The death of a loved one initiates a grieving process—even in children. Sometimes, however, the child is too traumatized to grieve and suffers from childhood traumatic grief (CTG). Children with CTG often display characteristics of post-traumatic stress disorder. They are plagued by nightmares and traumatic reminders of the circumstances of the death. This article reviews the research on CTG, explores the myths and realities of a child’s grieving process, and offers ideas to help parents and educators work effectively with children suffering from CTG.

**Bereavement, grief, and mourning**

It seems that each day, a new tragedy unfolds. Television, the radio, and the Internet, are fraught with stories of loss and fear. As much as we would like to keep it from them, children experience loss, and tragic events rearrange their lives. Children bring these hurts into their classrooms, and we find ourselves having to work with and support children through their grieving.

But what happens when a child is unable to process the grief? How can we, as teachers, walk a child through childhood traumatic grief brought on by the death of someone close to them?

When someone experiences the death of a loved one, the aftermath is characterized by grief and mourning. **Grief** is the sorrow that one experiences at the death of a loved one, while **mourning** includes how an individual expresses that grief—a long and difficult process, generally marked with feelings of sadness and anger (Cohen et al. 2002). **Bereavement** is the way a person grieves in a social context. Although bereavement and grief are often used interchangeably, the two describe different behaviors. Bereavement is the expression of grief following the death of someone close to you. Grief includes the emotional pain associated with bereavement (Mannarino and Cohen 2011). Most individuals, including children, go through an uncomplicated bereavement, which means they follow a typical process of grief and mourning.

There are limitations to the current research on child grief. Much of the research on a child’s mourning and grief is conducted with the mother and her child, regardless of gender. This is because children are twice as likely to have a father die and because...
surviving fathers are less willing to participate in studies. Thus, the research hasn’t yet determined whether the death of the father or mother has a greater impact on children (Dowdney 2000). Another limitation of the research reflects the belief that all grief is due to the actual death of a loved one and not extenuating circumstances, such as the surviving parent’s reactions, moving, or loss of family income, brought on by the death (Kaplow et al. 2012).

Children’s grief is expressed in many ways. Boys tend to show more aggression and defiance, while girls exhibit more anxiety and depression (Brown, Pearlman, and Goodman 2004). Younger children feel separation anxiety, irritability, and phobias. Typical grief in children is also affected by religious and cultural beliefs framed by how each individual family and child expresses emotions (Cohen and Mannarino 2004). Many children show resilience and develop little or no symptoms of post-traumatic stress disorder (PTSD). Others develop some PTSD symptoms, which will come and go for several weeks. A child with childhood traumatic grief will have significant PTSD symptoms (Cohen and Mannarino 2004) that occur when a child is too traumatized to move through the grieving process.

**Childhood traumatic grief**

Childhood traumatic grief occurs when a child is overwhelmed by loss and is unable to enter and complete the grieving process (Brown et al. 2004). “In essence, children with CTG cannot get their minds off of the traumatic and threatening circumstances of the death and thus the loss itself cannot be fully experienced and the pain of the grief cannot recede” (Cohen and Mannarino 2011).

Little has been written on the topic of CTG. Early literature reported that CTG occurs only when children have lost a parent in a traumatic event, such as war, suicide, or a violent event. However, new research suggests that traumatic grief can also occur in children who experience the death of any significant person (including siblings or grandparents) by accident, illness, or natural causes (Cohen et al. 2002). The child has difficulty not just with the absence of the person, but is also plagued, through traumatic reminders and nightmares, with fear about the manner of death. The child develops symptoms of PTSD, including re-experiencing, avoidance, and hyperarousal, which interfere with the child’s ability to grieve.

According to Cohen and Mannarino (2011), in re-experiencing, the child has terrifying or fear-provoking memories. These may be manifested through nightmares or daydreams of the death and can interfere with the child’s pleasant memories of the loved one. In avoidance, the child seeks to avoid any memories of the deceased because even happy thoughts have the potential to turn into traumatic thoughts. The child may not want to hear stories about the deceased, shy away from participating in celebratory activities, and may become angry over another person’s happiness. In hyperarousal, the child may have difficulty sleeping and can become jumpy due to an increased startle response.

In addition to these trauma symptoms, some children refuse to identify commonalities they have with the deceased, for fear that similarities mean the child will die tragically as well (Mannarino and Cohen 2011). “In traumatic grief, the child is unable to complete the tasks of uncomplicated bereavement . . . due to the presence and intrusion of trauma symptoms” (Cohen et al. 2002).

