

CH 6

Traumatic Bereavement



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On successful completion of this chapter you should be able to:

- 1) Recognize the concepts of loss and bereavement
- 2) Recognize the special features of bereavement in childhood
- 3) Identify the stages of bereavement
- 4) Recognize key treatment issues for childhood bereavement

Key Concepts

- Children exposed to disaster may experience the death of a parent or other significant person.
- Children's psychological reactions to the death of a loved one are influenced by the child's age, level of psychological and emotional maturity, extent of adaptive and coping capacities, and understanding of death.
- Children's responses are shaped by the child's relationship to the deceased, the circumstances of death, previous experience with death, and available social support systems.
- Children's psychological reactions to the death of a loved one are variable and diverse; however, the majority of bereaved children do not develop psychiatric disorders.

Source: FEMA photolibrary

Introduction

When mass casualties occur in a disaster, survivors may be exposed to scenes of death. Death from disaster usually occurs suddenly, unexpectedly, and with little predictability, striking down the healthy and taking life prematurely. **Bereavement** has been defined as the fact of loss through death. **Bereavement reactions** include both psychological and physiological responses to bereavement. **Grief** refers to the emotions associated with bereavement, and **mourning** is the social expression of grief.

Four percent of children in the United States experience the death of a parent before the age of 15 (National Center for Health Statistics, 1997). The early death of a parent most frequently occurs as the result of trauma. Children are twice as likely to lose their father as to lose their mother. The loss of other family members such as siblings, grandparents and other loved ones, while less traumatic, nevertheless, may have an enduring psychological effect on the developing child.

Children's early exposure to death, the discovery that life is not permanent, the realization that the body is susceptible to harm, and the loss of important, care-giving relationships in their daily lives, are traumatic experiences. The death of a parent or family member is usually sudden and often brutal. Children suffer not only from the premature loss of a family member, but also from exposure to the cruel and violent nature of the death. Psychological and physiological reactions to bereavement are processed differently in children compared with adults because of the child's cognitive, emotional, and physical immaturity.

Key Definitions

Bereavement: The fact of loss through death

Grief: Emotions associated with bereavement

Bereavement Reactions: Psychological or physiological responses to bereavement

Mourning: The social expression of grief

Anticipatory Grief: Emotions experienced in anticipation of an impending death

Source: Osterweis et al., 1984

Childhood Bereavement

The death of a significant person in a child's life is among the most stressful events that a young person can experience. A child who has lost a parent, sibling or loved one must find a way to cope with the immediate impact of the death on his or her life. Simultaneously, the child must begin the process of mourning and resume normal everyday activities. Adults in the child's life, in the midst of their own grief, are frequently confused and uncertain about how to respond supportively to a child. The task of the surviving parent or other caretakers is to facilitate the child's process of coping, mourning, and resuming normal life activities.

Basic Facts

- 4 percent of children experience the death of a parent before 15 years of age
- Approximately 1,300 children lost a parent on September 11, 2001
- 40,000 children die each year
- 7,000-12,000 children experience parental suicide each year
- 1.2 million adults have experienced early parent death
- 8 million people experience the death of an immediate family member each year
- 800,000 persons become a widow or /widower each year
- Approximately 30,000 suicides occur annually in the United States

Source: National Center for Health Statistics (1997); Weller et al., (2002)

Children's psychological reactions to the death of a loved one are influenced by the child's age, level of psychological and emotional maturity, extent of adaptive and coping capacities, and understanding of death. Children's responses are shaped by the child's relationship to the deceased, the circumstances of death, the child's previous experience with death, and available social support systems (Dowdney, 2000). Children who experience the death of a parent are usually concerned with several questions: Did I cause this death to happen? Is it going to happen to me? Who is going to take care of me? Children don't understand chance happenings and look for sources of blame. They also begin to fear that if death happened to someone close to them, death might happen to them. Children experience an increasing sense of vulnerability coupled with concerns about abandonment, wondering who is going to take care of them and provide support.

