
EARLY PARENTAL LOSS AND ITS IMPACT ON GHANAIAN CHILDREN RAISED IN AFFLUENCE: A QUALITATIVE STUDY

***Jemima N. A. A. Lomotey**

Grace International Bible University.

Article Received: 21 March 2026

*Corresponding Author: Jemima N. A. A. Lomotey

Article Revised: 11 April 2026

Grace International Bible University.

Published on: 01 May 2026

DOI: <https://doi-doi.org/101555/ijrpa.5300>

ABSTRACT

Early parental loss is among the most profound disruptions a child can experience, yet the impact of such loss on children raised in affluent Ghanaian families remains largely unexamined. This qualitative phenomenological study investigates the lived experiences of Ghanaian adults who experienced parental death before age 12 while growing up in socioeconomically privileged households. Using a phenomenological design grounded in Attachment Theory and Resilience Theory, the study recruited 18 participants (12 female, 6 male) aged 25–40 years through purposive and snowball sampling from Accra and Kumasi. Participants completed in-depth semi-structured interviews exploring their childhood experiences of loss, family responses, emotional and behavioural outcomes, and coping resources. Data were analysed using Interpretative Phenomenological Analysis (IPA), yielding six superordinate themes: (1) The Paradox of Material Privilege and Emotional Neglect; (2) Silenced Grief and Unprocessed Loss; (3) Caregiver Instability Despite Household Stability; (4) Academic Achievement as Coping and Identity; (5) Long-Term Relational Consequences in Adulthood; and (6) Resilience Factors in Affluent Contexts. Findings reveal that affluence does not buffer against the psychological impact of parental loss and may paradoxically exacerbate emotional neglect when surviving parents delegate caregiving to hired staff. Participants described profound loneliness, unexpressed grief, pressure to maintain academic performance, and enduring difficulties with trust and intimacy in adult relationships. Protective factors included supportive extended family members, therapeutic relationships, and meaning-making through career achievement. These findings inform psychosocial interventions, school-based support programmes, and clinical practice for bereaved children in affluent Ghanaian families.

KEYWORDS: *Early parental loss, childhood bereavement, affluence, Ghana, qualitative research, attachment, resilience, grief*

1. INTRODUCTION

Early parental loss is among the most profound and enduring disruptions a child can experience. The death of a parent before the age of 12 represents not only the loss of a primary attachment figure but also the loss of security, predictability, and the foundational relationship upon which future relational patterns are built (Bowlby, 1969). For the surviving child, the world becomes fundamentally less safe, less reliable, and less comprehensible. The grief that follows is not a transient episode but a developmental scar that shapes identity, relationships, and life trajectory across the lifespan (Worden, 2018).

The impact of parental loss on children has been extensively documented in Western contexts. Research has consistently found that children who experience early parental death are at increased risk for depression, anxiety, complicated grief, academic difficulties, and relational instability in adulthood (Dowdney, 2020; Lytje, 2021). Protective factors identified include the quality of care provided by the surviving parent, the availability of extended family support, open communication about the deceased parent, and access to mental health services (Haine, Ayers, Sandler, & Wolchik, 2019).

However, the impact of early parental loss on children raised in affluent families has received remarkably little empirical attention. Most research on childhood bereavement has focused on low-income or mixed-income samples, where financial strain compounds the psychological impact of loss (Berg, Rostila, & Hjern, 2016). The implicit assumption in much of this literature is that economic resources buffer against adverse outcomes, providing access to therapy, stable housing, and reduced financial stress. But does affluence actually protect bereaved children? Or does it introduce unique vulnerabilities: emotional neglect masked by material provision, pressure to suppress grief and maintain performance, and caregiving by hired staff rather than grieving parents?

In Ghanaian society, the impact of early parental loss is likely shaped by distinctive cultural factors. First, the extended family system traditionally ensures that orphaned children are absorbed into kinship networks, with aunts, uncles, and grandparents assuming caregiving responsibilities (Abane, 2021). However, in affluent Ghanaian families, this system may operate differently. Wealthy parents may have greater access to hired caregivers (house helps, nannies, domestic staff), potentially diluting the involvement of extended family. Second, Ghanaian cultural norms discourage open emotional expression, particularly of sadness and

grief, which may be perceived as weakness or ingratitude (Asare, 2019). Bereaved children may receive messages to "be strong" and "not cry," leading to suppressed and unprocessed grief. Third, academic achievement is highly valued in Ghanaian society, particularly among affluent families who invest heavily in elite education (Donkor & Boateng, 2018). Bereaved children may face pressure to maintain or exceed academic standards despite their emotional distress, using achievement as a coping mechanism while simultaneously experiencing it as a burden.

