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A Death in the Family: Links between Religion, Parenting, and Family Communication about Death

Lindsay Zajac [1] and Chris James Boyatzis [2,*]

[1] Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA
[2] Department of Psychology, Bucknell University, Lewisburg, PA 17837, USA
* Correspondence: boyatzis@bucknell.edu

Abstract: The present study assessed the frequency and nature of parent–child communication about death and identified predictors of such communication. The sample comprised 24 families who had recently lost a family member. Parents completed survey measures of global parenting dimensions (warmth/acceptance, psychological control, behavioral control), parental coping (religious and secular coping), parental religiosity, and parent–child communication about death. Almost 80% of parent–child dyads discussed death at least once a week, and children initiated approximately half of these conversations. Parental warmth/acceptance was positively associated with the frequency of parent–child communication about death, whereas psychological control, negative religious coping, private religious practices, and religious focus were negatively associated with the frequency of parent–child communication about death. Results from hierarchical linear regression analyses suggest that even when controlling for parental warmth/acceptance and psychological control, parents' private religious practices and religious focus negatively predicted the frequency of parent–child communication about death.

Keywords: religion; parenting; children; communication; death; coping; warmth; psychological control

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1. Introduction

A death in the family is a "profound psychological insult" (Raveis et al. 1999, p. 166) that drastically disrupts the family system (Rolland 1999) and is a distinctive and understudied context of development. Before the age of 14, some 5 to 8% of children in the United States experience the loss of a sibling (Fletcher et al. 2013), and between the ages of 7 and 18, about 5% of children suffer the loss of a parent (Melhem et al. 2011). When a family member dies, children (and parents) often suffer the loss of attachment figures and major sources of emotional and psychological support. For children, common responses to the death include shock and denial, profound sadness, and a feeling of emptiness (Flahault et al. 2018). The intense bereavement following a family death places family members at risk for psychosocial and physical health problems (Lichtenthal et al. 2010; Noppe and Noppe 1997; Renaud et al. 2013). For young children, grief is typically shown in somatic (e.g., stomachaches, sleep problems), psychological (e.g., anxiety), and behavioral ways (e.g., increased irritability, aggression; McCown and Davies 1995). To facilitate bereavement, many parents and children use religious coping strategies (Lichtenthal et al. 2010; Renaud et al. 2013). Though there are different conceptualizations of coping (Stroebe and Schut 2010), we focus on how religion might play a role in parental coping after a family death and parent–child communication about death.

1.1. Religious Coping in Bereavement

Religion can be a source of strength while grieving because it provides an overarching framework through which families can interpret and cope with death and, in many cases, find meaning in it (Park 2005). Religious coping is the extent to which religion is used

to understand and handle stressful life events (Pargament et al. 2005). The death of a family member could be perceived as an act of a malevolent God, an opportunity for spiritual growth and deepened faith, or an act by God whose goal is to teach the family a valuable lesson about life. When death is attributed to a loving God with a benevolent plan, grieving is more bearable, whereas perceiving death as an unfair act of divine punishment or abandonment is associated with maladjustment (Pargament et al. 2005). Acts, such as seeking religious direction or engaging in prayer, help individuals obtain meaning in a tragedy, feel control over it, and feel closeness with God.

Religious coping is often positive or negative (Pargament et al. 1990). Positive forms of coping include enhanced spiritual connectedness, benevolent religious reappraisals, and seeking support from prayer, scripture, or clergy; these acts are associated with spiritual growth and greater life satisfaction. Negative forms of religious coping, such as blaming God or feeling abandoned by God, are linked with negative adjustment, such as higher levels of sadness and depression, in bereaved college students (Lee et al. 2013; Pargament et al. 1998). McIntosh et al. (1993) assessed how often grieving parents had thoughts and mental images of a deceased child, and operationalized religiosity as parents' religious participation and the importance of religion in their lives. Compared to less religious parents, highly religious ones reported more cognitive processing of infants' deaths and found greater meaning in the deaths, a type of reframing that is prevalent as families "redefine their normal" after death (Bakker and Paris 2013).

1.2. Parent–Child Communication about Death

Children commonly ask parents about death and dying (Boyatzis and Janicki 2003; Renaud et al. 2013), from specific family instances (e.g., a pet's or grandparent's death) to more abstract reasons. Children are often resilient when discussing death, and their contributions to parent–child conversations can have an uplifting influence (DeMaso et al. 1997). Parents feel that such talks with their children are usually satisfying experiences (Renaud et al. 2013).

Parents are typically the strongest source of support for children coping with death (Mahon 1993, 2011). Qualitative work indicates that a key factor promoting children's healthy bereavement is the ongoing process of identifying with or mirroring the surviving parent's grief (Flahault et al. 2018). This process would naturally occur within ongoing discussions of the loss of a family member. Such discussions can be an essential way for parents and children to identify and explore their feelings during coping. Of course, death is a challenging subject to discuss, for children and adults. Due to individual, cultural, and religious variables—and wide variations—it is likely impossible to lay out a single style or path of coping. Parents will vary in their emotional reactions to death, and how adults approach discussing it with children is shaped by their own beliefs and attitudes, their own emotional state and grieving process, and the degree to which they believe the child understands death, among other factors (Talwar 2011). A recent qualitative study found that mothers perceive their religious beliefs to shape parent–child conversations about death, and they perceive social, emotional, and intellectual benefits from such talks (Zajac and Boyatzis 2020).

