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Article 86

Children and Grief: Developmentally Speaking

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Dolores F. Meier and Deanna B. Eddy

Meier, Dolores F., is an Assistant Professor at Troy University, Southeast Region, Fort Walton Beach, Florida. She is a counselor educator with experience in the classroom, private practice, and consulting with schools counseling students from elementary to high school. Interests for further research center on grief counseling and adult education.

Eddy, Deanna B., is a graduate student in Counseling and Psychology at Troy University, Southeast Region, Fort Walton Beach, Florida. She is currently finishing her master's degree in Counseling and Psychology and her internship is at the Children's Advocacy Center. Her interests are to work with children, especially children who have suffered trauma.

Working with children requires an understanding of the complexities of childhood grief. In the 1940s, developmental theorists studied the phenomena of grieving children. Early research on children experiencing death of a close loved one concluded that a child had to achieve a level of understanding about self and the finality; death is not reversible and everyone dies (Stroebe, Hansson, Stroebe, Schut, 2001). Several chapters in Stroebe et al. (2001) provided extensive literature reviews.

Norris-Shortle, Young, and Williams (1993), in their paper looking at understanding death and grief in children under the age of three, noted that Burlingham and Freud studied infants and toddlers at the Hampstead Nurseries in the 1940s. Burlingham and Freud (as cited in Norris-Shortle et al., 1993) were among the first developmental theorists to observe and document children's reactions to being separated from their mothers during war time. Spitz (1946, as cited in Norris-Shortle et al., 1993) observed children, birth through 18 months, who were placed in institutions because their mothers were incarcerated.

These early studies were the first serious documentation of the profound impact on children in the first year and a half of life losing the primary caregiver (Norris-Shortle et al., 1993). It was also stated in Norris-Shortle et al., (1993) that the early developmental theorists discovered that "the depth of infant's despair and grief can be life threatening" (p. 737).

The work of Bowlby (1960, 1980) on children and loss discussed three steps in the process of grieving in infancy and early childhood.

- 1 – protest and urgent effort to recover his/her lost mother
- 2 – despair and longing for the mother's return does not diminish but the hope of the return of the mother fades
- 3 – withdrawal and apathy sets in (Bowlby, 1980, p.9)

Bowlby (1980) reported few theorists and researchers called children's reaction to the death of a parent as "grief." In the past there was a confident belief that grief in childhood is short-lived. Bowlby (1960, 1980) and Furman (1974) have proven that this belief is not true. Furman (1974) reported that Freud discussed the importance of the child's age and the developmental stages of the child. Furman (1974) noted that of equal importance are the actual details of the traumatic event, the lost parent's role for the child's physical and emotional well-being, the availability of inner coping mechanisms and of environmental sources of comfort, explanation and help in affective release of pent-up emotions, and reliving memories through actions, feelings, and/or words.

Furman's (1974) research on the impact of a parent's death on a child stated that the child "faces an incomparable stress which threatens the further development of his[her] personality... if the child can be helped to mourn his[her] parent as fully as possible... this danger can be averted" (p. 11). Relationships in childhood are limited especially during infancy and toddlerhood (birth to 5). The energy and support given to this age group comes from parents. According to Furman (1974), the child's emotional investment is in the parents. "Therefore, when a parent dies a child is deprived of opportunity of being loved and loving thus faced with difficulty of adaptation" (p. 12).

The first step in the mourning process according to Furman (1974) is that the "individual's awareness, comprehension, and acknowledgment of the death of his/her loved one. . . is unique as an external reality but has to be conceived and understood as such by the bereaved person" (p. 50). Starting at the age of 12 months, infants can begin to develop an understanding of *dead*. By the age of 2 with normal development and assistance with daily experiences toward an understanding of what *dead* means, children as young as 2 can have a conception of *dead*. Furman (1974) found when children are safe and can remain in their own home with a reliable caretaker, the task of mourning is more hopeful. Several researchers (Furman, 1974; Oltjenbruns, 2001; Norris-Shortle et al., 1993) emphasize the importance of the child's needs being met consistently and adequately by the surviving parent. It is also important that changes in a child's daily routine are minimal. Support of loving adults during the child's grieving is also an important requirement for good resolution.

Oltjenbruns (2001) discussed the developmental variables when counseling children who are grieving. Oltjenbruns demonstrated the need for counselors to be aware of developmental capabilities, developmental tasks, and primary psychosocial needs of children from birth through adolescence. According to Oltjenbruns " an individual who experiences a significant loss during childhood will often 'regrieve' the loss at a later time from a different and more mature vantage point" (p. 170). Himebauch, Arnold, and May (2008) are in agreement that children grieve "in spurts and can regrieve at new developmental stages as their understanding of death and perception of the world changes" (p. 242).