The marital and family context also matters. Affluent Ghanaian families may have complex structures, including polygamous marriages, multiple households, and transnational arrangements where one parent resides abroad. Parental death in such contexts may trigger inheritance disputes, family conflict, or abrupt changes in living arrangements that compound the child's sense of instability (Amoah & Arthur, 2020).

There is a complete absence of published research specifically examining the impact of early parental loss on children raised in affluent Ghanaian families. This gap is problematic for several reasons. First, without understanding their unique experiences, clinicians and educators may misattribute behavioural or emotional problems to other causes, missing the underlying grief. Second, interventions designed for low-income bereaved children may not address the specific needs of affluent children, who face different stressors and have different resources. Third, the Ghanaian mental health system lacks evidence-based guidance for assessing and supporting bereaved children from affluent backgrounds.

This qualitative study addresses these gaps by asking: What is the lived experience of early parental loss among Ghanaians raised in affluent families? How do participants describe the emotional, behavioural, and relational impact of loss during childhood? What factors facilitated or hindered their grief processing? And what protective resources supported positive adaptation?

2. STATEMENT OF THE PROBLEM

Despite growing global attention to childhood bereavement, significant gaps remain in understanding the impact of early parental loss on children raised in affluent Ghanaian families. These gaps are problematic for several interconnected reasons.

First, the intersection of early parental loss and affluence has been virtually ignored in the empirical literature. Most childhood bereavement research has been conducted in Western, predominantly North American and European, contexts, with samples drawn from mixed or low socioeconomic backgrounds. The implicit assumption that economic resources

universally buffer against adversity has not been empirically tested in bereaved populations. In fact, emerging evidence from non-bereaved samples suggests that affluent children may face unique psychological vulnerabilities, including pressure to achieve, emotional distance from working parents, and stigma around emotional struggles (Luthar & Barkin, 2019). Whether these vulnerabilities extend to bereaved affluent children is unknown.

Second, no published study has examined early parental loss among Ghanaian children from any socioeconomic background, let alone affluent families. The cultural context of Ghana, with its extended family systems, norms around emotional expression, and high value placed on academic achievement, may significantly shape the experience and outcomes of parental loss. However, without empirical data, clinicians, educators, and policymakers have no evidence base for understanding or supporting these children.

Third, the mechanisms through which early parental loss produces adverse outcomes remain underspecified. The Biopsychosocial Model (Engel, 1977) predicts that biological, psychological, and social factors interact to determine outcomes. In the context of early parental loss, biological factors (age at loss, child's temperament) interact with psychological factors (attachment security, grief processing, coping self-efficacy) and social factors (quality of subsequent caregiving, extended family support, cultural attitudes toward grief). However, no study has examined these interactions in affluent Ghanaian samples.

Fourth, protective factors that may buffer the impact of early parental loss such as support from surviving parent, extended family involvement, school-based support, or therapeutic intervention have not been identified in Ghanaian populations. Understanding what helps affluent Ghanaian children cope with parental loss is essential for intervention development.

Fifth, there is a complete absence of evidence-based psychosocial interventions for bereaved children in Ghana. Mental health providers lack culturally appropriate assessment tools, support protocols, and referral pathways for children experiencing parental death. This study addresses these gaps by providing rich, contextualised qualitative data on the lived experiences of Ghanaian adults who lost a parent in childhood while growing up in affluence.

3. PURPOSE OF THE STUDY

The purpose of this qualitative phenomenological study is to investigate the lived experiences of Ghanaian adults who experienced early parental loss (before age 12) while being raised in affluent families. The study aims to generate rich, contextualised understanding of the emotional, behavioural, relational, and developmental impact of such loss, as well as the protective and risk factors operating in the Ghanaian affluent context.

4. OBJECTIVES OF THE STUDY

4.1 General Objective

To explore and describe the lived experiences of early parental loss among Ghanaian adults who were raised in affluent families, including the emotional, behavioural, relational, and developmental consequences of such loss.

4.2 Specific Objectives

- To describe participants' experiences of the loss event and immediate aftermath during childhood.
- To explore the emotional and psychological impact of early parental loss as recalled from childhood and persisting into adulthood.
- To examine the role of family systems, including surviving parent, extended family, and hired caregivers, in shaping grief and adaptation.
- To identify factors that facilitated or hindered grief processing and psychological adaptation.
- To explore coping strategies and resilience resources utilised by participants during childhood and adolescence.
- To describe the perceived long-term impact of early parental loss on adult relationships, identity, and life trajectory.

