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

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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-

havioural symptoms, particularly disturbance in conduct or attention. Children report more subjective symptoms that reflect either psychological or somatic inner feelings. In the event that one group must be selected, Weissman *et al*[25] recommend interviewing the child.

Mediating influences

The mediating influences found by Weller *et al*[26] and Kranzler *et al*[14] are consistent with those from early studies using only parent and teacher reports. These include:

- parental depression
- family history of depression
- pre-existing psychiatric disorder
- pre-existing relationship with deceased and surviving parent
- subsequent financial difficulty for the family
- multiple adversities.

Of special note, Kranzler *et al*[14] have carefully documented an average 30 per cent reduction in the daily care of preschool children, even in what seemed the best of a post-loss environment. Similarly, Balk[1] has reported that, for as long as a year, adolescents did not discuss personal matters with their parents after a sibling's loss. Kranzler *et al*[14] have also demonstrated the relationship of behaviour disturbance in preschool children with an acute decline in the financial status of the family.

Life trajectory model

Recognising the symptoms of the acute phase of bereavement and mediating influences is only a starting point. Investigators have expanded beyond the model that presents childhood loss as a direct cause of later predisposition to depression. As Rutter[19] discusses, sociologists Brown, Harris and Bifulco[4] have provided a life trajectory model, wherein loss of a mother in childhood sets in motion a chain of events that may ultimately result in deficient parental caretaking, a sense of helplessness, premarital pregnancy and adult depression. This multicausal model is important because it suggests that each link in the chain can be influenced to alter, either positively or negatively, the outcome. The final outcome of Brown *et al*'s[4] model is mediated most directly by marital satisfaction.

CHILDREN'S GRIEF REACTIONS

It is now recognised that children are capable of a wide range of grief responses, whose expression is influenced by circumstance, developmental level, personality, and family and cultural milieu. In addition, there are progressive changes in children's grief responses. Bowlby's[2] model of protest, despair and detachment served an important function in providing a paradigm that could encompass all age groups, from young to old. In this respect, what we need to appreciate is that children's reactions are similar to those of adults, but may appear different because they often take a less mature form.

Comparison with adult studies

Colleagues and I have already reported elsewhere on the grief reactions of school-age children after a sniper killed a schoolmate on a playground[17]. At one year, the pattern of grief reactions reported underscored two points: first, that children respond similarly to adults in the nature and frequency of grief reactions, and second, that for children as well as adults, normal grieving continues even after one year. Among those children who knew the deceased girl well, the frequencey of these reactions was comparable (50 per cent) to that found among adults by Parkes[15] and by Horowitz *et al*[12] (33 per cent).

Concept of death

A number of developmental issues influences the expressions of grief in children. One of the earliest and continued interests is the developmental progression in children's concept of death. Kranzler *et al*[14], in their study of bereaved preschoolers, found that differences in concept of death had no correlation with symptom outcome. However, as the Furmans[7, 8] have underscored, children need to understand the physical reality of the particular death in order to grieve. In that respect, Weller *et al*'s[26] study of children's self-report about attending funerals provides the first empirical evidence of its potential value even for young children.

Affective capacity

The capacity of children to sustain sadness or dysphoric affect is a developmental achievement that increases only gradually with age and maturity[30]. Therefore, to avoid the pain, children can be expected, more than adults, to rely on what Parkes[15] describes as 'unrealistic attempts to disbelieve the reality of what happened, to call and to search for the lost person, and to achieve in dream and fantasy the reunion which cannot be achieved in fact'. This lack of a sustained manifestation of sadness may also prevent parents from appreciating the nature and intensity of their children's grief reactions.

Kranzler[14] has been especially inventive in his design of a Preschool Affective Interview. Children are shown cards illustrating different emotions (for example, a sad, angry or happy face), and asked, 'How do you feel when you watch your favourite television show, or . . . think about your daddy?' In his study, bereaved children who identified their sadness actually exhibited less behavioural disturbance than those who reported other affects, e.g. anger or fear.

He demonstrated that while thinking about their deceased parent, bereaved preschool children felt, were able to label, and to discuss their sadness. Those three to four-year-old boys who expressed the least sadness were the most behaviourally disturbed. Kranzler has concluded that preschool children are capable of at least the rudimentary steps of grief work.

