

Background

Bereavement and Grief in Childhood

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When looking at how individuals experience loss, it is important to recognize the differences between the grieving process of a child, and that of an adult. This is mostly because a child does not have the same cognitive and developmental understanding of death that an adult has (Willis, 2002). Over the years, children's understanding of death has been studied from several perspectives. The earliest perspective is that of the psychoanalytic perspective (Slaughter, 2005).

Slaughter (2005) explains that the psychoanalytic perspective states that children's understanding of death is different from that of an adult due to the fact that it is tied strongly to emotions. Children under 10 years of age understood death to be a place where the individual went. A child this age may rationalize that the deceased might not return because this place is too far, or something is preventing them from coming back, not however that the death is permanent. While this perspective looks at the emotional capacity of a child to understand death, it was important to begin to uncover the cognitive capabilities of a child to understand death.

Using Piaget's theory of cognitive development, researchers compiled a measure to assess a child's mature understanding of death. Questions were set up to target specific subcomponents of understanding death. By analyzing a child's answers to these questions, one could determine whether or not a child had a mature understanding of death. A mature understanding of death was achieved if a child was able to understand all the subcategories which included: (a) irreversibility, the dead can not come back, (b) universality, all living things die, (c) personal mortality, understanding that this applies to the child, (d) inevitability, all living things die at some point in time, (e) cessation, when an individual dies, their body and all its

functions stop, (f) causality, that death is caused by functions of the body stopping, and (g) unpredictability, there is no way to know when an individual will die (Slaughter, 2005).

The ability to understand the more abstract aspects of death coincides with Piaget's Cognitive Theory beginning with the preoperational stage. Children believe that death is temporary, and relate death to concrete things such as the deceased having closed eyes. The child then moves to the concrete operational stage, where the child understands that the deceased is gone permanently but the cause of death is still understood more concretely as something that occurs from outside the body. The child then moves to the last stage of Piaget's Cognitive Theory, formal operational. In this stage, the child understands the finality, the biology and the irreversibility of death (Slaughter, 2005).

Through various studies, it was found that by the age of five and six children understood the concept of universality and irreversibility. The more concrete aspects of death were understood earlier in connection with the child's development, moving into the more abstract concepts as the child continues to develop. The final steps to mastering the understanding of death were the comprehension of cessation and causality. It was agreed however, that mastering all the subcategories of death could not be done earlier than seven years old (Slaughter, 2005).

Just as a child's understanding of death differs from that of an adult, so does their grief process. Willis (2002) explains that as a child grows up they transition through stages of development and will revisit their experience with death from a different perspective as they mature. It is also important to recognize that adults understand healing happens over time. Children, not having the life experiences of an adult, naturally have difficulty seeing that things will change. Additionally, children are typically unable to understand and express their feelings the way an adult is able to, which can cause confusion and frustration within the child.

As mentioned previously, the ability to understand the concept of death is immature in a child, therefore, it is important to help them understand death on a level that is right for them. Talking about death and using words like “death and “dying” are important. However, Willis (2002) explains that it is important to refrain from using euphemisms such as “left us” when explaining death to a child. “Very young children, especially those between three and six years of age are still in Piaget’s preoperational stage and therefore are egocentric and often given over to magical thinking” (p. 224). Using phrases like “gone to sleep” may confuse a child as they may believe the deceased will literally wake up.

Various forms of therapy are useful when helping a child through the grieving process. Music therapy, play therapy, and art therapy are all ways a child can express feelings they have regarding death (Willis, 2002). Willis (2002) explains that it is important for people in the child’s life to be familiar with signs of typical grieving. These things may include “anxiety, sleep difficulty (especially nightmares), sadness, longing, anger, acting out, and physical complaints” (p. 224).

Aradhana, Razdan, Weller, & Weller (2006) explain that it is important to distinguish between the normal patterns of grieving, and when it’s something more psychological. “Continued denial of the reality of the death, prolonged bodily distress, panic attacks, extended guilt, increasing idealization of the dead parent or sibling, enduring apathy or anxiety, or unceasing hostility toward the parent or sibling” (p. 117) may be signs of atypical grieving.

In a study looking at Early Childhood Bereavement, Kranzler, Shaffer, Wasserman, & Davies (1990) found that bereaving children ages three to six, “showed significantly more behavioral problems than nonbereaved controls, particularly symptoms of depression and anxiety” (p. 518).

Reisman Greenberg (2009) explains that there are no specific symptoms for Depressive Disorder, and that it may manifest differently in different age groups. In infancy, before the development of language, the child may withdraw from his caregiver and show signs of change in development among other things. In school-aged children, it is common for children to present with more physical symptoms such as headaches or stomach aches. Additionally, parents may notice changes in mood like anxiety and irritability.

Children who have Generalized Anxiety Disorder worry about the safety of themselves as well as their family, friends, and world events. It is common for these children to overanalyze and over exaggerate events and situations. Commonly, parents of children suffering from Generalized Anxiety Disorder say their children frequently ask questions about what will happen next and if everything will be okay. They do this in such a manner that is more frequent than expected developmentally from children that age (Hudson, Deveney, & Taylor, 2005).

Finally, another specific Anxiety Disorder related to childhood bereavement is Separation Anxiety Disorder, commonly diagnosed between the ages of eight and 12. Symptoms of this in younger children include having nightmares about separation, while older children may complain of being sick to prevent separation at school (Austin & Sciarra, 2010).

If a parent or caregiver has experienced the loss as well, for example, the loss of another child or spouse, it has an effect on the family environment overall (Aradhana, Razdan, Weller, & Weller, 2006). Separation Anxiety is linked to parenting styles, and the kinds of attachment the child develops with their parents. An outside stress, such as the loss of a loved one can cause changes in the attachments between children and parents (Austin & Sciarra, 2010).

As can be seen, there is a normal grieving pattern for children who have experienced a loss. It is the job of caretakers, teachers, parents and family to provide the child with a safe environment for the child to grieve in. It is also even more important to look out for the signs of atypical patterns of bereavement and find ways to help the child cope with the loss they have experienced.

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