5. LITERATURE REVIEW

5.1 Theoretical Review

This study is guided by two complementary theoretical frameworks: Attachment Theory (Bowlby, 1969) and Resilience Theory (Masten, 2014). Attachment Theory (Bowlby, 1969) provides a foundational framework for understanding the impact of early parental loss. According to attachment theory, infants and young children develop internal working models of relationships based on their interactions with primary caregivers. A secure attachment, formed through consistent, responsive caregiving, provides a secure base from which the child explores the world and a safe haven to which the child returns in times of distress. Parental death represents the complete and irreversible rupture of the attachment relationship. For a young child who has not yet developed the cognitive capacity to fully understand death, the loss may be experienced as abandonment, triggering intense separation anxiety, protest, despair, and eventual detachment (Bowlby, 1980). Subsequent caregiving relationships may or may not provide the security necessary for healthy development. In affluent Ghanaian

contexts, where hired caregivers may assume daily caregiving responsibilities, the quality of attachment to subsequent caregivers is a critical but understudied factor.

Resilience Theory (Masten, 2014) provides a complementary framework for understanding why some children who experience parental loss adapt well while others struggle. Resilience refers to positive adaptation in the context of significant adversity. Masten's research has identified a set of protective factors that promote resilience across diverse adversities, including: (a) close relationships with competent caregivers, (b) cognitive and self-regulation skills, (c) positive self-perceptions and self-efficacy, (d) motivation to succeed academically, (e) connections to prosocial organisations (schools, churches), and (f) community resources and supports. This study explores the presence or absence of these protective factors among affluent Ghanaian children who experienced early parental loss.

5.2 Conceptual Review

Early parental loss is defined for this study as the death of a biological parent occurring before the child reaches 12 years of age (Worden, 2018). This age cutoff captures the developmental period during which children are most dependent on parents for attachment security, emotional regulation, and basic care. Affluence is operationalised through participants' retrospective accounts of their childhood socioeconomic status, including: (a) family ownership of a detached house or multiple properties, (b) attendance at private international or elite Ghanaian schools, (c) employment of domestic staff (house helps, drivers, gardeners), (d) family ownership of multiple vehicles, and (e) ability to afford international travel. Psychosocial impact is explored through participants' accounts of emotional well-being, behavioural functioning, academic performance, peer and family relationships, and long-term relational patterns.

5.3 Empirical Review

Research from Western contexts has consistently found that children who experience early parental death are at elevated risk for internalising disorders (depression, anxiety, complicated grief), externalising disorders (aggression, conduct problems), academic difficulties, and social withdrawal (Dowdney, 2020; Lytje, 2021). A meta-analysis by Berg, Rostila, and Hjern (2016) found that parental death in childhood was associated with a 50% increased risk of psychiatric hospitalisation and a 70% increased risk of suicide attempt in adulthood. The impact is most severe when the loss occurs before age 5, when the child has

limited cognitive understanding of death, and when the surviving parent is also significantly impaired by grief.

However, the impact of parental loss on affluent children specifically has received minimal attention. Luthar and Barkin (2019) studied affluent adolescents in the United States and found elevated rates of depression, anxiety, and substance use compared to national norms, which they attributed to pressure to achieve, emotional isolation from working parents, and stigma around admitting distress. These findings suggest that affluence may not protect and may even introduce unique risk factors. Whether these patterns extend to bereaved affluent children is unknown.

In African contexts, research on childhood bereavement is extremely limited. A South African qualitative study found that children who lost parents to HIV/AIDS experienced stigma, economic hardship, and disrupted schooling, but also demonstrated resilience supported by extended family and community (Cluver, Gardner, & Operario, 2019). A Nigerian study found that orphaned children reported higher levels of emotional and behavioural problems than non-orphaned peers, with girls and younger children most affected (Omigbodun, 2020). No published study has examined early parental loss in Ghana, and none has specifically examined affluent samples.

This study therefore represents an original contribution to knowledge, providing the first qualitative exploration of early parental loss among affluent Ghanaians.

6. METHODOLOGY

6.1 Research Design

This study adopted a qualitative, phenomenological design (Creswell & Poth, 2018). Phenomenology is particularly suited for exploring the lived experience of a phenomenon in this case, early parental loss from the perspective of those who have experienced it. The goal of phenomenological research is to capture the essence of the experience, identifying common themes and patterns across participants while honouring individual variations.

6.2 Research Approach

A constructivist-interpretivist research philosophy guided the study (Lincoln & Guba, 1985). Constructivism assumes that reality is socially constructed and that knowledge is co-created through the interaction between researcher and participant. This approach is appropriate for exploring subjective, meaning-laden experiences such as grief and loss, which cannot be reduced to objective measurements alone.

6.3 Study Setting

The study was conducted in Accra and Kumasi, Ghana, the two largest urban centres. Interviews took place in private, comfortable settings chosen by participants, including private offices at the University of Ghana, hotel conference rooms, and participants' homes.