Bowlby (1980), Norris-Shortle et al., (1993), and Furman (1974) all discussed the profound effect the loss of the primary caregiver had on children of all ages. Past theorists, Oltjenbruns (2001), Norris-Shortle et al., Furman, and Bowlby explained that

very young children experienced a grief that was limited due to developmental capabilities in the cognitive and emotional and psychosocial domains. Infants until the age of 2 are struggling with developmental tasks involving trust vs. mistrust (Bowlby, 1960; Norris-Shortle et al., 1993; Santrock, 2009). Norris-Shortle et al. stated that even though infants are unable to reason through the trauma of losing a primary caregiver, they react to such a loss with strong emotions and confusion. Salladay and Royal (1981, as cited in Norris-Shortle et al., 1993) point out three of the most painful grieving emotions in children under 3.

1. separation anxiety – the ever-present fear in children that they will be abandoned by those they love
2. ambivalence – children’s uncertainty of becoming attached to someone
3. guilt and hostility – children’s fear that somehow they caused the death or at least the unhappiness in the grieving family (p. 737)

Oltjenbruns (2001) described three substages for understanding the differences in children’s grief, early (2 to 4), middle (4 to 7), and late (7 to 11). “It is important to understand that a young child is significantly different than one in middle or late childhood” (p. 170). Oltjenbruns continued to state that young children “do not have the language capacity to describe the emotions or ask for what they need” (p. 170).

As children become older they have new understanding and abilities to understand death from a different vantage point. Schoen, Burgoyne, and Schoen (2004) and Himebauch et al. (2008) reported that between the ages of 2 and 7, the grieving process is quite different for children due to increases in language skills and conceptualizing death. Schoen et al. stated that concrete operational thinking begins around the age of 8. Therefore, children between 2 and 7 see the world from their perspective. Schoen, et al. (2004) write:

Socially, this age will deal with death by isolation or acting out (hostile play) because they have trouble verbalizing their feelings. Playing becomes an escape from reality and the confusion of the situation. (p. 5)

Wolfelt’s study (as cited in Schoen et al., 2004) reported that children use play as a way of protecting themselves from the pain of the loss.

Schoen et al. (2004), Bowlby (1980), Furman (1974), and Oltjenbruns (2001) make reference to children who enter the concrete operational period of development and the changes that occur with this developmental stage. According to Schoen et al. (2004) children become more logical during the concrete operational period and need tangible ways to understand death. Schoen et al. (2004) and Himebauch et al. (2008) explained that the child in concrete thinking will need to validate any egocentric thoughts.

Schoen et al. (2004) stated that adolescents are more capable of comprehending death due to more advanced development. However, Himebauch et al. (2008) and Wolfelt, (1991, as cited in Schoen et al., 2004,) pointed out that adolescents’ mourning is complicated by multiple areas in their development that are changing and moving toward autonomy and away from the support of family which is essential. Also, if there were an earlier loss, the adolescent may regrieve now that he/she is more able to understand the grieving process (Himebauch et al., 2008; Oltjenbruns, 2001; Schoen et al., 2004; Worden, 1996).

Wolfe and Senta (as cited in Oltjenbruns, 2001) state:

One goal of bereavement interventions for children, then, must be to create a developmentally appropriate and supportive environment that allows children to continue mastery of tasks crucial to each particular life stage. (p. 176)

Shapiro (1995) discussed a model of treatment for grieving children that addressed the cultural as well as the developmental aspect of the grieving process. In her study, Shapiro gathered information from the cross-cultural view of grieving.

The more severe the discontinuities or stresses accompanying a developmental transition, and the more limited the sources of support, the more severe will be the process of fragmentation or defense required to maintain a sense of stability while protecting the necessary illusion of wholeness which protects continuing adaptation and growth. (p. 162)

Shapiro described resolving grief by establishing

a living, growing, relationship with the dead family member which recognizes the new, psychological or spiritual rather than corporal dimensions of the relationship... Both children and adults undergo a life-long process of relational revision with both the living and the deceased family members, since the implications of a loss do not diminish but rather unfold and at times expand with the passage of time. (p. 163)

There is an increased awareness that childhood grief, whether uncomplicated or traumatic, left untouched can lead to other psychiatric issues (U.S. Dept. of Health and Human Services, 1999). These issues may include depression, substance abuse, and borderline personality disorder. Fortunately there has been ongoing research that concludes certain techniques assist in the grieving process. Several techniques can be utilized, and implemented in a variety of venues. These venues may include private practice and school environments, with individual or group sessions. Cohen, Mannarino, and Deblinger (2006) have compiled many useful and innovative techniques that promote the expression of feelings and the skills needed to heal.

