Parentally Bereaved Children: The Impact of Early Loss

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Abstract

The loss of a parent is one of the most traumatic events that can occur in a child’s life. A notable percentage of parentally bereaved children experience negative outcomes, including mental health problems. In this paper, a literature review is conducted on the effects of parental loss on children, the needs of parentally bereaved children, and the factors that contribute to healing. The latest theories about grief and the most effective interventions are explored. Because quality of post-loss child care is identified as a key factor in determining bereaved children’s outcomes, positive parenting is outlined. This paper also discusses childhood bereavement from the perspective of Adlerian Psychology.
Parentally Bereaved Children: The Impact of Early Loss

The death of a parent can have a significant lasting impact on a child. An estimated 3.5% of children under age 18 (approximately 2.5 million) in the United States have experienced the death of a parent (Social Security Administration). While most children who experience parental death return to normal levels of functioning by a year after the loss (Worden, 1996), a notable percentage experience negative outcomes, including mental health problems. Several studies have found that approximately 20% of bereaved children exhibit behavior that leads to referral to a mental health specialist (Dowdney, 2000 as cited in Cerel et al., 2006).

A large body of evidence shows that parental bereavement constitutes a risk factor for depression, anxiety, and post-traumatic stress disorder. The risk of depression has been found to be three times greater among bereaved children than among non-bereaved children (Cerel et al., 2006). Parental bereavement during childhood has also been associated with an increased risk for depression in adulthood (Kendler et al., 2002).

In her book *Never the Same*, Donna Schuurman describes seven differences between bereaved children and their non-bereaved peers. She calls these the “significant seven” (2003). According to the studies cited in *Never the Same*, bereaved children show higher levels of depression; an increase in health problems and accidents; statistically significant findings of poorer school performance, anxiety and fear, lower levels of self-esteem, higher external locus of control, and less optimism for success in later life (Lutzke et al., 1997 as cited in Schuurman, 2003).

Losing a loved one affects a person in all areas: body, mind, and spirit. Accordingly, child bereavement often includes a wide range of cognitive, emotional, and physical symptoms, including somatic complaints, stomach aches and headaches, health fears, enuresis, sleep
disturbances, jealousy, guilt, depression, school difficulties, and antisocial behavior (McCown and Davies, 1995).

While children grieve differently from adults, they do grieve. Even very young children experience grief (Bowlby, 1980; Kranzler et al., 1989). According to Alan Wolfelt (1996), “Any child old enough to love is old enough to grieve.” Grieving is an ongoing process, especially for children who will revisit grief many times and reach new understandings of their parent’s death as they reach new developmental stages in their lives. Children’s developmental levels affect their grief, and, in turn, grief can affect their development.

Mediating Factors/Contributing Factors

Why do some children fare better than others after a parent’s death? Researchers have identified a number of factors that influence how a child copes with a parent’s death, beginning with the death itself and extending to the stressful events that typically occur after the death (Haine et al., 2008). Often the death of a parent is accompanied by a host of other changes including changes in the surviving parent, the family structure, finances, careers, household moves, and childcare (Saldinger et al., 2004). J. William Worden (1996) organizes the mediating factors into the following categories: the deceased parent, the surviving parent, the family, the child, and the outside world.

The Death

The manner of death influences how a child reacts and copes with the death of a parent. Studies have found conflicting results, however, on the extent to which the type of loss affects outcomes. The Harvard Child Bereavement Study found that children reacted differently to a sudden death than an expected death (Worden, 1996). This study found the suddenly bereaved children to have more emotional and behavioral difficulties at one year post-death, but no
differences in outcome beyond the one year mark, as opposed to children who had some warning that their parent’s death was imminent. Brent et al. (2009) found that bereaved youth had higher rates of depression two years after a parent’s death than non-bereaved youth, and that those bereaved by suicide had higher rates than those bereaved by sudden natural death. In a 2007 study completed by Brown et al., however, there was only a minimal difference in outcomes for children whose parents died by suicide compared to those bereaved by non-suicide deaths. McClatchy and Vonk (2009) also found no significant difference between the types of losses on bereavement outcomes.

Regardless of the impact on outcomes, there are certainly differences in experience. For example, Cerel et al. (1998) found suicide-bereaved children more likely to experience anxiety, anger, and shame than children bereaved from parental death not caused by suicide. Losing a parent slowly to illness is a substantially different experience from losing a parent to a sudden violent death. It is clear that the type of death is an influencing factor, regardless of the difference in outcomes.

The funeral is another death-related factor influencing children’s bereavement. A funeral provides an opportunity for children to say good-bye and to begin to adjust to the reality of the loss. Many adults who were parentally bereaved as children stress the importance of including children in post-death rituals (Porterfield et al., 2003). Studies indicate that attendance at a parent’s funeral better serves the child’s grieving process than non-attendance (Bowen, 1976; Silverman & Worden, 1992b; Weller, Weller, Fristad, Cain & Bowes, 1988 as reported in Saldinger et al., 2004). In a qualitative study of adults’ childhood experiences as bereaved children, 15% of subjects felt that their exclusion from funerals was harmful to them (Porterfield
et al., 2003). Many of these adults expressed the importance of being open with children about the death and about allowing children to view and touch the body.

The key to a useful funeral experience for a child is adequate preparation and age-appropriate information. The Harvard Child Bereavement Study found that inadequate preparation for the funeral negatively impacted children. Children who were unprepared for their funeral experience had more behavior problems and lower self-esteem two years after the death (Worden, 1996). Children should be told what to expect and allowed to make informed decisions about their attendance and participation, at their level, for the best possible outcome.

**The Deceased Parent**

The gender of the deceased parent affects a child’s adjustment. When a father dies, it is more likely that the family will lose its greatest source of income, lowering the family’s socioeconomic status. Numerous studies have found, however, the impact of mother loss on a child to be greater than father loss (Brent et al., 2009). Researchers speculate that this is due to a child’s greater emotional bond with the mother, who is usually the child’s primary emotional caregiver (Worden, 1996).

The child’s response to the death also depends on the relationship the child had with the deceased parent. Was the child securely attached to the parent, or was it an ambivalent relationship? A rebellious teenager who loses a parent may feel guilt and regret for his or her behavior toward the deceased. If it was an abusive relationship, the child may feel relief that the parent is gone and then guilt for feeling relief. The child may grieve for the loss of a relationship they wish they had, which there is now no hope of ever having. Researchers in the Harvard Child Bereavement Study found that securely attached children were more likely to be able to
talk about their feelings and cry, both of which are healthy grieving behaviors, two years post-death (Worden, 1996).

The Surviving Parent

It is clear from numerous studies that one of the greatest impacts on a child’s ability to cope with parental death is the influence of the surviving parent. In study after study, a surviving parent’s dysfunction consistently put the child at risk for poorer outcomes (Worden, 1996). For example, a study by Kranzler et al. (1990), found that depression in surviving parents was the most powerful predictor of child disturbance. This study supported the findings of Harris et al. (1986) and Breier et al. (1988) who concluded that, “although the death of a parent creates a vulnerability, it is ongoing provoking agents, particularly inadequacy of parenting after the loss, that mediates the child’s risk” (Kranzler et al., 1990). The study by Harris et al. (1986) found that the quality of post-loss childcare determined risk for depression in adulthood. Clearly, adequate parenting is important to the health and welfare of bereaved children. Of course, parenting well, while grieving the loss of a partner, is a very challenging task.

The Family

The way in which a family responds to a death of one of its own influences each of its individual members. What is the family’s style of coping? Findings from The Harvard Child Bereavement Study (Worden, 1996) indicate that best outcomes were associated with an active coping style, which is typically modeled after the behavior of the surviving parent. Does the family talk about the deceased? Does the family unit encourage expression of emotions and support one another? Or does the family disband, sending children to live with relatives after the death of a parent?
Bereaved children need a supportive and stable environment (Saldinger et al., 2004). The family unit can be either a significant source of this support or a source of additional stress. A larger family can be more difficult for a surviving parent to manage, negatively affecting the children. However, the presence of more siblings can offset this influence by providing others with which to share feelings and reminisce about the deceased parent (Worden, 1996), both healing behaviors. More cohesive families will have children who show less acting-out behavior and who feel better about themselves than children who come from less cohesive families (Worden, 1996).