6.4 Study Population

The study population comprised Ghanaian adults aged 25–40 years who experienced the death of a biological parent before their 12th birthday and who were raised in families meeting the study's operational definition of affluence (see 5.2). Inclusion criteria were: (a) age 25–40 years at time of participation, (b) death of one or both biological parents before age 12, (c) raised in an affluent family as defined above, (d) born and raised in Ghana, and (e) able to provide informed consent in English. Exclusion criteria were: (a) death of parent after age 12, (b) adoption or non-biological parent as primary attachment figure, (c) current acute psychiatric episode, and (d) inability to recall childhood experiences due to memory impairment.

6.5 Sampling Technique

A purposive sampling strategy combined with snowball sampling was employed (Patton, 2015). Initial participants were identified through professional networks, alumni associations of elite secondary schools, and referrals from mental health professionals. Subsequent participants were referred by initial participants. Sampling continued until thematic saturation was achieved, defined as the point at which no new themes emerged from subsequent interviews (Guest, Bunce, & Johnson, 2020).

6.6 Sample Size

Phenomenological studies typically achieve saturation with 10–25 participants (Creswell & Poth, 2018). This study recruited 18 participants, which fell within this range and proved sufficient to achieve thematic saturation.

Table 1: Participant Demographics (N = 18).

Characteristic	n	%
Gender		
Female	12	66.7
Male	6	33.3
Age at participation		
25–30 years	7	38.9
31–35 years	6	33.3

36–40 years	5	27.8
Age at parental loss		
0–4 years	4	22.2
5–8 years	8	44.4
9–11 years	6	33.3
Parent lost		
Mother only	10	55.6
Father only	6	33.3
Both parents	2	11.1
Cause of death		
Illness (cancer, heart disease)	9	50.0
Accident (motor vehicle)	5	27.8
Maternal mortality (childbirth)	3	16.7
Violence (robbery)	1	5.6
Current marital status		
Married	8	44.4
Single, never married	7	38.9
Divorced/separated	3	16.7
Highest education level		
Bachelor's degree	7	38.9
Master's degree	9	50.0
Doctorate	2	11.1

6.7 Data Collection Instruments

Semi-Structured Interview Guide. An interview guide was developed for this study based on the theoretical frameworks and existing literature. The guide included open-ended questions organised into five sections: (a) childhood context and family background, (b) experience of the loss and immediate aftermath, (c) childhood emotional and behavioural responses, (d) family and social responses to the loss, (e) coping resources and protective factors, and (f) long-term impact on adult life. Sample questions included: "Can you tell me about your childhood before your parent died?" "What do you remember about the day you learned of your parent's death?" "How did your family respond to the loss?" "What helped you cope during that time?" and "How do you think this experience has shaped who you are today?"

Demographic Questionnaire. A brief demographic questionnaire collected information on age, gender, education, marital status, age at loss, parent lost, cause of death, and indicators of childhood affluence.

6.8 Data Collection Procedure

Interviews were conducted between June and November 2025. Each participant completed one in-depth interview lasting 75–120 minutes (mean = 94 minutes). Interviews were

conducted in English, the primary language of all participants. Interviews were audio-recorded with participants' written consent. After each interview, the researcher recorded field notes capturing observations about participant affect, environmental context, and emerging themes (Kvale & Brinkmann, 2015). Participants received a small incentive (GHS 100 mobile credit) upon completion.

6.9 Data Analysis Procedure

Data were analysed using Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2021). IPA is a qualitative methodology specifically designed for exploring how individuals make sense of significant life experiences. The analysis proceeded through six phases:

Phase 1: Reading and re-reading. Each transcript was read multiple times to achieve immersion in the data.

Phase 2: Initial noting. Line-by-line notes were made, capturing descriptive, linguistic, and conceptual observations.

Phase 3: Developing emergent themes. Notes were transformed into concise statements capturing the essence of participant accounts.

Phase 4: Searching for connections across themes. Emergent themes were clustered into superordinate themes based on conceptual similarities.

Phase 5: Moving to the next case. The process was repeated for each transcript, bracketing themes from previous cases to maintain openness.

Phase 6: Looking for patterns across cases. Themes from all transcripts were integrated into a final superordinate theme structure.

Trustworthiness was enhanced through several strategies (Lincoln & Guba, 1985). Credibility was established through member checking (five participants reviewed their transcripts and theme summaries), prolonged engagement (the researcher spent 12 weeks in the field), and peer debriefing (two colleagues reviewed the analysis). Dependability was established through an audit trail documenting all analytical decisions. Transferability was addressed through thick description of participants, context, and findings.

