In this mining report the author updates play therapists on the latest research on grief and loss in children. The report includes a succinct discussion of complicated and uncomplicated bereavement and how the therapuetic process can be informed by distinguishing these two major categories. *Clinical Editor Jodi Ann Mullen, PhD, LMHC, RPT-S*

Mining Report – August 2008

Bereavement in Children

By Helen E. Benedict, PhD, RPT-S

It is widely recognized that the death of a loved one, especially a close family member, is a painful experience for a child. While such a loss during childhood or adolescence is relatively rare, it is an experience that still affects approximately 5% of children and adolescents under 15 (Currier, Holland, and Neimeyer, 2007). The nature of the experience and the grieving process can be quite varied for different children, depending on such variables as the child's age, the child or adolescent's relationship with the lost individual, and the characteristics of the death (Goldman, 1994; Worden, 1996).

There are two major categories of death experiences: uncomplicated and complicated bereavement. Complicated bereavement can be further divided into death complicated by stigma and traumatic death. Uncomplicated bereavement is defined as the normal grieving process when one experiences the loss of an important relationship (Cohen et al, 2006). It is noteworthy that with uncomplicated bereavement, children who are adequately parented following the death do not appear to be at risk of later mental illness. In both types of complicated bereavement, especially traumatic grief including PTSD, there is heightened risk for later development of significant psychopathology (Worden, 1996),

Numerous clinicians have proposed interventions to help children with the grieving process including group therapy (see Currier et al, 2007 for an overview), play therapy (Fiorini & Mullen, 2006; Lieberman, Compton, Van Horn, & Ippen, 2003; Oaklander, 2000; Webb, 1993, 2000; Wolfelt, 1996) and cognitive-behavioral therapy (Cohen, Mannarino, & Deblinger, 2006). Regardless of the therapy model used, the interventions are typically focused on the various experiences of complicated bereavement. The meta-analysis of controlled outcome research conducted by Currier et al, 2007 found that grief interventions with children, like those with adults, do not convincingly produce positive outcomes. While the meta-analysis was limited by the relative lack of controlled studies, it still effectively questions the widely held assumption that intervention is routinely needed when children experience death of a loved one. Thus, an emerging consensus in the field is that traumatic grief in children, which we know is associated with later development of psychological problems, does require interventions. Further, there is agreement that interventions should first address the trauma and then the grieving process.

Four issues should be the focus of the work on grieving and effective interventions should actively address all four issues within the therapy (Cohen et al, 2006; Lieberman et al, 2003). The first involves

providing information for the child about death and grieving, to overcome any distortions or misunderstandings about death that arise from the child's developmental status.

The second process focuses on the loss and dealing with conflicted or ambivalent feelings for the deceased. Essentially, this part of the process is the grieving process per se and focuses on what the child misses about the lost relationship. When appropriate, this must also focus on what the child does not miss, or the ambivalence in the relationship. This is also the place where issues of stigma, such as suicide, or HIV, can be addressed.

The third important process involves memory work, both dealing with intrusive and traumatic memories and forming positive memories of the deceased. This step is a prelude to the fourth and final step of redefining the relationship from a relationship in the 'here and now' to a memory-based relationship.

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