

icH&Hpsy 2016 : 2<sup>nd</sup> International Conference on Health and Health Psychology

## Psychopathological Risk in Parentally Bereaved Adolescents

Silvia Cimino<sup>a</sup>, Luca Cerniglia<sup>b</sup>, Giulia Ballarotto<sup>a\*</sup>, Michela Erriu<sup>a</sup>

\* Corresponding author: Giulia Ballarotto, giulia.ballarotto@uniroma1.it

<sup>a</sup>Department of Dynamic and Clinical Psychology, Sapienza University of Rome, via degli Apuli 1, Rome, Italy,  
silvia.cimino@uniroma1.it, giulia.ballarotto@gmail.com, michela.erriu@uniroma1.it

<sup>b</sup>Department of Psychology, International Telematic University UNINETTUNO, Corso Vittorio Emanuele II 39, Rome, Italy,  
l.cerniglia@uninettunouniversity.net

### Abstract

<http://dx.doi.org/10.15405/epsbs.2016.07.02.29>

For a child, the death of a parent is a traumatic experience and can give rise to several difficulties during the child's development. International literature in this field has focused on clinical populations; evaluations of the psychological difficulties in adulthood have rarely been aimed at non-referred samples. The present study assessed the psychological functioning of a non-referred sample of adolescents, with consideration given to the impact of the loss of a caregiver during childhood on their psychological profiles. It also evaluated the association between the adolescents' psychological profiles and possible psychopathological risk in the surviving parents. Three groups of subjects (N=96) were considered: adolescents who had suffered the loss before 3 years of age (Group A); adolescents who had experienced loss between 3 and 10 years of age (Group B); and adolescents who had experienced no loss (Group C). Psychological profiles, eating difficulties, and dissociative symptoms were evaluated during adolescence (14-16 years of age). Also assessed were the psychological profiles of the surviving caregivers. Group A had higher scores than Group B and C, indicating that there had not been an improvement in their psychological well-being. In addition, it was found that the psychological profiles of the surviving caregivers may have had an influence on the adolescents' psychological difficulties. This result is important for prevention, and it could direct clinical work and early intervention in this specific field by taking into account the influence of the surviving parent.

© 2016 Published by Future Academy www.FutureAcademy.org.uk

**Keywords:** Parental loss; childhood; adolescence; eating problems; dissociative symptoms.

### 1. Introduction

Losing a parent during childhood is an experience that might have long-term traumatic consequences (Cerel, Fristad, Verducci, Weller, & Weller, 2006; Brent, Melhem, Masten, Porta, & Payne, 2012). The international literature based on the theoretical framework of developmental



This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non-commercial 4.0 Unported License, permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

psychopathology recounts several difficulties in children and adolescents who have lost a parent (Dopp, & Cain, 2012).

## **2. Problem statement**

Several researchers agree that the loss of a parent during childhood is a very complex event that puts children at risk for developing psychopathological symptoms (Stroebe, Abakoumkin, Stroebe, & Schut, 2012). Few studies have taken into account the stage of development at which the loss happens (Ratnarajah, & Schofield, 2007). Abdelnoor and Hollins (2004) suggested that, when the loss of a caregiver occurs in the first three years of life, children may experience more severe psychological difficulties.

Psychopathological symptoms, dissociative experiences, and eating disorders might symbolize maladaptive defensive strategies that a child uses to cope with the loss of his/her parent. Specifically, dissociative experiences appear to be related to the subject's difficulty to integrate the experience of the definitive parting from the caregiver, whilst eating disorders seem to be associated with a reduced ability to regulate negative emotions through metacognitive processes (Schmidt, Humfress, & Treasure, 1997; Cimino, Cerniglia, Paciello, & Sinesi, 2012). The transitional theoretical framework suggests that the emotional adjustment of children who have suffered parental death can be influenced by his/her protective resources and negative events that the child has to face following the bereavement (Haine, Ayers, Sandler, & Wolchik, 2008; Tambelli, Cimino, Cerniglia, & Ballarotto, 2015a; Cimino et al., 2016).