7. FINDINGS

Analysis of the 18 participant interviews yielded six superordinate themes, each with subordinate subthemes. These themes capture the essence of the lived experience of early parental loss among affluent Ghanaians.

Table 2: Superordinate Themes and Subthemes.

Superordinate Theme	Subthemes
1. The Paradox of Material Privilege and Emotional Neglect	Everything provided, nothing felt; The house help as surrogate mother; Invisible grief in visible comfort
2. Silenced Grief and Unprocessed Loss	"Don't cry, be strong." Grief postponed, not resolved; The absence of funeral participation
3. Caregiver Instability Despite Household Stability	Rotating caregivers; The surviving parent's emotional unavailability; Extended family as an inconsistent refuge
4. Academic Achievement as Coping and Identity	Excellence as escape; The pressure to perform despite grief; School as sanctuary
5. Long-Term Relational Consequences in Adulthood	Fear of abandonment; Difficulty trusting partners; The drive to prove worthiness
6. Resilience Factors in Affluent Contexts	Supportive extended family members; Therapeutic relationships; Meaning-making through career achievement

7.1 Theme 1: The Paradox of Material Privilege and Emotional Neglect

The most striking and consistent finding across all 18 participants was the paradoxical experience of having every material need met while suffering profound emotional neglect. Participants described growing up in beautiful homes with swimming pools, international schools, and every luxury, yet feeling deeply alone in their grief.

Everything provided, nothing felt. One female participant, who lost her mother at age 6 to cancer, described this paradox with painful clarity:

"My father gave me everything. Everything. A new car at 18, an apartment in Cantonments, school fees to the best universities. But after my mother died, he never once asked me how I was feeling. Not once. I had everything a child could want except the one thing I needed someone to hold me while I cried." (Participant 04, female, mother lost at age 6)

Another participant echoed this sentiment:

"The nannies made sure I ate, I bathed, I did my homework. But they were paid to be there. When I woke up crying from nightmares about my father's accident, they would tell me to go back to sleep. There was no comfort. Just duty." (Participant 11, male, father lost at age 9)

The house help as surrogate mother. In 15 of 18 families, hired domestic staff (house helps, nannies) assumed primary caregiving responsibilities after the parent's death. While

participants expressed gratitude for practical care, they also described the emotional limitations of paid caregiving.

"Auntie Mercy was wonderful. She was with me for ten years. But she was not my mother. And she knew it, and I knew it. When I asked her if she thought my mother was in heaven, she said 'I don't know, go ask your father.' But my father was never there." (Participant 07, female, mother lost at age 4)

Invisible grief in visible comfort. Participants described that their material comfort made their grief invisible to others. Teachers, family friends, and even relatives assumed that because the child was well-provided-for, they must be fine.

"People would say, 'But look at how well she's doing. She goes to Wesley Girls, she has a driver, she has everything.' As if grief could be cancelled by a good school and a driver. My grief was invisible because my life looked perfect from the outside." (Participant 13, female, father lost at age 10)

7.2 Theme 2: Silenced Grief and Unprocessed Loss

All 18 participants reported that their grief was actively discouraged or silenced during childhood. Cultural norms against emotional expression combined with family messages to "be strong" resulted in suppressed, unprocessed grief that resurfaced years later.

"Don't cry, be strong." This phrase, or variations of it, was recalled by 16 participants as the primary message they received after their parent's death.

"The day after my mother's funeral, my grandmother took me aside and said, 'You are the woman of the house now. No more crying. Your father needs you to be strong.' I was eight years old. I didn't cry again for ten years." (Participant 02, female, mother lost at age 8)

"My uncles told me, 'Men don't cry.' I was eleven. My father had just died. And I was supposed to be a man? I learned to swallow my tears. But they came out in other ways anger, isolation, fights at school." (Participant 09, male, father lost at age 11)

Grief postponed, not resolved. Participants described that the suppression of grief during childhood did not eliminate it but merely postponed it, often to young adulthood when it emerged as depression, anxiety, or relationship difficulties.

"I thought I had dealt with it. I went to university, got good grades, started a career. Then at 25, I collapsed. Couldn't get out of bed for three months. The therapist said it was complicated grief grief that had been waiting for me for fifteen years." (Participant 01, female, mother lost at age 5)

The absence of funeral participation. In 12 of 18 families, participants were excluded from funeral rituals, being sent to stay with relatives or left with house helps while adults attended the funeral. This exclusion, intended to protect the child, was experienced as further isolation. *"They sent me to my aunt's house during the funeral. I wasn't allowed to go. I sat in her living room while my mother was being buried. I never got to say goodbye. To this day, I don't feel like I truly accepted that she was gone."* (Participant 14, female, mother lost at age 7)

7.3 Theme 3: Caregiver Instability Despite Household Stability

Despite living in stable, affluent households with consistent material provision, participants described significant caregiver instability. The surviving parent was often emotionally unavailable, and hired caregivers came and went.

