Bereavement Support for Children

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ABSTRACT: The death of a parent is one of the most significant and stressful events children can encounter. Surviving children may experience psychiatric problems and social dysfunction during their childhood and possibly throughout their adult lives. Children surviving a sibling's death may develop behavioral problems, because no one can fill the emptiness that remains in their lives, especially if their relationship was close. It is vital to recognize the trauma experienced by children who have suffered the loss of a loved one. Adults need to know when a grieving child needs help. Literature supports the need for education and counseling for grieving children. School nurses can be instrumental in meeting these needs for school-age children by performing early, comprehensive assessments, educating school administration regarding the benefits of bereavement support, initiating appropriate referrals, and providing bereavement support.

KEY WORDS: bereavement support, childhood bereavement, childhood traumatic grief, complicated grief, grief, loss

INTRODUCTION

"I wish that someone had told me that feeling sad and angry would last so long." "I miss her so much." "I must be the only one in the family still missing him." "I feel guilty and sad that I was not there with her when she died." "Why?" "What did I do wrong?" "I feel angry because I didn't get to say good-bye." These are some of the thoughts and feelings expressed by children who have experienced the death of a parent or sibling (The Child Bereavement Trust Organization, 2003).

One hundred years ago, death was a natural and accepted part of family life. Today, U.S. children grow up in a culture that avoids grief and denies the inevitability of death. This thinking leads to a lack of understanding regarding differences between childhood grief and adult grief. Adults are better able to express themselves and to request assistance. However, children lack the built-in support systems and life experience that many adults draw upon in times of stress and loss. Children, including adolescents, may be confused about the death of a loved one and may exhibit regression, fear, guilt, and lack understanding about the irreversibility and finality of death (Willis, 2002).

Complicated bereavement occurs when people have difficulty completing the grief and bereavement processes. Complicated bereavement can extend for a longer time period than is usual or expected and may be caused by several factors that interfere with the grief process. These factors can include the type of relationship the child had with the deceased, the circumstances surrounding the death, and the lack of a bereavement support system (Kirwin & Hamrin, 2005). School nurses are in a unique position to assist grieving school children. It is essential that these children receive bereavement support so they can learn and grow in an environment that provides stability, meets their need for solace and understanding, and provides measures for their psychological health and well-being. To meet these goals, school administrators must support grief and bereavement education for school nurses and must assist nurses with management of time and caseloads to provide quality care to the often misunderstood and underserved population of grieving children.

DEATH OF A PARENT

On the first day back to school, a 5th-grade teacher asked each student to tell the class about his or her summer vacation. At her turn to speak, a student stood and stated, "My mom died." In addition to the pain of her loss, this student felt acute embarrassment at being so different from her classmates in her per-

sonal loss and the change in her family. She cried at home and told her family that she did not want to return to school.

The trauma of loss has a direct effect on children who are trying to cope with the death of a parent. The child experiences changes in self-concept, health, social, and economic circumstances (Kirwin & Hamrin, 2005). Self-concept is altered with the change in family members' roles, the absence of the deceased family member, and the detachment from friends. The loss of one parent forces family survivors to make painful adjustments in handling tasks of family life, including social, financial, and parental tasks (Saldinger, Porterfield, & Cain, 2004).

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An alarming lack of understanding about childhood bereavement and children's need for bereavement support services continues to exist among the general public. People offer their sympathy to children and families, but lack awareness of the acute inner suffering experienced by children who have suffered the death of a parent, sibling, or someone close to them. Studies suggest that bereaved children have higher levels of emotional disturbance and symptoms than nonbereaved children for up to 2 years after the death of a parent, and despite the risk of developing major psychiatric disorders, mental health services are not offered routinely to grieving children.

