

Family Coping With COVID-19: Unexpected Parental Loss and Surviving Parent Coping, Grief and Posttraumatic Growth Outcomes Based on Child Age

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Abstract

Guided by the conceptual framework of widowed parenting, the current study takes a relational approach to understand more about how the characteristics of parents of young and adult children relate to coping following the unexpected death of a partner due to COVID-19, and how these variables predict complicated grief and posttraumatic growth. A sample of 81 widowed parents completed self-report measures examining parenting self-efficacy, relationship uncertainty, coping, complicated grief, and posttraumatic growth. Results of hierarchical regression analyses suggest that, when controlling for time since death (1) relationship uncertainty and avoidant coping significantly predict complicated grief for parents in the sample with adult children, and (2) widowed parenting self-efficacy and both problem-focused and emotion-focused coping significantly predict posttraumatic growth for parents in the sample with young children. Results of the current study may inform future practices (e.g., use of Emotionally Focused Family Therapy) to aid families grieving an unexpected loss.

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Keywords

unexpected loss, coping, complicated grief, posttraumatic growth, parent-child relationship

In the United States, approximately 1 out of 336 children under the age of 18 experienced the unexpected death of a parent or caregiver due to COVID-19 (Treglia et al., 2023). An unexpected death allows little time for family members to prepare for loss or say goodbye to loved ones, takes away important aspects of the grieving process, and may result in mental health changes (e.g., mood/anxiety disorders, depression) and greater distress among family members (Keyes et al., 2014; Melhem et al., 2011). During the COVID-19 pandemic specifically, the sudden loss of a loved one has been associated with higher levels of complicated grief, specifically prolonged grief, and persistent complex bereavement disorders (Eisma et al., 2021). Complicated grief occurs when feelings and loss-related emotions do not ease over time and recovery from loss is hindered (Litin, 2018). Additionally, because of gathering restrictions and social distancing requirements during the COVID-19 pandemic, family members were often prevented from engaging in essential end of life interactions that positively impact coping and lessen grief, such as in-person hospital visits and final conversations (Majid et al., 2022; Morris et al., 2020).

Guided by the conceptual model of widowed parenting (Donohue et al., 2023), the aim of this paper is to understand more about parenting for parents of dependent children (under the age of 18 years old), and the parent-child relationship between parents and their adult children (over the age of 18 years old) following the death of a parent/partner due to COVID-19. Additionally, it is of interest to assess the role of coping following death and understand how these variables relate to complicated grief and posttraumatic growth. Further knowledge of this topic may inform those working in support group settings with unexpectedly bereaved individuals, specifically spouses and parents, by offering ways to better support grieving families.

Conceptual Model of Widowed Parenting

The conceptual model of widowed parenting (Donohue et al., 2023) suggests that for widowed parents, parenting processes are couched within their grief experiences across time. This model situates Belsky's (1984) process model of parenting within the dual process model of coping with bereavement (Stroebe & Schut, 2010) across time to acknowledge change and transitions within the family unit in relation to family development theory (White & Klein, 2008; for a review, see Donohue et al., 2023). More specifically, this model suggests that three main contexts affect parenting, including parent characteristics, child characteristics, and the broader social context. For widowed parents, these parenting contexts are embedded within loss-oriented and restoration-oriented coping processes related to grieving individually and as a family

unit over time. The conceptual model of widowed parenting serves as a comprehensive framework to situate the variables of interest in the current study: coping styles, grief experiences and posttraumatic growth after death (grief-related components); child's age (dependent versus adult; child characteristics); parenting self-efficacy and relationship uncertainty (parent characteristics; see [Figure 1](#)).

Adjustment within the Parent-Child Relationship

Grief Experiences

Based on the above model, it is important to understand how a child's age may affect their grief experiences to glean a full understanding of the parenting responsibilities that bereaved parents manage within their new single parent role. Ample research suggests that among both dependent and adult children within a family, the unexpected death of a parent may produce prolonged grief and negatively impact mental health. Prolonged grief, a common type of complicated grief, is the experience of persistent and intense grief that interferes with day-to-day life ([American Psychiatric Association, 2022](#); [Kristensen et al., 2020](#)). [Melhem et al. \(2011\)](#) examined grief reactions of young