Many adults are reluctant to discuss death with children, trying to protect them from pain and sadness or because they believe that children are too immature cognitively or emotionally to process death (Rosengren et al. 2014; Talwar 2011). Miller et al. (2014) reported somewhat paradoxical findings regarding American parents' communication with their children about death. On the one hand, 75% of parents claimed to be comfortable in discussing death with their children, with another 21% saying they were somewhat comfortable, and only 3% claiming they were uncomfortable doing so. Yet, when their children had experienced the death of a family member, friend, or pet, parent's typical response was to be *"indirect, avoidant, and vague"* (p. 34, italics in original), usually to shield the child emotionally. Even with the death of a pet mouse, one parent told the child that the mouse "went somewhere . . . someplace happy" (p. 34). In that study, only a minority

of parents used a direct approach discussing death with their children and even carefully monitored children's media exposure, as three-fourths of the parents in their sample reduced their children's exposure to television, movies, and cartoons showing death.

Whether parents choose an avoidant or a direct approach may be due largely to whether the families sampled have actually experienced the death of an immediate family member. Avoiding the topic in such a situation is likely to be much more difficult and unrealistic than when discussing death in the abstract. For example, in Miller et al. (2014), none of the 71 families that were sampled had a child who had lost a parent and only one had lost a sibling, though several had lost a grandparent. In contrast, in our study, we worked to find a sample of families that had suffered the loss of an immediate family member.

When discussing death, children often pose questions about the afterlife and parents commonly utilize a religious framework to address them (Talwar 2011). Not surprisingly, parents with higher levels of religiosity provide more religious/spiritual explanations of death than a biological explanation (Renaud et al. 2013), which may explain why children from highly religious families are likelier to use religious themes in their own explanations of death and afterlife (Rosengren et al. 2014). A qualitative study of parents whose families suffered a fairly recent death (Zajac and Boyatzis 2020) found that almost 75% of mothers said that their spiritual and religious views shaped their conversations about death and most claimed that their children's spiritual and religious views, specifically about God and the afterlife, had changed due to them.

Open parent–child communication about death can give children social and emotional support as well as offer refinements or alternatives in their beliefs about death. In Zajac and Boyatzis (2020), most parents described emotional benefits of the discussions, noting the comfort it brought the child by having an outlet for expressing emotions; a quarter of parents described how such conversations strengthened family bonds. Open communication has a positive influence on bereaved children, as avoidance or closed emotional expression increases odds for prolonged grieving and psychosocial problems (Flahault et al. 2018; Noppe and Noppe 1997). In a study similar to the present one, Raveis et al. (1999) sampled families with children who had recently suffered a family death to examine how children's depression and anxiety were related to, among other predictors, the surviving parents' communication with the child based on children's perception of how open their parents were to discuss feelings and hear the children's thoughts. After controlling for other family and child factors, parents' communicative openness with the child was the key factor in bereaved children's adjustment.

Thus, while there is a relationship between parents' religiosity and the content of parent–child discussions about death, little is known about additional predictors of parent–child communication about death. Do global parenting dimensions play a role? Are parents' positive and negative religious coping strategies related to discussions? How might individual religiosity variables (e.g., parents' private religious practices) predict frequency of discussions?

1.3. The Potential Relationship with Parenting Dimensions

Because parents play a central role in helping bereaved children cope, we focus on three core parenting dimensions: warmth and support, behavioral control, and psychological control (Barber 1996). Parental support refers to the parent's expressed warmth and responsiveness toward and acceptance of the child. Parental warmth/acceptance is associated with positive developmental outcomes, such as reduced depression, drug and alcohol use, antisocial behavior, and conduct problems (Dodge et al. 1994). With behavioral control, parents manage children's behaviors through monitoring and guidance for appropriate behavior. In contrast, parents' psychological control of their children attempts to limit and manipulate children's psychological and emotional experience, through parental behaviors, such as expressing disappointment in the child, withdrawing love, or shaming the child (Barber 1996; Barber et al. 1994). High use of psychological control by parents predicts child

and adolescent negative outcomes, particularly internalizing disorders (Barber et al. 1994; Baumgardner and Boyatzis 2018).

Across cultures, parental warmth/acceptance is predictive of child outcomes (e.g., Khaleque and Rohner 2002; Rohner and Britner 2002). There is little or mixed evidence that parental warmth varies by culture, although this is a growing area of research (e.g., Deater-Deckard et al. 2011; Lansford 2022; Rothenberg et al. 2020). Of note, the amount and style of parental control have been shown to significantly vary by culture; specifically, collectivist cultures are associated with higher levels of authoritarianism (e.g., Rudy and Grusec 2001, 2006; Yagmurlu and Sanson 2009). Research has neglected how these parenting dimensions relate to parent–child discussion about death and how psychological control versus behavioral control might differentially impact parent–child communication about death. Children may be more willing to discuss a death in the family with a parent who is supportive, warm, and accepting, whereas a child may be less willing with a parent who frequently manipulates the child's emotions, induces shame or guilt, or withdraws love.

1.4. The Present Study

We used purposive sampling to find families that had suffered a recent death in the family; most (55%) of our children had lost a parent or sibling, giving us access to families that had no choice but to confront death. We limited our sample to families with older children (at least eight years of age) to increase the likelihood that our sample would have children who, in their parents' eyes, would seem cognitively and emotionally mature enough to discuss the topic. Specifically, beginning around age eight, children are demonstrating significant improvements in their emotional regulation and awareness skills. They are also increasingly aware of their relationships (e.g., Carr 2011). In conjunction with these socioemotional advancements, their cognitive capabilities are expanding. For example, in middle childhood, children demonstrate improved abstract reasoning, problem solving, and planning skills. Moreover, they are motivated to understand themselves in relation to others and receive social understanding (see Collins et al. 2002 for a review). Taken together, we anticipate these developmental advancements would make it increasingly likely for parents to engage children in conversations about death, children to seek out their parents and be able to regulate their emotions during such conversations, and remember content discussed in previous conversations.