Another important variable for the child's development after the loss of a parent is the quality of relationship with the surviving parent. Responsive parenting is fundamental for adaptive child outcomes in development (Kwok et al., 2005). After the death of his or her partner, the surviving parent may have difficulties in carrying out the role of parent (Saldinger, Porterfield, & Cain, 2004). Poor caregiving quality and maladaptive patterns of interactions are promoted by parental psychopathological risk (Tambelli, Cimino, Cerniglia, & Ballarotto, 2015b; Cerniglia, Cimino, & Ballarotto, 2014).

## **3. Research questions**

Some research found gender differences: males who had suffered parental loss in the first years of life seemed to show more aggressive behaviours than females (Dowdney et al., 1999) and tended to manifest more symptoms of internalization (Cimino, Monniello, & Sinesi, 2012). Weller and colleagues (1991) found that loss of a father may result in higher depressive symptoms in children than loss of a mother. However, scientific literature shows conflicting data: recent research did not find differences between children who had lost their father or mother (Kalter et al., 2002; Raveis, Siegel, & Karus, 1999). It is important to underline that the child developmental stage at which the loss occurs — in particular, during the passage from childhood to adolescence — is related to maladaptive outcomes: with the passage to adolescence, children acquire a better understanding of the irreversibility and inevitability of death (Corr, 1995).

#### **4. Purpose of the study**

Based on the conceptual model of developmental psychopathology, which assumes that traumatic experiences in early childhood may have potential maladaptive outcomes on psychological and emotional functioning over time, this study aimed to analyse the psychological profiles of adolescents who had lost a parent during childhood.

Specifically, this paper focuses on different outcomes of adolescents' psychological response to loss experiences during childhood, in a community sample. Adolescents (14–16 years of age) were assessed through self-report questionnaires that evaluated possible psychopathological risk, eating behaviours, and dissociative symptoms. The developmental stage at which the adolescents experienced the bereavement (the first 3 years of life or between 3–10 years of age) — and whether that played any role in the outcomes — was also considered. In addition, the study evaluated the psychopathological risk of the surviving parent. This study involved the evaluation of the adolescents' psychological profiles, taking into account age and gender, the developmental stage at which the loss occurred, and if the bereavement involved the mother or father. Finally, this research was done to verify the possible influence of the surviving parents' psychopathological risks on the adolescents' psychological profiles.

#### **5. Research methods**

##### *5.1. Sample*

The sample was recruited from a population of adolescents through schools in Central Italy. Subjects filled out an anamnestic questionnaire. For the aim of this work, the following subjects were excluded: those who had lived through traumatic experiences beyond parental loss; those who had been diagnosed with psychiatric disorders; those who had suffered from serious or chronic illness; those who had experienced severe economic difficulties; those who did not complete all the research tools; and those who did not receive consent to participate in the study. Using these exclusion criteria, the final sample (N=96) was divided into the following three groups:

Group A (N=32): Adolescents who had experienced the loss of a parent in the first three years of life;

Group B (N=32): Adolescents who had experienced the loss of a parent from 3 to 10 years of age;

Group C (N=32): Adolescents who had experienced no parental loss.

All subjects were Caucasian and most (88%) were of middle socioeconomic status (Bornstein, & Bradley, 2014). 91% of the subjects' parents had a job. The adolescents' mothers had an average age of 44.2 years (standard deviation [SD]=3.2), whereas the mean age of the fathers was 48.5 years (SD=2.6).

The research described here was approved by the Ethical Committee of the Psychology Faculty at Sapienza, University of Rome, before the start of the study and in accordance with the Declaration of Helsinki. Written informed consent was obtained from each of the study participants.

## 5.2. Measures

The *Symptom Checklist* (SCL-90-R; Derogatis, 1994) is a 90-item self-report questionnaire to assess the current psychological and/or psychopathological status of adults or adolescents. It is composed of nine symptom dimensions (somatization, obsessive-compulsivity, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) and a Global Severity Index (GSI). Prunas and colleagues (2012) developed the Italian validated version of SCL-90-R. Their study showed that the instruments have good internal coherence ( $\alpha$  coefficient=0.70–0.96), both for adolescents and adults.