Many articles have noted that an unexpected and traumatic death will make the child more likely to experience CTG. Other authors have stated that the death of a parent is such a traumatic experience that the child will be equally likely to have CTG whether the death is unexpected or not. In a 2009 conclusive study, McClathcy, Vonk, and Palardy found that the CTG and PTSD symptoms did not differ between children who faced an unexpected versus expected death of a loved one. The authors encouraged counselors to realize that PTSD and CTG symptoms may appear in many children who have lost a parent.

**Assessing childhood traumatic grief**

The majority of children will not develop CTG after the death of a loved one (Cohen and Mannarino 2011). But a child who is developing PTSD symptoms is not grieving typically. If a child with CTG does not receive appropriate therapy, there may be long-lasting effects (Cohen et al. 2002). When assessing a child for traumatic grief, take several factors into consideration:

- the individual child (temperament, past experiences or traumas, and developmental stage),
- the death (the type of death and the child’s relationship to the loved one),
the family’s culture (religious practices, beliefs, and other cultural norms),
- the child’s PTSD symptoms, and
- the degree to which the PTSD symptoms are interfering with the child’s grieving process (Cohen et al. 2002).

### Myths and realities of children’s grief

Adults do not always appreciate the needs of children who have experienced the death of a loved one. The death elicits strong feelings, and adults are often unaware of how to help. Adult confusion and frustration have contributed to myths about children and grief. In *Children, Adolescents, and Death: Myths, Realities, and Challenges* (1999), C.A. Corr offers concrete tools to help adults understand children’s actual—and realistic—reactions and needs in the wake of grief.

One myth is that young children do not grieve, when, in fact, all children grieve (Corr 1999). Even infants, who use smell and touch to identify caregivers, will form attachments quickly and react differently when an attachment figure is removed. How a child grieves depends on several factors, including the age, gender, and the temperament of the child. The environment of the child, including available support, cultural and religious beliefs, and the family’s way of communicating, also affect the grieving process.

Some people believe that children do not grieve as deeply as adults, when, in fact, they merely grieve differently. A common reaction to grief is fear. The child may be afraid of abandonment or being left alone. Children may suppress their grief because they do not want to further upset their parents. A child who is not allowed to grieve freely will stifle the feelings, making delayed physical or emotional reactions more likely.

Another myth holds that children are too young to recognize grief and thus suffer less impact. In truth, children are more vulnerable in their grieving process because they do not have the life experience to fully deal with the loss (Corr 1999). They are also limited in their understanding of grief and their ways to express feelings. While adults may try to protect the innocence of children by shying away from the topic, death is a theme in many areas of a child’s life—fairy tales, Disney movies, and even a classmate’s sad story of his goldfish. By involving the child in major decisions such as whether or not he will attend the funeral, the child feels more included and gains a better understanding of death and the grieving process. This will also help the child learn that death is a natural part of life.

Finally, some believe that because children are resilient, their grief fades quickly, allowing a full recovery (Corr 1999). In reality, there is no time limit on a child’s grief. Children need to remain connected to the loved one who has died and be encouraged to express emotions throughout their grieving process.

### Adult support

Adults can offer support in many ways. Consider the following:
- Recognize that a child’s grief is individualized and must be considered in light of the child’s personality, environment, and age.
- Use developmentally appropriate language to discuss death and the emotions experienced in grief and mourning.
- Take cues from the child, and listen carefully and with obvious interest (Corr 1999).
- Become familiar with reminders that trigger the child. **Trauma reminders** include anything that reminds the child of the death (Cohen and Mannarino 2004). For instance, if the death occurred during a fiery car accident, both vehicles and the smell of smoke may be trauma reminders. **Loss reminders** are people, situations, or items, such as a picture of the deceased, that remind the child of that person. **Change reminders** include anything that has changed in the child’s life. For instance, the child may have moved to a smaller house and is now going to a different school. Being aware of these reminders will help the adult identify situations or times that may be more difficult for the child.