A family’s financial and socioeconomic status affects its ability to cope with stressors. Typically a parent’s death represents the loss of family income, which may be a significant stressor. This may, in turn, influence where the family members live and under what conditions. It also affects which resources are available to the family, for example, access to quality childcare and counseling. Studies have found conflicting results in outcomes due to socioeconomic status, although more studies indicate that lower socioeconomic status is associated with more difficulties adjusting (Cerel et al., 2006).

The Child

Age. A number of studies have found that bereavement before age 8 increases risk for later psychopathology (Barry & Lindemann, 1960; Greet, 1964; Haworth, 1964; Jacobson & Ryder, 1969; Lifshitz, 1976; as cited in Kranzler et al., 1989). Krupnick (as cited in Kranzler et al., 1989), attributes this heightened vulnerability to the young child’s developmental level, limiting the child’s capacity to grieve. The age and developmental stage of a child will certainly affect how he negotiates his current developmental tasks.
Infants and toddlers. To infants and toddlers, loss may be experienced as the absence of a primary caregiver. Grieving responses may include increased crying, thumb sucking, biting, changes in eating and sleeping patterns (Wolfelt, 1996).

Preschoolers. To preschoolers, death may be thought of as temporary or reversible (Morgan & Roberts, 2010). Children at this age may entertain magical thinking (Piaget & Inhelder, 1969 as cited in Morgan & Roberts, 2010) and erroneously believe they are responsible for the parent’s death, for example, because they once wished their parent was gone. They are unable, at this age, to differentiate between thoughts and deeds (Webb, 2005 as cited in Morgan & Roberts, 2010). These children may lack understanding of their feelings and the ability to express them. Grief at this age is typically expressed through short-term regressive behaviors such as thumb-sucking, baby talk, clinging to the surviving parent, enuresis (bedwetting), and play behavior including reenacting the death. These children may ask the same questions about the death over and over again (Wolfelt, 1996).

Gradeschoolers. Children in this age group begin to develop a clearer understanding of death, though they see it as removed from them, or that death is something that can be overcome (Morgan & Roberts, 2010). They may struggle with guilt feelings because they believe that they should have somehow prevented their parent’s death (Morgan & Roberts, 2010). These children tend to express their grief through play. They may fall behind in school academically and/or socially, and may act out because they don’t know how to handle their emotions (Wolfelt, 1996). According to Worden (2009), children between the ages of 5 and 7 do not yet have coping ability that is sufficient to match their cognitive understanding of the permanency of death; therefore this is a particularly vulnerable age group.
Adolescents. Adolescents have a cognitive understanding of death, but are only beginning to grapple with it spiritually (Wolfelt, 1996). Teens may question fairness, the nature of life and death, and the meaning of life (Morgan & Roberts, 2010). Adolescence can be a confusing time for any teenager. Add in a significant loss, and teens can become overwhelmed. They are rarely prepared for the multitude of emotions they may experience. They may act out or withdraw, and may even test their own mortality in a search for meaning (Wolfelt, 1996).

Gender. Differences in child behavior following a parent’s death are related in part to the gender of the child. Studies have found some conflicting results, but the majority of studies found that girls tend to fare worse than boys in coping with parental loss. For example, mental health problems of bereaved children increase during the second year after the death, particularly in girls (Worden & Silverman, 1996, as cited in Schmiege et al., 2006). In the Harvard Child Bereavement Study, girls, regardless of age, showed more anxiety than boys and experienced more somatic symptoms over the two years of bereavement studied (Worden, 1996). In addition, several longitudinal studies have found parental death in childhood to be a risk factor for clinical depression in women when exposed to stress in early adulthood (Schmiege et al., 2006).

Personality and self-system beliefs. It is not surprising that a child’s personality influences how he or she copes with the loss of a parent. The child’s perception of events, of him or herself, and the world, influence his or her adaptation to life after loss. Self-beliefs that have been studied in relation to parental death, and which shape the child’s personality, are self-esteem, coping efficacy, locus of control, fear of abandonment, and perceived vulnerability (Wolchik et al., 2008).

Having a positive sense of self worth and belief in one’s capacity to cope with stress are associated with better bereavement outcomes. Uncontrollable tragic events like parental death
may threaten a child’s sense of control, can reinforce beliefs that life is unpredictable and unmanageable, and may lead to low levels of coping efficacy. Low self-esteem (Haine et al., 2003) and fear of abandonment (Wolchik et al., 2007) have been found to be significant mediators of stress and internalizing problems. These results suggest that negative life events may reduce self-esteem and heighten fears of abandonment, which in turn increase internalization of problems (Haine et al., 2003).

Locus of control was not found to be a mediator of stress and internalizing problems in the Haine et al. (2003) study; however, Wolchik et al. (2006) suggest that diminished perceptions of control may lead to mental health problems by fostering a choice of avoidant versus active coping strategies in dealing with other controllable problems. An active coping style has been associated with better outcomes than an avoidant style (Worden, 1996).

Related to locus of control is the concept of perceived vulnerability, which is an individual’s perception of the likelihood of experiencing a threatening event (Mireault & Bond, 1992). Typically, a person is unlikely to perceive him or herself as vulnerable to threatening events unless he or she has personal experience with such events. Therefore, a negative life event like early loss may lead a child to perceive that he or she is more vulnerable to negative experiences in the future. Alloy and Ahrens (1987) have linked perceived vulnerability with depression (as cited in Mireault & Bond, 1992). Mireault and Bond found in their 1992 study that perceived vulnerability to loss was a better predictor of adult anxiety and depression than was the early loss itself.

The Outside World

A bereaved child’s response to the death of a parent is also influenced by his or her cultural and ethnic background. Cultures that encourage outward expression of grief are more
likely to practice healthy mourning behavior. The United States is dominated by an Anglo-American culture, one which is death-denying or “mourning-avoidant” as Alan Wolfelt (1996) describes it. A mourning-avoidant culture is one that discourages the expression of grief, thereby making a child’s grief journey more difficult.

Effects of Early Loss

Psychopathology

Psychopathology has been linked to the experience of early loss for quite some time. Across studies, approximately 20% of bereaved children show emotional or behavioral symptoms that lead to referral to a specialist (Dowdney, 2000 as cited in Cerel et al., 2006). The mental health problems most commonly associated with early bereavement include depression, anxiety, and post-traumatic stress disorder.

Depression. When psychopathology is present in bereaved children, it most commonly takes the form of depression (Cerel et al., 2006). Bereaved children have been found to have higher rates of depression than the general population. Gersten, Beals, and Kallgren (1991, as cited in Wolchik et al., 2006) found that 9.8% of bereaved children in a representative community sample met criteria for major depression as compared to 1.3% of matched controls. Bereaved children are, however, less impaired than children diagnosed with clinical depression (Cerel et al., 2006). Parental bereavement during childhood has also been associated with an increased risk for depression in adulthood (Kendler et al., 2002).

Contributing factors for depression after loss include the surviving parent’s level of impairment, post-loss life events, negative child coping, child history of a psychiatric disorder before the death, family history of depression, bereavement by accident or suicide, loss of a
mother, low self-esteem, less opportunity for participating in the mourning process, and blaming others for the death (Brent et al., 2009; Saler & Skolnick, 1992; Weller et al., 1991).

Fear of abandonment is also related to depression in parentally bereaved children. One study linked a child’s fear of abandonment by the surviving parent to the teen’s anxiety in romantic relationships six years later, which in turn was associated with depressive symptoms at six years (Schoenfelder et al., 2011).

**Anxiety.** It is understandable that bereaved children might experience anxiety. After all, they may fear losing another loved one or fear for their own safety. The Harvard Child Bereavement Study found that these children are significantly more anxious a year after the death than right away (Worden, 1996). Anxiety was associated with an increased number of changes in daily life and with a sense of having less control over one’s circumstances. In general, anxiety was higher for girls than for boys (Worden, 1996).

**Post-Traumatic Stress Disorder (PTSD).** Parentally bereaved children are also vulnerable to post-traumatic stress symptoms. In a study by Stoppelbein and Greening (2000), parentally bereaved children were found to have significantly more symptoms of post-traumatic stress than disaster and non-trauma control groups. The trauma group children had survived a fatal tornado. An interesting finding of this and other studies was that the surviving parents underestimated the severity of their children’s symptoms (Stoppelbein & Greening, 2000). Those at greatest risk for developing PTSD symptoms were bereaved girls, younger children, and children whose surviving parents had PTSD symptoms (Stoppelbein & Greening, 2000). While it has been hypothesized that children bereaved by parental suicide would exhibit more PTSD symptoms than those bereaved by other causes of death, this has not been found to be the
case. In the Cerel et al. study (1998), suicide bereaved children were no more likely than other bereaved children to experience post-traumatic stress symptoms as a result of the death.