The *Eating Attitudes Test* (EAT-40; Garner & Garfinkel, 1979) is a 40-item self-report questionnaire to identify concerns with eating and weight. Its scores are classified into three dimensions: dieting, bulimia/food preoccupation, and oral control. High scores denote body dissatisfaction, the desire to lose weight, a preoccupation with food, and greater self-control during eating. Cuzzolaro and Petrilli (1988) developed the Italian validated version of EAT-40, which has a high degree of internal reliability ( $\alpha$  coefficient=0.79–0.94).

The *Adolescent Dissociative Experience Scale* (A-DES; Armstrong, Putnam, & Carlson, 1997) is a 30-item self-report questionnaire that measures dissociative functioning. It has been administered with nonclinical and clinical samples. The Italian validated version of A-DES has good internal reliability (split-half  $r=0.91$ ,  $\alpha=0.93$ ; Caretti, Craparo, Ragonese, & Schimmenti, 2005). The A-DES includes subscales measuring dissociative amnesia, absorption and imaginative involvement, passive influence, and depersonalization and derealisation.

## 5.3. Data Analysis

Before performing the analyses, the variables' normality was ascertained. All the variables were normally distributed. The three groups were compared through analyses of multivariate variance (MANOVAs) taking into account adolescents' age and gender and if the bereavement involved the mother or father. Bonferroni's post hoc tests were applied. Finally, hierarchical regression analysis was conducted to investigate the possible influence of the surviving parents' psychopathological risks on the adolescents' psychological profiles. All analyses were performed with SPSS software (Version 21.0).

## 6. Findings

### 6.1. Adolescents' Psychological Profiles

MANOVAs on SCL-90-R subscale scores for adolescents in Groups A, B, and C showed the main effects on the groups ( $p<0.001$ ). In the analysis conducted, the child's gender and the gender of the deceased parent showed no significant effect on the variables. Bonferroni's post hoc tests demonstrated that the adolescents in Group A had significantly higher (i.e., more maladaptive) scores, than Group B and C on all the SCL-90-R subscales ( $p<0.001$ ) subscales. The adolescents' average scores for each SCL-90-R subscale are reported in Table 1.

**Table 1.** Means (SDs), F, and P Values of adolescents' scores on SCL-90-R subscales

	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>	<b>F(1,95)</b>
<b>SOM</b>	1.57 (.33)	.6 (.28)	.83 (.42)	96.62*
<b>O-C</b>	1.4 (.54)	.42 (.72)	.98 (.73)	23.16*
<b>I-S</b>	1.32 (.65)	.66 (.36)	.87 (.58)	18.92*
<b>DEP</b>	2.49 (.69)	.58 (.43)	.79 (.44)	132.19*
<b>ANX</b>	1.53 (.63)	.58 (.48)	.91 (.69)	26.82*
<b>HOS</b>	1.55 (.64)	.47 (.42)	.88 (.51)	43.74*
<b>PHOB</b>	1.37 (.72)	.45 (.46)	.83 (.48)	27.79*
<b>PAR</b>	1.28 (.83)	.52 (.32)	.72 (.56)	16.18*
<b>PSY</b>	1.61 (.49)	.56 (.27)	.69 (.42)	62.71*
<b>GSI</b>	1.59 (.5)	.54 (.34)	.84 (.41)	66.79*

\* p<.001

MANOVAs on EAT-40 subscale scores for adolescents in Groups A, B, and C showed the main effects on the groups ( $p<0.001$ ). In the analysis conducted, deceased parent's gender showed no significant effect on the variables. Bonferroni's post hoc tests demonstrated that the adolescents in Group A had significantly higher (i.e., more maladaptive) scores than Group B and C on all the EAT-40 subscales ( $p<0.001$ ). The adolescents' average scores for each EAT-40 subscale are reported in Table 2. MANOVAs showed a gender effect with no interaction effect. Univariate analysis showed a gender effect on the subscales dieting and bulimia/food preoccupation. Bonferroni's post hoc tests demonstrated that girls had significantly higher (i.e., more maladaptive) scores than boys in these subscales ( $p<0.001$ ).

