Childhood Bereavement following Parental Death

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Abstract- Parental death is the most painful experience in one's life time. Children experience series of common emotional reactions such as shock, yearning, anger, sadness, guilt feeling and anxiety due to the parental death. Children demonstrate a range of behavioral and cognitive reactions too. Primary pattern of reactions depends on the age of the child. In therapy it should be considered non-malleable and Malleable Factors. Children who bereaved after parental death are more likely to have psychopathological problems in future. CBT with creative interventions is the more effective approach for childhood bereavement following parental death.

Index Terms- Childhood bereavement, Grief and Loss, Parental death, Prolonged Grief Disorder

I INTRODUCTION

The most extremely painful experience that any individual being can suffer is the parent in his or her life (Bowlby, 1980, p.7). Certainly, it is a pain for a lifetime; only a few will escape. This essay aims to address background, grief reactions, psychological outcomes, short term and long term effects of bereavement from a psychotherapeutic point of view and theoretical approaches and interventions for bereaved children who have a parental loss. In this essay, the definition of childhood includes children up to seventeen. According to the statistics, 5% of children (1.5 million) in the United States lose one or both parents by age fifteen (Staff, Osterweis, Solomon, & Green, 1984). 4.7% or 1in 20 children by the age of 16, experience the death of one or both parents (Ellis, Dowrick, & Lloyd-Williams, 2013). But, according to the lack of proven statistics, it's not clear precisely how many children in other countries are affected by the death of one or both parents.

II GRIEF REACTIONS AFTER PARENTAL DEATH

In general, the grief reaction after parental death is not a set of symptoms that begin after the loss and slowly fall off. A strong emotional response to grief will convey the child's immediate reaction to the sudden trauma of his or her parental death. How significant of parents will influence many features of children's grief reactions to them, previous difficult situations they may have experienced, by their developmental level and maturity. So also children's grief reactions they express in more emotional and behavioral rather than verbal.

Clinical observations of children's grief reaction to parental death emphasize the series of common emotional reactions that these children experience. These emotional reactions concluded with shock, yearning, anger, sadness, guilt feeling and anxiety (Haine, Ayers, Sandler, & Wolchik, 2008). Shock is a common initial reaction to the news that apparent or both have died. This reaction sometimes reappearance over the months afterward with reminders. Yearning is a longing emotion for the person who died and searching for them. It is accompanying by feelings of emptiness, wishes for the parent to return, necessitating, need of his or her loving touch, voice and to console them. Even though yearning is a major reaction of the normal grief, children may carry on yearning for a long time. Anger in itself is a normal reaction to grief and loss. For the duration of grief, anger can rise without any warning. The feeling of anger, often complains 'why me' and also it may focus at the parent who died, at other people such as other family members, friends, relations or at self or even to God. Child, who lost his parent, need to accept though he is working through feelings of anger. Otherwise, it may ultimately turn in to resistance against positive feelings. In therapy, it provides a safe place to express their anger and keeping in touch with their emotions and re-framing their perspective. Sadness also a major usual grief reaction to parental death and it can be reacted as a cathartic and relief to the child who lost his/her parent. Guilt feelings as grief reaction can be a thought that unable to do something for the parent who has died. Guilt feeling is one of the ways that child continues his/her love towards the died parent. Anxiety is a fear for the life without the parent who has died. Anxiety may occur due to the several components as the closeness of death and dependence on them. These anxieties can befall especially in the older children as they are mature enough to recognize being alone and the uncertainty of their future.

Besides the emotional reactions, children demonstrate a range of behavioral and cognitive reactions following parental death. Researchers who studied about child bereavement have found the loss of appetite and sleeping difficulties, inability to concentrate, social withdrawal, restlessness and learning difficulties as behavioral reactions (Staff, Osterweis, Solomon, & Green, 1984). Furthermore, as they mention, that the primary pattern of reactions depends on the age of the child. Children under age two are likely to demonstrate loss of speech or diffuse distress. Children age under five are possible to show eating difficulties, sleep disturbances, stomach pains, bowel and bladder disturbances; Children of school age may show phobic or hypochondriacal symptoms, socially withdrawn, overly caregiving and aggression. Adolescents respond more similar to adults, but sometimes they are reluctant to show their emotions as they are unwilling to appear different or abnormal (Staff et al., 1984).