Self-Identity

Identity is an internal coherence and meaningful relatedness to the world (Josselson, 1987 as cited in Cait, 2008). Self-identity is constantly evolving. Children often incorporate characteristics of their parents into their own identity, so without their parent, children may wonder who they are. The specific roles the parent played in the child’s life are critical to the child’s self-identity (Wolfelt, 1996). The child’s post-loss identity is confronted every time another person does something that the bereaved parent once did. In addition to integrating role changes into the bereaved child’s new identity, he or she will have to add motherless or fatherless child to his or her new self-concept. To go from having a mother or father to not having one is a process, not an event (Wolfelt, 1996).

Sometimes others try to force a new “hypermature” identity on the child (Wolfelt, 1996). They may encourage the child to become the “man or woman of the house” or to take on adult responsibilities too soon. These may be well-intentioned people, but adult responsibilities can overwhelm a child and may interfere with his or her ability to grieve and heal.

Relationships

Losing a parent has an effect on relationships, beginning with the relationship with the surviving parent. Some children become closer to the surviving parent after a death, while for others the death strains the relationship. Tension in the relationship is most likely to occur if the family is large, less cohesive, and is experiencing concurrent changes (Worden, 1996).

Relationships with peers may change as well. Not wanting to feel different from their peers after losing a parent, or believing other children will not understand, many children refrain
from talking about their feelings surrounding the death. Some children withdraw from social activities, which affects peer relations. One study found that at two years post-death, bereaved children had more social problems than their non-bereaved counterparts (Worden, 1996).

There may also be a long-term impact on relationships, especially close or romantic relationships. If a child loses a parent, he or she may fear abandonment of not only the remaining parent, but also others he or she loves. This fear of abandonment breeds distrust. The perception of being abandoned (either by the parent who died or others who discount the child’s need to mourn) may also lead to feeling unworthy of love. This unlovable feeling may lead to a self-fulfilling prophecy (Wolfelt, 2007). Not wanting to experience the pain of losing a loved one again, a child may not allow him or herself to have close relationships in the first place. The child may grow into an adult who leaves others before they can be left. Keeping others at a distance, or leaving others before they get too close, serves as a defense mechanism against the pain of separation for bereaved children.

Attachment theorists generally divide individuals into three groups: those who form secure attachments with others as adults; those who are anxious or ambivalent about their relationships; and those who avoid becoming close to others. Studies by Shaver & Hazan (1987) and Glickfield (1993) (as cited in Edelman, 1994) found a significantly higher percentage of adults who had lost a parent during childhood than the general population, were of the anxious-ambivalent type (37% versus 20%). According to Bette Glickfield (as cited in Edelman, 1994), this finding suggests that early parent loss makes a child more vulnerable to feelings of abandonment and worthlessness, which makes him or her both fear and desire relationships as an adult” (Glickfield, 1993, as cited in Edelman, 1994). More research exists on girls losing mothers than on other relationship losses, perhaps because of the higher incidence of
psychopathology in bereaved girls than boys. John Bowlby concluded after analyzing data from a 1987 study of women who lost mothers before their eleventh birthday, that a girl without a secure emotional base “may become desperate to find a boyfriend who will care for her and that, combined with her negative self-image, makes her all too likely to settle for some totally unsuitable young man” (Bowlby, 1987 as cited in Edelman, 1994).

Carried Grief

Alan Wolfelt (2007) has identified a concept he calls carried grief, which is unacknowledged or unmourned grief. Grief is natural and mourning is necessary to heal from loss. When individuals are unable or unwilling to integrate the loss, they will project their symptoms onto their bodies, their relationships, and their worldviews. They will carry the pain forward into the future. A person with carried grief has symptoms that suggest the pain of grief has been inhibited, suppressed or denied (Wolfelt, 2007). Some of the symptoms of carried grief include (Wolfelt, 2007):

- Negative outlook on life
- Generalized anxiety
- Addictive behaviors
- Chronic anhedonia (the inability to find pleasure in normally pleasurable activities)
- Low-grade depression
- Difficulty in intimate relationships
- Unconscious despair

Wolfelt (2007) considers carried grief to be epidemic in the U.S. This can be attributed to a number of converging cultural factors including: family-of-origin modeling, fear of painful emotions, self-interest before community interest, bad theology, the psychopharmacology
revolution, contemporary mental health care’s focus on efficiency versus effectiveness, living in a constant state of urgency, and the inability to be in liminal space (Wolfelt, 2007). Grief has a way of catching up with people and is impossible to go around. As Helen Keller once said, “the only way to the other side is through.”

The Mourning Process in Children

The Work of Elizabeth Kübler-Ross

What most people know about grief is from Elizabeth Kübler-Ross’ work with the dying, in which she outlined a classical stage model of grief that includes experiencing shock and denial, anger, depression, acceptance, and restitution (Kübler-Ross, 1969). While Kübler-Ross’ work was very valuable and focused much-needed attention on death and dying, grief and grieving, she did not study people who were grieving, but those who were dying. The novice tends to take her stages too literally. Grief is not a linear process through which a bereaved person must progress. In practice, the stages are simply some of the emotions that people may experience as they grieve. They are descriptive, not prescriptive. Since the time of Kübler-Ross’ seminal work on death and dying, other models of grieving have evolved as the basis for understanding grief and bereavement. Each one is a valid approach to understanding how humans respond to loss, and can guide us as helpers of bereaved children.

Worden’s Four Tasks of Mourning

Rather than describing the process of mourning in stages or phases, William Worden has come up with a tasks model, which he believes to be more clinically useful. Worden distinguishes between grief and mourning. He defines mourning as the “process that occurs after a loss,” and grief as the “personal experience of the loss” (2009, p. 37). According to Worden’s model, in order to adapt to a loss, a person needs to accomplish certain tasks, sometimes called
grief work. These tasks do not have to be completed in order; however, it would be difficult to adjust to a world without the deceased (Task 3) without having accepted the reality of the loss (Task 1).

**Task 1: To accept the reality of the loss.** The first task of mourning is to accept the reality of the loss (Worden, 2009). After a significant loss, there is a tendency for the bereaved person to be in disbelief, to continue searching behavior for the deceased person. In order to adapt to life without the deceased, the bereaved must accept the reality that there is no chance of being reunited with their loved one in this lifetime. When someone denies the reality of a loss, it can look like wishful thinking that it really did not happen, or it can involve delusions in extreme cases of denial (Worden, 2009). Mild denial is not uncommon in the short-term, as it serves to decrease the intensity of the loss. Long-term denial prevents a person from accepting the reality of the death and moving on to adjust to life without the deceased.

This task can be especially difficult for children who do not yet have the cognitive ability to understand the finality of death. They cannot integrate what they do not understand. Piaget suggests that concrete operations, which include the ability to understand concepts like finality and irreversibility, are only beginning to be developed in children at the ages of 7 or 8 (Piaget & Inhelder, 1969 as cited in Worden, 2009). A child may believe that the deceased parent is away on vacation and will return. In order to help children accept the reality of death, they need to be told the truth about the death in age-appropriate language, often repeatedly. It is important to use clear language, not euphemisms or flowery language, because children are very literal. For example, a child who is told that his or her parent went to sleep and will not ever wake up, may become afraid to go to sleep, for fear that he or she may not wake up either. Also, if the truth is kept from a child, for example about a suicide, what he or she imagines may be worse than the
truth. This can be done gently and with compassion and support for the child. It is difficult enough to cope with the loss of a parent, without others interfering with the child’s ability to accept reality. A child cannot cope with what he or she does not know.

A child’s response to hearing the news that a parent has died may not be met with shock or tears, as might be more typical of adults. Children may respond with indifference. Children seem to know that they can only take so much at any one time, and naturally dose themselves, which serves to protect them. They mourn intermittently (Wolfelt, 1996). This means that the child may question adults about the death, resume playing, then return with more questions, act out, and return again to playing. Helping a child with this first very critical task involves balancing the child’s need to accept the reality of the death with the child’s natural inclination to push away from pain (Wolfelt, 1996).