**Table 2.** Means (SDs), F, and P Values of adolescents' scores on EAT-40 subscales

	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>	<b>F (1,95)</b>
<b>DIET</b>	13.25 (7.14)	1.84 (2.53)	3.66 (4.54)	79.53*
<b>BUL</b>	6.03 (3.02)	.5 (.84)	1 (2.01)	101.07*
<b>OC</b>	7.43 (3.25)	.84 (1.53)	1.5 (2.51)	76.67*

\* p<.001

MANOVAs on A-DES subscale scores for adolescents in Groups A, B, and C showed the main effects on the groups ( $p<0.001$ ). In the analysis conducted, the child's gender and the deceased parent's gender had no significant effect on the variables. Bonferroni's post hoc tests demonstrated that the adolescents in Group A had significantly higher (i.e., more maladaptive) scores than Group B and C on all the A-DES subscales ( $p<0.001$ ). The adolescents' average scores for each A-DES subscale are reported in Table 3.

**Table 3.** Means (SDs), F, and P Values of adolescents' scores on A-DES subscales

	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>	<b>F (1,95)</b>
<b>DISSOC. AMNESIA</b>	4.28 (2.75)	2.77 (.75)	.71 (.31)	20.83*
<b>DEPERS. /DEREALIZ.</b>	4.76 (2.3)	2.67 (.61)	.72 (.31)	40.07*
<b>PASSIVE INFLUENCE</b>	3.79 (3.52)	1.92 (1.63)	.62 (.48)	15.28*
<b>ABSORPTION</b>	4.69 (2.9)	2.27 (1.16)	.7 (.46)	30.69*

\* p&lt;.001

### 6.2. Association between adolescents' psychological profiles and the levels of psychopathological risk among the surviving parents

Linear regression analysis was conducted to verify whether parental psychopathological risk could predict an adolescent's psychological profile. Results showed that the Global Severity Index ( $\beta=0.966$ ;  $t=29.295$ ;  $p<0.001$ ) and all subscales of the surviving parents' SCL-90-R (all significant at  $p<0.01$ ) predicted the adolescents' psychological profiles. Furthermore, it was noted that 29 parents in Group A and five parents in Group B exceeded the clinical cut-off for SCL-90-R (Prunas et al., 2012).

## 7. Conclusions

Losing a parent during childhood is an experience that has potentially traumatic consequences for a child's psychological functioning over time (Brent et al., 2012). Several studies have stated that adolescence can be considered a complex period in the life of an individual and that adolescents who have lost a parent may experience several psychological difficulties (Stroebe et al., 2012).

This study found that adolescents who had experienced parental loss in the first three years of life had a higher psychopathological risk than other groups. Notably, adolescents who had experienced parental loss between 3 and 10 years of age revealed SCL-90-R questionnaire scores lower than adolescents who had not experienced loss. This data could depend on the psychological status of the caregiver but, as the SCL-90-R was not given to the parents of the control group, this data cannot be verified.

As regards the EAT-40 scores, the results revealed that adolescents who had experienced early bereavement showed more maladaptive eating behaviours than other groups. Ladame (1998) said that the body is an important means of recognition and reality testing in adolescence. Corcos (2006) highlighted the importance of caregiving in early childhood by stating that, in moments of loss, helplessness, or deep grief, the caregiver may be unable to tune into the emotional needs of the child.

The results also indicated that adolescents who had lost a parent in the first three years of life exhibited higher dissociative scores than other groups. Bromberg (2000) suggested that dissociation experiences may be regarded as common and adaptive responses to potentially traumatic events. Psychiatric disorders like depression and anxiety may arise when this response is used persistently over time and during complex developmental stages such as adolescence. It has been suggested that the loss of a parent during childhood may result in difficulties in adolescence, because it is at this

developmental stage when the most progress toward formation process of identity occurs. In fact, this process also takes place through parental relations (Balk & Vesta 1998).

Finally, the findings also suggested that psychopathological risk in the surviving parent can influence the adolescent's psychological difficulties. This issue is in line with other studies that have suggested that psychopathological risk in the surviving parent may hinder the possibility for the son of a supportive social environment and hamper the development of satisfying relationships and personal growth. (Angell, Dennis, & Dumain, 1998; Klass, Silverman, & Nickman, 1996; Cerniglia et al., 2015).