While children do not usually experience intense or prolonged emotional and behavioral grief reactions, their mourning processes usually last longer than those of adults. Since bereavement is a process that continues over time, children often experience thoughts and emotions related to parental loss during life milestones and transitions such as separation experiences, going away to camp or school, receiving recognition for achievements, graduation, getting married, or giving birth to their own children.

Parental Bereavement

Particularly poignant is the parent's loss of a child. Both the Oklahoma City Bombing and the September 11 World Trade Center bombing resulted in the tragic deaths of children. The discovery that one's child is untimely ripped away from one's family leaves the parent with a pervasive feeling of despair and emptiness. The grief of parents following the loss of a child "is more intense and prolonged than other losses" (Raphael, 2006). Parents are at increased risk for suicidal behavior in the month following such a loss and for enduring symptoms of depression and anxiety extending for 5-10 years. When the child dies as a result of trauma, parental grief may be confounded with posttraumatic stress reactions (Breslau et al., 1998).

Stages of Bereavement

The psychological responses to bereavement may be described in three stages: 1) acute/immediate effects, 2) intermediate responses, and 3) long-term effects.

Acute/Immediate Effects

The immediate and acute symptoms following the death of a loved one are usually shock, disbelief, tearfulness and a sense of unreality; combined with a spectrum of emotions such as sadness, fear, anger, helplessness and anxiety. Often, there is loss of appetite, sleep disturbances and aching pain in the pit of the stomach. Bereavement is accompanied by disturbances in thinking with decreased concentration, diminished capacity for problem solving and inability to think about consequences or plan for the future. Younger children may manifest regression, agitation, disorganized behaviors, clinging dependency, bodily symptoms, loss of bladder or bowel control and nightmares.

Kranzler, et al. (1990) studied preschool children, ages 3-6 years, who had lost a parent. Compared with non-bereaved children, children who had lost a parent were more scared and unhappy, and experienced significantly more emotional and behavioral symptoms. In contrast to adults, children's grief responses were more episodic and situational but less pervasive. Others have noted that children often manifest less sadness and emotional turmoil than adults in the immediate aftermath of the loss of a loved one.

Intermediate Effects

In the aftermath of bereavement, children may experience ongoing difficulties in social relatedness including social withdrawal, somatic symptoms, waves of distress, a preoccupation with the image of the departed, yearning for the deceased, impaired vocational and school adjustment, nightmares, loss of appetite, weight loss, sleep disturbances, suicidal thoughts, loss of interest in normally enjoyed activities, a limited range of emotions or excessive emotionality and clinging-dependent regressive behaviors. Children, depending on their level of cognitive development, may want explanations as to the cause of what happened

and may search for blame. Not understanding cause-and-effect, young children may blame themselves for the death. Children may neglect self-care, fail to perform household chores or experience a decline in academic or work performance. Angry, aggressive and antisocial behaviors may occur in addition to a spectrum of anxiety and depressive symptoms.

In a study of children, ages 5-12 years, conducted three months after the death of a parent, the following rates of bereavement symptoms were observed: loss of appetite (24 percent), depressed mood (61 percent), loss of interest (45 percent), feelings of guilt/worthlessness (37 percent) and sleep disturbances (32 percent) (Weller et al., 1991).

Long-Term Reactions

In the continuing aftermath, children may experience further decrements in academic performance; a range of anxiety, depression and behavioral symptoms; bodily symptoms; interpersonal and social adjustment problems; and decreased self-efficacy. Worden and Silverman (1996) studied 125 children who had experienced the death of a parent compared to matched controls. Bereaved children were more likely to exhibit lower self-esteem and lower scores on locus of control. Approximately one-fifth of the bereaved children manifested serious emotional and behavioral disturbances requiring intervention. Two years after the parental death, preadolescent girls were more prone to experience anxiety, depression and aggressive behaviors while adolescent boys were more socially withdrawn and exhibited more social problems.