Registering empty situations

According to Horowitz[11], the bereaved adult repeatedly encounters an empty situation, e.g. not finding the person at the dinner table. Through these encounters, he gradually changes his mental schema to be congruent with the loss. Children often have different 'empty situations' from adults. They mark the absence by differences in how breakfast is made, how they are disciplined, or how they are read to at bedtime. Older children may face an incongruity when they do a chore that their father, mother or sibling used to do. They may experience the 'empty situation' when their father or mother would have been expected to arrive home from work. We have seen similar phenomena with children whose classmate died in an aeroplane crash, where his empty seat in the classroom became a similar reminder and psychological challenge.

In addition, children progress in their cognitive maturity to register these empty situations. Young children may need help to recognise these moments and their reactions to them. On the other hand, parents, relatives and teachers may be unaware of the reminders, and therefore will not always be able to provide this help. Many situations that remind a child of the loss are not always appreciated by others because they were things that the child and the deceased did alone. Furthermore, children often do not have the opportunity to test the person's absence through these empty situations. For example, a child may never be taken back to his father's work place where he would visit him, or to a park where his father would take him every Saturday.

Searching

How children go about searching for the lost person may also vary according to their developmental level. Young children, commonly, may look for the deceased in the last place they saw them, or in the most familiar place (e.g. the father's chair) and may do so repeatedly. Preschool children often ask their caretakers to help them carry out this search. A three-year-old, who had been suddenly moved from her house after her mother's death, said, 'If we go to my house, we can find mommy.' Her yearning to find her mother is similar to how an adult might feel; however, as a child, she is not able to test out her plan on her own; she has to rely on someone else taking her there, which may not happen.

This clash between the retained mental schema and conflict over substitution is often acutely apparent in a child's reactions to the remarriage of the surviving parent. Child and parent may differ dramatically in the time needed to achieve this changed mental schema. After remarriage, there may be even less assistance to the child in recognising and affectively responding to these reminders of the deceased parent.

Missing

There is also a developmental progression regarding children's anticipation of missing a parent or sibling in the future. Pre-adolescent children especially anticipate missing the deceased on the next special occasion, such as their own birthday. Adolescents have a much more comprehensive view of the future. This is illustrated, for example, by one teenage girl talking of how her deceased parents would not be there for her 18th birthday, her graduation, her marriage, the birth of her children, or to enjoy their grandchildren. This changing anticipation of the future meaning of the loss also influences the bereavement process.

Reunion wishes

In play and fantasy, children may attempt to attain reunion with the person who died. The content of reunion fantasy may vary according to developmental stage. For example, a four-year-old, having heard that her mother was in heaven, wondered if she could not climb up and see her mother again by putting together the ladders in the garage. Her wish, although it involved a set of thoughts which were appropriate to her concrete way of thinking, really does not differ in intent from the more complex religious thoughts that adults might entertain to achieve this reunion.

Parkes[15] notes that, even after one year, 50 per cent of the widows studied had vivid dreams of the deceased, and thought they had heard or seen their husbands. However, all recognised these experiences as illusions. In contrast, school-age children have not usually acquired sufficient ego maturity to understand that these illusionary experiences correspond to efforts to reunite with the lost person. In these circumstances, even children who understand the finality of death may experience these reactions as indicating the return of the dead or the appearance of an apparition or ghost.

Balk[1] found that by adolescence one-third of the teenagers found dreams of their deceased sibling to be comforting. But as Horowitz[11] points out, these dreams first occur late, at least six months to a year after the death, and feel quite unexpected. We have found many school-age children were frightened by these late-occurring reunion dreams.

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The Weller *et al*[28] study found suicidal ideation to be common in bereaved prepubertal-age children. Balk[1], in his study of bereaved adolescents, also found a significant rate of suicidal thought. However, neither was associated with an increase in suicide attempts, and in many cases the thought was traced to a wish to die in order to rejoin the deceased. In preschool children, this wish can be very concrete. As one child exclaimed, 'I want to die and go lie next to mommy.' It can also be an expression of not wishing to endure the severe pain of the loss. However, it should be kept in mind that these forms of suicidal ideation may, in a minority of children, indicate a major depression. There has been a reported excess of suicide attempts in adults who have had childhood loss. The question is what relationship or what role this early suicidal ideation has to any later adult behaviour.