The study had several goals. First, we assessed the frequency and nature of parent–child communication about death following the death of a family member. We also examined correlates and predictors of parent–child communication about death, including global parenting dimensions, parents' secular and religious coping, and parent religiosity. We predicted that more frequent parent–child communication about death would be associated with higher parental warmth and lower psychological control and with parents' higher adaptive coping. We also expected that high levels of parental religiosity and positive religious coping would predict more frequent parent–child communication, whereas high levels of negative religious coping (e.g., feeling abandoned by God) would be related to less frequent parent–child communication.

2. Method

2.1. Participants

Data from the present study were drawn from a larger mixed methods study (Zajac and Boyatzis 2020) exploring parent–child communication about death. Please see Zajac and Boyatzis (2020) for qualitative findings. Parents were recruited through advertisements at local (i.e., Mid Atlantic) grief counseling centers, on a university message board, and on social media websites (i.e., Facebook and AfterTalk: Grief Support). To participate, parents must have had at least one living child between the ages of 8 and 14 and had experienced the death of a family member within the last five years. Parents were offered modest compensation for participating. Forty-four parents signed the informed consent form and

began completing surveys online; 20 parents were removed from the sample because they did not answer a sufficient number of survey items to be included in analyses.

Thus, the final sample had 24 parents (22 mothers, 2 fathers) from 29 to 59 years of age (M = 42.5, SD = 7.92) with an average of 2.75 children. Parents were educated (two-thirds had a college degree or higher), White (83%), and mostly Christian (67%); 25% reported no affiliation and the remaining 8% were Jewish. Among the parents identifying as Christian, 34% self-identified solely as Christian, 28% as Catholic or Roman Catholic, 13% as Lutheran, 6% as Methodist, 6% as Baptist, 6% as Presbyterian, and 6% as affiliated with the Church of Jesus Christ of Latter Day Saints. The focal child (i.e., the child who the parent had in mind when completing surveys) ranged from 8 to 14 years (M = 11.04, SD = 1.73), and half were female. Parents were not given any instruction or guidance on how to identify the focal child if there were multiple children within the targeted age frame (we realize that parent–child communication about the family death could vary depending on the particular child). The family member's death occurred, on average, 2.02 years ago, with 7 (29%) within the past year and 6 (25%) 4 to 5 years ago. Most families (58%) were grieving the loss of an immediate family member: 9 (38%) a sibling or 5 (17%) a parent, with the rest grieving an extended family member (e.g., grandparent, aunt). Every parent and child attended a funeral or similar service after the death. Parents resided in 19 states across the country; approximately 41% resided in the Northeast, 23% resided in the Midwest, 18% resided in the Southeast, 9% resided in the Southwest, and 9% resided in the West. Please see Zajac and Boyatzis (2020) for additional demographic information on the sample.

2.2. Procedure

Parents completed a series of quantitative surveys via an online Qualtrics host on their parenting, coping strategies, religiosity, and parent–child communication about death.

Parenting. Parents completed the parent version of the Children's Report of Parental Behavior Inventory (CRPBI-30; Schuldermann and Schuldermann 1988) for a global assessment of the parent–child relationship by assessing the parent's levels of warmth toward and acceptance of the child (e.g., *I smile at my child very often*), behavioral control (e.g., *I am easy with our child*), and psychological control (e.g., *I say if our child really cared for me, he/she would not do things that cause me to worry*). Parents rated how much the statement described them (1 = *not like*, 3 = *a lot like*). Item responses in each subscale were summed to yield a total score for psychological control (α = 0.69), behavioral control (α = 0.72), and warmth/acceptance (α = 0.73).

Secular coping. To evaluate their use of secular coping, parents completed the Brief COPE (Carver 1997). The Brief COPE assessed the extent to which parents used different coping strategies to deal with the death of their family member. The Brief COPE consists of 14 subscales, which include: active coping (e.g., *I've been taking action to try to make the situation better*); planning (e.g., *I've been trying to come up with a strategy about what to do*) positive reframing (e.g., *I've been looking for something good in what is happening*); acceptance (e.g., *I've been learning to live with it*); humor (e.g., *I've been making jokes about it*); religion (e.g., *I've been praying or meditating*); using emotional support (e.g., *I've been getting comfort and understanding from someone*); using instrumental support (e.g., *I've been trying to get advice or help from other people about what to do*); self-distraction (e.g., *I've been turning to work or other activities to take my mind off things*); denial (e.g., *I've been refusing to believe it has happened*); venting (e.g., *I've been saying things to let my unpleasant feelings escape*); substance use (e.g., *I've been using alcohol or other drugs to help me get through it*); behavioral disengagement (e.g., *I've been giving up the attempt to cope*); self-blame (e.g., *I've been criticizing myself*). Parents rated how often they used each coping strategy (1 = *I haven't been doing this at all*, 4 = *I have been doing this a lot*). Given the overlap with other measures and intent to have the Brief COPE reflect the use of secular coping strategies in particular, the items assessing religion were not included as part of analyses using the Brief COPE. Consistent with prior research (Meyer 2001), the active coping, planning, positive reframing, acceptance, using emotional support, and using instrumental support subscales were summed to yield a total adaptive

coping score (α = 0.86). Self-distraction, denial, venting, substance use, and behavioral disengagement subscales were summed to a total maladaptive coping score (α = 0.84).