Children least likely to receive psychiatric services were those who were not involved with services prior to the parental death. Some of the reasons found for lack of services to this population of children include disagreement among mental health professionals about whether bereaved children require the services and the general lack of information about the grieving process in children. There are few specific identifiers for children who might be at risk for development of complicated grief. Surviving parents may be preoccupied with their own loss and with everyday difficulties of caring for the family and may not be aware of their children's needs to express their feelings about the loss (Kirwin & Hamrin, 2005).

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Death of a parent affects each member of the family, as well as the family as a whole. Grief can be submerged and then reemerge in varying intensities for months or years. Many children experience complicated grief that involves serious and long-lasting physical and psychological responses. Children's understanding of death and the form that their mourning takes is influenced by their developmental stage at the time of the death. Black (2005) outlines age groups, levels of understanding about death, and potential complicated grief symptoms (Table 1). Other dynamics that affect child grief and bereavement include the surviving parent's response to grief. The effectiveness of family support systems has a significant effect on the grieving child and family. Bereaved parents may have difficulty dealing with their own feelings of loss and grief, impairing their ability to parent their children (Kirwin & Hamrin, 2005).

Literature debates the long-term effects of parental loss. However, there is general agreement that the way the surviving parent handles the death will have substantial influence over children's adaptation to the death and their lives thereafter (Saldinger, Porterfield, & Cain, 2004). Parenting responsibilities can be overwhelming for the surviving parent, especially when combined with the reality of spousal loss and physical exhaustion. Being a parent to a grieving child heightens the need for the surviving parent to access support and counseling.

DEATH OF A SIBLING

Death of a sibling is also a catastrophic event in the life of a child. None of the experiences that siblings

Table 1. Black's Stages of Childhood Grief

Age (year)	Meaning of Death	Symptoms of Complicated Grief
3–5	Does not understand permanence of death; repeatedly asks for deceased person.	Anxiety, regressive behaviors more than 6 months after the death.
6–8	Understands death is permanent; assumes blame, guilt for death.	School refusal; physical symptoms; suicidal thoughts; regressive behavior.
9–11	Demands detailed information; increased expression of anger.	Shuns friends; increased moodiness 3–6 months after the death.
12–14	Acts callous, indifferent, and egocentric; describes conversations with deceased.	School refusal; persistent depression, drug or alcohol use; associates with delinquents; precocious sexual behavior.
15–17	Expresses thoughtfulness and empathy; feels overwhelmed by survivors' emotional dependence and grief.	Mood swings; withdrawal from friends and group activities; poor school performance; high-risk behaviors, such as drug use.

Source: Black, 2005.

have with one another prepares them for the death of a brother or sister. The death of a sibling may reactivate feelings of rivalry, guilt, and resentment, as well as feelings of anger, sadness, and sorrow. The closer the relationship was before the death, the greater the chance of surviving siblings demonstrating behavioral problems. It is difficult for parents to function after the death of a child, to say nothing of meeting the demands of their other children, whose needs continue and may even increase. Children's grief may be compounded when they are faced with their own parents' vulnerability and grief (Grollman, 1995).

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It has been well documented that bereaved siblings show a higher level of behavior problems compared with standardized norms for age and sex. Grief behaviors in children tend to be internalizing behaviors. If the family member's death is unexpected, stress, grief, and guilt will be more extreme. When a long illness precedes death, stress is continuous. Family members may be left emotionally depleted and unable to emotionally help themselves or support each other (Friedman, Bowden, & Jones, 2003).

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GRIEVING CHILDREN

There has been longstanding debate about children's capacity to grieve. Myths, such as children do not grieve and children recover quickly from grief in predictable stages, contribute to the lack of psychiatric services and counseling for childhood bereavement. Another myth is that children who experience bereavement will grow up to be maladjusted adults. The reality is that younger children may not be able to verbalize their feelings about the death in their family, because children's grief is intertwined with their development. No two adults and no two children are alike in their grieving processes. Children who receive compassion, understanding, and early intervention can heal and grow from their bereavement experience (Kirwin & Hamrin, 2005). The myths regarding childhood bereavement and conflicting opinions from mental health professionals, as well as society's unre-alistic expectations, make the work of grieving even more difficult for children.