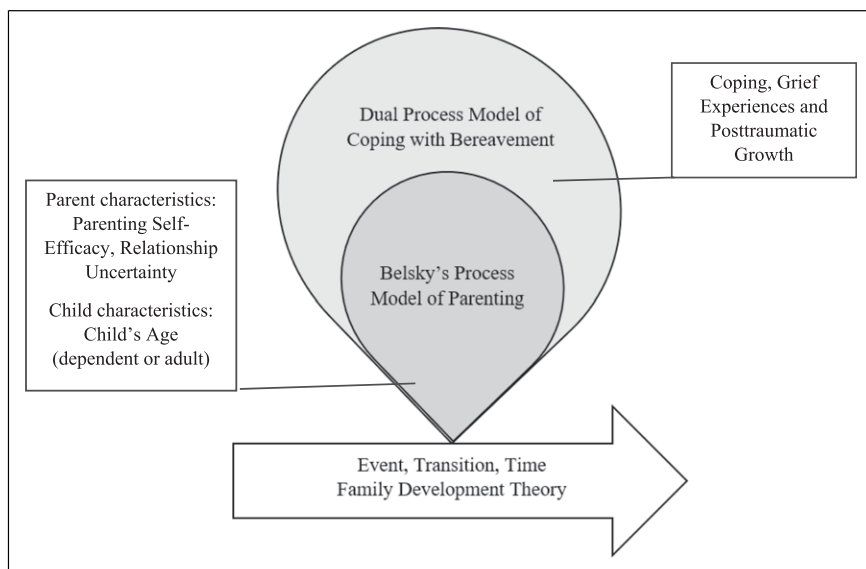


Figure 1. Study variables of interest situated within the conceptual model of widowed parenting.

children and adolescents after sudden parental death and found that a subset of children experienced prolonged grief and increased risk for depression and functional impairment. Similarly, [Pham et al. \(2018\)](#) found that adolescent children bereaved by a parent's sudden death are more likely to experience increased incidence of depression, posttraumatic stress disorder, and functional impairment, even after adjusting for pre-death risk factors. Further, grief-related outcomes may persist beyond childhood years, as a strong association exists between parental death due to sudden, external causes (e.g., accidents, homicides, suicides) and risk for self-inflicting injuries in young adult children ([Rostila et al., 2016](#)). Parentally bereaved children's mental health and ability to navigate grief hinges on their parent's own coping processes and emotional availability, especially for young children ([Yopp & Rosenstein, 2012](#)). Thus, parents and children are often interconnected in their grieving and coping experiences; an important facet that this study aims to further examine.

After the death of a spouse, surviving parents with dependent children must adapt to a new parenting role in which they are solely responsible for child-rearing decision-making while simultaneously grieving the loss of their partner ([Glazer et al., 2010](#); [Holmgren, 2021](#)). Several studies have examined parental adjustment in samples of surviving parents when death was anticipated ([Holmgren, 2021](#); [Yopp et al., 2015, 2019](#)) or when samples of surviving parents experienced both sudden and anticipated deaths ([Anderson et al., 2023](#); [Glazer et al., 2010](#); [Saldinger et al., 2004](#)). This research suggests that adaptation to a sole parenting role can be challenging and may include feeling anxious and uncertain about filling the deceased parent's role, feeling overwhelmed and distressed by new parenting responsibilities, and not having enough time to manage their own and their children's grief ([Glazer et al., 2010](#); [Holmgren, 2021](#); [Yopp et al., 2015](#)). These findings highlight the salience of results obtained using the Widowed Parenting Self-Efficacy Scale ([Edwards et al., 2018](#)).

Designed for specific use with "recently widowed parents of dependent-age children", the Widowed Parenting Self-Efficacy Scale assesses widowed parental self-efficacy, defined as a widow's perception of their ability to carry out relevant parenting tasks ([Edwards et al., 2018](#), p. 247). To date, few studies have utilized this measure. [Edwards et al. \(2018\)](#) found in a sample of 244 widowed fathers with dependent children that higher parenting self-efficacy related to lower depression and grief scores and higher psychological adaptation and parenting satisfaction scores. Further, a study by [Yopp et al. \(2019\)](#) found that in a sample of 252 widowers with dependent children, grief and depressive symptoms of surviving fathers remained high up to 2 years after their partner's death and negatively impacted the surviving parents' psychological adaptation and satisfaction and parental self-efficacy. Additional findings from a study examining widows with young children also suggest an inverse relationship between complicated grief levels and perceived parenting self-efficacy ([Williams, 2023](#)). As this is a new measure, additional research is needed to further understand how widowed parenting self-efficacy relates to coping and grief outcomes for parents with dependent children.

While some parents may struggle to adapt to their new role as a single, widowed parent, other research suggests that parenting may motivate surviving parents to persist. Within a sample of participants whose spouses died both suddenly and expectedly, findings suggest that parenthood provided participants with a purpose, motivated them to manage their grief, and protected them from negative psychological effects following their partner's death (Anderson et al., 2023). Other studies of widows with young children echo that children provide a "purpose in life" and "reason for living" (Doherty & Scannell-Desch, 2022, p. 84). For surviving parents with young adult children, the opposite experience has been observed; due to a partner's death, surviving parents report frustration in having ample spare time to fill that would have otherwise been spent with their spouse, as their children are now independent (Anderson et al., 2023).