Religious coping and religiosity. Parents completed a shortened version of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Fetzer Institute/NIA 1999; Idler et al. 2003) with subscales that evaluated daily spiritual experiences (e.g., *I feel God's presence*), private religious practices (e.g., *How often do you pray privately in places other than formal worship*?), organizational religiousness (e.g., *How often do you go to religious services?*), spiritual history (e.g., *Have you ever had a significant gain in your faith*?), and religious support (e.g., *At the time of your family member's death, how much did your congregation help you out?*). Item responses in each subscale were summed to yield a total daily spiritual experience score (α = 0.94), private religious practices score (α = 0.85), organizational religious score (α = 0.72), and a religious support score (α = 0.77). Individual items were used to identify a religious self-ranking score (i.e., *To what extent do you consider yourself a religious person?*) and a spiritual self-ranking score (i.e., *To what extent do you consider yourself a spiritual person*?).

Parents completed the Brief RCOPE (Pargament et al. 2011), which assessed the use of positive (e.g., *looked for a stronger connection with God*) and negative (e.g., *wondered whether God had abandoned me*) religious coping strategies. Parents rated how often they used each strategy to cope with the family member's death (1 = *not at all*, 4 = *a great deal*). Subscale item responses were summed for a positive (α = 0.94) and negative religious coping score (α = 0.82).

Parents completed two RCOPE subscales (Pargament et al. 2000) to measure religious coping; one subscale assessed self-directed religious coping (e.g., *tried to deal with my feelings without God's help*; α = 0.99) and the other assessed religious focus (e.g., *went to church to stop thinking about the situation*, *focused on religion to stop worrying about my problems;* α = 0.93). Self-directed religious coping strategies seek to gain control through individual initiative rather than through the help of God, and religious focus refers to engaging in religious activities to shift focus away from the stressor. Parents rated how often they used each strategy to cope with the death of their family member (1 = *not at all*, 4 = *a great deal*). Item responses in each subscale were summed to yield a self-directed religious coping score and religious focus score.

Parent–child communication about death. Parents completed a modified version of the Parent-Child Communication Survey (Boyatzis and Janicki 2003) that inquired about the setting and timing of conversations about death and how often parents talk about death with their children (1 = *never*, 2 = *less than once a month*, 3 = *once a month*, 4 = *few times a month*, 5 = *once a week*, 6 = *few times a week*, 7 = *daily*, 8 = *more than once a day)*. Parents reported on what prompted the conversations and on how active children were in them, such as how often the child initiated them and how the child asked questions (for both, 1 = *never*, 6 = *always*).

3. Results

We first present findings from parents' descriptions of parent–child communication about death, highlight key correlational findings, and identify predictors of communication. Descriptive data for survey measures are displayed in Table 1. Overall, parents described themselves as slightly religious and moderately spiritual. They also reported to pray privately once a week and attend worship services "every month or so."

Table 1. Descriptive statistics for parenting dimensions, parents' coping strategies, and parental religiosity.

Measure	*M*	*SD*	Observed Range	Measure Range
CRPBI				
Warmth/Acceptance	27.33	2.39	20–30	10–30
Psychological Control	14.21	2.57	10–18	10–30
Behavioral Control	21.21	3.12	13–27	10–30
Brief COPE				
Adaptive Coping	43.54	9.1	27–57	16–64
Maladaptive Coping	17.29	5.5	10–30	10–40
Brief RCOPE				
Positive Religious Coping	17.21	7.24	7–28	7–28
Negative Religious Coping	9.67	3.76	7–20	7–28
RCOPE				
Self-Directed Religious Coping	11.50	5.82	5–20	5–20
Religious Focus	10.25	4.87	5–20	5–20
BMMRS				
Daily Spiritual Experiences	21.17	7.98	7–34	6–36
Private Religious Practices	16.63	8.58	5–35	5–37
Religious Support	12.71	3.37	4–16	4–16
Organizational Religiousness	6.04	3.24	2–12	2–14
Religious Self-Ranking	2.46	1.02	1–4	1–4
Spiritual Self-Ranking	2.92	0.83	1–4	1–4

3.1. Exploratory Description of Parent–Child Communication about Death

Frequency and other features of parent–child communication about death. A third of parents reported that they talked with their child about the family death at least once a day, just under half (46%) at least once a week, and 21% rarely (i.e., once a month) or never. Based on parent reports, families that had suffered the death of an extended family member had more conversations about death than families who had lost an immediate family member, $t(22) = 2.14$, $p < 0.05$. This may be understandable in that the loss of an immediate family member may be that much more difficult emotionally to process and discuss than the loss of an extended family member. Table 2 presents other features of parent–child communication.

Table 2. Dimensions of parent–child communication about death.

Question	%
How often does your child initiate conversations?	
Rarely	8
Sometimes	46
Half the time	17
Often	29
How often does your child ask questions?	
Rarely	12
Sometimes	42
Half the time	21
Often	25
How often does our child repeat what he or she has heard others say?	
Rarely	24
Sometimes	46
Half the time	13
Often	17
How often does your child offer his or her own explanations?	
Rarely	17
Sometimes	41
Half the time	13
Often	29

Prompts. Parents reported diverse activities as prompting conversations about death. The most common were non-religious activities, such as looking at family photos (88% of families), the child's thoughts (50%), and talking with family members or friends (50%). Other prompts were school (46%), media (33%), and being in nature (21%).

Settings. Parents reported conversations about death occurring during a number of activities throughout a family's day, including when the parent and child were on an outing (79.2%), going to bed (66.7%), watching TV (58.2%), eating a meal (50%), and when the parent and child were praying (37.5%).

Topics. Parent–child discussions about death varied widely in content. The two most common topics (based on percentage of families selecting the topic) were special memories about the deceased (92%) and heaven (82%; the afterlife and the soul were a separate response category, chosen by 29%). More than half of families discussed God (63%) and the months leading up to the family death (54%), followed by peacefulness (50%), Jesus (46%), and faith (46%). Less than 15% of parents cited talking about hell or angels.