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Saldinger and colleagues (2004) noted that children's participation in mourning rituals has received little attention in literature. Their research found that these rituals have a potentially powerful effect on children. Funeral and burial rites serve many purposes: achieving closure to the deceased's life, feeling the reality of the death, and drawing support from the social network surrounding the grieving family. Contact with ailing or deceased parents is emotionally laden for many children, with wide variation in the type and amount of contact children can tolerate. Decisions about exposure of a child to a dying parent or inclusion in funeral rituals require an examination of benefits and risks. Benefits include maintaining family cohesion and saying "good-bye." Risks can be the creation of "haunting memories" of a loved one's deterioration or the unnatural appearance of the corpse of the deceased parent (Saldinger, Porterfield, & Cain).

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However, funerals provide structure for people of all ages to comfort each other, to mourn openly, and to honor the person who died. If possible, toddlers through teens should be involved in the funeral planning (Kirwin & Hamrin, 2005). Further research regarding children's participation in mourning rituals would provide benefit to children and would assist parents faced with the difficult decision of allowing or restricting children's involvement in end-of-life experiences and funeral services.

CHILDHOOD TRAUMATIC GRIEF

Cohen and Mannarino (2004) described childhood traumatic grief (CTG) as a condition that can occur when a child or adolescent has lost a loved one in circumstances that are objectively or subjectively traumatic. CTG also can occur if the death was due to "natural" causes, such as cancer or heart attack or if the child's experience with the death was shocking or accompanied by intense pain and suffering in the deceased person. They suggest that with CTG, trauma

symptoms affect the child's ability to negotiate the normal grieving process. Children may experience physiological reactivity or psychological distress in response to reminders of the traumatic death. These children may exhibit a diminished interest in normal activities, may feel emotionally detached from others, or may sense a foreshortened future. They also may exhibit hyperarousal symptoms, such as sleep disturbances, irritability or angry outbursts, and decreased concentration or hypervigilance. Children who experience the death of a parent also may experience the loss of their home, health insurance, or family income. Relocation results in leaving friends, school, place of worship, and other supports, leading to additional losses and increasing their risk of developing CTG (Cohen & Mannarino).

Kirwin and Hamrin (2005) theorized that the grief process is a series of tasks or stages. The clinical implication of the initial stage of the grief process is that children need extra support from their families. Psychoeducation is important in this stage. In the middle stage, clinical focus is on the emotional pain of grief. Therapists must closely monitor issues that stem from the child's ambivalent feelings toward the individual before the death and the issues that arise after the death of a family member. A child may feel anger at the deceased parent for abandoning him or her or might feel guilty for driving the person away. In the late stage of the grieving process, focus is on the child's reorganization of identity and significant relationships in his or her life. Psychotherapy at this time can explore the child's personal identity and work through conflicts that may arise with developing new relationships.

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The death of a friend or peer is a devastating loss for adolescents. Grollman (1993) explained that everyone expects people to mourn for family members, but when a friend dies, teenagers often are left alone to deal with their pain. Grollman advised teens that time does not automatically heal their pain, but rather it is willingness to touch that pain and accept it that will allow them to reorganize their lives.

Saldinger and colleagues (2004) described the development and implementation of a framework for measuring parenting capacities in the context of bereavement. The researchers transformed interview material into quantitative data to systematically investigate the parenting capacities of bereaved spouses. Findings suggested that parental attunement, or lack

thereof, to children's needs and feelings was a significant factor in children's grieving process. For example, some parents who lived through a spouse's terminal illness anticipated the death, yet found themselves cognitively and emotionally incongruent with their children for whom the actuality of the death came as a shock.