Reminiscing and remembering

Reminiscing, or evoking the deceased's presence through memory, is another important feature of grief. Preschool children often bring up memories of things they did or places they visited with the deceased. This often surprises other family members, who assumed the children were too young to remember. Sometimes other memories are reinforced by pictures, family stories, or discussion among siblings, and these memories can often take on a special importance.

Reminiscing and remembering are not easy tasks for pre-adolescent children for several reasons. First, they have lost the use of that parent or sibling as a custodian of many of their memories. This function, especially of a parent, is often overlooked as an additional loss for the child. Second, children often lack an adequate strategy of retrieval of their own, or may not recognise the need for one[13]. Third, children's memories are especially enhanced by reinstating the original physical or cognitive context[13]. For example, a six-year-old boy's father was murdered while picking up his son from school. It was only when I accompanied the child several months later to the exact site at school that he was able to recall with great sadness how his father was holding out his arms to greet his son at the moment he was shot.

Children may be thwarted in their efforts actively to remember and yet be passively required to listen to the reminiscing of others. This is an important factor, often overlooked, in understanding the child's experience of loss. Recent self-psychology theories of intersubjective experience and childhood loss bring needed attention to this psychological dimension[22].

Children who were at the preverbal stage at the time of the death require special assistance. They may initially remember the deceased through 'action' memories[8], i.e. behavioural demonstrations of their prior experience. Over time, they will require continued assistance to gain the corresponding verbal translation required in the emotional and cognitive task of changing their immature mental schema. Successful completion of this intrapsychic developmental task may be another important aspect to permitting substitute parenting and, later, healthy adult object choice.

Bereavement play

At times, bereaved children exhibit instrusive bereavement themes in their play, and may involve other children in their play as well. Recently a nine-year-old boy and his parents died in a plane crash. Afterwards, on the playground at the local school, the children built radar towers and played games that they were locating their schoolmate's plane. They would also bury any dead animals that they found in the surrounding

woods. Their parents were surprised that these reactions lasted for so many months after the event. Another form of bereavement play is to recreate an intact family doing things together. Conversely, one sometimes observes an inhibition in play in which normal childhood themes would serve as too direct a reminder of the loss.

Fantasies about restoring the relationship

Sandler[21] emphasises the role fantasies of restoring a relationship play in response to a painful loss. In imagining a reunion, the child desires to get a needed response from the deceased. A child does not simply wish for his parent so he can cling to him or her, but wishes to be picked up and held. When permitted to imagine being able to see his murdered father again, one eight-year-old boy poignantly described his wish for his father to hug him and, as he imagined it in play, became sad and tearful.

Last memories

One important memory marker for children is the last time they saw the deceased and the last emotionally charged interaction. Dissatisfaction or a sense of incompleteness about these interactions, especially due to anger or guilt, can elicit strong wishes to repair this affective rupture. For example, a six-year-old boy at his father's graveside told his mother, 'I wish I could tell him I like him' because 'there were lots of times when he was sick I told him that I did not like him.' Any external or child-intrinsic factor that increases children's ambivalence may increase the likelihood of such disagreeable interactions during the course of illness or before the death.

We observed this disturbing sense of incompleteness in one classmate of the girl who had died in the schoolyard sniper attack. Several days before the deadly assault, this classmate had mistakenly hit the deceased girl with a ball during recess play. At the time, she could not persuade her that it had been accidental. Even a year later the classmate felt upset at being unable to resolve this issue with her deceased classmate.

Renegotiating the relationship

As they complete a number of important developmental steps, children continue over the years after the death to renegotiate in their minds their relationship with the deceased. When they join a baseball team, go out on their first date, graduate from high school, choose a college, marry, have children or pursue a particular career, they may use or ignore the mental representation of their deceased parent as a guidepost. They will conjecture how their parent would feel about this action, e.g. be proud, or unhappy about their choice. Furman and Furman[9] have recently discussed the continued intrapsychic meaning of the deceased parent even when a good substitute is available.

This process is complicated by the idealisation of the deceased that is a common grief reaction. As a result, adolescents, who typically during these years de-idealised their parents both in an effort at greater independence and in order to achieve a more realistic appraisal, must do so in the background of this post-death intensified idealisation. Furthermore, they must achieve this task in the absence of the parent, and without the accompanying adolescent confrontations that frequently occur.

Maintaining the pre-death relationship in fantasy can, at times, inhibit children's grief. Adolescents may be at special risk because, at the time of death, they are ambivalent in seeking independence from parental supervision, and may respond to the loss with narcissistic rage and repetitive behaviour[29].