Correlations among features of parent–child communication. Table 3 presents correlations among features of parent–child communication about death. A clear and perhaps counterintuitive pattern in these correlations was that communication about the family death was less common when children were more active in such discussions: Communication occurred less often the more children initiated such conversations ($r = -0.53$, $p < 0.01$) and offered their own views in them ($r = -0.51$, $p < 0.05$); communication about the family death was negatively though not significantly related to children asking more questions and repeating what they had heard others say about death. It is possible that when children were more active and agentic in conversations, they gained clarity, closure, or relief about the death, which may have made parents and/or the children themselves feel less need for additional conversations.

Table 3. Correlations among dimensions of parent–child communication about death.

	1	2	3	4	5
1. Frequency of parent–child communication about death	-				
2. Frequency of child initiation of parent–child communication about death	−0.53 **	-			
3. Frequency of child questions	−0.26	0.42 *	-		
4. Frequency of child repeating what others have said	−0.31	0.31	0.47 *	-	
5. Frequency of child offering own explanations	−0.51 *	0.45 *	0.37 $^{+}$	0.44 *	-

$^{+}$ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$.

3.2. Correlates of Parent–Child Communication

Table 4 presents correlations among demographic variables, parenting dimensions, religiosity, coping strategies, and dimensions of parent–child communication. Frequency of communication about the death was correlated marginally with time since the family member's death ($r = 0.35$, $p < 0.09$); parents and children discussed the family death more often when it had happened longer ago than recently. Parent age was negatively related to psychological control and maladaptive coping; thus, older parents reported lower levels of psychological control and endorsed fewer maladaptive coping strategies than younger parents. Child age was not significantly associated with any variables.

Frequency of communication about death may be different when an immediate rather than an extended family member dies. In our sample, 14 families had lost an immediate family member and 10 an extended family member. An independent-samples *t*-test indicated that compared to families who had lost an immediate family member, parents and children had more conversations about the death of an extended family member, $t(22) = 2.14$, $p = 0.04$.

Global parenting dimensions. As predicted, parental warmth/acceptance positively associated with frequency of communication ($r = 0.55$, $p < 0.01$), whereas psychological control was negatively associated with parent–child communication ($r = -0.57$, $p < 0.01$). Behavioral control was related only to children's initiation of parent–child communication ($r = 0.48$, $p < 0.05$).

Table 4. Intercorrelations among demographics, parenting dimensions, coping, religiosity, and frequency of parent−child communication about death.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1. Parent Age	–																					
2. Child Age	0.36+	–																				
3. Time Since Death	0.08	0.31	–																			
4. Warmth/Acceptance	0.23	−0.07	0.21	–											–							
5. Psychological Control	−0.47 *	−0.06	−0.04	−0.50 *	–																	
6. Behavioral Control	−0.29	−0.09	0.01	0.01	0.44 *	–						\										
7. Adaptive Coping	−0.07	−0.13	−0.15	0.15	0.41 *	0.26	–															
8. Maladaptive Coping	−0.43 *	0.20	0.13	0.02	0.41 *	−0.10	0.12	–														
9. Positive Religious Coping	−0.27	−0.09	−0.10	0.18	−0.09	0.04	−0.27	0.15	–													
10. Negative Religious Coping	−0.20	−0.04	−0.33	−0.18	0.30	−0.01	−0.20	0.46 *	0.30	–												
11. Self−Directed Religious Coping	0.18	0.03	−0.04	−0.07	0.05	0.03	0.18	−0.02	−0.80 **	−0.25	–											
12. Religious Focus	−0.29	−0.20	−0.12	−0.08	0.17	−0.04	−0.29	0.41 *	0.71 **	0.55 **	−0.62 **	–										
13. Daily Spiritual Experiences	−0.33	−0.01	−0.06	0.00	−0.07	0.09	−0.33	0.02	0.86 **	0.32	−0.87**	0.67 **	–									
14. Private Religious Practices	−0.33	−0.05	−0.26	−0.03	0.06	0.06	−0.33	0.02	0.73 **	0.30	−0.82 **	0.67 **	0.81 **	–								
15. Religious Support	−0.02	−0.23	0.04	−0.08	−0.09	0.01	−0.02	−0.04	0.01	−0.14	−0.24	0.10	0.30	0.17	–							
16. Organizational Religiousness	−0.01	−0.18	−0.13	0.30	−0.23	0.23	−0.01	−0.25	0.27	−0.21	−0.32	0.29	0.42 *	0.53 **	0.31	–						
17. Religious Self−Ranking	−0.06	−0.11	−0.07	0.35 +	−0.42 *	−0.33	−0.06	0.03	0.55 **	0.18	−0.52 *	0.49 *	0.62 **	0.52 **	0.17	0.57 **	–					
18. Spiritual Self−Ranking	−0.02	0.18	−0.09	0.12	−0.03	0.19	−0.02	−0.16	0.52 *	0.24	−0.49 *	0.12	0.47 *	0.41*	−0.06	0.01	−0.01	–				
19. Freq of P−C Comm	0.32	0.02	0.35 +	0.55 **	−0.57 **	−0.26	0.32	−0.16	−0.22	−0.41*	−0.27	−0.41 *	−0.33	−0.48*	−0.06	−0.06	0.12	−0.23	–			
20. Child Initiating P−C Comm	−0.02	−0.20	−0.12	−0.12	0.48 *	0.47 *	0.69 **	−0.02	0.07	0.10	−0.07	0.27	0.01	0.23	−0.04	0.26	−0.19	0.11	−0.53 **	–		
21. Child Asking Questions	−0.09	−0.31	−0.01	0.27	−0.06	0.24	0.35 +	0.06	0.19	0.12	−0.29	0.30	0.31	0.37 +	0.39 +	0.49 *	0.24	0.08	−0.26	0.42 *	–	
22. Child Repeating Others	−0.43 *	−0.24	0.02	0.13	0.26	−0.03	0.49 *	0.56 **	0.51 *	0.34	−0.43	0.62 **	0.42 *	0.48 *	−0.03	0.09	0.29	0.15	−0.31	0.31	0.47 *	–
23. Child offering Own Explanations	0.11	0.18	−0.18	−0.10	0.34	−0.06	0.44 *	0.11	0.03	0.41 *	−0.16	0.18	0.07	0.30	−0.11	0.02	0.06	0.14	−0.51 *	0.45 *	0.37	0.44 *

+ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$.