IMPLICATIONS FOR SCHOOL NURSING PRACTICE

School nurse assessment can provide insight into family dynamics and parents' relationships with their children throughout the grief process. Children need to be supported and receive guidance and counseling throughout their experience of profound loss. Currently, the need for health providers to understand the grief process in children has escalated as a result of the September 11, 2001, terrorist events (Kirwin & Hamrin, 2005) and the Middle East conflict. Many children have lost parents or other family members in these events. All children who have experienced the death of a parent or sibling suffer in many ways and may require increased psychological and physiological health services. Recent events have highlighted the importance of providing children with understanding of their grieving process and assistance from mental health professionals (Kirwin & Hamrin). Health care providers need to be particularly aware of the dynamics of grieving children and their families. Educated awareness will enable school nurses to provide comfort and support, as well as offer appropriate bereavement resources to promote physiological, psychological, and spiritual health for bereaved families.

Schools play a vital role in recognizing the needs of children who have suffered a death in their family. It is essential that schools provide for bereavement support to children to ensure their physical and psychological health and growth. School nurses must be alert to complicated grief symptoms exhibited by children. Teachers should discuss disruptive or unusual behaviors with the school nurse so the appropriate assessment and referrals can be made. School professionals should be prepared to help bereaved students work through their grief.

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Black's (2005) research suggests that schools can take several steps to help students through their bereavement, including creating a support team that serves grieving children. Several protocols should guide the grief support team. First, the grief support team should meet four times a year to review bereavement research and methods of supporting children at various ages and developmental levels. Second, the team should pro-

mote bereavement education of school staff by communicating that children's grief is a natural and healthy response to death and that grieving children need emotional support with individualized considerations. Third, staff should be instructed about behaviors, such as disorientation, that may indicate CTG. They should refer the child manifesting these behaviors to the school nurse. The school nurse can play a pivotal role in preparing teachers and school administrators to assist children coping with bereavement.

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In addition, the school nurse can assess family dynamics to determine strengths and weaknesses in the family system to determine family and individual needs and then can provide appropriate bereavement referrals. A stable environment signifies to the child of any age group that the surviving parent is capable of maintaining the role of head of household. Lack of stability may result in the child assuming adult responsibilities to contain the fear that their world is out of control (Saldinger, Porterfield, & Cain, 2004).

School nurses are the daily health care providers of school-age children. In fact, they may be the only health care professionals that some children see. Awareness of a student who has suffered the death of a loved one can begin the chain of actions that are needed to facilitate assistance to that student and avoid potential complications of bereavement. The chain of actions begins with initiating crucial bereavement support for grieving students, providing con-

Table 2. Internet Resources for Bereavement Support

Camp Dragonfly—AMC Hospice of the Shenandoah (Pennsylvania)	A one-time weekend camp for grieving youth. Children and teens gather with their peers to share the experience of grieving the death of someone they love. Through playing and sharing, campers realize their emotions are normal and what is happening to them is happening to others.	http://www.augustamed.com/camp/
Children's Hospital of the King's Daughters (Norfolk, VA)	Provides information regarding grief and bereavement for children as well as support group suggestions.	http://www.chkd.org/terminal/grief.htm
Coping Kids—Hospice of Lancaster County (Pennsylvania)	Provides crafts, activities and an informal opportunity for children and adolescents to talk about, share their feelings, or listen to others experiencing similar circumstances. Parents meet simultaneously to talk about supporting grieving children while grieving themselves.	http://www.hospiceoflancaster.org/
The Center for Grieving Children (Portland, ME)	Mission is to provide loving support to grieving children, teens, families, and the community through peer support, outreach, and education. Bereavement peer support groups meet each week. Trained and supervised volunteers lead the groups.	http://www.cgcmaine.org/
The Center for Loss and Bereavement (Skippack, PA)	Non-profit organization provides professional counseling, support, education for individuals, couples and families dealing with loss and bereavement.	http://www.bereavementcenter.org/
The Child Bereavement Trust (London, UK)	Provides resources, including books, videos, CD-Roms, and information leaflets, helpful to families and professionals. Goal is to support families at these difficult times and minimize the effect of long-term psychological problems. Provide training and support to professionals and those working with families in loss and grief.	http://www.childbereavement.org.uk/
The Dougy Center	Open-ended peer support groups meet every other week and are divided by age, type of death (illness, murder, suicide) and who died (parent, sibling). Through national training program and training materials, thousands have learned how to help grieving children and more than 140 programs modeled after The Dougy Center have been established worldwide. No fee for peer groups services.	http://www.dougy.org/
WHYY—Wider Horizons Resources for Children and Teens	A listing of organizations, Websites, and books designed to help children and teens experiencing grief and loss.	http://www.whyy.org/widerhorizons/childrensresources.html