**Task 2: To experience the pain of grief.** The second task of mourning is to process the pain and emotional aspects of the loss (Worden, 2009). Understandably, people often try to avoid the painful emotions associated with mourning a loss. If avoided, the pain of loss may manifest as physical symptoms or simply prolong the mourning process. If a person denies pain that is there, there may be a numbing effect where the person cannot feel much at all about anything. Some people will do anything to avoid feeling; they may consume themselves with work, travel from place to place, or otherwise occupy their time; anything to keep from thinking about the loss or feeling the associated emotions. Pain and other effects like guilt, anger, anxiety, depression, and loneliness need to be acknowledged and felt to be dealt with.

In the case of children, adults may try to protect them from strong emotions. Children need to feel the emotions gradually in ways that do not overwhelm them. They have not developed the same coping capacity as adults. Children age 5 to 7 have a particularly difficult
time with this task, as they have not developed the capacity to negotiate strong emotions; however, they are just beginning to understand the finality of death (Worden, 2009). Children may act out behaviorally when they do not have the ability to otherwise express themselves. Bereaved children are influenced by the adults in their lives, and usually follow the model these adults set for how to cope with the pain of grief. If the surviving parent struggles, either by avoiding the emotions or becoming incapacitated by them, the child is likely to be fearful of emotions and their expression. Bereaved children need permission to mourn.

Bereaved children tend to experience the same feelings as bereaved adults, including sadness, anger, anxiety, and guilt. Worden (2009) suggests that counselors pay particular attention to feelings of ambivalence and responsibility in bereaved children. Sometimes children feel responsible for the parent’s death because of something they did or did not say or do. This can be the case especially for children who are still in the magical thinking phase, typically age 4 to 5 when children believe in magic and that they have the power to cause things to happen (Worden, 2009).

**Task 3: To adjust to a world without the deceased (Worden, 2009).** The world changes for a person after a loved one dies. In order to adapt to a changed environment, there are external, internal and spiritual adjustments a bereaved person needs to make. Not only does the bereaved person lose the physical presence of the deceased, but also the roles this person played. External adjustments may include taking on roles the deceased person performed, moving to a different residence, and managing diminished finances. Internally, a person may have a changing sense of self. His or her identity may shift because of the death; for example, a person may have part of his or her identity tied up with the deceased person. Now who are they without that person? He or she may have a difficult time assuming new roles, and a lower sense
of self-efficacy as a result. Spiritually, a person’s sense of the world may change. His or her fundamental beliefs may be, and often are, affected.

For a child, adjusting to a world without a parent depends on the roles that parent played. Does the surviving parent take on those roles, or does the child or someone else assume them? For most children, the loss of a mother results in more changes in daily life than the loss of a father, because of the roles a mother typically plays (Worden, 2009). This creates a major disruption in life that can significantly affect the child.

For bereaved children, adjusting to a world without the deceased parent is an ongoing process that may be revisited throughout life. For example, a motherless woman who becomes a mother herself may feel the loss intensely years later, as she realizes what she lost, on another level. Now she does not have a mother to ask questions she would not have thought to ask when she was still a child, nor a grandmother to her child. A child’s loss takes on new meaning at every nodal event. Mourning at these transitional events is not necessarily unresolved grief, but further processing of an early loss.

A bereaved child’s sense of self may change. A boy may become a fatherless son whom other children look at differently now. A child may become extremely independent or self-sufficient for fear that the other parent could die and that he or she cannot depend on anyone. A bereaved child’s sense of the world may change drastically. He or she may believe the world is a dangerous place where the worst can happen; after all, it already has. This child may live life always wondering when the next disaster is about to occur, never enjoying what he or she has for fear that it will not last. Or the bereaved child could become extremely driven, determined to make the most of every moment, because he or she has a heightened sense of mortality. Other
bereaved children may become more compassionate, as a result of experiencing personal suffering themselves.

A bereaved child may question religion, just like bereaved adults often do. Finding meaning in a loss is key to positive bereavement outcomes, according to Neimeyer (2001). If a child can find no meaning in his or her parent’s death, he or she may reject religion or struggle spiritually. The child may question “How could there be a god, or why would God allow something so tragic to happen?” On the other hand, a child may find solace in religion or spirituality. A religious institution may take on some of the roles that were lost when the parent died, thereby helping the bereaved child. Religion or spirituality could also provide a means for the child to stay connected to the deceased parent. In her qualitative study of women who were parentally bereaved as adolescents, Cheryl-Anne Cait found themes of struggle and connection with respect to the women’s views on religion and spirituality (2004). While all of the women in the study experienced an ongoing struggle with religion or spirituality, they all found some religious or spiritual way of maintaining a connection to the deceased parent (Cait, 2004). The women used spirituality as a way of making some meaning around their parents’ deaths.

**Task 4: To find an enduring connection with the deceased in the midst of embarking on a new life.** Most bereavement researchers would agree that the goal of mourning is not to “let go” of the deceased person or “get over” grief. Rather, it is to maintain a connection with the deceased in such a way that the bereaved person can go on living effectively in the world (Worden, 1996 and Worden, 2009). Nobody wants to forget a loved one, and it would be damaging to the psyche to do so. Instead, we need to find ways to memorialize or incorporate the deceased loved one into life in new ways. This task can be the most difficult one to accomplish (Worden, 1996). When this is not accomplished, it may look like the bereaved
person has stopped living, lives in the past, or is unable to form new attachments (Worden, 1996).

Bereaved children may need help relocating the deceased parent or maintaining a connection to the parent. Talking about the deceased person, sharing and displaying photos of the deceased, and providing the child with keepsakes (linking objects) that belonged to the person who died, can help the bereaved child with this task and facilitate mourning (Worden, 1996). An adult could also suggest to the child that the deceased parent can still exist in the child’s memories, as love in the child’s heart, or in Heaven if this fits with the family’s belief system.

**Wolfelt’s Six Reconciliation Needs of Mourning**

Alan Wolfelt’s needs model is similar to Worden’s task model. Wolfelt’s model, which he adapted to bereaved children, includes the following six needs of mourning (Wolfelt, 1996):

1. Acknowledge the reality of the death.
2. Move toward the pain of the loss while being nurtured physically, emotionally, and spiritually.
3. Convert the relationship with the person who has died from one of presence to one of memory.
4. Develop a new self-identity based on a life without the person who has died.
5. Relate the experience of the death to a context of meaning.
6. Experience a continued supportive adult presence in future years.

Wolfelt’s sixth need is the only one not accounted for in Worden’s four tasks of mourning. It is an important one. Most bereaved children continue to mourn long after their parent’s death (Wolfelt, 1996). They need the support of an adult to help them mourn and negotiate life’s challenges. Too often, children are abandoned emotionally, soon after a loss, or
their ongoing grief is not tolerated, due to the common attitude that it is better not to talk about grief or that it is best to “get over it” and get on with life. These attitudes inhibit the process of mourning (Wolfelt, 1996). They persist, despite the evidence that grief follows bereaved children and is an ongoing process as they mature and experience important life events.

**Schneider’s Discovery Process**

John Schneider’s model of grieving revolves around discovery using three questions, “What is lost? What is left? What is possible?” (Schneider, 1994). Schneider describes the grief process as cyclical, meaning the bereaved go through the discovery process many times. He considers grief to be composed of themes that occur in the context of his three questions. Themes include coping, awareness, perspective, integration, reformulating, and transformation (Schneider, 1994).

**Meaning Making**

Robert Neimeyer’s work focuses on the importance of finding meaning after a loss. He and his colleagues have written much about meaning reconstruction as key to positive bereavement outcomes. According to this perspective, when one experiences a significant loss, it disrupts the bereaved person’s worldview. In order to reorder one’s sense of the world, bereaved individuals need to make some sense of the loss, find some sort of benefit in the experience, and reorganize their identities as survivors (Gillies & Neimeyer, 2006 as cited in Neimeyer, Baldwin, & Gillies, 2006). In one study, Neimeyer, Baldwin, and Gillies (2006) found that risk factors for heightened distress were moderated by their subjects’ ability to make meaning of their losses. Subjects with better outcomes were able to find more benefits to their losses and made positive identity changes. In addition, Davis, Nolen-Hoeksema, and Larson (1998, as cited in Neimeyer, Baldwin, & Gillies, 2006) found that an unsuccessful struggle to
make sense of the death of a loved one predicted heightened distress, particularly in the early months of bereavement, with benefit-finding playing a larger role as time went on. While the concept of meaning-making is addressed in Worden’s and Wolfelt’s mourning models, Neimeyer stresses it as central to working through grief successfully.