This study has some limitations. Other deaths of significant people during the adolescents' childhood, such as siblings or grandparents, were not taken into consideration. In addition, the study did not address the characteristics of the adolescents' temperaments.

Conversely, the study has several strengths and positive implications. Specific developmental stages (such as adolescence) were assessed in relation to early parental bereavement. Awareness of the issues revealed by the study might help orientate clinical intervention and encourage discrimination between different developmental phases in this specific field. Further, though the study made use of self-report instruments, those chosen were well-validated and widely used empirical tools. Based on the described limits, it is believed that further research is needed in this field in order to propose more efficient assessment and intervention policies for adolescents in the case of early parental loss.

## References

- Abdelnoor, A. & Hollins, S. (2004). How children cope at school after family bereavement. *Educational and Child Psychology*, 21(3), 85–94.
- Angell, G. B., Dennis, B. G. & Dumain, L. E. (1998). Spirituality, resilience, and narrative: coping with parental death. *Families in Society*, 79, 615–630.
- Armstrong, J. G., Putnam, F. W. & Carlson, E. B. (1997). Development and validation of a measure of adolescent dissociation: the Adolescent Dissociative Experiences Scale. *The Journal of Nervous and Mental Disease*, 185, 491–497.
- Balk, D. E. & Vesta, L. C. (1998). Psychological development during four years of bereavement: a longitudinal case study. *Death Studies*, 22, 23–41.
- Bornstein, M.H. & Bradley, R.H. (2014). *Socioeconomic Status, Parenting, and Child Development*. London: Routledge.
- Brent, D. A., Melhem, N. M., Masten, A. S., Porta, G., & Payne, M. W. (2012). Longitudinal Effects of Parental Bereavement on Adolescent Developmental Competence. *Journal of Clinical Child and Adolescent Psychology*, 41(6), 778–791.
- Bromberg, P. M. (2000). Review of Standing in the Spaces: Essays on Clinical Process, Trauma and Dissociation. *Psychoanalytic Psychology*, 17(2), 432-436.
- Caretti, V., Craparo, G., Ragonese, N. & Schimmenti, A. (2005). Disregolazione affettiva, trauma e dissociazione in un gruppo non clinico di adolescenti. Una prospettiva evolutiva. *Infanzia e adolescenza*, 4(3), 170-178.
- Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A. & Weller, E. B. (2006). Childhood bereavement: psychopathology in the 2 years postparental death. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45, 681–690.
- Cerniglia, L., Cimino, S. & Ballarotto, G. (2014). Mother-child and father-child interaction with their 24-month-old children during feeding, considering paternal involvement and the child's temperament in a community sample. *Infant Mental Health Journal*, 35, 473–481.
- Cerniglia, L., Cimino, S., Ballarotto, G., Casini, E., Ferrari, A., Carbone, P., & Cersosimo, M. (2015). Motor vehicle accidents and adolescents: an empirical study on their emotional and behavioral profiles, defense strategies and parental support. *Transportation Research Part F: Traffic Psychology and Behaviour*, 35, 28-36.
- Cimino, S., Cerniglia, L., Paciello, M., & Sinesi, S. (2012). A six-year prospective study on children of mothers with eating disorders: the role of paternal psychological profiles. *European Journal of Eating Disorders Review*, 21(3), 238–246.
- Cimino, S., Cerniglia, L., Porreca, A., Simonelli, A., Ronconi, L., & Ballarotto, G. (2016). Mothers and Fathers with Binge Eating Disorder and Their 18–36 Months Old Children: A Longitudinal Study on