Coping After Death

Certain types of coping strategies utilized following a loved one's death may yield better familial outcomes than others. Problem-focused coping is defined as taking action to resolve underlying causes of stressors, while emotion-focused coping involves the regulation of emotions and emotional responses to the problem as opposed to directly addressing the problem itself (Raypole, 2020). In contrast, avoidant coping involves not addressing a problem directly and disengaging or averting attention from the problem (American Psychological Association, 2023). Recently, there has been a push to examine loss and coping from a relational perspective, as bereaved individuals utilize their existing relationships to understand and receive support for their grief to cope with loss, especially in the parent-child context in widowed families (Droser, 2020; Jiao et al., 2021; Jiao & Chow, 2023). However, due to the unexpected nature of COVID-19 and quarantine/public gathering restrictions, such as the inability to visit grieving family members or perform religious-cultural rituals at the time of death, one mixed-methods study noted that the ability to utilize effective coping strategies (e.g., problem-focused coping) was challenging for families and loved ones, who indicated they were more likely to use avoidant coping (Majid et al., 2022). Further, unexpected and traumatic loss may heighten stress and grief, resulting in hindered ability to use more effective coping strategies associated with adaptive adjustment after loss (Zara et al., 2020).

When a loved one, including a parent or spouse, dies unexpectedly, research has shown that avoidant coping predicts higher levels of complicated grief and lower levels of posttraumatic growth (Fisher et al., 2020; Schneider et al., 2007). For surviving parents with dependent children, coping with loss may mainly involve focusing on their relationship with their child and less on their own needs (Jiao et al., 2021; Khosravan et al., 2010; McClatchy, 2018). The attributes of widowed parents, such as parenting, communication style, and coping strategies, may serve as protective or risk factors that influence family adjustment and ability to cope with loss in positive or negative ways (e.g., fewer/greater mental health problems; Jiao et al., 2021). For example, high quality surviving parent-child communication, a protective factor from psychological health

issues, may be affected by the passing of a parent due to new challenges, which can impact family coping (Weber et al., 2019, 2021). Weber et al. (2021) found that lower quality surviving parent-child communication following a parent's death, which may be classified as avoidant coping if parents are evading having discussions with their child(ren) that allow for healthy grieving, was associated with greater psychological distress and conduct problems for children and adolescents.

Within surviving parent-child relationships with adult children, both widowed parent and adult child may experience inability to communicate effectively, detachment and uncertainty of the relationship because of differing or disrupted expectations following the parent/partner's death, or even a loss of independence (e.g., co-dependence; Droser, 2020; Jiao et al., 2021). However, within the sparse literature on this topic, reciprocity, sharing, and relational coping within the parent-child relationship, which may be considered components of emotion-focused coping, have been found to make the adjustment after loss of a spouse and parent easier for surviving parent and child.

Posttraumatic Growth

While research suggests copious negative outcomes for surviving parents and their children following a spousal/parental death, some families experience a positive transformation following such adversity known as posttraumatic growth (Collier, 2016). Posttraumatic growth is a process of transformative and positive psychological change (e.g., greater appreciation for life) following a major psychological struggle or traumatic event that alters one's worldview (e.g., death; Elam & Taku, 2022; Tedeschi et al., 2018). Qualitative findings suggest that posttraumatic growth and progression for a widow following the death of a spouse is promoted by a variety of factors including a support system, individual personality characteristics, both physical and mental health, resources, and spirituality (Doherty & Scannell-Desch, 2022). Although posttraumatic growth is more common in individualistic cultures, social support may promote posttraumatic growth among widows who have experienced sudden spousal loss (Khatib et al., 2021; Richardson, 2015). Other qualitative interviews with surviving family members who lost an immediate relative due to suicide provide support for posttraumatic growth in the context of unexpected death, as participants described the reorganization of their world view, profound change in their values, and the need to create warm and loving relationships with other surviving family members (Lee et al., 2019). In addition, results from some quantitative studies found that subsets of problem- and emotion-focused coping (e.g., active and supportive coping) associate with higher levels of posttraumatic growth after a parent/spouse's unexpected death (Fisher et al., 2020; Schnider et al., 2007). Additional research is needed in this context to further understand factors that predict post-traumatic growth among young, parenting widows.

The Current Study

The current study contributes to the existing literature in several ways. First, to my knowledge, the examination of parental grief and posttraumatic growth outcomes following the death of a partner have been in the context of samples that have included expected, or expected and sudden, death of a spouse. Little attention has focused specifically on these outcomes when death is unexpected. Second, much of the literature on the sudden death of a young parent within a family has focused on grief and mental health outcomes of children but have not explicitly examined similar outcomes for parents. Third, recent studies have started recognizing loss and coping in a relational way, specifically within the parent-child relationship (Droser, 2020; Jiao et al., 2021; Jiao & Chow, 2023). The current study contributes to the relational, parent-child aspect of grieving from the perspective of the surviving parent by examining widowed parenting self-efficacy within parent-child interactions for parents with dependent children and parent-child relationship uncertainty for parents with adult children.