Parents' secular coping. Contrary to prediction, parents' adaptive coping strategies were negatively, but not significantly, correlated with the frequency of parent–child communication about death ($r = -0.32$, $p = 0.13$). Maladaptive coping strategies were not significantly related to the frequency of parent–child communication about death.

Parents' religious coping and religiosity. Contrary to prediction, higher positive religious coping did not correlate with the frequency of parent–child communication. Additionally, three variables emerged as having significant negative associations with frequency of parent–child communication about death: negative religious coping, religious focus, and private religious practices. Taken together, a complex pattern emerged as parents and children talked about the family death less often the more that the parents read scripture and engaged in private prayer, intentionally focused their thoughts on God or church to shift their focus away from the stressor, and felt abandoned by God and blaming God.

3.3. Predictors of Parent–Child Communication about Death

Three hierarchical regression models predicted the frequency of parent–child communication about death (Table 5). We acknowledge that our regression analyses are limited due to the small sample size, and findings should be interpreted with caution. Hierarchical regression models were used to conduct analyses above and beyond descriptive statistics, which are reported in earlier sections and previous literature (Zajac and Boyatzis 2020). Additionally, regression analyses were conducted rather than partial correlation analyses due to the ability to include multiple predictor variables and at distinct steps. Specifically, in each exploratory model, we entered the core parenting qualities of parental warmth/acceptance and psychological control in Step 1 and a religiosity variable (i.e., negative religious coping, private religious practices, and religious focus) in Step 2. We ran separate regression models for each religiosity variable because our primary goal was to understand the unique contribution of each religiosity variable above and beyond the global parenting dimensions. In addition, due to the small sample size, the significance tests were low powered and we did not want to exacerbate the problem by analyzing all religiosity variables in the same regressions and risk multicollinearity among the religiosity variables.

Table 5. Hierarchical linear regressions predicting the frequency of parent–child communication about death.

	t	β	R^2	*F*	*p*
Model 1: Negative Religious Coping			0.47	5.98	<0.001
Step 1					
Warmth/Acceptance	1.81	0.34			
Psychological Control	−1.69	−0.33			
Step 2					
Negative Religious Coping	−1.44	−0.25			
Model 2: Private Religious Practices			0.62	10.90	<0.001
Step 1					
Warmth/Acceptance	2.18	0.35 *			
Psychological Control	−2.34	−0.37 *			
Step 2					
Private Religious Practices	−3.26	−0.45 ***			
Model 3: Religious Focus			0.52	7.32	0.002
Step 1					
Warmth/Acceptance	1.96	0.35			
Psychological Control	−1.90	−0.34			
Step 2					
Religious Focus	−2.10	−0.33 *			

* $p < 0.05$, *** $p < 0.001$.

When private religious practices were included as the Step 2 variable, the model accounted for statistically significant variance ($p < 0.001$) in frequency of parent–child communication, and three significant predictors emerged. Specifically, parental warmth/acceptance positively predicted ($p < 0.05$) the frequency of parent–child communication about death, and parental psychological control ($p < 0.05$) and private religious practices ($p < 0.05$) negatively predicted the frequency of parent–child communication about death. Thus, when controlling for global parenting dimensions, parents who reported engaging in private religious practices reported fewer parent–child conversations about death. When negative religious coping was included as the Step 2 variable, the model accounted for significant variance ($p < 0.001$) in the frequency of parent–child communication; no individual predictor emerged as significant. Parental warmth/acceptance marginally and positively predicted the frequency of parent–child communication about death. When religious focus was included as the Step 2 variable, the model accounted for significant variance ($p < 0.002$) in frequency of parent–child communication, and religious focus significantly negatively predicted ($p < 0.05$) the frequency of parent–child communication about death. Thus, when controlling for global parenting dimensions, parents who reported higher levels of religious focus reported having fewer conversations about death.

Even with a small sample size, according to Cohen's (1992) guidelines, these regression models all had a large effect size, with f^2 ranging from 0.89 to 1.63.

4. Discussion

The present study offered a qualitative exploration of a family context that has largely been neglected in research: how parents and children discuss the death of a family member and of the predictors of that communication. Almost 80% of parent–child dyads communicated about the family death at least once a week. This is a novel and helpful finding given that the relevant literature typically does not present descriptive data on the frequency of such communication (Miller et al. 2014; Raveis et al. 1999; Rosengren et al. 2014). Children were relatively active during these conversations, initiating about half of the discussions, asking questions, and expressing their own thoughts. These findings are consistent with prior data on parent–child spiritual discourse and support a bi-directional model of parent–child discourse (Boyatzis and Janicki 2003). Even though the sample was only slightly religious and moderately spiritual, conversational topics were often religiously and spiritually oriented, with heaven, God, Jesus, and faith frequently discussed in conversations; hell and angels were infrequent topics. These findings concur with prior data (Boyatzis and Janicki 2003), creating a clearer sense of the basic content of family conversation about religious issues. Conversations were often prompted by looking at photos of the deceased or children sharing their thoughts, and occurred in typical, mundane contexts of a family's day, such as going on outings, eating meals, and going to bed.