Psychoeducation, a helpful beginning to grief therapy, encourages communication and understanding of feelings, and helps the counselor identify the client's level of knowledge. Developmentally appropriate books regarding death are beneficial when they initiate conversation about death without being directed at the client's situation. Also, books can illustrate that open discussions about death and the deceased are acceptable (Cohen et al., 2006).

Games can be a nonthreatening and safe exposure to the topic of loss among child clients. *The Good-Bye Game* is suitable for clients ages 4 to 12 years old, and can be applied individually or in a group setting. The client must complete all stages of grief (denial, anger, bargaining, depression, and acceptance) in order to finish the game (Cohen et al., 2006). *The Grief Game* is another tool to generate conversation between the counselor and client while teaching that others have similar feelings regarding the loss of a loved one. The game focuses on four categories, which are: facts about death; thoughts, wishes, and dreams; memories of the deceased; and feelings surrounding the loss

(Streung, 2008). Robson (2008) found that the use of computer games was therapeutic for a young client who was grieving the loss of his older brother. The game, Zelda, gave him control in his life and allowed the computer version of his brother to grow up (Robson, 2008).

Art plays an important role in therapy as well. For some clients it is easier to draw their feelings than to communicate using words. Drawing what death means to the client can be a useful technique in understanding the client's knowledge of death (Cohen et al., 2006). A feelings chart can be utilized to color code feelings. By having the client use this code to fill in their heart, they can illustrate how strong their emotions really are. Mask painting to represent the client, feelings, or the loss can be yet another art technique to initiate discussion of death and loss.

Other counselors have used dolls as an art therapy tool. Feen-Calligan, McIntyre, and Sands-Goldstein (2009) found that not only is doll making supportive during grief of a loved one, but also during times of natural disaster, such as Hurricane Katrina. It is well known that dolls are effective in play by allowing the client to recreate scenarios, experiment with social roles, support nurturing, and provide security. Because of these benefits, doll making in grief therapy can be healing. Creating a doll that symbolizes the loss the client has felt or to represent the deceased can encourage communication. During times of sorrow, the doll may be another connection to the deceased (Feen-Calligan et al., 2009).

Cohen et al. (2006) discussed activities that assist children in their grieving. One such game, *What I Miss and What I Don't Miss* encourages the child to write or draw negative and positive characteristics of the loved one who died. These activities provide closure and memories of unfinished business. Being able to have an outlet for communicating feelings or thoughts connected to the deceased loved one can allow the child to grieve in a positive, healthy way. This activity can be written or can be completed in other creative manners such as having a conversation with the deceased, or attaching a letter to a balloon that must be let go (Cohen et al., 2006; Shapiro, 1993).

Scrapbooking memories and memorabilia of the deceased can allow the client to concentrate on specific pleasant and cheerful times. Contacting family members and friends is beneficial in gaining more information to complete the book. Sharing their scrapbook with other family members, group members, and/or friends is part of the healing process (Cohen et al., 2006; Shapiro, 1995).

Sandplay can be a symbolic expression of the client's internal struggles of the unconscious mind. Sand is freeing whereas other forms of therapy may be intimidating or unnatural. By using toys and dolls to build their sandworld, the client can communicate their grief and memories to the therapist without using words. Therefore, sandplay is an ideal technique for verbal or nonverbal clients of all ages. (Green & Connolly, 2009).

Termination of sessions can be difficult for clients dealing with loss. However, preparing clients for the inevitable and can be a therapeutic opportunity. Giving grieving children tools is crucial for success. Cohen et al., (2006) suggest using the 3 P's (Predict, Plan, and Permit) when terminating. First, predict future responses to the loss (e.g., sadness around special events). Second, create a plan on how to deal with these feelings (e.g., communicating with support system). Third, permit one's self to feel the pain (Cohen et al., 2006).

The treatment of children experiencing grief has been dealt with through the years with varying styles and techniques. For many years the population of children was thought to not be old enough to grieve. This early research did not have the benefit of studies of developmental psychology. Knowing developmental stages is essential for counseling a child who has experienced the loss of a loved one through death.

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