- Parent–Infant Interactions and Offspring's Emotional–Behavioral Profiles. *Frontiers in Psychology*, 25(7), 580.
- Cimino, S., Monniello, G. & Sinesi, S. (2012). La perdita di un genitore nell'infanzia: uno studio empirico su un campione di pre-adolescenti. *Psichiatria dell'Infanzia e dell'Adolescenza*, 79(2), 398–410.
- Corcos, M. (2006). I disturbi del comportamento alimentare ad esordio precoce. In L. Carbone Tirelli (Ed.), *Pubertà ed adolescenza. Il tempo della trasformazione: segnali di disagio tra gli 11 e 14 anni*. Milano: Franco Angeli.
- Corr, C. A. (1995). Entering into adolescent understandings of death. In E. A. Grollman (Ed.) *Bereaved children and teens: a support guide for parents and professionals* (pp. 21–35). Boston: Beacon.
- Cuzzolaro, M. & Petrilli, A. (1988). Validazione della versione italiana dell'EAT-40. *Psichiatria dell'Infanzia e dell'Adolescenza*, 55, 209–217.
- Derogatis, L. R. (1994). *Symptom Checklist 90–R: administration, scoring, and procedures manual* (3rd ed.). Minneapolis: National Computer Systems.
- Dopp, A. R. & Cain, A. C. (2012). The role of peer relationships in parental bereavement during childhood and adolescence. *Death Studies*, 36(1), 41–60.
- Dowdney, L., Wilson, R., Maughan, B., Allerton, M., Schofield, P., & Skuse, D. (1999). Bereaved children: psychological disturbance and service provision. *British Medical Journal*, 319, 354–357.
- Garner, D. M. & Garfinkel, P. E. (1979). The eating attitudes test: An index of the symptoms of anorexia nervosa. *Psychological Medicine*, 9, 273–279.
- Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2008). Evidence-Based Practices for Parentally Bereaved Children and Their Families. *Professional Psychology, Research and Practice*, 39(2), 113–121.
- Kalter, N., Lohnes, K. L., Chasin, J., Cain, A. C., Dunning, S. & Rowan, J. (2002). The adjustment of parentally bereaved children: I. Factors associated with short-term adjustment. *Omega*, 46(1), 15–34.
- Klass, D., Silverman, P. R. & Nickman, S. L. (1996). *Continuing bonds: new understandings of grief*. Washington, DC: Taylor & Francis.
- Kwok, O. M., Haine, R. A., Sandler, I. N., Ayers, T. A., Wolchik, S. A., & Tein, J. Y. (2005). Positive parenting as a mediator of the relations between caregiver psychological distress and child mental health problems following the death of a parent. *Journal of Clinical Child and Adolescent Psychology*, 34, 261–272.
- Ladame, F. (1998). *Adolescence and Psychoanalysis: the story and the history*. London: Karnac Books.
- Prunas, A., Sarno, I., Preti, E., Madeddu, F. & Perugini, M. (2012). Psychometric properties of the Italian version of the SCL-90-R: a study on a large community sample. *European Psychiatry*, 27(8), 591–597.
- Ratnarajah, D. & Schofield, M. J. (2007). Parental suicide and its aftermath: a review. *Journal of Family Studies*, 13(1), 78–93.
- Raveis, V. H., Siegel, K. & Karus, D. (1999). Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence*, 28(2), 165–180.
- Saldinger, A., Porterfield, K. & Cain, A. C. (2004). Meeting the needs of parentally bereaved children: a framework for child-centered parenting. *Psychiatry*, 67(4), 331–352.
- Shultz, K. (1999). Bereaved children. *Canadian Family Physician*, 45, 2914–2921.
- Stroebe, W., Abakoumkin, G., Stroebe, M. S., & Schut, H. (2012). Continuing bonds in adjustment to bereavement: Impact of abrupt versus gradual separation. *Personal Relationships*, 19, 255–266.
- Tambelli, R., Cimino, S., Cerniglia, L. & Ballarotto, G. (2015a). Early maternal relational traumatic experiences and psychopathological symptoms: a longitudinal study on mother-infant and father-infant interactions. *Scientific Reports*, 5, 13984.
- Tambelli, R., Cerniglia, L., Cimino, S. & Ballarotto, G. (2015b). Parent-infant interactions in families with women diagnosed with postnatal depression: a longitudinal study on the effects of a psychodynamic treatment. *Frontiers in Psychology*, 6, 1210.
- Weller, R. A., Weller, E. B., Fristad, M. A. & Bowes, J. M. (1991). Depression in recently bereaved pubertal children. *The American Journal of Psychiatry*, 148, 1536–1540.