Analyses supported the study's hypotheses concerning parenting dimensions. As predicted, parents' warmth positively correlated with more frequent communication, and parents' use of psychological control was negatively correlated with frequency of such communication. Parents' use of behavioral control had little relationship with frequency or other communication measures. Additionally, in regression models, including global parenting dimensions and religiosity variables, parents' warmth/acceptance and psychological control often emerged as predictors of frequency of parent–child communication about death. Together, these findings represent an important step assessing global parenting dimensions when examining parent–child relationships and communication within bereaved families. Parents' tendencies toward warmth and less psychological control of children's feelings may create a family milieu conducive to conversation about the tragedy of a family death, whereas behavioral restrictions were unrelated. Communication about death was not related to many demographic variables (e.g., parent employment status, education level, child age), which may speak to the overwhelming impact of grief on parent–child conversation about death, regardless of background variables. Given this study's sample size, these findings await confirmation with larger samples.

An intriguing finding here was that several measures of the parents' religiosity were significantly related to parent–child communication about the family death, though in all cases, the association was negative. In regression analyses, parents' private religious practices and religious focus emerged as robust predictors of less frequent parent–child communication about death, after controlling for global parenting dimensions. It seems that as parents direct more conscious focus, emotional energy, and behaviors to use their religion to make sense of the family death, they may feel less need to initiate discussions with their children about the loss. It is possible that religious practices serve compensatory functions, leading to less parent–child communication about death. These findings highlight the value of examining not only *how much* parents engage in private religious practices but also trying to learn *why*.

Parents' adaptive coping positively related to how often children initiated conversations, repeated what others said, and offered their own explanations. Perhaps parents using those strategies—intentionally planning ways to cope, reframing thoughts more positively, getting comfort and advice from others—engenders a more open, positive atmosphere in which children are more comfortable talking about the death and eliciting support from their parents. Post hoc exploratory analyses examined associations among the Brief COPE adaptive coping subscales and dimensions of parent–child communication, and all of the adaptive coping subscales were significantly correlated with child initiation of communication. Given these positive ties, discussing death with parents who use more adaptive coping strategies might be more positive and fruitful than discussing death with parents who are adapting less positively.

4.1. Unique Sample Characteristics

In our sample, the average time since the death of the family member was just over two years, a variable largely unrelated to other variables and marginally positively related to frequency of discussion. Specifically, parents and children talked more about the death when more time had passed since the family member's death. This may seem counterintuitive, as one might expect discussions to be more frequent in the immediate aftermath of a family death, when there are funeral arrangements and condolences from friends. On the other hand, prior research has reported that time since death had no relationship to children's responses to a family death (Raveis et al. 1999), and a literature review concluded that in the grieving process, the role of time since death is "complex" (Haine et al. 2008). As for our finding, the sadness or initial shock in reaction to the recent death may impede parents' and children's ability to talk about it. With the passage of time, families may engage in more communication to adapt and cope (Stroebe and Schut 2010). Other qualitative work with grieving children found that one to two years since the death may be insufficient to capture how families cope with the loss (Flahault et al. 2018).

Relatedly, the present study does not assess the complex ways in which the speed and cause of death might affect parent–child communication. Families coping with a grandparent receiving hospice care or a sibling receiving palliative care after a long battle with cancer might anticipate the upcoming loss and even have access to coping and bereavement resources (e.g., hospital social workers or psychologists, caregiver support groups) prior to the death. Ultimately, these resources might promote family coping and enhance opportunities to discuss death among family members. Conversely, when death is unexpected or violent, surviving family members are at heightened risk for posttraumatic stress, intrusive images, negative emotions, and avoidance (Keyes et al. 2014), which may decrease the quantity and quality of parent–child communication about death. This is a critical area for future research.

There are additional characteristics of this sample to consider. First, families were grieving different kinds of losses—some had lost an immediate family member (nine families lost a sibling, five a parent) and others an extended family member. Parent–child dyads discussed the death of an extended family member significantly more than they discussed the death of an immediate family member. This may have been due to the more

painful difficulty in discussing the loss of an immediate family member, though our small subsamples make that interpretation tentative. Further, our sample included essentially three generations of loss (i.e., child, parent, and grandparent). Different types of loss (e.g., a parent losing a spouse vs. a child, a child losing a sibling vs. a grandparent) may engender different communication patterns, though our sample was too small for such analyses. As parents were asked to keep one focal child in mind while completing measures, a different focal child may have elicited different findings, as children experience unique sub-families within the family (Dunn and Plomin 1991).

4.2. Study Limitations and Future Directions for Research

In studying our topic, it is "extremely difficult" (Raveis et al. 1999, p. 169) to obtain large samples of bereaved families and children: parents may wish to protect children and themselves from having to evoke and reflect on a painful loss, and our sample size illustrates this constraint. The self-report and retrospective nature of the data raise obvious concerns; parents may have over-reported or under-reported their use of coping strategies or simply suffered memory loss or distortion about the frequency of communication about death, and it is difficult to know how the singular emotional salience of a family death could affect memory and reporting. Typical for research on parent–child religious communication (Boyatzis and Janicki 2003; Miller et al. 2014), most participants were mothers, pointing to the value of including more fathers in this work. Finally, given our sample's modest levels of religiosity, more data are needed from highly religious and less religious samples, including atheist ones.

Moreover, our understanding of parent–child communication about death would be enhanced by collecting data from children and adolescents. How do children perceive parent–child communication about death? In what ways are parent–child conversations about death related to child-reported outcomes (e.g., internalizing symptoms)? How do children themselves perceive religion as providing a framework for these conversations?