**Identifying High-Risk Children**

Why do some children adjust to life well and others experience mental health problems after the death of a parent? Knowing which factors contribute to the different outcomes is essential for determining the best ways to intervene or help bereaved children. Researchers have found that it is not so much the death event itself, but the series of events following the death that greatly influences children’s adjustment (Saler & Skolnick, 1992; Lin et al., 2004; Kranzler et al., 1989). According to Lin et al. (2004), bereaved children’s mental health problems are related to lower levels of acceptance, warmth, and support from the surviving parent (2004). Coming to a similar conclusion, Saler and Skolnick (1992) and Harris et al. (1986) found post-loss parenting problems to be the most important mediator of depression in bereaved children. A number of studies identified age as a risk factor, concluding that bereavement before age 8 increases risk for later psychopathology (Barry & Lindemann, 1960; Greer, 1964; Haworth, 1964; Jacobson & Ryder, 1969; Lifshitz, 1976; as cited in Kranzler et al., 1989). Christ et al. (2005) found that the death of a mother was a greater risk factor than the loss of a father, especially for adolescent girls. Among bereaved children in a study by Stoppelbein and Greening (2000), girls, younger children, and children living with a surviving parent with PTSD symptoms, reported more psychological symptoms. Evidence shows that inhibiting children’s expression of painful emotions correlates with mental health problems as well (Ayers et al., 2000 and Pennebaker, Rime, & Zeck, 2001 as cited in Lin et al., 2004). In addition to a struggling parent being a risk
factor, Cerel et al. (2006) found the presence of other stressful life events in the family and lower socioeconomic status to also be risk factors for bereaved children.

**Resilience**

While we know that the loss of a parent during childhood is a stressful life event that can have lasting negative impact, it can also have some positive effects. Greater appreciation for life, more compassion for others, and emotional strength are just a few of the possible positive outcomes of early loss. Researchers have identified a number of factors that promote resilience and post-traumatic growth in bereaved children. Lin et al. (2004) found that the following variables differentiated resilient children from those with clinically significant mental health problems: higher levels of caregiver warmth and discipline, lower levels of caregiver mental health problems, bereaved children’s perceptions of less threat in response to negative events, and greater personal efficacy in coping with stress. In their 2008 study, Wolchik et al. found that an active coping style, support from the surviving parent, and internalizing problems were predictors of post-traumatic growth in bereaved children. Their study found that time since death did not impact resilience (Wolchik et al., 2008). This highlights the concept that it is a combination of internal and interpersonal resources, rather than the mere passage of time, that accounts for positive outcomes. In contrast to the common expression, time does not heal all wounds. Time *well spent* can soften grief, but it takes more than the passage of time to heal and return to living fully.

Other resiliency studies specific to bereaved children found these common behaviors in resilient children:
- Children who maintain psychological connections with their deceased parent are more likely to make better long-term adjustments than those who do not (Black, 1984 as cited in Schuurman, 2003). This is consistent with other studies’ findings.

- Adolescents who are able to successfully maintain a changing mental relationship with their deceased parent are more likely to be resilient (Pynoos, 1992 as cited in Schuurman, 2003). The key to this behavior is the changing nature of the relationship. Bereaved children often idealize their deceased parent. As they mature, new understandings of their parent may emerge, allowing a more realistic picture of the parent, thus changing their mental relationship.

- Healthy grieving involves a balanced interplay of avoidance and reminiscence (Horowitz et al., 1984 as cited in Schuurman, 2003). Some children are naturals at grieving intermittently, and this proves to be healthy. Reminiscence is important, but too much can be overwhelming. Likewise, some avoidance is healthy, for it provides relief from the work of grief, but too much avoidance inhibits grieving. Healthy mourning includes some of both.

From their work on the Harvard Child Bereavement Study, Worden and Silverman (2009) were able to identify a number of needs that bereaved children have:

- Bereaved children need to know that they will be cared for.

- Bereaved children need to know that they did not cause the death out of anger or shortcomings.

- Bereaved children need clear information about the death—its causes and circumstances.

- Children need to feel important and involved.
• Bereaved children need continued routine activity.

• Bereaved children need someone to listen to their questions.

• Bereaved children need ways to remember the dead person.

This list of needs is consistent with the findings of the resilience and post-traumatic growth studies, as well as Worden’s Tasks of Mourning and Wolfelt’s Mourning Needs models. It makes sense that bereaved children whose needs are met are more likely to be resilient and more likely to possibly even experience some positive effects from their experience of early loss.

**Interventions/Treatments**

Since quality of the child-caregiver relationship and post-loss negative events have been identified as highly significant to bereaved children’s outcomes, it makes sense that these would be areas of focus for interventions. Typically, interventions include education about the grief process to both bereaved children and their parents. If counselors are to foster the surviving parent’s ability to parent effectively, then the parent’s own stress must be addressed, for it must be an extremely difficult task to parent effectively when one is grieving the death of a partner. At the same time when parents may be least equipped to parent effectively, children are most in need of their support. Therefore, most intervention programs also include a focus on decreasing parental stress. Adults need to know the importance of positive parenting and be supported and helped, so that they have the ability to do so.

**The Family Bereavement Program**

The Family Bereavement Program (FBP) is one such intervention that has been implemented and studied. The FBP was designed to change variables that influence bereaved children’s mental health (Sandler et al., 2003). These variables include: facilitating a positive parent-child relationship, decreasing parental distress, reducing children’s exposure to negative
life events, encouraging effective discipline, improving children’s self-esteem, increasing adaptive beliefs about why negative events occur, improving children’s coping skills, decreasing negative thoughts about stressors, increasing children’s perception that they were understood by their caregivers, and encouraging the children’s expression of emotion (Sandler et al., 2003 and Haine et al., 2008). Results showed that the FBP led to improved parenting, coping, and caregiver mental health, and to reductions in stressful events (Sandler et al., 2003). As a result of the FBP study, researchers recommend interventions focus on positive parenting, creating a safe environment for bereaved children to mourn, and skill building (Haine et al., 2008).

Positive Parenting

Positive parenting has been widely identified as a protective factor against negative outcomes in bereaved children (Haine et al., 2006). Positive parenting consists of two crucial elements: caregiver warmth and consistent discipline (Haine et al., 2006). The Haine et al. (2006) study found that positive parenting did indeed have a positive effect on children’s mental health. They explained that positive parenting likely creates an environment where the children’s needs are met, making it possible for them to successfully negotiate developmental tasks. Positive parenting may also foster competencies like good social skills and problem solving strategies, plus it may support individual resource development like an active coping style (Haine et al., 2006).

Child-Centered Parenting

Saldinger, Porterfield, and Cain (2004) provide another view of positive parenting, which they call child-centered parenting. According to these researchers, child-centered parenting is comprised of nine bereavement-specific parenting tasks: facilitating a child’s relationship to the dead parent, communicating information about the illness and death, communicating about
feelings, maintaining a stable environment, obtaining additional support for the child, awareness and responsiveness to the child’s loss-related needs, managing a child’s exposure to the dying or deceased parent, participation in the funeral services, and meaning-making with the child. Their results indicate that the more child-centered the parenting, the less symptomatic the child (Saldinger, Porterfield, & Cain, 2004).

**Facilitating continued attachment to the deceased parent.** Contrary to earlier beliefs, it is now widely believed by bereavement scholars that successful mourning is characterized by a continued internal relationship with the deceased (Silverman & Klass, 1996; Stroebe et al., 1992; Valiant, 1985 as cited in Saldinger et al., 2004). This internal memory or image of the deceased parent provides comfort and helps to form identity in children. Children need permission and help to do this. A child-centered parent can facilitate this ongoing relationship of memory by reminiscing with the child; sharing memories; giving the child a linking object; creating rituals to memorialize the deceased, such as lighting a candle on the dead parent’s birthday; maintaining contact with the deceased parent’s family; and continuing to tell stories over time (Saldinger et al., 2004). The stories should be factual and not demeaning, though not necessarily idealizing. A child-centered conversation could be as simple as a mother telling her son how much he reminds her of his dad when he laughs.