Adults identified as experiencing maternal death before age 10 were observed to have increased risks for panic attacks and simple phobias (Tweed et al., 1989). Breier (1988) has suggested that the child who experiences the early death of a parent is at increased risk for psychiatric disorders in adult life (particularly depression), although the risk is diminished for the bereaved child who maintains a good relationship with the surviving parent and experiences satisfying peer relationships.

Developmental Effects

Children's understanding of death is greatly influenced by cognitive development (Spence & Brent, 1984). Generally, younger children may confuse death with going to sleep or they may think of death as a journey and expect the lost loved one to return. Children, ages 4 to 6, may know that death occurs, but they may often think of it as temporary and reversible.

The **preschool child** is unable to understand death and will manifest distress in behaviors and bodily complaints. The child may exhibit clinging and dependent behaviors, loss of previous developmental achievements such as bowel and bladder control, inattention, disorganized behaviors, tantrums, bodily symptoms, sleep and appetite disturbances and a variety of anxiety and mood symptoms.

The **school-age child** often imagines death as a ghost or man on a black horse and fears being "hurt". Death is seen as frightening and as something that happens to older persons. By ages 8 or 9, children have some understanding of the finality, inevitability and irreversibility of death. The child may manifest anxiety, abandonment fears, depressed mood, academic and learning problems, social withdrawal, sleep and appetite disturbances and a range of behavioral problems. Boys are more likely than girls to express their grief through hyperactivity and aggression and appear to be more vulnerable to the psychological effects of early parent death (Dowdney, 2000).

The **adolescent** may experience a sense of social estrangement, fears of early death, anxiety and mood symptoms, somatic ills, anger, guilt and behavioral problems and may take flight into the pursuit of pleasurable experiences or become more socially withdrawn and narrow the scope of life.

Even children with seemingly age-appropriate bereavement reactions may experience a relapse or exacerbation when confronted with subsequent stressors, symbolic reminders or additional losses. The bereavement process is a long-lasting and continuing emotional struggle to achieve emotional resolution.

Table 6.1
Grief and Developmental Stages

Age	Understanding of Death	Expressions of Grief
Infancy to 2 years	<ul style="list-style-type: none"> • Not yet able to understand death • Separation from mother causes changes 	<ul style="list-style-type: none"> • Quietness, crankiness, decreased activity, poor sleep, weight loss
2-6 years	<ul style="list-style-type: none"> • Death is like sleeping 	<ul style="list-style-type: none"> • Many questions (How does she go to the bathroom? How does she eat?) • Problems in eating, sleeping and bladder and bowel control • Fear of abandonment • Tantrums
	<ul style="list-style-type: none"> • Dead person continues to live and function in some ways • Death is temporary, not final • Dead person can come back to life 	<ul style="list-style-type: none"> • Magical thinking (Did I think something or do something that caused the death? Like when I said I hate you and I wish you would die?)
6-9 years	<ul style="list-style-type: none"> • Death is perceived as a person or spirit (skeleton, ghost, bogeyman) 	<ul style="list-style-type: none"> • Curiosity about death • Specific questions • Exaggerated fears about school
	<ul style="list-style-type: none"> • Death is final and frightening 	<ul style="list-style-type: none"> • Aggressive behaviors (especially boys) • Concerns about imaginary illnesses
	<ul style="list-style-type: none"> • Death happens to others, it won't happen to ME 	<ul style="list-style-type: none"> • Feelings of abandonment
9 and older	<ul style="list-style-type: none"> • Everyone will die 	<ul style="list-style-type: none"> • Heightened emotions, guilt, anger, shame • Increased anxiety over own death • Mood swings
	<ul style="list-style-type: none"> • Death is final and cannot be changed 	<ul style="list-style-type: none"> • Fear of rejection; not wanting to be different from peers
	<ul style="list-style-type: none"> • Even I will die 	<ul style="list-style-type: none"> • Changes in eating habits • Sleep problems • Regressive behaviors (loss of interest in outside activities) • Impulsive behaviors • Guilt about being alive (especially related to death of a brother, sister or peer)