The current quantitative study aims to answer the following questions (1) Are parents who lost a partner due to COVID-19 experiencing complicated grief? (2) Within the parent-child relationship: (a) How do parents of dependent children perceive their parenting self-efficacy as a young widow? (b) How do parents of adult children perceive their relationship with their adult child since the loss? (3) In the overall sample, what coping styles most strongly predict complicated grief and posttraumatic growth after the death of a partner due to COVID-19? And more specifically: (a) For parents of dependent children, after controlling for time since death, do predictors of parental-self efficacy and coping style explain a significant amount of the variance in posttraumatic growth? and (b) For parents of adult children, after controlling for time since death, do predictors of relationship uncertainty and coping style explain a significant amount of the variance in the outcome variables of complicated grief?

Due to the nature of the COVID-19 pandemic and its impact on families in the United States, it was hypothesized that (1) surviving parents who lost their partner due to COVID-19 would experience high levels of complicated grief, (2) Parents of dependent children would have a lower sense of parenting self-efficacy, (3) Parents of adult children would experience uncertainty within their parent-child relationships, (4) In the overall sample, avoidant coping would predict complicated grief, while problem- and emotion-focused coping would predict posttraumatic growth for surviving parents (5) After controlling for time since death, predictors of relationship uncertainty as well as avoidant coping will predict and explain a significant amount of variance in complicated grief, and (6) After controlling for time since death, predictors of parental self-efficacy in addition to problem- and emotion-focused coping will predict and explain a significant amount of variance in posttraumatic growth for surviving parents.

Method

Participants

The total sample included 81 parents who lost a partner due to COVID-19 and are a parent of a dependent-aged child (under the age of 18; $n = 55$ children; 33.3%; $M_{\text{ChildAge}} = 10.14$ years, $SD = 4.91$ years; range = 4 months to 17 years), adult-aged child (over the age of 18; $n = 138$ children; 59.3%; $M_{\text{ChildAge}} = 29.51$ years, $SD = 8.16$ years; range = 18–57 years), or have children of both ages ($n = 6$; 7.4%). Eighty participants (98.8%) were female and 1 (1.2%) was male. Almost the entire sample ($n = 79$; 97.5%) stated that the death of their partner was unexpected. On average, participants were 52.36 years old ($SD = 10.06$ years; range = 29–74) and the average amount of time that had passed since the partner's death was 14.20 months ($SD = 7.47$ months). Additional demographic information is provided in [Table 1](#).

Measures

Parenting Self-Efficacy With Dependent Child. If the participant had a child under the age of 18, the Widowed Parenting Self-Efficacy Scale ([Edwards et al., 2018](#)) was used to determine how confident the participant felt about parenting their dependent child (e.g., I meet my own expectations for being a parent). This scale includes nine parenting statements to which participants responded on a Likert-Scale ranging from 1 = Strongly Disagree to 6 = Strongly Agree. Five of the nine items were reverse scored. An overall score was determined for each participant by averaging scores for the 9 items ($\alpha = .83$), with higher scores indicating higher parenting self-efficacy. Subscale scores were not analyzed for the current study. If the parent had children both under and over the age of 18, they completed this and the Relational Uncertainty Scale to account for both children.

Relationship Uncertainty with Adult Child. If the participant had a child over the age of 18, they completed an adapted version of the Relational Uncertainty Scale ([Droser, 2020](#)). This scale was adjusted so that each item includes the beginning stem “Since the death, how certain are you about...” followed by the original item regarding the parent-child relationship (e.g., Since the death, how certain are you about your relationship with your child?). Participants responded using a Likert-scale ranging from 1 = Completely Uncertain to 7 = Completely Certain. Responses were reverse-coded so that higher scores indicated greater relationship uncertainty. The 12 items reflected three subscales: self-uncertainty (4 items, $\alpha = .96$), partner (child) uncertainty (4 items, $\alpha = .97$), and relationship uncertainty (4 items, $\alpha = .97$). Only relationship uncertainty was examined in the current study.

Coping. The participants' ability to cope with the death of their partner/spouse due to COVID-19 were measured using the Brief-COPE ([Carver, 1997](#)). The Brief-COPE includes 28 items (e.g., I've been learning to live with it) rated by participants on a Likert-scale ranging from 1 = I haven't been doing this at all to 4 = I've been doing this

Table 1. Sociodemographic Characteristics of Surviving Parents ($N = 81$).