III NON-MALLEABLE AND MALLEABLE FACTORS

It is important to consider non-malleable factors when providing therapy for parentally bereaved children. According to many descriptive studies, there are several non-malleable factors that researchers have identified. (1) Children's developmental level; (2) Child gender; (3) Cause and type of parental death; (4) Time since the death; (5) Cultural background. When considering the developmental level, younger children have found more stressed by peers. Therefore, younger children are more expressive than older children (Silverman, & Worden, 1992). Studies have also distinguished that older children to act as more grown-up than younger children (Silverman, & Worden, 1992). Therefore, they needed more individual sessions consisting of added cognitive strategies. Since the period of birth, children begin to develop assumptions about the way of the world exist. In the lives of many children, these assumptions have positive and adaptive value, and they support them to predict the world. When children experience loss, their positive assumption which they have held about the world may be endangered and be more negative. The child who experienced the death of a parent can have the assumptions related to the security of the wrecked family.

As Worden (1996) stated, children do accept the reality of death when they able to understand the concepts of finality and irreversibility. As he emphasizes this can happen primarily at the stage of operational thinking even though some understanding will appear at cognitive stages. Wooden revealed, if a child is experiencing parent loss before the operational stage, their grief may be last until they fully realize the loss or death. According to Worden, to understand the finality and irreversibility on some level children should be around five to seven years of age. But it depends on the ability of cognitive reasoning in children. Regarding the significant developmental stages in children's life, infants are at a vulnerable stage due to possible issues related to attachment when the parental loss. Such matters can create complications around trust, feeling of anger and depression as the child grows. Moreover, they have to face difficulty in attaching and intimating with others (Worden, 1996).

In regarding the gender, girls are showing more internalizing problems following the parental death and boys are showing more externalizing problems (Dowdney, 2000). Therefore, as research mentioned girls are highly vulnerable to persist their bereavement over time (Schmiege, Khoo, Sandler, Ayers, & Wolchik, 2006). It is significant to mention that girls hold more parental roles in bereaved families, in this manner it may disrupt their normal development. Thence, interventions should be directed to the restructuring of family roles, to restart their development inappropriately.

As some studies pointed out, cause and type of death alone is not a key predictor of mental health issues in childhood bereavement following parental death. Disclosing problems and concerns related to the cause of parental death will be significant to the direction of therapy. Causes of death need to address in specific therapeutic interventions. For example, children with a parent in a deadly illness as cancer, HIV/AIDS needed anticipatory interventions (Christ, Siegel, Mesagno, & Langosch, 1991). They are aiming to prepare the child for the new caregiver, making constructive daily activities with the family and helping child's coping process (Haine, Ayers, Sandler, & Wolchik, 2008).

Specific consideration needed to the children who have experienced the suicide of a parent or other shocking, traumatic deaths such as deadly accidents, natural disasters, human-made disasters, etc. Children are possible to show Post Traumatic Stress (PTSD) symptoms when the parental death caused by the more painful way (Dowdney, 2000). Research has done by Pfeffer, Jiang, Kakuma, Hwang, & Metsch (2002) on treatment and intervention for childhood bereavement after the suicide of a parent and relative. They have especially aimed the above discussed malleable factors with the suicide and activities that planned to assist children in coping their thoughts and concerns related to suicide. As a result, they have found, children who received intervention focusing on strengthening the coping skills, have shown positive changes in anxiety and depressive symptoms than non-intervention children.

According to Pfeffer et al. (2002), interventions aiming at supporting coping skills can reduce the anxiety and depressive symptoms of children bereaved following a parental suicide.