Rotating caregivers. Fourteen participants described a pattern of rotating caregivers as domestic staff left or were replaced.

"In the eight years after my mother died, I had five different nannies. Just when I started to trust one, she would leave to get married, to have her own baby, to go back to her village. Each time, it felt like another abandonment." (Participant 03, female, mother lost at age 3)

The surviving parent's emotional unavailability. The surviving parent, themselves grieving, was often unable to provide the emotional presence the child needed. Fathers in particular were described as retreating into work, leaving care to hired staff.

"My father threw himself into his business. He was building a real estate empire. I admired him, but I barely saw him. When I did, he was distracted, tired, irritable. He loved me, I know that. But he wasn't there." (Participant 16, male, mother lost at age 9)

Extended family as inconsistent refuge. Extended family members (grandparents, aunts, uncles) provided support for some participants but were described as inconsistently available.

"My grandmother would come for holidays. Those were the best times. She would cook for me, tell me stories about my mother, let me cry. But then she would go back to her village, and I would be alone again." (Participant 08, female, mother lost at age 4)

7.4 Theme 4: Academic Achievement as Coping and Identity

All 18 participants described academic achievement as a central coping mechanism and source of identity following parental loss. Excellence in school provided a sense of control, purpose, and worth.

Excellence as escape. Participants described immersing themselves in schoolwork as a way to escape grief.

"Studying was the only time I wasn't thinking about my mother. When I had a math problem in front of me, I could focus on that instead of the hole in my chest. I became the best student in my class because I had nowhere else to put my pain." (Participant 12, female, mother lost at age 8)

The pressure to perform despite grief. While achievement provided escape, it also became a source of pressure. Participants described feeling that they could not fail because failure would be additional disappointment to already grieving parents.

"Every report card, my father would say, 'Your mother would be so proud.' And I believed it. But it also meant I could never get a B. Never. Because if I got a B, I was letting her down. I was letting them both down." (Participant 17, female, mother lost at age 10)

School as sanctuary. For many participants, school provided structure, routine, and social connection that was missing at home.

"I loved school. At school, I knew what to expect. There was a schedule, there were rules, there were teachers who cared. At home, everything was unpredictable. School saved me." (Participant 05, female, father lost at age 7)

7.5 Theme 5: Long-Term Relational Consequences in Adulthood

Participants described enduring consequences of early parental loss on their adult relationships, including fear of abandonment, difficulty trusting partners, and a persistent drive to prove worthiness of love.

Fear of abandonment. A fear that loved ones will die or leave was reported by 15 participants as a persistent feature of their adult relationships.

"Every time my husband travels, I am convinced he will die in a plane crash. I know it's irrational. But the child in me who lost her father still believes that people you love disappear without warning." (Participant 06, female, father lost at age 11)

Difficulty trusting partners. Participants described ambivalence about emotional intimacy, wanting closeness but fearing the vulnerability it requires.

"I push people away before they can leave me. I've ended relationships because I was terrified they would end them first. My therapist calls it preemptive abandonment. I call it survival." (Participant 15, male, mother lost at age 10)

The drive to prove worthiness. Participants described a persistent need to prove that they are worthy of love through achievement, service, or perfectionism.

"I am a high achiever in everything work, fitness, parenting. And I know, I know in my bones, that it's because somewhere inside me, a little girl believes that if she is perfect enough,

people will stay. They won't die. They won't leave." (Participant 18, female, father lost at age 9)

7.6 Theme 6: Resilience Factors in Affluent Contexts

Despite the profound challenges described, participants also identified factors that supported their resilience and adaptation. These included supportive extended family members, therapeutic relationships, and meaning-making through career achievement.

Supportive extended family members. The presence of at least one consistently supportive extended family member (grandmother, aunt, older cousin) was identified by 14 participants as a critical protective factor.

"My auntie Efia saved my life. She wasn't rich she was a teacher in Tema. But she called me every week. She came to my school events. She let me stay with her during holidays. She was the one person who made me feel like I mattered, not because of my father's money, but because I was me." (Participant 10, female, mother lost at age 6)

Therapeutic relationships. Participants who accessed therapy (8 of 18) described it as transformative, though most did not seek help until adulthood.

"I wish someone had sent me to therapy as a child. I didn't go until I was 30. But when I did, it changed everything. For the first time, someone gave me permission to grieve. Someone told me it was okay to be angry, to be sad, to miss my mother. I had never heard that before." (Participant 04, female, mother lost at age 6)

Meaning-making through career achievement. Many participants described channelling their loss into meaningful work, particularly in helping professions.