| Demographic characteristic | <i>n</i> | % |
|----------------------------------|----------|-------|
| Marital status | | |
| Widowed | 76 | 93.8% |
| Never married | 2 | 2.5% |
| Single | 2 | 2.5% |
| Remarried | 1 | 1.2% |
| Race | | |
| White | 65 | 80.2% |
| Hispanic | 10 | 12.3% |
| Black | 2 | 2.5% |
| American Indian/Alaska Native | 1 | 1.2% |
| Other | 3 | 3.7% |
| Ethnicity | | |
| North American | 54 | 66.7% |
| Western European | 7 | 8.6% |
| Eastern European | 2 | 2.5% |
| Mediterranean | 1 | 1.2% |
| South American | 1 | 1.2% |
| African | 1 | 1.2% |
| Asian/Pacific Islander | 1 | 1.2% |
| Highest level of education | | |
| Some high school, no degree | 1 | 1.2% |
| High school degree or equivalent | 14 | 17.3% |
| Some college, no degree | 35 | 43.2% |
| Associate degree | 12 | 14.8% |
| Bachelor's degree | 13 | 16.0% |
| Master's degree | 6 | 7.4% |
| Family Income (past year) | | |
| Less than \$50,000 | 38 | 46.8% |
| Between \$50,000 and \$69,999 | 12 | 14.8% |
| Between \$70,000 and \$99,999 | 16 | 19.8% |
| Over \$100,000 | 15 | 18.5% |
| Religion | | |
| Roman catholic | 18 | 22.2% |
| Christian | 44 | 54.3% |
| Muslim | 1 | 1.2% |
| Agnostic | 6 | 7.4% |
| Other | 12 | 14.8% |

a lot. Scores were averaged for three overarching coping styles that include problem-focused coping (8 items, $\alpha = .84$), emotion-focused coping (12 items, $\alpha = .54$), and avoidant coping (8 items, $\alpha = .51$). Higher average scores indicate a greater use of coping style. Further, scores were also averaged for each of the following problem-focused coping, emotion-focused coping, and avoidant coping facets. Problem-focused coping facets include: active coping (2 items, $\alpha = .73$), use of informational support (2 items, $\alpha = .90$), positive reframing (2 items, $\alpha = .71$), and planning (2 items, $\alpha = .81$). Emotion-focused facets include: emotional support (2 items, $\alpha = .74$), venting (2 items, $\alpha = .58$), humor (2 items, $\alpha = .75$), acceptance (2 items, $\alpha = .79$), religion (2 items, $\alpha = .81$), and self-blame (2 items, $\alpha = .70$). Avoidant facets include: self-distraction (2 items, $\alpha = .20$), denial (2 items, $\alpha = .83$), substance use (2 items, $\alpha = .92$) and behavioral disengagement (2 items, $\alpha = .79$). As noted, some coping style facets had poor or unacceptable internal consistency. For emotion-focused coping style, venting facet items were dropped due to low internal consistency and self-blame facet items were dropped due to moderate inverse correlations with other emotion-focused coping items, resulting in acceptable internal consistency for the remaining items (8 items; $\alpha = .72$). For avoidant coping style, self-distraction facet items were dropped due to low internal consistency and substance use facet items were dropped due to weak inverse correlations with other avoidant coping style items, resulting in good internal consistency for the remaining items (4 items; $\alpha = .84$).

Complicated Grief. Complicated grief was measured using the Inventory of Complicated Grief (Prigerson et al., 1995). Participants rated the frequency with which they experienced each of the 19 items (e.g., I feel disbelief over what happened; $\alpha = .91$ in this sample) using a Likert-scale ranging from 0 = Never to 4 = Always. All items were totaled. Participants with ICG scores greater than 25 are considered significantly more impaired in social, general, mental, and physical health functioning and in bodily pain than those with ICG scores less than or equal to 25.

Posttraumatic Growth. In response to the death of their partner/spouse, posttraumatic growth was measured using the Post-Traumatic Growth Inventory (Tedeschi & Calhoun, 1996). Participants rated 21 items (e.g., I discovered that I am stronger than I thought I was; $\alpha = .95$) using a 6-point Likert Scale ranging from 0 = I did not experience this change as a result of my crisis to 5 = I experienced this change to a very great degree as a result of my crisis. All responses were totaled with higher scores indicating higher levels of posttraumatic growth.

Procedure

All study procedures were approved by the institution's Institutional Review Board (IRB) prior to the start of data collection. Participants were gathered from four online-based support groups for individuals who lost a family member or partner due to COVID-19. With prior permission from the online groups' administrators, the researcher posted a recruitment message approximately once a month from September 2021 to March 2023 containing study criteria and a link to complete the consent form and online survey. To be

eligible for study participation, individuals needed to be over the age of 18, have lost a partner/spouse due to COVID-19, and be a parent of a dependent (under the age of 18) or adult (age 18 or older) child. If eligible, participants consented to study participation and completed the online survey, which took approximately 20–30 minutes. After survey completion, participants were provided a list of grief-related resources (blogs, hotlines, books) to mitigate negative emotions that may have arisen during study participation and received a \$10 gift card as participation compensation.

Data Analysis

Sample characteristics were obtained through descriptive statistics and frequency analyses (see Table 1). Hypotheses 1–3 were tested by analyzing the means and standard deviations for variables of complicated grief, parenting self-efficacy, and relationship uncertainty. Associations between all variables of interest and the control variable were also examined using bivariate correlation (see Table 2 for results).