Time since the prenatal death is another significant fact as a non-malleable factor that therapist should consider. Children's early reactions such as crying, sobbing, sorrow, and dysphoria pass over at the time, but psychological well-being and other issues can last over time (Dowdney, 2000). But several studies have mentioned that elapsed time from the parental death has not exceptional impact on outcomes (Haine et al., 2008). Nevertheless, adverse happenings and coping resources that follow the parental death can determine the duration of bereavement.

Several empirical studies have done on cultural differences in bereaving children. But no study has found the impact of culture on children's adaptation to the parental death. Comparison research has done on the understanding of concepts related to death. They have found similarities and differences among different cultures. Schonfeld and Smilansky (1989) have done a study comparing American and Israeli school-age children. They have found results with Significant differences in score. Israeli children score greater than American children with maturity in understanding irreversibility and finality. Therefore, therapists should keep awareness of children's norms of the dominant culture. The therapist should consider children's cultural anticipations and their necessity of coping with the parental death.

Family environment plays a significant part in a bereaved child after parental death. Especially, surviving parent's relationship is a key factor that can impact childhood bereavement. Constructive family relationships and sound parenthood can be a strong protective factor in child bereavement; Poor parenting cause to the psychological difficulties (Ellis, Dowrick, & Lloyd-Williams, 2013).

According to Ellis et al. (2013), parental death in childhood can do long-term damage and suffer in their adult life, if they didn't receive the considerable level of support at the period of bereavement. Lack of self-esteem, social withdrawal, isolation, and lack of ability to express feelings are some reported issues of them. Surviving parent and friends are primary most supportive groups for helping to manage the bereavement

IV LONG-TERM EFFECTS OF THE DEATH OF A PARENT IN CHILDHOOD

Children who bereaved after parental death are more likely to have psychopathological problems in future (Dowdney, 2000). Psychopathological issues in parental death consist of depression, anxiety disorder, self- harming behaviors, post-traumatic stress disorder (PTSD), prolong traumatic grief behavior and poor quality of life (Craig, 2010). Anxiety and depression are the most reported psychological issues as long-term effects of the death of a parent in childhood. If the parental death happened in a traumatic way, these children could have higher rates of psychiatric disorders (Berg, Rostila, & Hjern, 2016). The occurrence of low self-esteem is another long-term psychological effect in childhood bereavement (Worden, & Silverman, 1996) Lower self-esteem has been linked with psychological issues in children who bereaved after parental death (Wolchik, Tein, Sandler, & Ayers, 2006). Most of the time, after the parental death, children experience negative happenings that lower their self-esteem. Lack of interaction, lack of communication and strict parenting by the survived parent are few of them.

Incapacity to maintain an intimate relationship and problem-related to relationships are another significant long-term outcome of childhood bereavement (Ellis et al., 2013). According to the Bowlby (1980) parental loss in childhood, make greater exposure to future difficulty. He mentioned that the most primary bond created by the children with their care-taker have a strong impact all over their life. Therefore, break up this bond might affect the emotional world of an individual and this can direct to making difficulties in significant relationships in later life (Bowlby, 1980). A study has found that women who experience parental loss in childhood, less likely to get married and loss tended to marry earlier (Hoeg, Johansen, Christensen, Frederiksen, Dalton, Dyregrov, Boge, Dencker, & Bidstrup, 2018).

Some studies are suggesting that childhood bereavement impacts the physical well-being of an adult. According to them, children who bereaved after parental death are more likely to have symptoms of poor health in adulthood (Coghlan, 2014). The finding of a study by Bendiksen and Fulton (1975), confirmed the Coghlan's findings.

V PROLONGED GRIEF DISORDER (PGD)

There is evidence that the parental death can develop the prolong grief disorder in children. It is precisely known as complicated grief (Shear, Simon, Wall, Zisook, Neimeyer, Duan, & Keshaviah, 2011). Prolong grief disorder concluded with disrupting yearning, difficulties in accepting the death, loss of attachment, unpleasantness, and sense of loss has devastated view of self, life, and future. It has symptoms in common with anxiety, depression, and PTSD. But it is a different disorder. Prolong grief is relate with other well-being issues such as sleep disturbance, substance abuse, suicidal thoughts and attempts and abnormalities in immune function (Solomon, & Shear, 2015).

