

Grief, mourning, and bereavement, are often used as interchangeable terms. However, grief can be defined as “the normal process of reacting to the loss” (National Cancer Institute, 2016). Mourning is characterized by the process with which one adjusts after loss and varies based on the society and culture in which one lives. Bereavement represents the time period after a loss in which grief and mourning occur (National Cancer Institute, 2016).

Approximately one in every 20 children will experience the death of a parent before they graduate high school and one in seven children will lose a family member (to death) by the age of 10 (Torbic, 2011). Other losses experienced by children include the deaths of grandparents, other relatives, classmates, siblings, and pets. Additionally, children mourn losses such as losing a parent through divorce or incarceration, moving to a new home or school, or losing their home to natural disasters such as fire, flood, tornados, etc. (Parenting and Child Health, 2016).

While it was originally thought that children did not express or feel grief because of developmental immaturity, in the late 1900s, researchers began to realize youth were often unable to grieve normally. Clinicians discovered “that when someone died traumatically, youth who were traumatized by the event and/or nature of the loss were often unable to grieve normally” (Nader & Salloum, 2011 p.233). The grief occurred through what researchers recognize as complicated grief. Complicated grief (CG) considers the different aspects of grieving, “the nature of the loss [and] the relationship with

the deceased” (Nader & Salloum, 2011, p.233). Current literature acknowledges the courses of grief, but highlights childhood traumatic grief (CTG) as a form of complicated grief. CTG affects the grieving process by preventing a child from following the typical stages of normal bereavement. “Children get ‘stuck’ on the traumatic aspects of their loved ones death such that when they start to remember their loved one, including happy memories, their memories tend to segue into thoughts about the terrifying or horrific manner in which the person died” (Mannarino & Cohen, 2011, p.24). Consequently, children begin to practice avoidance; they avoid reminiscing about the deceased and may avoid *any* reminders of the loved one.

Although the current literature recognizes both CG and CTG in children, researchers note that a child’s realization of death is expressed most according to their age or level of development (Goodman, n.d.; Mannarino & Cohen, 2011; Nader & Salloum, 2011). Current literature lists the following factors as ones that strongly affect how children will positively or negatively adjust throughout the grieving process:

- Type of death
- Physical and emotional functioning of the surviving adults/parents
- Age and socioeconomic status of the child
- Child’s unique personality and temperament
- Pre-existing risk factors (mental illness, social problems)
- Quality of the relationship prior to death

- Concurrent life stressors (financial problems, divorce, illness)
 - Available support services, interventions, and networks
- (Goodman, n.d.)

Table 1 briefly outlines how children of varying ages are likely to experience grief. Children express grief through behaviors, thoughts, emotions, or physical reactions. The intensity of those reactions will depend on their ability to:

- Understand the situation
 - Worry about other’s well-being
 - Feel a need to protect the living
 - React to changes at home
 - Accept changes in roles and expectations
 - Experience feelings of isolation
 - Experience a sense of injustice
 - Show concern about the meeting of future needs
- (Goodman, n.d.)

TABLE 1: CHILDREN’S REACTION TO DEATH		
Age	Belief	Some of the possible grief reactions
Infancy	No cognitive understanding of death Expects the person to return	Can grieve but have difficulty identifying or dealing with loss Crying excessively, fretting persistency; may ultimately become nonaffective and withdrawn Separation Anxiety Regression Changes sleeping and feeding patterns
Toddlers and Preschool (2-4 years old)	Death seen as reversible May think death is just sleeping Magical thinking about causes of death	May mirror caregiver reactions Questions reflect a concrete and literal interpretation of the world Separation Anxiety Regression May fear going to sleep May have nightmares
School-age children (4-6 years old)	Some children begin to understand that death is irreversible, makes people nonfunctional, and is universal; others do not	May experience some of the possible grief reactions listed for toddlers Self-blame; may feel like they caused the death Regression Aggression
School-age children (6-8 years old)	In general, recognize that death is irreversible, and a natural part of life Do not believe that death is universal or that it could happen to them	Anger at deceased or someone believed to have been able to save them Anxiety Depression Somatic complaints Fears about safety of or deaths of other loved ones May see self as different from other children and feel stigmatized
Preadolescent (8-12 years old and above)	Understand that death is final, irreversible, and a natural part of life Have an increased understanding of the cause of death and of what life might be like without the deceased	May intellectualize death May have morbid curiosity or want to understand details of the death May feel guilt May have an interest in religious and cultural traditions related to death May fear dying Will be aware that they are different from some or most other children

(Nader & Salloum, 2011, p.247-248)

TREATMENT

Experiencing loss can markedly influence young people’s perceptions of themselves and their world, forcing changes in the sense of self, level of security, and meaning of life (Goodman, n.d.).