Prior to hypothesis testing, parametric tests indicated that the study data do not violate any of the required assumptions, so regression analyses were performed. To test Hypothesis 4, the researcher conducted two multiple linear regressions to predict coping of the overall

Table 2. Means, Standard Deviations, and Correlations for Predictor and Outcome Variables.

| Variables | M | SD | Predictor variables | | | | | Outcome variables | |
|--|-------|-------|---------------------|--------|--------|-------|-------|-------------------|-----|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Avoidant coping (<i>n</i> = 81) | 1.84 | .81 | - | - | - | - | - | - | - |
| 2. Emotion-focused coping (<i>n</i> = 81) | 2.24 | .56 | -.71** | - | - | - | - | - | - |
| 3. Problem-focused coping (<i>n</i> = 81) | 2.56 | .70 | -.57** | .80** | - | - | - | - | - |
| 4. Widowed parental self-efficacy (<i>n</i> = 33) | 3.30 | .97 | -.43* | .44* | .43* | - | - | - | - |
| 5. Relationship uncertainty (<i>n</i> = 52) | 19.83 | 7.94 | .23 | -.24 | -.14 | -.18 | - | - | - |
| 6. Complicated grief (<i>n</i> = 81) | 43.40 | 13.64 | .73** | -.69** | -.46** | -.40* | .37** | - | - |
| 7. Posttraumatic growth (<i>n</i> = 81) | 45.06 | 25.37 | -.56** | .65** | .64** | .54** | -.30* | -.56** | - |
| 8. Time since death (Months) | 14.20 | 7.42 | -.14 | .012 | .023 | .13 | -.10 | -.25* | .20 |

Note. ** $p < .01$; * $p < .05$. Average scores for coping variables fall on a range from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*). Respondents with complicated grief scores >25 are significantly more impaired in social, general, mental, and physical health functioning than those who score ≤ 25 .

sample in relation to grief-related outcomes, specifically surviving parents' (1) complicated grief from avoidant coping and (2) posttraumatic growth from emotion-focused and problem-focused coping. Both analyses controlled for time since death.

To test Hypotheses 5 and 6, the researcher conducted three separate hierarchical regression analyses. After controlling for time since death (step 1), these analyses examined if (1) predictors of relationship uncertainty (step 2) as well as avoidant coping (step 3) will predict and explain a significant amount of variance in complicated grief, if (2) predictors of parental self-efficacy (step 2) in addition to problem-focused coping (step 3) will predict and explain a significant amount of variance in posttraumatic growth for surviving parents, and if (3) predictors of parental self-efficacy (step 2) in addition to emotion-focused coping (step 3) will predict and explain a significant amount of variance in posttraumatic growth for surviving parents. Three predictor variables were entered in each separate analysis to follow rule of thumb guidelines of 10 participants per predictor variable ($n = 33$ parents of dependent children; [Hair et al., 2013](#)).

Results

Descriptive Findings

In this sample, surviving parents who lost their partner due to COVID-19 reported high levels of complicated grief ($M = 43.40$, $SD = 13.64$), with scores ranging from 13–71. According to [Prigerson \(1995\)](#), scores above 25 indicate greater impairment in social, general, mental, and physical health functioning and bodily pain in comparison to scores below 25. In addition, surviving parents of dependent children in this sample ($n = 33$) indicated moderate levels of parenting self-efficacy overall ($M = 3.29$, $SD = 0.97$; range 1–5.67). Surviving parents with adult children ($n = 52$) indicated high levels of relationship uncertainty ($M = 19.83$, $SD = 7.94$; range 4–28). Of note, surviving parents in this sample felt relatively uncertain about their own perception of their relationship with their adult child.

Regression Analyses

In the total sample, a multiple linear regression was conducted to predict surviving parents' complicated grief from avoidant coping controlling for time since the death. Avoidant coping ($\beta = 12.06$, $p < .001$) statistically significantly predicted complicated grief, $F_{(2, 77)} = 46.51$, $p < .001$, adjusted $R^2 = .55$, Cohen's $f^2 = 2.85$, explaining 55% of the variance in complicated grief. A second multiple linear regression was conducted to predict surviving parents' posttraumatic growth from emotion-focused and problem-focused coping controlling for time since death. Both predictors (emotion-focused coping, $\beta = 16.02$, $p = .013$ and problem-focused coping, $\beta = 12.59$, $p = .014$) statistically significantly predicted posttraumatic growth, $F_{(3, 76)} = 23.85$, $p < .001$, adjusted $R^2 = .47$, Cohen's $f^2 = .96$, explaining 47% of the variance in posttraumatic growth.

For parents in the sample with adult children, a hierarchical linear regression was conducted to predict surviving parents' complicated grief from relationship uncertainty

and avoidant coping controlling for time since the death. The results showed that step 1 is not statistically significant: Time since death ($\beta = -.26, p = .064$) did not statistically significantly predict complicated grief, $F_{(1, 50)} = 3.59, p = .064$, adjusted $R^2 = .05$, Cohen's $f^2 = .05$. The second step, which contained relationship uncertainty ($\beta = -.35, p = .01$) was statistically significant in predicting complicated grief, $F_{(2, 49)} = 5.65, p = .006$, adjusted $R^2 = .15$, Cohen's $f^2 = .18$, $\Delta R^2 = .12$, explaining 15% of the variance in complicated grief and representing a medium effect size. The third step, which included avoidant coping ($\beta = .72, p < .001$) also showed a statistically significant improvement above step 2 to predict complicated grief, $F_{(3, 48)} = 30.77, p < .001$, adjusted $R^2 = .64$, Cohen's $f^2 = 1.78$, $\Delta R^2 = .47$, explaining 64% of the variance in complicated grief and representing a large effect size.