For example, a 15-year-old girl's father, right before his death, had voiced his disapproval of a new boy she had begun to date. For several years after her father died, she dated boys that he would have objected to, and fantasised that he would reappear and intervene. To choose someone who was appropriate actually meant to grieve for the loss of her father. After understanding this wish, she began, for the first time, to have clear visual memories of his face, and cry over her loss.

In another example, a teenage boy and his father had always fought about how often the boy should get a haircut. Just prior to his father's death, the boy's mother had asked him to get his hair cut to please his father: 'Your father is never going to see you again. Please do this for him.' The boy had reluctantly consented. For two years after his father's death, he did not get another haircut, and wishfully preserved a memory of his father's objecting to his longer hairstyle.

Restoring a sense of security and safety

Beyond the specific grief reactions, there are secondary issues regarding the child's sense of vulnerability that are also operative. After parental loss, Sandler[21] and Furman[8] have each discussed how children need to restore a sense of safety and security. In the following exchange, a six-year-old boy and his four-year-old sister were reassuring themselves that they would never have to worry because there would always be family to take care of them.

Brother: 'If anything happens to Aunt M, we can go live with Grandma.'

Sister: 'If anything happens to Grandma, we can go live with Uncle S.'

Brother: 'And if anything happens to Uncle S, we can go live with Uncle D.'

It may lead to overt anxious attachment behaviour or private anxious thoughts and fantasy. After his father died, an eight-year-old boy would stand at the window each afternoon, anxiously watching for his mother to step off the bus, fearful she might not arrive. Empirical experimental evidence supports these clinical descriptive observations. Kranzler *et al*[14] have found that bereaved preschoolers demonstrated more anxiety at imagined separations than did controls.

Monitoring surviving caretakers

Pre-adolescent children also closely monitor their surviving parent's recovery. The parent's distress evokes empathic arousal in their children[10]. Children may then inhibit their grief reactions in order to avoid increasing their parent's sadness or anxiety. In contrast, older adolescents more often may become impatient with their parent and demand that he/she get back to acting 'normal'. All the same, they too may keep their reactions from their parents.

Expectations about recovery

Silver and Wortman[23] have discussed how bereaved individuals are distressed by inappropriate expectations held by themselves or others about their recovery. Peers and family members often do not appreciate how long children's grief reactions may endure. Children may also underestimate how long one grieves. We observed many children who, after the sniper attack, thought they would be over the loss of their friend within a few weeks or months, and did not realise that their depressive reactions six months and one year later were due to continued grieving. In contrast, their parents often recognised this link. For some of the children, these inappropriate expectations apparently led to psychological discontinuity in their view of their life, and to increased behavioural disturbance.

School-age children may be confused, frightened and disturbed by their normal grief reactions. In contrast to adults, who may be more likely to share with others their grief experiences and seek re-

assurance, we found that few children had spoken to anyone about their grief reactions. Thus, most had to endure them without sufficient support from family, teacher, or friends. Children may also feel that their reactions are not normal. For example, at one school, a boy died on vacation in a plane crash. Afterwards, another boy who had regularly sat next to him at school went to the nurse, supposedly because he had fallen. He admitted, however, that he fell deliberately to hide from his schoolmates that he was crying and missing his friend. He thought there was something wrong with him because he assumed that none of the other children had cried.

Appropriate assessment of grieving behaviour

Similarly to adults, the behaviour of bereaved children may be reactions to subjective grief responses. Children may, for instance, anxiously cling to an adult for comfort after feeling they have seen the dead person, or wish to sleep with a parent or sibling out of fear of seeing the deceased in their dreams. It is important to explore for these grief reactions and not simply to merge these behaviours into a category of anxious attachment behaviour.

Of special concern is the quickness to label bereaved children's behaviour as evidence of a conduct disturbance without exploring the bereavement meaning incorporated in the specific actions. For example, a schoolteacher became concerned that a six-year-old boy who had lost his father had begun to 'steal' toys from another little boy in the class. Upon further investigation, it was discovered that the child was stealing from the only other boy in the class whose father picked him up from school. In addition, the efforts to offset the loss through narcissistic replenishment[29] may lead to behavioural regression whereby children may take things from others as if they belonged to them, similar to the ego-centrality of a younger child. In adolescents, these often transient behaviours can result in delinquent behaviour that carries the serious risk of getting the individual in trouble with the law.

