

# AMERICAN ACADEMY OF PEDIATRICS

Committee on Psychosocial Aspects of Child and Family Health

## The Pediatrician and Childhood Bereavement

**ABSTRACT.** Pediatricians should understand and evaluate children's reactions to the death of a person important to them by using age-appropriate and culturally sensitive guidance while being alert for normal and complicated grief responses. Pediatricians also should advise and assist families in responding to the child's needs. Sharing, family support, and communication have been associated with positive long-term bereavement adjustment.

The death of an important person in a child's life is among the most stressful events that a youngster can experience.<sup>1-3</sup> Adults in the midst of their own grief often are confused and uncertain about how to respond supportively to a child.<sup>3,4</sup> When the death involves a parent or a sibling, the potential for an adverse response by the child is compounded.<sup>5</sup> During such a crisis, the pediatrician can be an important source of education and support for a child and family.<sup>1</sup>

By already knowing something of the family interactions and individual coping skills, the pediatrician is in a position to help evaluate and understand a child's reactions and to advise and assist the family in responding to the child's needs.<sup>1-3</sup> Awareness of the child's temperament and typical responses to stress can help the pediatrician counsel the child and family.<sup>2</sup> Cultural and religious background are important considerations in dealing with the bereaved family.<sup>2,6,7</sup> Knowledge of previous significant losses and parent and child responses to them are helpful in understanding and predicting how a death may affect the child and family.<sup>2</sup> Circumstances (eg, prolonged illness, sudden unexpected death, or violent death) are important additional considerations.<sup>6-8</sup> In instances of disasters with multiple deaths, the pediatrician is likely to be called on as a resource by rescue teams, school personnel, and others. The pediatrician should describe to families and personnel the normal childhood emotional reactions to such an abnormal incident and offer support and counsel to the children and to the adults caring for them.<sup>9</sup>

The child should be told about a death honestly and in language that is developmentally appropriate. When advising an adult about informing the child of the death, the pediatrician needs to be aware that a child's concept of death varies with age (Table 1) and needs to be able to tailor the specific advice given to

a parent.<sup>3,5,10</sup> The family can be reassured that their showing of feelings, such as shock, disbelief, guilt, sadness, and anger, is normal and helpful.<sup>2</sup> A bereaved parent or other close family member who shares these feelings and memories (eg, with pictures and stories) with a child reduces the child's sense of isolation.<sup>5,11</sup> Children need reassurance that they will be cared for and loved by a consistent adult who attends sensitively to their needs. In addition, they must be assured that they did not cause the death, could not have prevented it, and cannot bring back the deceased.<sup>1,5,8</sup> Parents should be encouraged to continue family routines and discipline.<sup>2,8,12</sup>

The funeral services can provide even a young child with an important way to grieve a loved one if such involvement is supportive, appropriately explained, and compatible with the family's values and approach.<sup>2,8</sup> Children need to be prepared if they are to participate in the funeral process.<sup>12</sup> The participation should be tailored according to the developmental level of the child. For instance, the younger child may have the process broken down into shorter, more manageable, intervals. A trusted person should be with a child to explain what is happening and to offer support.<sup>3</sup> Older children and adolescents may want to participate by speaking at the funeral or memorial service. Encouraging a child to commemorate loss through some form of participation, such as drawing pictures, planting a tree, or giving a favorite object, will promote inclusion in the process and provide a meaningful ritual.<sup>5</sup>

Grief for a child is a process that unfolds over time. The initial shock and denial of death may evolve into sadness and anger that can last for weeks to months and eventually end, in the best of circumstances, with acceptance and readjustment.<sup>13</sup> Some children may seem emotionally unmoved, thus causing concern to family members.<sup>5,8</sup> It is important for the pediatrician to be aware of the range of manifestations of childhood grief (Table 2) and to be alert to prolonged or severe behavior change that signals the need for more intensive intervention.<sup>1,4,8</sup> A number of age-appropriate books can be read by or to a child as support for understanding and dealing with the grieving process (Table 3). The pediatrician should remain alert to the resurfacing of the child's concerns at the anniversary of the death, at holidays, or at times of other losses as the child progresses through subsequent developmental stages.<sup>5,11</sup>

Recognition of one's own attitudes and reactions to death is essential for objectively and supportively counseling the family.<sup>1</sup> Pediatricians must realize that grief counseling is an emotionally demanding,

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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**TABLE 1.** Overview of Children's Concepts of Death

Age Range, Years	Concept
0 to 2	Death is perceived as separation or abandonment Protest and despair from disruption in care-taking No cognitive understanding of death
2 to 6	Death is reversible or temporary Death is personified and often seen as punishment Magical thinking that wishes can come true
6 to 11	Gradual awareness of irreversibility and finality Specific death of self or loved one difficult to understand Concrete reasoning with ability to see cause-and-effect relationships
Older than 11	Death is irreversible, universal, and inevitable All people and self must die, although latter is far off Abstract and philosophical reasoning

time-consuming, and potentially frustrating endeavor.<sup>3</sup> *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version*<sup>14</sup> identifies diagnoses and conditions and may help the pediatrician evaluate the degree of severity of the child's behavior. Use of *DSM-PC* coding also may help the pediatrician deal with third-party payers. Referral to a mental health specialist or clergy (pastoral counselor) should be considered when the pediatrician believes that progress is not being made or would feel more comfortable having someone else work with the family.