For parents in the sample with dependent children, two hierarchical linear regressions were conducted to predict surviving parents' posttraumatic growth from widowed parenting self-efficacy and (1) problem-focused coping, and (2) emotion-focused coping, when controlling for time since the death. The results showed that in step 1, time since death ($\beta = .15, p = .41$) did not statistically significantly predict posttraumatic growth, $F_{(1, 31)} = .69, p = .41$, adjusted $R^2 = -.01$. The second step, which contained widowed parenting self-efficacy ($\beta = .53, p = .002$) was statistically significant in predicting posttraumatic growth, $F_{(2, 30)} = 6.20, p = .006$, adjusted $R^2 = .25$, Cohen's $f^2 = .33$, $\Delta R^2 = .27$, explaining 25% of the variance in posttraumatic growth and representing a medium effect size. The third step of the first analysis, which included problem-focused coping ($\beta = .63, p < .001$) showed a statistically significant improvement above step 2 to predict posttraumatic growth, $F_{(3, 29)} = 15.56, p < .001$, adjusted $R^2 = .58$, Cohen's $f^2 = 1.38$, $\Delta R^2 = .32$, explaining 58% of the variance in posttraumatic growth and representing a large effect size. Step 3 of the second analysis, which included emotion-focused coping ($\beta = .60, p < .001$) also showed a statistically significant improvement above step 2 to predict posttraumatic growth, $F_{(3, 29)} = 13.59, p < .001$, adjusted $R^2 = .54$, Cohen's $f^2 = 1.17$, $\Delta R^2 = .29$, explaining 54% of the variance in posttraumatic growth and representing a large effect size.

Discussion

The present study examined associations and predictors of surviving parents' posttraumatic growth and complicated grief following the death of a partner due to COVID-19. In alignment with the conceptual model of widowed parenting, the findings of this study suggest that parental characteristics (e.g., widowed parenting self-efficacy for parents with dependent children, relationship uncertainty for parents with adult children, and coping styles), and child characteristics e.g., (adult or dependent child), may lead to more positive (e.g., posttraumatic growth) or maladaptive (e.g., complicated grief) outcomes for widowed parents. This study is important because it (1) simultaneously examines parenting characteristics of the surviving parent and age as a characteristic of children, and (2) examines components of the parent-child relationship from the perspective of the surviving parent in the context of grieving after a COVID-19-related death of a spouse and parent within the family unit.

As hypothesized and consistent with previous findings (Fisher et al., 2020; Schnider et al., 2007), surviving parents who lost their partner unexpectedly due to COVID-19 did, on average, experience high levels of complicated grief. It is typical for a sudden death (e.g., accident, combat, suicide) to result in more complicated grief and mental health challenges for family members (Fisher et al., 2020; Huh et al., 2018; Keyes et al., 2014; Melhem et al., 2011), especially when the loved one is a life partner (Shear, 2012). Specifically, other researchers examining COVID-19-related loss have found that grieving individuals experience more intense and worse grief levels than deaths from other natural and unnatural causes (Eisma et al., 2021). COVID-19-related barriers such as social distancing may have prevented surviving parents from lessening the severity of their grief when their partner passed away because they were unable to have final conversations, in-person hospital visits, and end-of-life ceremonies that typically aid in the healing process after death (Majid et al., 2022; Morris et al., 2020).

Consistent with previous research (Fisher et al., 2020; Schnider et al., 2007) and as hypothesized, avoidant coping did significantly predict complicated grief, while problem- and emotion-focused coping did significantly predict posttraumatic growth for surviving parents. Avoidant coping is traditionally viewed as a method of coping associated with complicated grief and use of maladaptive strategies such as refusal to accept loss, intense feelings of grief, and distraction, especially when an individual is reliant on this form of coping (Lipp and O'Brien, 2022; Ryckeboosch-Dayez et al., 2016). In addition, relationship uncertainty significantly predicted complicated grief for parents of adult children. From their perspective, surviving parents of adult children in the current study did experience uncertainty within their relationships with their adult children. These findings align with previous literature suggesting a shift (e.g., disruption), period of adjustment (e.g., detachment), or refinement in the parent-adult child relationship following the death of a parent (Droser, 2020; Jiao et al., 2021). This experience is typical as the family is navigating situational and role changes and psychological and grief-related challenges following the death (Bergman et al., 2017), but results also highlight that this may be especially true when a family member's death is unexpected. These findings provide evidence for the conceptual model of widowed parenting, suggesting that characteristics such as the surviving parents' perception of their relationship with their child, and additionally the age of the child, may have an impact on coping mechanisms and grief outcomes.