Teachers may be the first people to notice PTSD symptoms in a child, and often teachers are the only
adults to be aware (Cohen and Mannarino 2011). This is partly due to the fact that the child is expected to behave differently at school than at home, and the child’s parent may also be grieving and unable to see the changes in the child. A child who faces the death of a sibling or parent is placed under immense stress, and when left untreated, this stress can hinder their development. While many may think that this role naturally falls to the surviving parent, one must remember that the parent has also lost a spouse or child and may be unable to cope with that grief, let alone help the child cope (Rolls and Payne 2003). Thus, the teacher’s role in the healing process is vital.

Having a grieving child in the classroom will require tenderness and insightful planning. The following guidelines may be helpful.

- First and foremost, listen to the child (National Child Traumatic Stress Network, School 2004).
- Answer questions honestly and in a straightforward manner. Use concrete terms such as “dead” rather than abstract ideas like “passed away” that the child may not understand (UC Davis Cancer Center 2006).
- Respect the family’s religious and cultural beliefs when discussing death and afterlife (Corr 1999). Do not impose your own beliefs on the child, and realize that each child is different and should be encouraged to grieve in an individual way.
- Be aware of the child’s relationship to the deceased, including the quality of that relationship.
- Do not suggest that you know what the child should be feeling. Allow the child to express feelings, and acknowledge that those feelings are normal.
- Be mindful of lesson plans and activities, as many stories and books mention or portray death in an unrealistic, fantasized way. Include curriculum that encourages a child to express feelings through art, storytelling, and role play.
- Ask a trusted counselor for recommended resources that will be developmentally appropriate to the child.

In the classroom environment, teachers can work to keep routines, expectations, and materials consistent (National Child Traumatic Stress Network 2004). A child who is experiencing traumatic grief may feel that the world is an unpredictable place. By adhering to normal schedules, activities, and classroom guidelines, the child feels safer. If there will be a change in the schedule, a teacher can alert the child and give time to prepare for the change.

As previously mentioned, Cohen and Mannarino (2011) describe typical trauma symptoms of children suffering from CTG. Teachers need to be aware of these symptoms and how they are manifested in the classroom.

DO NOT SUGGEST THAT YOU KNOW WHAT THE CHILD SHOULD BE FEELING.

In re-experiencing, for example, the child may appear to be daydreaming, distracted, or not paying attention. The child may actually be experiencing disturbing thoughts about the death or the deceased. In the classroom, avoidance may cause the child to opt out of celebratory activities such as holidays or birthdays. The child may become angry or refuse to discuss the topic because the child is avoiding happy occasions and good memories of the deceased, lest they lead to traumatic thoughts. This can be difficult to identify because the scenarios may have no apparent connection to the deceased or the death. With hyperarousal, the child may complain of frequent headaches and stomachaches. The child may have difficulty concentrating due to a heightened startle reflex and may find emotional regulation challenging, with uncharacteristic difficulty in controlling feelings of anger, leading to sudden outbursts.

These classroom behaviors are displayed by many children and are not specific to children with CTG (Cohen and Mannarino 2011). Teachers, therefore, face the problem of understanding the cause of the behaviors, working through them, and deciding which disruptions will be allowed without becoming too upsetting to the rest of the children. Teachers need to alert the program director or administrator when they become aware of a child’s trauma experience (National Child Traumatic Stress Network, School 2004).

Teachers can also support children who are going through counseling for trauma grief. Often, a therapist offers the child specific coping mechanisms that you can acknowledge and support in the classroom.
(Cohen and Mannarino 2011). For instance, if the child is experiencing frequent headaches and stomachaches, the therapist may share relaxation techniques like deep breathing and visualizing comforting images. Ideally teachers are aware of the coping plan and can allow—and encourage—the child time to use the relaxation techniques. A teacher might also work one-on-one with the child to walk through the breathing and visualization. Using affirmative words and positive attention can increase the child’s chances of success.

It is essential to maintain an open line of communication with the parents and therapists (Cohen and Mannarino 2011). All adults should strive to work confidently and confidentially to support the child in recovery. They need to be especially careful to respect the wishes of the child’s parent when sharing information about family’s grief.

Naturally, helping a child cope with traumatic grief will stir up one’s own feelings toward the child, family, and death (National Child Traumatic Stress Network 2004). Teachers can work to make sure the program has a file of resource materials and therapists in anticipation of potential trauma. It’s possible that teachers may take on the child’s feelings of sadness—and therefore feel depressed themselves. By being alert to this possibility and being deliberate in spending time in positive relationships and activities outside school, teachers will fare better. The goal: Take care of yourself so that you can give the best care to the child.

References

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