Childhood Bereavement and Psychological Morbidity

Studies of bereaved children who have experienced the sudden death of a parent have indicated that they experience more anxiety, depression and disruptive behaviors than their non-bereaved counterparts (Van Eederweigh et al., 1985; Kranzler et al., 1990; Weller et al., 1991; Worden & Silverman, 1996). Gleser and colleagues (1981) noted that in the Buffalo Creek disaster, bereavement and threat to life were the predominant stressors giving rise to prolonged psychopathology. In a study of children, ages 5-12 years, conducted three months after the death of a parent, Weller, et al. (1991) found that 37 percent met diagnostic criteria for major depressive disorder and 61 percent experienced suicidal thoughts. The suicidal ideation represented a longing to be with the deceased parent (reunion fantasy) rather than the devaluation of the child's own life, and none of the children attempted suicide. Surviving parents were not fully aware of their children's depressive symptoms, a finding that underscores the importance of interviewing bereaved children and not relying solely on parents' reports of their children's symptoms.

Childhood Bereavement Reactions

61%	Dysphoria (Distressing emotions)
61%	Suicidal ideation
45%	Loss of interest
37%	Agitation/retardation
37%	Guilt/worthlessness
37%	Major Depressive Disorder
32%	Sleep disturbances
24%	Loss of appetite
11%	Fatigue

Source: Weller et al., 1991

A study of Israeli children, ages 2-10 years, conducted for several years following the death of their fathers in war, found that more than half demonstrated fears, over-dependent behavior, and temper tantrums (Elizur & Kaffman 1982, 1983). Forty percent had emotional

and behavioral problems of such severity as to interfere with adjustment at home, in school and with peers. The severity of the bereavement reactions was influenced by the quality of the relationship with the father prior to his death, the ability of the mother to share her grief with the child and the availability of extended family members to offer support. Other studies confirm that the psychological impact of parental death is predominantly mediated by the availability of extended family support systems, the relationship to the remaining parent and other social and economic adversities (Breier et al., 1988; Harrington & Harrison, 1999). Protective factors that help buffer the impact of bereavement are high self-esteem, scholastic competence and ability to use available social support networks (Harrington & Harrison, 1999).

Risk Factors Associated with Sustained Bereavement

- Personal importance of the relationship
- Quality of relationship to the deceased
- Sudden and unexpected death
- Circumstances of the death
- Cognitive maturity of the child
- Not having the chance to say goodbye
- Quality of family and social supports
- Child's specific coping and adaptive skills
- Socio-economic supports

Death of a Sibling

Loss of a sibling can cause immediate and long-lasting emotional and behavioral effects on children. The death of a sibling is the loss of a peer relationship complicated by the special and ambivalent bond between siblings. Siblings share a unique relationship in having the same parents and having shared confidences separate from those shared with their parents. The surviving child may experience feelings of guilt associated with sibling rivalry or may harbor feelings of blame that the parents failed to protect their sibling from death. When the loss of a sibling leaves the surviving sibling as an only child, the bereavement experience is particularly difficult.

Worden & Silverman (1996) suggest several differences between parental and sibling death. The loss of a child in a family carries emotional and behavioral effects on the parenting of the remaining children. Parents may become overprotective of the remaining children. Parents may also burden the surviving children with a “replacement child script” in which expectations envisioned for the now-deceased child are imposed on the remaining siblings.

Attending the Funeral

Therapists are often asked whether or not children should attend funerals. While the literature is contradictory and anecdotal on this point, therapists generally concur that if children are under 5 or 6 years of age, they cannot process the meaning nor understand the significance of what transpires. Increasing evidence does suggest, however, that when children want to go to a funeral, it may be psychologically beneficial if they are adequately prepared, informed, and accompanied by an adult who can be emotionally and cognitively available to comfort them and to manage any distress or grief occurring during the service. Participation in the funeral service may help children to remember loved ones and may provide an opportunity to say goodbye.