Findings suggest that problem- and emotion-focused coping promote posttraumatic growth outcomes for surviving parents. Previous research has shown that supportive (e.g., emotional support) and active (e.g., planning, positive reframing) coping positively associate with higher levels of posttraumatic growth and suggest, "unique pathways for supporting growth within the population of those who have been suddenly...bereaved" (Fisher et al., 2020, p. 6). Further, widowed parenting self-efficacy was a significant predictor of posttraumatic growth for parents of dependent children. These findings minimally suggest a positive association between widowed parenting self-efficacy and posttraumatic growth. Widowed parenting self-efficacy is a relatively new concept that warrants further study in the context of surviving parent-child coping and grief outcomes following a parent's death, particularly within more robust samples. It is possible that in this sample, as

suggested by previous research, parenting for widows/widowers may have provided surviving parents with motivation to manage grief and a sense of purpose following the death of their partner (Anderson et al., 2023; Doherty & Scannell-Desch, 2022).

Opposite of what was originally hypothesized, parents of dependent children in this sample indicated moderate as opposed to low levels of perceived parenting self-efficacy. On average, parents' parenting self-efficacy scores fell between mildly disagreeing or agreeing that they were able to carry out parenting tasks following the death of their partner, which was higher than originally presumed (Edwards et al., 2018). This is consistent with previous literature citing that parents who experience the loss of their partner are often challenged in their new role as a single parent (aligned with disagreement to WPSE items; Glazer et al., 2010; Holmgren, 2021; Yopp et al., 2015) but may be motivated by their children to endure the new burdens associated with parenting following the death of their partner (aligned with agreement to WPSE items; Anderson et al., 2023; Doherty & Scannell-Desch, 2022). Similar to previous studies (Edwards et al., 2018; Williams, 2023; Yopp et al., 2019), it is also important to note that current study findings suggest an inverse relationship between complicated grief and widowed parenting self-efficacy.

Limitations and Future Directions

The current study is not without limitations, including a small sample size of primarily White widows and a cross-sectional design. Future studies should consider larger, more diverse samples that include widowers and utilize a longitudinal design to examine changes across time. A third limitation includes that data were gathered using self-report measures, which only provide the perspective of coping and grief-related outcomes from one side of the parent-child relationship. Specifically, this is atypical for the Relational Uncertainty Scale, which is usually completed by both individuals within a relationship (Droser, 2020). Future research should include both surviving parent and child perspectives to provide a more holistic picture of coping and grief experiences within the family unit. This is in line with recommendations from Jiao et al. (2021), who emphasize the examination of the bidirectional, dyadic relationship between parent and child in widowed families and specifically call for additional insight into if and how parental grief is affected by their children.

Despite its limitations, in addition to future research recommendations made above, the results of the current study may inform future practice for aiding families grieving an unexpected loss. For surviving parents of adult children experiencing relationship uncertainty, interventions aimed at restructuring their interactions, such as those as part of Emotionally Focused Family Therapy (EFFT), may be beneficial (Stavrianopoulos, 2019). Grounded in the ongoing construction of the present experiences of families, EFFT techniques, such as tracking and reflecting on interactions, reframing interactions from negative to a positive portrayal, and directly sharing clear messages between family members, promote reshaping interactions among family members (Stavrianopoulos, 2019). This form of therapy aligns with facilitating companionship, self-observation, and the promotion of positive emotions, which are also recommended

treatment approaches for managing complicated grief and healing after loss (Shear, 2012). These approaches may be especially beneficial for surviving parents of adult children experiencing relationship uncertainty and complicated grief after loss.

Findings of the current study suggest the importance of considering ways in which grief counselors and support group facilitators can promote problem- and emotion-focused coping strategies among surviving parents with young children, specifically those who have experienced death unexpectedly. Previous intervention-based recommendations to promote posttraumatic growth for individuals who have experienced negative life events include helping them reevaluate the influence of negative events on their life, facilitating a supportive psychological environment, and incorporating problem-focused practices that also emphasize self-compassion to promote their recovery from a traumatic life event (Munroe et al., 2022; Yeung et al., 2016). The provision of these types of support within bereavement support groups specific to younger widow(er)s may be especially helpful, as surviving parents are often seeking support for themselves as well as their children (Donohue et al., 2023).

In conclusion, this study contributes to the literature by examining characteristics of the surviving parent based on the age of their children and how these contribute to utilization of coping styles and grief and posttraumatic growth outcomes. Further, this study examines components of the parent-child relationship in the context of grieving after the death of a partner/parent due to COVID-19. Findings emphasize the importance of fostering emotion- and problem-focused coping following unexpected death of a partner as predictors of posttraumatic growth and provides further suggestions for practice for those who work with surviving parents and their family members.

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