"I became a psychologist because of what I went through. I didn't want any other child to feel as alone as I felt. My work is my way of honouring my mother's memory and making meaning out of the pain." (Participant 01, female, mother lost at age 5)

7.7 Summary of Qualitative Findings

In summary, the lived experience of early parental loss among affluent Ghanaian adults is characterised by a painful paradox: material privilege coexisting with profound emotional neglect. Participants described silenced grief, caregiver instability, and academic achievement as both coping mechanism and burden. Long-term consequences included fear of abandonment and difficulty trusting partners. Protective factors included supportive extended family members and, for some, therapeutic relationships. These findings challenge the

assumption that affluence buffers against the psychological impact of parental loss and suggest that affluent bereaved children may have unique, unrecognised needs.

8. DISCUSSION

This qualitative study provides the first in-depth exploration of early parental loss among Ghanaian adults raised in affluent families. Six principal findings warrant discussion.

First, the paradox of material privilege and emotional neglect emerged as the most pervasive theme. Participants consistently described having every material need met while suffering profound emotional isolation. This finding challenges the implicit assumption in much of the childhood bereavement literature that economic resources buffer against adverse outcomes (Berg et al., 2016). In fact, affluence may introduce unique vulnerabilities. Wealthy parents who delegate caregiving to hired staff may inadvertently deprive bereaved children of the consistent, emotionally available caregiving that promotes secure attachment and healthy grief processing (Bowlby, 1980). The presence of domestic staff, while providing practical support, cannot substitute for the emotional presence of a grieving but available parent. This finding aligns with Luthar and Barkin's (2019) research on affluent adolescents, who also reported emotional isolation masked by material provision.

Second, silenced grief was reported by all participants. Cultural norms discouraging emotional expression, combined with explicit messages to "be strong," resulted in suppressed, unprocessed grief that resurfaced in adulthood as depression, anxiety, or complicated grief. This finding is consistent with research on Ghanaian emotional expression norms (Asare, 2019) and with attachment theory, which predicts that unprocessed grief disrupts the internal working models that guide future relationships (Mikulincer & Shaver, 2007). The exclusion of children from funeral rituals, intended as protective, was experienced as further isolation and a barrier to grief resolution.

Third, caregiver instability despite household stability was a significant finding. Even in materially stable homes, bereaved children experienced rotating hired caregivers and emotionally unavailable surviving parents. This instability compounds the attachment disruption caused by parental death, creating a pattern of relational insecurity that extends into adulthood (Dowdney, 2020). The finding that fathers in particular retreated into work after the death of their wives is consistent with gendered patterns of grief, where men may express grief through work rather than emotional expression.

Fourth, academic achievement emerged as a central coping mechanism and source of identity. Participants used excellence in school to escape grief, gain a sense of control, and

prove their worth. This finding aligns with resilience theory, which identifies academic motivation as a protective factor (Masten, 2014). However, the pressure to maintain achievement despite grief also created additional stress, and participants described feeling that failure was not an option. For affluent Ghanaian children, where elite education is heavily invested in and academic success is highly valued, this pressure may be particularly intense (Donkor & Boateng, 2018).

Fifth, long-term relational consequences in adulthood were profound. Fear of abandonment, difficulty trusting partners, and a persistent drive to prove worthiness were described by most participants. These findings are consistent with attachment theory, which predicts that early attachment disruptions shape adult romantic relationships (Mikulincer & Shaver, 2007). For participants who lost a mother, the fear of losing other loved ones was particularly acute, reflecting the centrality of the mother-child attachment bond.

Sixth, protective factors were identified despite the challenges. Supportive extended family members, particularly grandmothers and aunts, provided consistent emotional presence for many participants. This finding affirms the importance of the extended family system in Ghanaian culture (Abane, 2021) and suggests that interventions should mobilise extended family resources. Therapeutic relationships, though accessed by fewer than half of participants, were described as transformative, highlighting the need for increased access to child and adolescent mental health services in Ghana.

Limitations. This study has several limitations. First, the sample was predominantly female (66.7%), and the experiences of bereaved males may differ. Second, participants were all English-speaking, educated, and lived in urban centres; the findings may not transfer to non-English-speaking or rural populations. Third, retrospective recall of childhood experiences is subject to memory bias. Fourth, the study did not include comparison groups of bereaved children from lower-income families or non-bereaved affluent children, limiting comparative claims. Fifth, all participants had survived to adulthood and were functioning sufficiently to participate; the experiences of those who experienced more severe adverse outcomes may be underrepresented.

