general, it’s best to be open and honest about what has happened, as even very young children usually sense when something is wrong. Fear and anxiety about their parents may affect their behaviour.

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## Listening and validating

- There is no solution or fix for grief, and demonstrating our humanity and listening to a family's pain is the greatest support we can offer them.
- Reassure parents and families that there is no right or wrong way to grieve.
- Ambivalent feelings about the death can be difficult to process. It can be helpful to acknowledge that it is not unusual to have difficult feelings about the person you are grieving. It can make the grief process more complex. Support parents to allow themselves to have these ambivalent feelings without judgement.
- Encourage parents to take each moment as it comes, not thinking too far ahead and giving themselves credit for getting through each day.
- Work with families to identify any further help they need in this moment and going forward.

## Support mental health

- For women and their partners, follow your local PMH care pathway to undertake a high-quality needs assessment and seek appropriate specialist therapies suited to their needs.
- For losses experienced at other times (i.e. not postnatally), consider how you might adapt the assessment tools you are familiar with to ask sensitive

## More information for HVs:

- The Good Grief Trust has developed a range of videos for professionals at: <https://bit.ly/39vWtoD>
- Brene Brown's Video on Empathy at: <https://bit.ly/2AcaYyv>

## References

- Boelen, P.A., Lenferink, L.I. (2019) Symptoms of prolonged grief, post traumatic stress, and depression in recently bereaved people: symptom profiles, predictive value, and cognitive behavioural correlates. *Soc Psychiatry Psychiatr Epidemiol*. <https://bit.ly/3gasv9C>
- Glover, V. (2013). Effects of prenatal stress can affect children into adulthood. *The Conversation*. <https://bit.ly/3eg7B7R>
- Krisch, J. (2020). The Death of a Parent Affects Even Grown Children Psychologically and Physically. *Fatherly*. <https://bit.ly/31ZzgXZ>

and appropriate questions to identify the presence of anxiety, depression, PTSD or suicidal ideation, which would require an urgent assessment by mental health services locally.

## Encourage self-care

Freddie's Wish provides top tips for self-care from another bereaved parent (<https://bit.ly/3fUCyRk>):

- Eat well and stay hydrated
- Good sleep hygiene
- Self-compassion – “I'm doing the best I can do” - lower your expectations of yourself
- Try to get out in nature and get physical exercise
- Listen to your body – if you need to cry, cry, if you need to sleep, sleep.
- Let others know what you need
- Write your thoughts and feelings down if it helps
- Spend time with people that nurture you
- Do things that you enjoy doing, even if it's only for a short time

## Practitioner wellbeing when offering support

It is important for health visitors to seek support for themselves and to pay attention to their own thoughts and feelings. Seeking out supervision that has a space for you to focus on how the work is affecting you is a good way to do this and is an important aspect of good practice.

## Resources (support for parents and professionals):

- Review support listed at The Good Grief Trust: <https://bit.ly/38Bhb61>
- Charities that support adults who have been bereaved:
  - CRUSE: <https://bit.ly/3fZdlFz>
  - MIND: <https://bit.ly/3fXTLte>
  - Grief Chat UK: <https://bit.ly/2KOWGZA>
  - The Compassionate Friends: <https://bit.ly/3qhsy9F>
- Charities that support children who have been bereaved:
  - Child Bereavement UK: <https://bit.ly/39xAhKQ>
  - Winston's Wish: <https://bit.ly/2Vraf3r>

National Collaborating Centre for Mental Health (2018). *The Perinatal Mental Health Care Pathways. Full implementation guidance*. London: National Collaborating Centre for Mental Health.

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