SPECIAL TOPIC: CHILDHOOD GRIEF/BEREAVEMENT

The death of a parent is one of the most traumatic experiences a child or adolescent can undergo. Children and adolescents also experience grief in response to the death of other loved ones (e.g., grandparents, other family members, close friends, family pets). Each child's or adolescent's response to grief is highly personal and depends on many factors, including the following:

1. Age and level of cognitive maturity

   While all children and adolescents yearn for lost loved ones, the way they mourn reflects their developmental level and continues to evolve as they re-experience the loss at different developmental points throughout life.

   In infancy, grief may manifest itself as an inability to be soothed by other caretakers, disruption of eating and sleeping, loss of previously achieved milestones, emotional withdrawal, or detachment from others (ZERO TO THREE: National Center for Infants, Toddlers and Families, 1997).

   Children under age 6 do not grasp the permanence of death and tend to look at it as a long journey or sleep. In these children, the first stage of grief is often protest and hope that the loved one will return. Despair and anger may set in once the child realizes that the loved one is truly gone. Children at this age may also feel guilty, thinking that something they did or did not do may have caused the death (Weller et al., 1996).

   Around age 6, children begin to understand that death is irreversible, but they usually are not able to view it as an inevitable part of life until age 9 or 10. For children ages 6–10, the death of a loved one often leads to fears about personal safety and the safety of other loved ones, as the child more fully comprehends that death is universal (Weller et al., 1996).

   Although adolescents are aware that death is inevitable, the loss of a loved one can leave them with a heightened sense of their own vulnerability, disrupting their growing independence and sense of autonomy. Their yearning for the lost loved one may be recurrent, and it may become acute during major life events (e.g., high school graduation) (Weller et al., 1996).

2. Nature of the relationship to the deceased

   A child or adolescent who has experienced unresolved anger or ambivalence toward a loved one who dies (e.g., a child who may have been jealous of the attention that a terminally ill sibling received), or who was involved in unresolved conflicts with that individual, may have a more complicated grief response and may be at increased risk for distressing guilt or self-blame.

3. Emotional functioning

   Acute sadness and symptoms of grief after a major loss typically persist for at least 2 months after the loss (Wolraich et al., 1996). The majority of symptoms in children and adolescents peak within a month after the death, but for up to one-third of children and adolescents, the peak may occur 6 months to a year after the death (Weller et al., 1996). Check-in phone calls or follow-up appointments are helpful in main-

taining contact with the family throughout this period. Regardless of the length of the period of acute mourning, most children and adolescents will re-experience symptoms of grief at intervals (months to years) as they work through their loss in an ongoing process.

Functional difficulties such as irritability (tantrums in young children), sleep problems, appetite changes, problems with concentration, and not having fun during normal activities are common in the first couple of months after the death. Somatic symptoms (recurrent headaches, abdominal pain) may also be present.

Although sad feelings may persist indefinitely after the death of a loved one, most children and adolescents return to their previous level of functioning even while they are coping with their grief. The distinction between "normal" grief and more serious forms of depression is a clinical judgment that is often difficult to make. Rather than focusing on this distinction, primary care health professionals should determine when a mental health referral would help a particular child or family. (See When to Refer for Mental Health Services, p. 279. See Table 2, Referral for Mental Health Care, p. 10, in the Making Mental Health Supervision Accessible chapter.)

Children and adolescents who may benefit from a mental health referral for individual treatment with a social worker, child psychologist, or child psychiatrist at the time of the loss include those with

- A personal or family history of psychiatric difficulties (especially depression in the surviving parent)
- A history of previous losses

- Poor social supports
- Surviving family members who are overwhelmed with their own grief

Referral to a mental health professional for further assessment and treatment of potentially serious symptoms is highly recommended for children and adolescents who experience

- Distressing guilt about actions taken or not taken at the time of death
- Persistent feelings of worthlessness
- Suicidal wishes
- Ongoing preoccupation with death
- Grief that more than transiently interferes with family, social, and school functioning
- Anxiety symptoms that interfere with functioning

4. Available support and family members' adjustment

   A child's or adolescent's adjustment to a major loss is related to how family members are coping. While compassionate listening and support may be all many bereaved families need, family therapy and/or individual therapy may be helpful for families in which members are having ongoing difficulty adjusting to the loss.