While it is healthy to have an ongoing relationship of memory with the deceased parent, too much emphasis on the deceased can be painful. Some distance is necessary in order to promote normal development. The child would eventually distance him or herself from the parent if he or she was still living, as a way of differentiating, and should do the same with the deceased parent. This promotes healthy growth in the child. It is possible to maintain a relationship with the deceased without overdoing it.
Communicating information about illness and death. Bereavement-specific child-centered parenting involves providing children with age-appropriate information about their parent’s death. Unfortunately, many parents do not share this information with their children. Children need to have this information in order to deal with it. It should be communicated thoughtfully. Also, it is important for parents to let their children know that they support further questions and discussion about the death and the deceased parent.

Communicating about feelings. Communicating openly about feelings is beneficial to families (Saldinger, Porterfield, & Cain, 2004). Children need to know that emotional expression is tolerated; even better, encouraged, especially since children naturally tend to avoid intense emotions. Parents may need to model this behavior, at a time when this may be most difficult. The parent may not get the reaction they expect, or it may be that the parent’s coping strategy is to not show any feelings at all. Excessive emotional expression, however, can be detrimental to children as well, because it is so distressing (Saldinger, Porterfield, & Cain, 2004). Bereaved children need to know that it is acceptable to express their feelings, while at the same time trusting that their surviving parent is able to take care of them.

Maintaining a stable environment. In the midst of the chaos that can follow death, bereaved children need a sense of stability, especially after such a life-changing event. Multiple studies link this need with positive outcomes in bereaved children (Bowlby, 1980; Elizur & Kaffman, 1983; Glick, Weiss & Parkes, 1974; Hilgard, Newman, & Fisk, 1960; Siegel, Mesagno & Christ, 1990 as cited in Saldinger, Porterfield, & Cain, 2004). Parentally bereaved children often experience a multitude of changes after a parent’s death. These can include a change in the stability of the surviving parent, a move to a new home, or a change in childcare. For children who crave routine, this cascade of changes can be overwhelming. While some of these changes
are unavoidable, parents should make as little change as possible while attempting to reduce its impact by reassuring their children of the family’s stability. Meanwhile, parents can reduce children’s exposure to negative events like adults arguing or concerning the child with financial problems.

**Obtaining additional support for the child.** Surviving parents may be so compromised by their partner’s loss that they are unable to provide for their children’s emotional needs. Outside support can help and has been found to improve adaptation to loss (Eckenrode, 1991; McKenry & Price, 1994; Moos, 1986 as cited in Saldinger, Porterfield, & Cain, 2004). This support can take the form of individual or family therapy or grief groups, or could come from family members, teachers, clergy, or other helpers. Child-centered parenting involves being aware of parents’ abilities and their children’s needs, and if indicated, obtaining support for their children (Saldinger, Porterfield, & Cain, 2004).

**Awareness and responsiveness to the child’s loss-related needs.** Bereaved children may not be able to articulate their needs, so their parents may have to look for behavioral clues to determine what those needs are. Child-centered parenting involves being aware and responsive to their children’s unique needs, which may vary dramatically over time. It also means understanding that their children’s grief journey may be a lifelong process.

**Managing a child’s exposure to the dying or deceased parent.** Whether children should see their deceased parent is dependent on the individual children and circumstances. Surviving parents will have to consider their children’s ability and desire to do so, which can be a major challenge. Benefits of seeing the body include facilitating the child’s ability to accept the reality of the death and saying good-bye to the parent. There is the risk, however, of creating a traumatic memory for the child. If the parent decides to allow the child to view or touch the
body, it is beneficial to inform the child about what he or she might expect, in age-appropriate language. An informed child can help the parent make this difficult decision.

**Participation in the funeral services.** According to Bowen, Chasin and Worden, the funeral and burial rituals serve to mark the end of a life, facilitate acceptance of death, and draw a support network around the grieving family (as cited in Saldinger, Porterfield, & Cain, 2004). Bereaved children can benefit from these death and burial rituals, just as adults do. Multiple studies confirm this benefit. In fact, studies have shown that attendance at a parent’s funeral better serves the bereaved child than non-attendance (Bowen, 1976; Silverman & Worden, 1992b; Weller et al., 1988 as cited in Saldinger, Porterfield, & Cain, 2004). Child-centered parents keep their children’s needs in mind when planning the funeral and are available to their children during the funeral services.

**Meaning-making with the child.** Both adults and children have a need to understand loss, to derive some meaning from it. The death of a parent may challenge a child’s assumptions about their sense of self, family, and the world (Saldinger, Porterfield, & Cain, 2004). Parents can facilitate this process of making meaning out of death for their children, at their children’s developmental level. Religion often provides a source of meaning for death. Another way to make meaning is to focus on positive changes that arose because of the death, such as an increase in compassion for others. Child-centered parents recognize their children’s need to make death meaningful and participate in the process with them.

**Effectiveness of Interventions/Evidence-Based Practices**

Counselors and therapists have found a number of ways to help bereaved children adapt to losses. An abundance of research exists on what bereaved children need and suggestions for how to meet those needs. Attempts to do so have been created and documented. But are any of
these interventions effective? Far less research exists on the efficacy of these interventions. The limited research that has been conducted has found support for certain interventions. For example, the Family Bereavement Program (FBP) was found to be effective at reducing risk factors by improving parenting, coping and caregiver mental health, as well as reducing stressful events in the lives of the bereaved children (Sandler et al., 2003). The FBP also led to reduced internalizing and externalizing problems, but only for girls and those who had higher problem scores at baseline (Sandler et al., 2003). The FBP involved psycho-education and behavior change through modeling and role-playing to teach skills, in both group sessions and individual family meetings (Sandler et al., 2003).

Another intervention that was found to be effective was a pilot study on treating childhood traumatic grief (CTG) conducted by Cohen, Mannarino, and Knudsen (2004). CTG is defined as a condition in which bereaved children, who lost loved ones under traumatic conditions, develop trauma symptoms that impede their ability to mourn (Cohen et al., 2002; Layne et al., 2001a; Nader, 1997 as cited in Cohen, Mannarino & Knudsen, 2004). Children who lose loved ones under non-traumatic conditions do not normally develop PTSD symptoms. For those who do lose loved ones traumatically and experience CTG, it is necessary to first deal with the trauma symptoms in order for the child to resume grieving. The treatment included eight trauma-focused sessions for both the parents and the children individually, followed by eight grief-focused sessions for each, then two joint parent-child sessions. Results of the pilot study indicated that children and parents improved significantly (Cohen, Mannarino, & Knudsen, 2004). The results suggest a benefit of individual treatment for bereaved children who have childhood traumatic grief and for including parents in the treatment process.
Another preventive intervention involved a parent-guidance model with a psycho-educational approach. This experimental study began pre-death while a parent was dying from a terminal illness. The parent-guidance approach was effective for all but the most distressed children. The authors, Christ et al. (2005), concluded that highly distressed children require more intensive services than parent guidance alone can offer.

Studies have consistently shown that grief interventions are more effective for bereaved children who are symptomatic than they are for children exhibiting no symptoms (Currier et al., 2007 as cited in Rosner, Kruse, & Hagle, 2010). It may be that non-symptomatic children are able to grieve naturally, because more of their needs are met, without the assistance of outside support. For those children who are symptomatic, grief interventions have been effective at facilitating healthy mourning. Rosner, Kruse, and Hagle (2010) conducted a meta-analysis of interventions for bereaved children and found evidence for the efficacy of music therapy and grief-focused school-based brief psychotherapy. Other forms of intervention were also successful, but they were too diverse or described too vaguely to be evaluated in the meta-analysis. While preventive interventions were found to be successful, they found that psychotherapy had a greater impact (Rosner, Kruse, & Hagle, 2010). Results of their study indicate that treatment is not only effective, but that effects persist over time (Rosner, Kruse, & Hagle, 2010). This meta-analysis provides positive evidence for the effectiveness of bereavement interventions, but more research is warranted to further identify best practices for helping bereaved children.

**Parentally Bereaved Children through the Lens of Adlerian Psychology**

Very little has been written about grief or loss from an Adlerian perspective. Adlerian concepts, however, can provide a useful lens with which to view and understand the grief of
parentally bereaved children. This section will examine childhood grief through key Adlerian concepts.