tinuing assessment of the student and family, and making appropriate referrals.

CONCLUSION

Children who grieve over the death of a parent, grandparent, sibling, or friend often are "the forgotten mourners." Most adults mistakenly assume that children will "bounce back" after a short period of grieving (Black, 2005). In reality, bereaved children need continued support, understanding, and counseling. Providing early prevention of complicated grief through support programs and counseling for bereaved children, teens, and surviving parents can help them adjust to their loss. Continuing research is needed to validate the effectiveness of these early prevention program interventions (Kirwin, 2005). Measurement tools, such as the framework for child-centered parenting that Saldinger and colleagues (2004) developed, should be used in bereavement counseling to guide support and education for bereaved families. These tools can be instrumental in providing positive parenting skills for bereaved spouses, increasing parental attunement to bereaved children, and increasing coping mechanisms and cohesion of grieving spouses and their children. Support services should be promoted as expected and necessary resources for bereaved families.

> Grieving children need their school nurses' advocacy, support, and care in dealing with the loss of a loved one.

School nurses can recommend resources for children and families. Table 2 describes some resources available on the Internet designed to assist bereaved children and their families. School administrators must be made aware of the burden that students carry when they experience a traumatic loss and of students' need for bereavement support. School nurses have cited a lack of educational preparation and evidence-based guidelines in caring for bereaved students (Lohan, 2006). The need for education for school nurses in the area of childhood grief and bereavement support is essential if school nurses are to participate in supportive care. Grieving children need their school nurses' advocacy, support, and care in dealing with the loss of a loved one.

> What is it we can learn through this journey of grief? Like the chambers of a shell we move, into different places and spaces . . . Searching for answers, looking for strength to live in the unknown, Seeking hope as we reach for peace.—The Center for Loss and Bereavement, Skippack, PA

REFERENCES

Black, S. (2005). Research: How teachers and counselors can reach out to bereaved students. When children grieve. *American School Board Journal, 192*(8), 28–30.

The Child Bereavement Trust Organization. (2003). Retrieved November 28, 2005, from http://www.childbereavement.org.uk/youngpeople/feelings.php

Cohen, J., & Mannarino, A. (2004). Treatment of Childhood Traumatic Grief. *Journal of Clinical Child and Adolescent Psychology, 33*(4), 819–831.

Friedman, M., Bowden, V., & Jones, E. (2003). *Family nursing. Research, theory, and practice* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Grollman, E. (1993). *Straight talk about death for teenagers: How to cope with losing someone you love.* Boston: Beacon Press.

Grollman, E. (1995). *Bereaved children and teens: A support guide for parents and professionals.* Boston: Beacon Press.

Kirwin, K., & Hamrin, V. (2005). Decreasing the risk of complicated bereavement and future psychiatric disorders in children. *Journal of Child and Adolescent Psychiatric Nursing, 18*(1), 62–78.

Lohan, J. (2006). School nurses' support for bereaved students: A pilot study. *Journal of School Nursing, 22*(1), 50–54.

Saldinger, A., Porterfield, K., & Cain, A. (2004). Meeting the needs of parentally bereaved children: A framework for child-centered parenting. *Psychiatry, 67*(4), 331–352.

Willis, C. (2002). The grieving process in children: Strategies for understanding, educating, and reconciling children's perceptions of death. *Early Childhood Education Journal, 29*(4), 221–226.