### RECOMMENDATIONS

1. The pediatrician should provide support and anticipatory guidance for children and families who face death. The pediatrician is in a position to encourage open discussion of reactions, thoughts,

**TABLE 3.** Selected Books About Bereavement for Parents and Children\*

Young Children and Parents Dealing With Death <i>The Dead Bird</i> , by Margaret Wise-Brown. Addison-Wesley, Reading, MA, 1958 (3 to 5 y) <i>Lifetimes: The Beautiful Way to Explain Death to Children</i> , by Bryan Mellonie and Robert Ingpen. Bantam Books, New York, NY, 1983 (3 to 6 y) <i>When Dinosaurs Die: A Guide to Understanding Death</i> , by Laurene Krasny Brown and Marc Brown. Little Brown, Boston, MA, 1996 (4 to 8 y) <i>Accident</i> , by Carol Carrick, Seabury Press, New York, NY, 1976 (6 to 8 y)
Older Children and Young Adolescents on Death of a Sibling or Close Friend <i>A Taste of Blackberries</i> , by Doris B. Smith. Thomas Y. Crowell Co, New York, NY, 1973 (8 to 9 y) <i>The Magic Moth</i> , by Virginia Lee, Seabury Press, New York, NY, 1972 (10 to 12 y) <i>Beat the Turtle Drum</i> , by Constance C. Greene. The Viking Press, New York, NY, 1976 (10 to 14 y) <i>Bridge to Terabithia</i> , by Katherine Paterson. Thomas Y. Crowell Co., New York, NY, 1977 (10-14 y) <i>Straight Talk About Death for Teenagers</i> , by Earl A. Grollman. Beacon Press, Boston, MA, 1993 (13 to 19 y)

Guidelines for Parents and Other Caregivers  
*How Do We Tell the Children? Helping Children Understand and Cope With Separation and Loss*, by Dan Schaefer and Christine Lyons. Newmarket Press, New York, NY, 1993  
*Talking About Death: A Dialogue Between Parent and Child*, by Earl A. Grollman. Beacon Press, Boston, MA, 1990  
*Sudden Infant Death Syndrome: Who Can Help and How*, edited by Charles A. Corr, Helen Fuller, Carol Ann Barnickol and Donna M. Corr. Springer Publishing Co, New York, NY, 1991  
*Questions and Answers About Suicide*, by David Lester. The Charles Press, Philadelphia, PA, 1989  
*Young People and Death*, edited by John Morgan. The Charles Press, Philadelphia, PA, 1991

\* The book list in the table was adapted from the following book: *A Child Dies. A Portrait of Family Grief*, by Joan Hagan Arnold and Penelope Buschman Gemma. The Charles Press, Philadelphia, PA, 1994.

- and feelings in the family, thereby increasing the sense of mutual support and cohesion.
2. The pediatrician must use age-appropriate and culturally sensitive guidance while being alert for

**TABLE 2.** Range of Common Grief Manifestations in Children and Adolescents

Normal or Variant Behavior	Sign of Problem or Disorder*
Shock or numbness	Long-term denial and avoidance of feelings
Crying	Repeated crying spells
Sadness	Disabling depression and suicidal ideation
Anger	Persistent anger
Feeling guilty	Believing guilty
Transient unhappiness	Persistent unhappiness
Keeping concerns inside	Social withdrawal
Increased clinging	Separation anxiety
Disobedience	Oppositional or conduct disorder
Lack of interest in school	Decline in school performance
Transient sleep disturbance	Persistent sleep problems
Physical complaints	Physical symptoms of deceased
Decreased appetite	Eating disorder
Temporary regression	Disabling or persistent regression
Being good or bad	Being much too good or bad
Believing deceased is still alive	Persistent belief that deceased is still alive
Adolescent relating better to friend than to family	Promiscuity or delinquent behavior
Behavior lasts days to weeks	Behavior lasts weeks to months

\* Should prompt investigation by pediatrician; mental health referral is probable.

normal and complicated grief responses. The ability to share, reliance on family members, and good communication have been associated with positive long-term bereavement adjustment.

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