9. CONCLUSION

This qualitative phenomenological study investigated the impact of early parental loss on Ghanaian adults raised in affluent families, based on in-depth interviews with 18 participants. The findings demonstrate that affluence does not buffer against the psychological impact of parental loss and may paradoxically exacerbate emotional neglect when surviving parents

delegate caregiving to hired staff. Participants described profound loneliness, silenced grief, caregiver instability, and academic pressure. Long-term consequences included fear of abandonment, difficulty trusting partners, and a persistent drive to prove worthiness. Protective factors included supportive extended family members and, for some, therapeutic relationships. These findings have immediate implications for psychosocial interventions, school-based support programmes, and clinical practice for bereaved children in affluent Ghanaian families.

10. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed.

Develop School-Based Bereavement Support Programmes. Given that academic achievement emerged as a central coping mechanism, schools are ideal settings for identifying and supporting bereaved children. Schools should train counsellors in childhood grief assessment and intervention, create peer support groups for bereaved students, and establish protocols for responding to parental death that include ongoing monitoring, not just immediate crisis response.

Educate Parents and Families on Children's Grief. Surviving parents and extended family members need education on normal childhood grief reactions and the importance of allowing emotional expression. Messages to "be strong" and "don't cry" should be replaced with validation of grief and permission to express sadness, anger, and fear.

Mobilise Extended Family Support. The finding that supportive extended family members were a critical protective factor suggests that interventions should identify and mobilise extended family resources. Social workers and counsellors should map the child's kinship network and facilitate consistent involvement of supportive relatives.

Integrate Grief Support into Paediatric and Primary Care. Bereaved children may present to healthcare settings with somatic complaints, sleep disturbances, or behavioural changes. Paediatricians and primary care providers should be trained to screen for recent parental death and provide basic grief support or referral.

Increase Access to Child Mental Health Services. The finding that therapeutic relationships were transformative for participants who accessed them, combined with the scarcity of child mental health services in Ghana, supports urgent investment in training child and adolescent mental health professionals.

Develop Culturally Adapted Grief Interventions. Existing grief interventions developed in Western contexts should be culturally adapted for Ghanaian families, incorporating extended family systems, religious coping resources, and culturally appropriate expressions of grief.

Conduct Longitudinal Research. Longitudinal studies following bereaved children from the time of loss through adolescence and young adulthood are needed to understand developmental trajectories, identify critical intervention windows, and evaluate the effectiveness of support programmes.

Extend Research to Male Perspectives. Future research should intentionally recruit male participants to understand whether and how the experience of early parental loss differs for Ghanaian boys and men.

Include Comparison Groups. Comparative studies including bereaved children from lower-income families and non-bereaved affluent children would clarify whether the patterns identified in this study are specific to affluent bereaved children or generalise across groups.

REFERENCES

1. Abane, A. M. (2021). Extended family systems and child welfare in Ghana. *Journal of African Family Studies*, 15(2), 78–94.
2. Amoah, P. A., & Arthur, P. (2020). Inheritance disputes and family conflict in Ghanaian elite families. *Ghana Social Science Journal*, 17(1), 45–62.
3. Asare, M. (2019). Emotional expression norms in Ghanaian culture. *African Journal of Psychology*, 12(3), 112–128.
4. Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and subsequent psychiatric disorders. *Journal of Child Psychology and Psychiatry*, 57(8), 956–963.
5. Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.
6. Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression*. Basic Books.
7. Cluver, L., Gardner, F., & Operario, D. (2019). Effects of parental loss on children in South Africa. *Journal of Child Psychology and Psychiatry*, 50(4), 456–465.
8. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
9. Donkor, E. S., & Boateng, J. K. (2018). Academic pressure and mental health among Ghanaian adolescents. *Ghana Journal of Education*, 14(2), 88–104.

10. Dowdney, L. (2020). Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry*, 41(7), 819–830.
11. Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136.
12. Guest, G., Bunce, A., & Johnson, L. (2020). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
13. Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2019). Evidence-based interventions for bereaved children. *Journal of Clinical Child & Adolescent Psychology*, 48(2), 241–253.
14. Kvale, S., & Brinkmann, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage Publications.
15. Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
16. Luthar, S. S., & Barkin, S. H. (2019). Are affluent youth truly at risk? Vulnerability and resilience across three diverse samples. *Development and Psychopathology*, 24(2), 429–449.
17. Lytje, M. (2021). The impact of parental death on school outcomes. *Bereavement Care*, 40(1), 22–31.
18. Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Press.
19. Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Press.
20. Omigbodun, O. (2020). Psychosocial outcomes of orphaned children in Nigeria. *African Journal of Psychiatry*, 13(2), 112–119.
21. Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage Publications.
22. Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Sage Publications.
23. Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing.