SOWK 503 - Fall 2014

Assignment #3: Affects of Grief and Loss on Children 0-12 Years

Crystal Hardin & Jess Collective

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De Vida Bell, LCSW

University of Southern California

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Introduction

Children under the age of 12 years are particularly vulnerable after being affected by loss. There are many factors that make a child's grief different than an adult's grief. The children's ages and developmental levels will dictate how well the children cope with and understand death. All children experience grief differently; however, it is important to address each aspect of their grief. Fear, anxiety, sadness, anger, guilt and loneliness are common emotions expressed in relation to grief, and children can be guided through activities that help them express these, perhaps foreign, emotions (Doka, 2000). By identifying issues that impact the mental health and well-being of children who have been affected by loss, social workers can help comfort and encourage youth to healthily work through the grief process.

Significance of the Issue / Problem and Relevance to Social Work

Grief involves a set of emotional, cognitive, behavioral, and physical reactions that change depending upon the individual and the type of loss they are experiencing. Significant attention should be paid to children who have experienced the loss of someone close to them in order to prevent future issues in adulthood. While grief is a complicated issue to manage, it is important that the signs of prolonged or complicated grief are not ignored. If a child does not seem to be coping with their loss it is important that he or she is given the care that they need in order to cope. Short-term effects of grief can be effectively managed if they are addressed; however, long-term effects such

as mental health problems and physical symptoms can present if left untreated. There is no “best” way to grieve and every child and situation is different.

Social workers have a unique role in the assessment and treatment of children dealing with grief. Providing comfort, guidance, and a feeling of safety to children who have suffered a detrimental loss in their lives is one of the most important roles a social worker can carry. Addressing grief through the multiple lenses of a bio-psychosocial assessment, attachment theory, and cognitive theory can help social workers understand the distinctiveness of every grieving child’s situation and form individualized treatments accordingly.

Bio-psychosocial Application to Grief and Loss for Children 0-12 Years

By analyzing the bio-psychosocial aspects of children experiencing grief and loss, social workers are able to mitigate changes affecting behavioral and physiological development in order to minimize long-term developmental stagnation or regression.

Biological

Children may exhibit physical symptoms such as fatigue, headaches and sore muscles and, although normal, these symptoms should be acknowledged and not ignored. Children will often pick up on the stress levels of the adults around them who are also experiencing grief associated with the loved ones passing. “Behavioral issues like irritability, arguing, and fighting can be common for some. Others will withdraw, disengaging from friends, family, or activities they used to enjoy. Children are also likely to experience a roller-coaster of emotional “highs” and “lows,” and may not be sure how to handle what they feel”(Hibbert, C. n.d). Children also experience death differently as

they grow, revisiting the trauma ,and thus understanding death in a completely different light.

Psychological

In 1948, Maria Nagy examined the views of children in an orphanage in Hungary aged three to 10 dealing with death and formulated three stages of understanding (Doka, 2000). In stage one, children, aged three to five, questioned items associated with death (such as coffins and cemeteries) and viewed death as a “less alive” temporary version of life (Doka, 2000). In stage two, children, ages five to nine, understood that death was final, and some were able to start an interplay with a personified death figure such as the Grimm Reaper or a skeleton (Doka, 2000). In stage three, from nine years old, children started to grasp that death is an irreversible, pervasive, and unavoidable life event (Doka, 2000). Feelings of detachment, suicidal ideations, or a preoccupation with the loss are signs that the child may not be coping well.

Social withdrawal

Younger children may cling to the teacher for awhile while older children may withdraw from the teacher or classroom activities (Pollock, 1988, pp71). counselors may talk with students to ventilate feelings away from the classroom.

Theoretical and Development Perspectives

Attachment Theory

The combination of internal and external analysis of the grieving children’s environmental circumstances offers a holistic approach to redefining the children’s

developing “secure base” as defined by Bowlby’s attachment theory (Watson, 2002). Attachment theory suggests that children are inherently driven by the need for a “secure base” of attachment to a caregiver (Watson, 2002). For the purpose of this assessment, exploration into the effects of removing this attachment will be expanded upon, particularly in relation to avoiding delinquent behavior and creating healthy grief processing (Beder, 2004).

The sudden removal of an attachment relationship through an issue such as divorce, suicide, deployment, or unexpected events such as car accidents, prompts a sense of loss that is commonly dealt with cognitively through the grief process. When the external figure has been removed from the child’s environment, the internal representation of the attachment relationship is often mentally held onto as a coping mechanism against the traumatic shock sustained by the attached or surviving individual as a result of being suddenly placed in an altered “secure base” environment (Wood, Byram and Gosling, 2012). As noted in Wood, Byram, and Gosling (2012), the concept known as continuing bonds (CBs), drawn from bereavement literature, “refers to an ongoing relationship or attachment that a bereaved individual experiences in relation to the deceased” (p.#) Children of deceased parents commonly cite CB connections (visualizing or speaking with the deceased, sharing mutual memories, cherishing items from the deceased) throughout their grieving process, according to a two-year longitudinal study of bereaved children aged six to 17 by the Harvard Child Bereavement Study (Wood et al., 2012).

In his observations regarding separation anxiety, Bowlby noted in children aged one to four years who had been put in the care of a stranger after having grown up with

their mother, the behavioral sequences following the loss were protest, despair, and detachment (Pollock, 1988). The fierce and primal longings for the deceased (or lost object) cause the child to enter into an inevitable mourning stage filled with anger and frustration, which often-times is more easily expressed in children than adults (Pollock, 1988). The importance of being about to release this anger is a high priority in youth so that the repressed emotion does not surface suddenly in adulthood in the form of violence towards another or the self (Kubler-Ross, 1983). One way to help dispel anger is to have the grieving child draw on a pillowcase (McWhorter, 2003). The child is instructed to draw happy memories on one side of the pillowcase and angry images relating to the death on the other side (McWhorter, 2003). The child is then instructed, when angry, to place the angry side up and to hit the bed; then, when sleeping, to flip the pillow over with the happy memory side up to cherish happy thoughts. The pillowcase healing activity simultaneously helps the child mental 'hold' the deceased as a "continuing bond"

Cognitive Theory

As children experience grief differently than adults, it is important that the child is able to move through each stage of grief. Loss, change and control are considered to be the three main components of grief. By applying cognitive theory and allowing for the idea that children can recover, to some degree, from the death of a parent or loved one allows social workers to focus on allowing them to grieve but yet guiding and supporting them through the process, in turn helping social workers to understand the children's experiences and offer ways to help them gain some sense of control. Each child's thought pattern determines their perceptions of grief and loss and understanding.

Feelings of grief and loss after a death of a loved one are natural but if the child is unable to process these feelings can render a child unable to recover from the loss in a healthy way.

Often, children repress their emotions or may move from one emotion to the other quickly, in essence giving the false impression that they are fine. With the death of someone close to the child, especially a parent, there is fear that there will be no one to take care of them. Children can feel overwhelmed by grief and not knowing how to help themselves can create intense feelings of vulnerability and confusion as well as fear. Establishing routines such as meal times and regular bedtimes can help a child to feel less anxious. Allowing children to express their grief in ways that help them to understand the process is vital. Children ages six to 11 fall in Piaget's developmental stage of concrete operations, meaning that they can comprehend that death is a permanent thing and can often understand a great deal more than society gives them credit (Malchiodi, 2003). However, cognitive ability is extremely important at this stage, as it determines how well a child is able to accept the process of grieving and to express his or her emotions in a healthy way. A child's ability to reason centers on their developmental stage. Death is always overwhelming to survivors and children definitively process death differently. Grief is unique to the individual as well so it is important to guide children through the process, however at a pace they are comfortable with.

According to the NASP, while reactions to grief can differ, younger children may experience shock and on occasion an evident absence of emotions, which serve to help the child withdraw from the pain existing; backward (immature) behaviors, for example,

expecting to be held, trouble being separated from the caregivers, or wanting to sleep with them. Acting out, such as having temper tantrums and extended periods of crying, may reflect fear, frustration and helplessness. Attempting to gain some sort of control over a circumstance for which they have no control; and they may start asking the same questions again and again, not because they can't comprehend the realities, but instead trying to comprehend information that is so difficult to accept or acknowledge. Repeated inquiries can help social workers and caregivers to figure out whether the child is reacting to falsehood or the genuine trauma of the situation (NASP, 2003, para 2).

Children who are not significantly far along in the developmental stages may not be able to genuinely understand the concept of death and dying. It is not usually until around age five that children can really begin to understand the finality of death. They can understand that sickness or accidents may cause death but cannot grasp the concept that death may happen, not only to others, but also, to them. Children younger than this may only understand that people are sad and crying but not truly grasp the reason why. Older children who are in the middle-school age group certainly understand death and loss, and in some cases, may act out in order to deal with their grief. Teenagers in high school are at an age where they should fully understand death and the finality of it. However, teens at this age, particularly those who may have had a history of depression, suicidal ideations, or drug dependency are at much greater risk, with longer periods of grieving and more serious reactions to the death of a loved one or someone close. Although adults know that death is certain, even they may struggle with their own mortality.

Strengths and Weaknesses

Attachment Theory

A strength of attachment theory analysis is that it includes a critical explanation of a grieving child's internal need for the lost "secure base" attachment (Beder, 2004). and acknowledges that discussion of the lost attachment in the form of a "continuing bond" attachment may be a way for the child to be comforted during the shock of the "secure base" absence (Beder, 2004). Some weaknesses include that it limits attachment development to the first year of infancy and the primary caregiver. Limits "secure base" attachment observations to short structured case studies and not natural non-stressful situations (Lee, 2003).

Cognitive Theory

The strengths of cognitive theory emphasize the importance of childhood experiences and how they relate to any given situation. It also focuses on defense mechanisms and how individual children react differently to similar situations. Cognitive theory also relates to behavior and how it relates to the situation the child is in. An example is that one child may not react to the death of a loved one the same way as another child would, and responses are dependent on their unique situations. However, a weakness of this theory is that it does not consider culture or its influence on personality. So, one child may be more accustomed to death, and in some cultures death is celebrated as a ritual, so a child of this culture might not experience death the same way another child might. Culture and life experiences, even in children, play a significant role in how children deal with the death of a loved one.

Implications for Social Work Clinical Practice and Policy Advocacy

The universality of grief and loss as it applies to individuals cross-culturally gives rise to the need for cross-cultural solutions. Hospice for the mainstream population and death midwifery for the less mainstream population are both resources that social workers may suggest to families.

has become one resource to help grieving families incorporate their specific customs into the grieving process (Bareham, n.d.).

Hospice, as a medical system of care that deals with the emotional and spiritual aspects of death and dying, understands the impact that grief and loss have on children and adolescents, and often offer support groups for children (Doka, 2000). Pollock (1988) describes one of the most important take-away messages for children undergoing psychoanalytic therapy to assist in the mourning process to be “that if you cannot, or perhaps do not wish to complete it now, then you can do it later in keeping with your own needs and developmental timetable” (pp 163) and he indicates that the child has this choice, which may not fall under the “adultomorphic model for mourning” (pp164). Social workers have a unique grasp and in depth knowledge of grief and loss that is cross cultural, family oriented and broad in it’s scope. The primary goal of a social worker is to enhance the well being of individuals and families. The ability to offer and or connect families and individuals with services that will help them to cope with their grief as well as being an advocate for change is what makes a social workers role so important. The fact that their role is so multidimensional lends itself to policy change. Social workers are “in the trenches” so to speak and thus it allows them to have an insight into the possibility for change. Advocating for those who are unable to speak for themselves should be a top priority.

Social workers, as culturally-versed, supportive clinicians, are qualified to help grieving children bridge their pre-loss and post-loss environments, to recommend resources for families seeking support, and to advocate for businesses to offer counseling referral services or bereavement leave options to employees experiencing loss.

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