**Lifestyle**

Adlerians believe that each person creates a unique style of life at an early age that persists into adulthood (Oberst & Stewart, 2003). The lifestyle is similar to personality, but it encompasses more, including a person’s core beliefs and assumptions about one’s self, others, and the world. The lifestyle is consistent and influences everything a person does. From the Adlerian perspective, a person will respond to a loss in a manner based on his or her lifestyle. Just as all lifestyles are different, so will an individual’s response to loss be unique. Everyone grieves differently.

Major life events can affect the lifestyle of anyone, young or old. For very young children whose lifestyles are still developing, a death may have an even more significant impact. For an adult, the assumptions that comprise lifestyle may be confirmed or challenged by the death (Hartshorne, 2003). In a child, the death of a parent will likely result in the creation of assumptions about him or herself, others, the world, and life in general. For example, a child who believed that he or she would always be taken care of may now believe that he or she cannot count on anyone.

**Private Logic**

Humans have reasons for behaving the way they do. Sometimes these reasons are hidden or unconscious, even to the individual. Adlerians call these hidden or unconscious reasons a person’s private logic. Private logic is the opposite of common sense, in that it is often based on faulty assumptions and usually quite different from the way most people interpret reality (Oberst & Stewart, 2003). Private logic becomes embedded in a person’s lifestyle. It is understandable
that a parentally bereaved child’s private logic might evolve to include the belief that “people whom I love leave me.” Bereaved children may often develop faulty assumptions and private logic based on their experiences of parental loss. Helping bereaved children might include helping them to discover and dispel their private logic. The concept of private logic helps to explain why some children go on to have low self-esteem or an external locus of control after a parent’s death, because both can result from faulty thinking. According to Dreikurs (1990), children are good observers, but poor interpreters, so an adult’s guidance and understanding after a loss are extremely important.

**Subjective Perception**

Adlerians believe that in determining lifestyle, an individual’s perception or subjective view of reality is more important than his or her actual experience (Ansbacher & Ansbacher, 1956). Therefore, two children (even identical twins) will experience the same event, such as a parent’s death, differently. This is a phenomenological orientation (Corey, 2008). This concept helps to explain, in part, why some bereaved children are more resilient than others. This orientation also informs therapists and caregivers who wish to help bereaved children. The child’s behavior can best be understood by trying to see the death through the child’s eyes, to discover the child’s unique perception of the death and his or her experiences. It is what the child makes of those experiences, rather than the experiences themselves that are most important.

**Social Embeddedness**

Adlerians believe that all humans are social beings who have a need to belong (Oberst & Stewart). Therefore, Adlerians consider the individual in his or her social context or in relation to others. Bereaved children cannot be helped without considering them in the context of their family and cultural environments. Grief and loss are all about relationships, and healing from
loss will involve community. Alan Wolfelt distinguishes grief from mourning by defining grief as the reactions to a loss, and mourning as the shared expression of grief (Wolfelt, 2006). He considers the public expression of grief (mourning) to be an essential component to healing from a loss. Therefore, a bereaved child needs supportive companions with whom to share his or her grief. This is one of the reasons why it is so important for parents and adult caregivers to talk about the loss with the bereaved child or provide access to counseling or outside support. Many grief support groups exist to fulfill this need. Wolfelt’s emphasis on the communal nature of mourning is congruent with the Adlerian belief in the importance of community.

**Holism**

Adlerians believe that humans cannot be understood in parts, but all aspects of the person must be understood in relationship (Corey, 2008). Humans are holistic beings with interconnected components making up a whole person, so they can only be understood in the context of the environment and all that gives their lives meaning. Therefore, the death of a parent will affect a child on many levels including cognitively, physically, emotionally, and spiritually.

**Family Atmosphere and Family Constellation**

A child’s role in the family is one of the biggest influences in determining his or her personality. The family is the first social environment, so it is within the family that the person learns how to relate to the world (Oberst & Stewart, 2003). A person’s birth order influences how he or she relates to others, even into adulthood. The psychological birth order is more important than ordinal position, because it is the person’s interpretation of his or her role in the family that shapes him or her (Oberst & Stewart, 2003).
The family atmosphere and constellation inevitably change after a parent dies. Because the family atmosphere has been identified as having such a big influence on a child’s developing personality, it follows that helping to foster a positive family environment and supporting the remaining parent after a death would be important focus areas for grief interventions.

**Tasks of Life**

Worden’s and Wolfelt’s tasks and needs models of mourning fit well with the Adlerian concept of the tasks of life. Alfred Adler posited that all problems in life stem from not meeting the tasks of life, which include work, love, and friendship (Oberst & Stewart, 2003). Dreikurs and Mosak later added the tasks of spirituality, and self to this list (Oberst & Stewart, 2003). When a child’s parent dies, the surviving parent will likely struggle with meeting the task of love, and possibly the work, friendship, spirituality and self tasks as well. If any one of these tasks is not fulfilled, it may result in problems for the parent, which will influence the bereaved child, who may also be struggling with the life tasks. In addition to the life tasks, there are tasks of mourning to be fulfilled. Similarly, if any of the tasks of mourning are not met, the survivor will likely struggle with his or her grief and possibly experience a poor outcome. Again, it is clear that the surviving parent’s ability to cope after the loss has a huge impact on the child’s ability to grieve successfully. According to Oberst and Stewart (2003), the purpose of Adlerian therapy is to increase the client’s ability to successfully engage in the tasks of life. Likewise, a grief counselor’s purpose could be said to be to foster the bereaved child’s ability to complete the tasks of mourning.

**Safeguarding**

Adlerians believe that psychological problems are excuses for not doing something (Oberst & Stewart, 2003). A symptom is a defense mechanism that serves to safeguard the
person from inferiority feelings (Oberst & Stewart, 2003). Distancing, aggression, and depreciation are some forms of safeguarding. The concept of safeguarding is helpful in understanding some of the consequences of early loss for bereaved children. A bereaved child might become aggressive as a way to keep others from becoming too close. This serves to protect the child from the pain of further loss, which he or she might fear. Somatic complaints may serve to unconsciously protect the child by forcing the child to take time for grieving, and acting out behaviors may serve to bring needed attention to the child. Regressive behaviors, while they may be unconscious, can serve to comfort the child by taking the child back to an earlier time when he or she felt safe.

**Implications for Therapists, Counselors, and Caregivers**

Those who care about bereaved children would benefit from learning as much as possible about bereaved children and the latest grief theories. In order to help the bereaved, it is important to first dispel the misconceptions around grief, of which there are many. Therapists and helpers should learn about the various influences on a child’s grief, the impact of early loss, and the needs of these young mourners. Anyone who works with bereaved children should be aware of the risk factors for poor outcomes and be able to identify those who are at high risk. Helpers should know about effective interventions, and because there is so little research about what the most effective treatment methods are, keep abreast of the latest research. They should know that the current research identifies post-loss care-giving and post-loss negative events as areas of focus for interventions. Surviving parents should be supported and helped to effectively parent their bereaved children.
Conclusion

This paper described the impact of early parental loss on children, outlined the needs of bereaved children, and identified factors that contribute to healing. The reasons why some parentally bereaved children struggle after a parent’s loss and others recover sooner were explored. The most critical areas of focus for interventions with bereaved children were identified as the quality of post-loss child care and the child’s exposure to negative events after the loss. Mental health problems in children following a parental death are not so much a consequence of bereavement as they are a consequence of what happens in the family afterwards. Effective interventions were discussed. Bereavement was also examined from the perspective of Adlerian Psychology.
Appendix: Parentally Bereaved Children – Author’s Personal Experience

My mom died in a car accident when I was 4 years old. My dad was driving as they were returning home in a storm one summer evening, when they ran off the road into the side of a bridge. My mom had been a stay-at-home mom with my 3-year-old brother Marvin and me, and according to an aunt, we meant the world to her. Needless to say, our lives were forever changed that tragic night.

I don’t remember much about my mom or the time surrounding her death. I was too young. Like many parentally bereaved children, the cascade of changes following the loss added considerable stress to my young life. My mom died in June, and sometime that summer, my dad got rid of everything of my mother’s and we moved to an isolated farmhouse in the country, away from our friends and everything we knew. A few months later, we had a new mom who was pregnant with the first of many half-siblings. She had been my dad’s secretary and our babysitter. Nine months after my mom died, my brother Marvin was diagnosed with leukemia. He died three years after my mom, along with my maternal grandfather. It was one major change after another during those years. And, like many bereaved children, I experienced many effects as a result of this cascade of events set off by my mom’s death. I include my personal story here to illustrate how my experience coincides with the research on parentally bereaved children.