Parent–child communication about death is inherently intimate and emotionally laden. Observational studies that complete a discourse analysis of actual conversations held between bereaved (and non-bereaved) parents and children are an important next step. The present study's main outcome measure is the frequency of parent–child communication about death. Future scholarship would expand upon this outcome by evaluating other dimensions of parent–child communication about death or the quality of conversations. Survey measures might assess not only the frequency of conversations but also duration. Parents *and* children would be asked to report how often they initiate conversations, ask questions, and offer explanations. Moreover, we acknowledge that the parent–child dyad operates within a complex cultural and ethnoreligious system. From the perspective of Bronfenbrenner's socioecological framework (Bronfenbrenner 1979), the parent–child dyad is centrally situated and influenced by other microsystems (e.g., church group), mesosystems (e.g., how the child's parents interact with the church group), exosystems (e.g., mass media), and the macrosystem (e.g., cultural values). For example, in the Catholic faith, children often learn about death, and wakes, or viewings, are common after the death of a family member. Among Catholic families, children participate in death-related services and view the dead body. Findings from the present study, even from a small sample, illustrate that culture exists within a family and across families given the shared but also distinct socioeconomic, religious, geographic, racial, and ethnic identities of participants. Future research drawing upon larger samples should strive to assess cultural and societal values that might influence the quantity and quality of parent–child communication about death. Relatedly, given that parenting styles are greatly influenced by culture, race, and socioeconomic status (e.g., Rious et al. 2019), it is important for researchers to acknowledge the cultural validity of survey measures that are used to assess parenting dimensions and parent–child conversations about death as a strength or limitation. For example, in the present study, the parenting dimensions of parental warmth, psychological control,

and behavioral control and how they relate to each other have been found to vary across cultures (Deater-Deckard et al. 2011).

Additionally, with regard to survey measures, several domains assessed by our measure of secular coping (e.g., humor, instrumental support) could also be assessed as a facet of religious coping (extant measures of religious coping do not include humor as one such tactic). Future research might consider exploring humor, in particular, within the area of religious coping. Different religious traditions may hold different allowances for followers speculating on God's will and using humor to make sense of the shock and possible senselessness of the family death. It is plausible that humor might, in some situations, enhance parents' and/or children's perceptions of God as benevolent or, in other situations, exacerbate perceptions of God as cruel. Furthermore, on one hand, humor might increase child participation in conversations about death and be welcomed. In contrast, humor in this context might be challenging for children to interpret and understand or be perceived as dismissive to their emotional needs.

Last, the present study was unable to explore the ways in which the cause and timing of the family member's death might have influenced parent–child communication about death. Do parents and children engage in anticipatory coping by talking about death prior to the family member's passing? If the death was unexpected or sudden, does this change the trajectory of parent–child communication with regard to the frequency or perceived quality of conversations? Are there variables related to the family member's death (e.g., setting, violent circumstances) that predict parent coping or pathology and, thus, indirectly affect parent–child communication about death? The present study cannot attest to how conversations about death change after it is experienced. Additionally, the present study was limited in its ability to assess specific parent and child variables, along with larger cultural variables that likely inform and influence parent–child communication about death. Thus, future research might explore the ways in which other parent-specific variables (e.g., depressive symptoms), child-specific variables (e.g., emotional intelligence, cognitive abilities), and cultural values affect parent–child communication about death or how parents use a religious framework in these discussions. The complexity of contextual development is inherent in this research area. Children, although the same age chronologically, might carry with them distinct cultural values and life experiences that shape their psychological, social, and biological development and, thus, differentially impact their ability to discuss and understand death.

5. Implications

Although exploratory, our study's quantitative findings can help inform communities, such as religious organizations, grief counseling centers, and hospitals, on how to further assist bereaved families. First, given that 80% of parent–child dyads discussed death at least once a week, and children initiated approximately half of these conversations, parents would benefit from receiving anticipatory guidance that that among other bereaved families, these conversations are common and occur relatively frequently. Of note, global parenting dimensions (i.e., warmth/acceptance, psychological control) were associated with the frequency of parent–child communication about death. As part of the anticipatory guidance, parents might learn strategies to convey warmth and acceptance during conversations, communicate their availability to their children, and express delight in their children. Bereaved parents would also benefit from having the opportunity to discuss with professional (e.g., religious leader, psychologist, Child Life Specialist at a hospital) tips for approaching such conversations and developmentally appropriate language that aids children's understanding and facilitates participation. Within the context of palliative care and bereavement services, family support would be enhanced by a multidisciplinary team (e.g., psychology, chaplaincy, social work) that can address the multifaceted needs of families. We also believe that a multidisciplinary approach could make for better research on our topic. That is, in addition to psychological scientists studying family communication about death, other valuable sources of data and insight could include hospital chaplains,

families' own clergy, and grief counselors, all of whom could capture more nuances and complexity in parent–child discussions about a family death. These individuals might be engaging children in conversations about death and their perspective would further our understanding of these nuanced conversations outside of the family system.

In the present study, parents' private religious practices and religious focus negatively predicted the frequency of parent–child communication about death. Religious institutions and their counsel might consider ways in which they can assess these traits or the frequency of these behaviors among their practice. If bereaved parents are identified as endorsing high levels of religious focus or engaging in private religious practices, would it be possible to meet with these parents and explore the possible impact of these behaviors on the family system? If having individual meetings with bereaved families is not feasible or is uncomfortable, perhaps these behaviors might be explored in the setting of support groups.

6. Conclusions

In conclusion, close to 80% of parent–child dyads communicated about death, with parents and children alike contributing to such conversations. Children were active participants in them, initiating approximately half of them, and parents' warmth/acceptance, psychological control, private religious practices, and religious focus are key variables related to parent–child communication about a death in the family.

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