Treatment

Usually, adults have the task of informing a child of the death of a family member, providing some explanation commensurate with the child’s level of understanding and ascribing meaning to the death in line with the family’s religious beliefs. Death should not be likened to sleep or a long journey, but rather explained in terms of cessation of bodily activities. A number of children’s books (*Charlotte’s Web*, by E. B. White) are useful for helping children to understand death as a natural phenomenon. Such readings increase awareness that exposure to death is part of the life experience.

Since grief is a normal reaction to bereavement, treatment may not be necessary. It may be difficult to distinguish between a normal grief reaction and one that develops

into symptoms of depression and anxiety that interfere with the child’s normal development and ability to meet the demands of everyday life. Depressive symptoms and suicidal thoughts are not uncommon. Caretakers and professionals should be aware of the potential for significant behavioral problems, emotional distress, bodily symptoms, declines in school performance or impairment in interpersonal and social relationships for grieving children. Since bereavement is the normal psychological response to the death of a loved one, providers must be judicious in prescribing treatment interventions.

Indicators for treatment following bereavement may include a history of previous emotional or behavioral problems or current depressive, anxiety and behavioral symptoms that interfere with the child’s progressive development. Usually a child is not identified as having significant emotional or behavioral problems until 6 to 12 months after the loss. Treatment goals should focus on providing a safe place, facilitating the acceptance of death, supporting new attachments and adjustments, restoring normal development, resolving mixed feelings, examining both positive and negative memories, clarifying cognitive distortions and identifying mood states and traumatic reminders. Providers must distinguish the psychological effects associated with posttraumatic stress responses from those associated with bereavement.

Therapeutic interventions for bereaved children range from acute crisis intervention and brief psychosocial intervention to more intensive cognitive-behavioral therapy, psychodynamic therapy, play therapy, and family/group therapy approaches.

Crisis intervention focuses on supporting positive adaptive and coping strategies, providing psychoeducation about expectable reactions that may be experienced, providing outlet for expression of feelings, reframing distorted thinking, and applying anxiety reduction techniques. The therapist stresses that the psychological response is a normally-expected reaction to loss. The bereaved child is encouraged to restore routines, engage in health-promoting activities and participate in social relationships as well as normal school and work activities.

Table 6.2
Children's Thoughts, Emotions and Physiological Reactions

	Understanding of Death	Expressions of Grief
Thoughts	<ul style="list-style-type: none"> • Focus on death and images of horror 	<ul style="list-style-type: none"> • Focus on lost person and images of person
Emotions	<ul style="list-style-type: none"> • Longing for security/safety • Anxiety about threat • Anger, irritability and reminders of threat • Numbing 	<ul style="list-style-type: none"> • Yearning for lost person • Separation anxiety • Anger • Sadness
Physiological Reactions	<ul style="list-style-type: none"> • "Fight-or-flight" reaction • Focus on potential further threat • Exaggerated startle reactions 	<ul style="list-style-type: none"> • Attentive scanning for lost person • Response to cues of that person

Trauma-focused cognitive behavioral therapy (TF-CBT) is well established as an effective treatment for posttraumatic stress disorder, anxiety and depressive symptoms and child sexual abuse (Pine & Cohen, 2002). TF-CBT encompasses many techniques such as cognitive restructuring, exposure techniques and emotional/information processing strategies.

Young children often experience feelings of blame and guilt for the death of a loved one, or other inappropriate attributions for traumatic events. Cognitive restructuring explores the child's thoughts about a traumatic event with the goal of correcting inaccurate thinking or "cognitive distortions" (Pine & Cohen, 2002). Through TF-CBT, children learn to examine their thoughts more critically, not to over-generalize and to selectively attend to thoughts that are more accurate and helpful.