   A mental health referral should be considered for parents who have not been able to return to their previous level of functioning or who are manifesting ongoing signs of depression.

GENERAL INTERVENTIONS

For any child or adolescent who is experiencing grief, consistent and thoughtful support for both the child or adolescent and the family is critical during the mourning process. Primary care health professionals can provide ongoing support in the following ways:

1. Encourage parents to answer questions simply and honestly, in language that is developmentally appropriate for their child or adolescent. If a family knows that a loved one is seriously ill, help parents prepare the child or adolescent for the possibility that the loved one may die (e.g., "Grandma is very sick and may not get better; the doctors think that she may die soon"). For young children, it is important not to compare death to sleep, which could result in a child's being fearful about going to sleep or expecting that the deceased will awaken. Instead, parents can explain that death occurs when the body stops working. (See suggested readings in Resources for Families, p. 286.)
2. Interview the child or adolescent directly about her feelings. Parents of bereaved children or adolescents are often unaware of their child's or adolescent's depressive symptoms. Children and adolescents may intentionally keep symptoms from others to avoid worrying them.
3. Discuss with parents that each child or adolescent reacts to loss in a unique way, and help them understand their child's or adolescent's reaction.
4. Help parents understand that their child or adolescent may experience guilty and/or angry feelings that he cannot verbalize. It is important to reassure children and adolescents, and especially younger children, that nothing they did caused the death, and that no one blames them.
5. Discuss with parents that it is helpful for them to maintain familiar day-to-day routines as much as possible. Encourage the family to draw on support from loved ones and other familiar adults (e.g., relatives, friends, other caregivers, teachers).
6. Encourage the family to make use of religious supports that are in keeping with the family's spiritual belief system.
7. Talk about ways that parents can provide ongoing opportunities for the child or adolescent to ask any questions she may have about the death, even though it may be painful for parents to discuss it. Help parents remain open to discussing the loss over the coming weeks, months, and years.
8. If it is the death of a sibling that the child or adolescent is coping with, encourage parents to

avoid putting the deceased child or adolescent on a pedestal, which may make their surviving children or adolescents feel inferior.

9. Help parents be honest with their child or adolescent about their own emotions. A child or adolescent who sees a parent openly expressing feelings will be more comfortable expressing his own emotions.
10. Remind parents that a child's or adolescent's grief and mourning will change over time, as she develops and matures. A resurgence of feelings may occur with life events (e.g., anniversaries of the death, birthdays).
11. Funeral attendance
    - Most older children and adolescents report that attending the funeral of a loved one and participating in making arrangements made it easier for them to accept their loss. Children school-age and older should be given the choice of whether or not they would like to attend.
    - Whether a young child attends a funeral depends on the child's individual level of understanding, emotional maturity, and desire to participate. If a child seems fearful and anxious, and cannot understand the purpose of the ceremony, then he probably should not attend. Other young children may wish to be present to say good-bye and may find comfort in attending.
    - If parents decide that their young child will attend the funeral, encourage them to prepare her for what will happen at the funeral, step by step.
    - Arrangements should be made with a family member or close friend to stay with the child throughout the ceremony and to be available to the child if he becomes distressed and needs to leave, so the parent can remain.
    - If parents decide not to have the child attend, suggest that they consider making a separate, private visit to the grave or that they plan a private ritual to help the child say good-bye (e.g., planting a tree; making a memory book with the child's stories, pictures, or photos of the loved one).

Resources for Families

Alexander S. 1983. *Nadia the Willful*. New York, NY: Pantheon Books.

American Hospice Foundation
2120 L Street, N.W., Suite 200
Washington, DC 20037
Phone: (202) 223-0204
Web site: http://www.americanhospice.org

Burrowes AJ. 2000. *Grandma's Purple Flowers*. New York, NY: Lee & Low Books.

The Compassionate Friends
P.O. Box 3696
Oak Brook, IL 60522-3696
Phone: (630) 990-0010, (877) 969-0010
Web site: http://www.compassionatefriends.org

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Hospice Foundation of America
2001 S Street, N.W., Suite 300
Washington, DC 20009
Phone: (800) 854-3402
Web site: http://www.hospicefoundation.org

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