Researchers indicate that death often appears to have long term effects on children. Most notably, these effects manifest through behavioral issues (Mannarino & Cohen, 2011). Many children are not yet equipped to deal with the

changes adequately enough to survive the loss without suffering major consequences. The year following loss is when children are at most risk for emotional problems, particularly depression. More in-depth treatment may be necessary when children continue to experience problems after two or more years (Goodman, n.d.). "One study, which included 125 children, found that within the first 2 years following the death of a parent, 33% of children were at higher risk for emotional and behavioral problems. Childhood loss of a parent can increase the risk of depression two or three times" (Torbic, 2011). Fortunately, there are ways to help children experiencing grief. In addition to individual counseling the most commonly used treatments include:

- Group counseling
- Play therapy
- Art
- Puppet and doll play
- Poetry
- Storytelling
- Journal writing

These and other creative outlets allow the children to express their hurt, worries, unnamed fears and other emotions that they may be unable to express verbally.

SUPPORTING CHILDREN THROUGH GRIEF

Unfortunately, many adults may not realize that their child is suffering because they believe that the child will become resilient, easily be able to adapt, adjust to traumatic loss, and be able to bounce back from the traumatic events (Mannarino & Cohen, 2011). Techniques to support children differ based on the type of death. It is essential that a child's family work to help the child understand death in the situation that the loss of a loved one is impending. Ways that a parent or a guardian can help prepare a child for an expected death include:

- Talk to a child about death and serious illness
- Use nature (leaves bud, color, and fall) as a way to explain the life cycle
- Sharing personal experiences with death

- Use age appropriate books to explain the concept of death

(Nader & Salloum, 2011; St Joseph Counselor, n.d.)

The ultimate goal is to teach children that death happens and is a natural part of the cycle of life; furthermore, these methods will help a child through the grieving process (Nader & Salloum, 2011; St Joseph Counselor, n.d.).

Often times, however, children lose all sense of security when a violent, unexpected death occurs. Many suffer guilt, in addition to grief, because they believe that they somehow caused the death (by wishing it on the person, thinking about it, or believe it happened as their punishment for some conceived wrongdoings). Commonly, many of these children are not thought to need services to help them cope with the loss if they were not there when the violent death occurred. Under these circumstances, a child's ability to understand the value of personal safety can lead to misconceptions about the dynamics of relationship norms and between individuals (Nader & Salloum, 2011).

CHILDREN'S GRIEF SERVICES IN SAN ANTONIO

Regardless of how the loved one dies, many children do not have access to treatments as adult do; thus, many of them will internalize their sorrows and try to prevent further hurt to their surviving relatives. Research has shown that "grieving children feel less alone when they are with other children who have experienced the death of a significant person and when they have loving, consistent adults in their lives" (National Alliance for Grieving children, 2016). Ultimately, the role of the family is essential in making the child aware that the expression of grief is acceptable.

Within the Kronkosky Charitable Foundation's four counties of interest, only Bexar and Comal counties have centers that provide services specifically for children who are experiencing grief and/or bereavement.

Bexar County

- **The Ecumenical Center for Religion and Health** (ECRH) is a faith based center that is available to children ages 18 and younger.

The modalities they employ are talk therapy, play therapy, art therapy, and EEG Biofeedback therapy (also known as Neurofeedback) - which is a treatment process that encourages the brain to restore or establish a more stable and holistic functioning to improve emotional, mental and physical health (ECRH, 2016).

- **The Children's Bereavement Center of South Texas** (CBCST) is geared towards in-depth group support as well as individual counseling for children ages 3-24 years old and their families. They also use play, art, books, music, and discussion to help children process and express feelings related to the deceased (CBCST, 2016).

Comal County

- **Hope Hospice** provides support groups for children ages 3-17 who have lost a loved one. In addition to talk therapy it also incorporates therapeutic play, art, music, and bibliotherapy. Parents and/or caregivers of participating children are also provided support (Hope Hospice, 2016a). Camp HavenHeart, a special weekend bereavement camp for grieving children, is also offered (Hope Hospice, 2016b).

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