EDITORIAL

We have all become more aware of the need for post-disaster counselling as reflected in the publication of the report by the Disasters Working Party, convened by Cruse at the request of the Department of Health*. In this context we are delighted to publish in this issue the overview on grief and trauma in children and adolescents which Professor Pynoos has updated from his impressive plenary address at the international conference on grief and bereavement held in London four years ago. His detailed teasing out of the interaction between trauma and grief should be of immense help to those attempting to help children traumatised by personal or mass disasters in which they are also bereaved.

By contrast to Pynoos' broad sweep, we also publish in this issue an account by Cooley of the detailed work done with one bereaved little boy. We need to see how other people find ways of helping bereaved children. I find that even experienced workers are hesitant and fearful of 'intruding' on children who are bereaved. Yet the evidence is that children who are given a chance to work with a counsellor welcome it and benefit. I hope that this account will encourage others to use their skills in the service of bereaved children.

* The Disasters Working Party. Disasters: Planning for a caring response. HMSO, London, 1991. Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR, £13.75 + £1.75 p&p.

Grief and Trauma in Children and Adolescents

Robert S Pynoos, MD, MPH, Associate Professor
Director, Program in Trauma, Violence and Sudden Bereavement
University of California, Los Angeles Neuropsychiatric Institute



The investigation of childhood bereavement is undergoing a marked evolution. Nearly two decades have passed since Parkes and his colleagues ushered in the first prospective studies of adult bereavement. As in other areas of psychiatric enquiry, a significant amount of time passed before similar studies were begun with children[18].

RESEARCH ON CHILDHOOD GRIEF

Creating a quiet revolution throughout the field of child psychiatry, the psychological barrier against interviewing children has been removed and, at a number of sites in the USA, comprehensive prospective studies are underway that rely as much on the self-reports of children as other sources of information. These newer studies, made possible by recently designed, developmentally sensitive instruments and interview techniques, promise to provide rich longitudinal data. They are already supplying detailed findings about the acutely bereaved child, which are helping to answer some long-debated questions. The findings of these studies permit comparison among age groups, gender and circumstances, and comparison with adults.

Symptom profile

As in the study by Clayton *et al*[5] on bereaved adults, Weller *et al*[26] are finding that prepubescent bereaved children report significant depressive symptoms. Two months after bereavement, the bereaved children differ from a comparison group of children with major depression by their lack of feelings of guilt and worthlessness. The bereaved children, at two months, could be distinguished from normal controls by their significant mood disturbance and diminished interests and pleasure. Of significance is the high percentage (37 per cent) of suicidal ideation found among the bereaved children without, however, any corresponding suicidal behaviour. Balk[1] has also reported a significant rate of depressive reactions and suicidal thoughts in adolescents after the loss of a sibling.

We, too, have preliminary evidence to suggest a similar rate (50 per cent) of reactive depression in a group of school-age children who knew well a murdered classmate, independent of their exposure to the sniper attack. There is therefore increasing evidence to confirm the severe distress suffered by school-age, bereaved children.

Kranzler *et al*[14] are conducting a unique longitudinal study of bereaved preschool children. They have found a similar rate of psychiatric symptoms. However, consistent with other studies of preschool depression, there is a significant co-mingling of depressive and separation anxiety symptoms. In addition, three to four-year-old boys were at risk for conduct disturbance.

Furthermore, preliminary evidence from the Weller study suggests that childhood grief has biological correlates: preliminary data suggests a dysfunction in the regulation of the pituitary-adrenal axis[27] similar to that reported in many adults. We do not know the long-term effects of this dysfunction on the still-developing brain, nor whether it will lead to any biological vulnerabilities.

Parent-child discordance

The Weller study[26] also addresses the problem of parent-child discordance. In general, parents of bereaved children reported far fewer symptons for their children than the children themselves. Bereaved parents, however, were more in concordance with their children than parents of the depressed group where the discrepancy was even greater.

It has been presumed in the study of bereaved children that parents were poor observers of their children because of their own level of distress or depression. Yet that is not the only answer. We found a similar profile of parent-child discordance in the report of depressive reactions among the children exposed to a sniper attack and death of a classmate. In that study the parents were not in the midst of their own grief, yet demonstrated the same lack of recognition about their children's distress.

Weissman *et al*[25] recommend that the psychiatric status of children be based on independent assessment of both child and parent informant. In general, parents endorse more objective be-