Author’s Experience of the Six Reconciliation Needs of Mourning (Wolfelt, 1996)

Need 1. Acknowledge the reality of the death. I do not remember who told me or how I was told about my mom’s death. I know very little about the circumstances of her death, so I assume I was not told much at the time, especially since I have asked for details at later ages and did not get any answers. I do remember sitting on our dad’s lap with my brother in the front row
at the funeral home, looking at my mom laid out in the casket before us. My dad was crying and we were trying to console him, when I asked Dad if I could touch my mom. He carried us up to the casket and let my brother and me touch her cheek. At age 4, I was trying to comprehend the concept of death, and because she did not respond to my touch, I could begin to accept the reality of her death. This is one of my only memories of that time.

**Need 2. Move toward the pain of the loss while being nurtured physically, emotionally, and spiritually.** To my recollection, my mother was not talked about again, and I was not provided with photos or linking objects. Because we were discouraged from expressing difficult or so-called negative emotions when I was older, I can only assume that I was not encouraged to express my feelings after my mom’s death. I remember my dad telling me to “forget about the past and only look forward.” As most bereaved children do, I tried to follow his example. This need was not met for me as a young child, and as a result, I think I revisited this task many times, naturally attempting to negotiate the pain, though privately.

**Need 3. Convert the relationship with the person who has died from one of presence to one of memory.** This was a very difficult, if not impossible, task for me to accomplish. Because I was so young when my mom died, I have very few memories of her, and the ones I had probably faded in time, because I had no one with whom to share them. Nobody talked about my mom or shared any of her things with me, so I did not have a very good sense of who she was. I struggled with this task, only accomplishing it when I was an adult and could visit my maternal grandmother who shared some stories and photos with me. As an adult, I also sought out psychic mediums to help me connect with my mom and have a relationship with her from beyond. These experiences also helped me begin to explore and eventually embrace spirituality. I rejected religion until my experiences with psychics sent me on a spiritual path. I struggled
with spirituality, just like many of the women in the study by Cait (2004). Like them, I found spirituality to be a way to maintain a connection with my mom.

**Need 4. Develop a new self-identity based on a life without the person who died.** I identified myself as a motherless daughter for many years. I felt like it defined me and explained any of my behavior. Because I did not have a mom and felt rejected by my stepmother, I felt different from other kids, like I never quite belonged. Even in my new family, I felt like an outsider who was only valued for the work I could do. I tried to be perfect and worked hard to be loved and accepted, but I never felt like I succeeded, so I had very low self-esteem. I became very independent and self-reliant. This, along with the hard-working responsible daughter, was part of my new identity. It took many years of personal development to increase my sense of self worth. I no longer define myself as a motherless daughter above all else. My mom’s death is just one of many experiences that make up the person I am today.

**Need 5. Relate the experience of the death to a context of meaning.** I could find no meaning in my mother’s death, and because I rejected religion and was angry with God, I did not accomplish this task as a child. It was only as an adult that I found spirituality, which led to my belief that this life is only temporary, and that I will be reunited with my mom and brother again someday. I have come to believe that we choose our major life challenges before entering this life, in order to evolve as spiritual beings, and that my major life challenge was to experience early losses. I also have a renewed sense of purpose in life: advocating for bereaved children and helping those who are grieving or struggling in other ways emotionally. While it took me many years, I believe it is through the accomplishment of this task, that I have been able to find peace and joy in life.
Need 6. Experience a continued supportive adult presence in future years. My dad was the continuous presence in my life. While he provided me with the basic necessities, he was not supportive emotionally or spiritually, and he modeled avoidance of the painful emotions associated with grief. Unfortunately, I received society’s message to “get over it.” Mourning was indeed an ongoing process for me, as posited by Alan Wolfelt (1996) that it is for bereaved children. I experienced grief bursts at unexpected times throughout my life, as well as at transitional events like my graduation, getting married, and having a child.

Effects

Because so few of my mourning needs were met, I experienced many negative outcomes of bereavement. Initially, both my brother and I experienced the regressive behavior of enuresis. We both began wetting the bed, and I remember being embarrassed by it, but unable to control it. It wasn’t until I was a teenager that I realized this might have had something to do with our experiences of loss. I experienced somatic symptoms as well. I was told that I often had headaches and stomachaches during the months after my mom died. Like other bereaved children, I acted out, except I did this later when I was a teenager. I became a teenage runaway.

Because of my circumstances, I was at high risk for a poor outcome, especially depression, after my mom’s death. Some of the risk factors identified in the research that I had include: I was a girl, I had lost my mother, I was younger than age 8 when she died, I experienced a multitude of changes post-loss, and I had unsupportive parenting post-loss. My experiences of loss had an effect on my developing lifestyle, and as a result, I developed an avoidant coping style, low self-esteem, and a high sense of perceived vulnerability to future losses. It is not surprising, then, that I struggled and experienced negative outcomes as a bereaved child.
I became very depressed as a teenager, and while it went undiagnosed and untreated, in hindsight, I am sure that I was clinically depressed. Then again as an adult, I became clinically depressed. As the mother of a 4-year-old daughter, I realized on another level what I had lost. It was through counseling that I realized that I had been living my life numb since my childhood. I was so afraid of experiencing negative emotions, that I did not and could not feel the positive emotions either. It was like I had shut them off. I had carried my grief forward into my life, dulling my experience of it. My experiences exemplify Alan Wolfelt’s (2007) concept of carried grief.

Since working through my adult depression, I have discovered that life can be joyful for me, something I thought was only for others to experience. I remember having short-lived times of happiness, all the while wondering what was going to come along next and “pull the rug out from under me.” I perceived myself to be more vulnerable to negative events, one of the risk factors for adult depression (Alloy & Ahrens, 1987, as cited in Mireault & Bond, 1992); after all, I had already experienced a number of tragedies. I figured it was only a matter of time until the next one. Fortunately, I no longer live this way. I am able to enjoy the present moment now and be content with what I have, to live fully—something I was unable to do as a child and young adult.

Another effect of the early loss of my mother is a fear of abandonment that I am gradually getting over. I tried to be perfect as a child for fear that I, too, could be replaced or abandoned. I am making progress on this one. I recognize perfectionism as a liability, rather than an asset. I now have the courage to be imperfect, a concept that resonates with me from Alfred Adler. The fear of abandonment, while diminishing, must still be present, for while I
have always trusted my husband, I occasionally have nightmares about him leaving me. I believe this is a remnant from my early losses.

I have experienced some positive outcomes from my early losses as well. I think I have a greater appreciation for life and my loved ones. I have a sense that time is limited, so I believe I should spend it wisely and enjoy what time I do have. Because of this outlook, I am open to life and its experiences, viewing life as an adventure. Also, because I know that death is a part of life, I do not fear death like so many people in our culture do. I also have much compassion for other people and their struggles due to my experiences of loss. Because I have survived tragedy, I have a sense of hope that others can find joy after tragedy as well. I have been told that I instill a sense of calm and hope in others. This is congruent with the Adlerian concept of encouragement. Because I have hope, I think I can be an effective encourager of others. It gives me great pleasure to companion others during their times of struggle. I thoroughly enjoy life now, and I don’t know if that would be the case had I not had the experiences I did.

No doubt, my mom’s death influenced my developing lifestyle. And conversely, my lifestyle affected how I coped with her death. As a result of her death and the changes immediately following, I incorporated perfectionism, a fear of abandonment, and a belief in the inevitability of future tragedies, into my style of life. I also became fiercely independent, believing I needed to take care of myself and never depend on others. Out of that and the belief that our lives can be cut short at any time, I developed a strong drive to accomplish what I could during this lifetime. I struggled, but I also found strength in the face of adversity.

**Conclusion**

I know my dad did his best to parent me. He was misguided and did not have access to the research or resources that are now available to bereaved families. I sincerely hope that the
latest research and grief interventions can help support and educate surviving parents so that bereaved children may get the support they need to have better outcomes and go on to live rich, fulfilling lives sooner.
References