Cohen and colleagues (2006) conducted an uncontrolled pilot intervention study of 22 children (ages 6-17 years) with significant child traumatic grief and posttraumatic stress symptoms, along with their primary caretakers. Children were referred to an urban outpatient child trauma program after losing a loved one in a variety of traumatic events including accidents, medical causes, suicide, homicide, and drug overdose. The trauma-focused components included

sessions on improving affect modulation, stress reduction, trauma-specific exposure, preserving positive memories and defining the meaning of the loss. More recently, Cohen et al. (2006) employed a modified 12-session version of their intervention with a sample of 39 children, ages 6 to 17 years, referred to outpatient treatment for child trauma and traumatic grief. Children showed significant improvement in grief, traumatic grief, mood, anxiety, posttraumatic stress and behavior, but not in depression.

One CBT intervention facilitates mourning by both the bereaved child and the surviving parent during a series of 3-5 family-based sessions (Black & Urbanowicz, 1987). Salloum et al. (2001) were able to achieve significant reductions in anxiety, re-experiencing and avoidance symptoms by applying a CBT group intervention for adolescents, ages 11-19 years, who had lost a family member to homicide.

Exposure techniques are often a part of CBT and include reliving memories, writing personal narratives of the trauma and maintaining a journal. The guided exposure provides a means by which the child can gradually absorb a traumatic experience over time. These strategies provide opportunities to confront traumatic reminders in order to reduce the child's negative emotions; cognitive

distortions; damaged self-efficacy; and feelings of guilt, anger and helplessness. Therapeutic activities may incorporate relaxation training and use of psycho-educational materials. Many TF-CBT models include a parent component that parallels the child's intervention, with the goal of enhancing parent-child communication as a part of the child's treatment (Pine & Cohen, 2002).

Play therapy relies on children's natural propensity to express their innermost conflicts in the symbolic world

of play. Children attempt to solve problems through play. Play involves wish fulfillment and facilitates expression of pent-up feelings. In play therapy, children replace passivity with action and achieve mastery through experimentation and trial action. The child moves at his or her own pace with the therapist's clarifications and interventions. The therapist helps the child to understand and give meaning to grief and assists the child in restoring normal age-appropriate developmental progression and adaptive coping strategies.

Recommendations for Parents

- **MEET AS A FAMILY:** Provide a sense of a family working together to plan for the changes in family circumstances. The best support against loss is the love and support of other family members. Be sure to include the child as much as possible in family decisions.
- **REASSURE THE CHILD:** Be a calm presence as much as possible. Let the child know the family is planning on how to stay together.
- **RECOGNIZE THAT CHILDREN ARE CHILDREN:** Children at different ages have different ideas about death. Help them to understand the meaning of death in its finality but resonant with religious beliefs.
- **TALK TO YOUR CHILD IN LANGUAGE THAT HE OR SHE CAN UNDERSTAND:** Explain to your child what happened, what is happening and what is going to happen in a language that he or she can understand.
- **LISTEN TO YOUR CHILD'S FEELINGS:** Younger children may not be able to express their grief, fears and anxieties. It is often helpful to label the feelings and to validate them in a sensitive, supportive and shared manner. Where possible, join with your child in understanding their feelings in a way that conveys that you will manage the situation. Allow your children to mourn or grieve.
- **LISTEN TO YOUR CHILD'S THOUGHTS:** Try to understand your child's perceptions and thoughts about what has happened. Be aware of a readiness for self-blame, anger and guilt. Listen and answer their questions honestly.
- **ENCOURAGE CHILDREN TO TALK:** Provide an atmosphere of acceptance in which the child feels free to express anxieties, grief, fears and worries.
- **ROUTINIZE AND NORMALIZE YOUR CHILD'S LIFE:** Get back to a routine as quickly as possible. This indicates to your children that you feel secure and are beginning to manage the situation.

Summary

Children exposed to disaster may experience the death of a parent or other significant person. Bereavement reactions, grief and mourning are mediated by such factors as age, gender, psychological and emotional maturity, personality, adaptive and coping strategies, relationship to the deceased, circumstances of death, degree of participation in the dying process, previous experiences with death and availability of a social support system. Psychological reactions are variable and diverse; however, the majority of bereaved children do not develop psychiatric disorders. High self-esteem, calm temperament, scholastic competence, and the capacity to derive support from relationships with surviving family members serve as protective factors.