VI APPROACHES AND INTERVENTIONS

As this essay mentioned above, the parental loss can impact a child in a clinical number of ways. Code of bereavement of The Diagnostic and Statistical Manual of Mental Disorders (DSM) V, can be followed when focusing on treatment interventions related to the childhood bereavement. Also, it can identify as traumatic grief symptoms that are very like to seem like symptoms of the major depressive disorder. Therefore, it is necessary to follow basic assessment system and detailed conceptualizations of bereavement diagnosis provided by DSM.

Treatment literature of the child bereavement, significantly emphasizes the Cognitive behavioral therapy (CBT) and the play and expressive therapies (Edgar-Bailey, Meredith, & Kress, Victoria, 2010). CBT and trauma-focused cognitive behavioral therapy (TFCBT) is evidence-based approaches as most effective in working with childhood and adolescent traumatic grief (Edgar-Bailey et al., 2010). Trauma-focused and grief-focused interventions combined help to reduce the PTSD and depressive symptoms in bereaved children (Currier, Holland, & Neimeyer, 2007). Trauma-focused interventions mainly based on expression skills, stress management skills, trauma narratives of children, and cognitive processing (Cohen, & Mannarino, 2004). Grief-focused interventions mainly emphasize the death, dealing with ambivalent feelings, protecting positive memories, entering into other relationships and rationalizing of the loss (Cohen, & Mannarino, 2004).

TFCBT is good for decreasing children's' psychological problems (Edgar-Bailey et al., 2010). Majority of malleable factors of bereaved children are associated with cognition. Therefore, by using CBT intervention, they can be increased or decrease appropriately (Haine et al., 2008). So also, CBT can use to increase children's' adaptive beliefs as regards control. Sometimes, CBT interventions alone difficult to use for the bereaved children as they haven't an ability to enhance self-regulate emotional reactions. CBT-related creative interventions can be used to overcome such kind of difficulties. There are many creative interventions that therapist can use to decrease traumatic grief and assist for the normal grieving process to bereaved children who have a parental loss. They are poetry therapy, unfinished sentences/writing Prompts life imprints, journaling bibliotherapy, and creative writing, drama, letter writing, commemorating rituals, planting, linking objects, drawing/painting/collage (Edgar-Bailey et al., 2010). These creative interventions can use by combining with CBT. Most grief theories based on the ideas of attachment and loss. These ideas especially focus on individual than the relational aspects of bereavement (Monroe, & Kraus, 2010). Niemeyer (2001) has emphasized the familial and cultural influences that form an individual's efforts regarding bereavement. As he mentioned, families need support in recreating their story.

Wilson (1998) and Freeman introducing playful approaches to work with families. In this approaches children and adults feel comfortable when attempting serious matters with the least sense of being blamed. When working with bereaved children, playful techniques can use as a language to join with children. It is intended to provide a stimulus for creative responses to involve children. Joining survived parent and children in drawing a family tree together make understanding how they tell stories about their family and children's awareness about the happening around the bereavement. A family map or a family tree help therapist to understand more deeply about the child's family. Bereaved children are often trying to manage a secondary loses in their lives. Boys often respond in an aggressive way when they got confused and upset. Externalizing is a technique suggested by White (1990) as a technique for transferring the blame outer from the individual. In this externalizing techniques, children are invited to identify their behavioral choices as they feel not blamed. Externalizing technique supports to make the more positive description of a child. Winton's Wish's 'Muddles, Puddles and Sunshine' activity book' is a good experience for children who have a parental loss. It helps to enrich children's narrative of memories related to dead parent and make sense into different aspects of their grief (Monroe, & Kraus, 2010).

In conclusion, the parental loss is one of the most traumatic events a child can experience. Child bereavement after a parental loss is a prevalent issue in all around the world. As essay mentioned, there are a number of grief reactions, non-malleable and malleable factors that therapist should consider when working with parentally bereaved children. As research suggesting there are

long-term effects in bereaved children that can be identified. CBT with creative interventions is the more effective approach for childhood bereavement following parental death.

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