Differing responses within the family

Children's grief reactions are occurring in the context of other family and relatives' responses. Due to differing psychological agendas, family members may find it difficult to deal with each other's grief reactions while they are attending to their own grief. Psychological agendas may differ for each child in the family according to his developmental stage, prior relationship to the deceased, need, sense of loss, and impact of subsequent changes.

Also, the reminders of the person who died and their timing may be very different for each family member. This presents a difficulty in that the reminder for one family member may be experienced as an unprepared-for, ill-timed intrusion for the other. One six-year-old boy would often mention his father when he was going to bed, in part because he was reminded of his father's way of saying goodnight to him. His bedtime talk was often very difficult for the boy's mother because it made her more painfully aware of the father's absence, and disturbed her own sleep.

With these grief reactions in mind, let us now turn to the interplay of trauma and grief.

INTERPLAY OF TRAUMA AND GRIEF*

> 'It sometimes appeared that a child had difficulty in mourning; closer study revealed that the child's difficulty lay primarily in coping with anxieties about the circumstances surrounding the death, which the child's mind could not master and his environment failed to allay.'
>
> Furman[7]

Many childhood losses, at least in the USA, occur as a result of traumatic incidents involving either violent or accidental death. These deaths often result in rapid, multiple changes in the child's life leading to unsatisfactory caretaking, relocations, change in school, loss of family provider, and other adversities that only compound the loss and increase the risk of co-morbidity in their adult caretakers and the children themselves[19].

Differences in exposure

Family members may have different degrees of exposure to a traumatic death. In a homicide, some family members may witness the violence, while others may not. In a suicide, only one person may discover the body; in a car accident, only certain family members may be involved. Even family members who are present together at a traumatic death may have different experiences.

Difference in exposure may affect the course of bereavement. For example, a father was killed by a robber, when the family returned home from an outing. His 13-year-old daughter, who aided him as he was dying, was afterwards flooded with images of his head wound and her ineffective actions to revive him, while her brother, who had chased the assailant, did not suffer from any of these intrusive images, but rather took pride in his successful pursuit. The shame and guilt resulting from a family suicide may lead children and adolescents to hide from other family members their having seen the dead body, the bloodied scene, the suicide note or other such experiences, so that no-one knows of their exposure.

Family members, not realising that they are each struggling with different psychological challenges, may become impatient with each other. Furthermore, exposed children may feel estranged from non-exposed parents and siblings. Conversely, after a traumatic death, some family members may feel a bond because they shared similar experiences during the incident. A grandmother was with her two young grandchildren when their father killed their mother and then committed suicide. When the children were alone with their grandmother, they would recall details of the event and ask her questions, for they had a sense of having shared the experience with her.

A traumatic incident may result in the deaths of more than one family member. In these cases, there is a different set of reactions to each death, plus a reaction to the overall loss. One child survived a kidnapping in which her parents and sibling were murdered. She had distinct last memories of each family member, as well as an overall sense of losing her whole family. She also had severe psychological trauma as a result of being held hostage.

Traumatic circumstances

It can be especially difficult to understand the circumstances of a violent death. After a natural death, the remaining medical questions can usually be answered by an autopsy. However, after a traumatic death, police or coroner reports or testimony at a trial may reveal information that was previously unknown. This can re-expose the survivors to discussion of the circumstances of the death, to new intrusive details or images, and even to misinformation. Media coverage and neighbourhood accounts may introduce rumours, distortions, and inaccuracies.

Parents or guardians usually find it difficult to discuss violent circumstances with surviving children. They often give misleading explanations, or hold conspiracies of silence. Children, however, often hear things, see things (such as a suicide note) or feel emotions that

* *This section was prepared with the assistance of Kathi Nader, DSW.*

result, according to Bowlby[3], in their 'knowing what they're not supposed to know and feeling what they're not supposed to feel'. Bowlby states that this incongruence between what children are told, and what they actually know, leads to chronic cognitive confusion and an inability to identify their own feelings.

Mystery surrounding the physical reality of the death and burial is especially difficult for children. Deaths from trauma may result in the body not being recovered, or being mutilated beyond recognition or identification. The closest friend of a boy who died in a plane crash drew a picture which showed the boy's skeleton lying in an ocean swarming with sharks. The caption read: 'What would have happened to M by now.' The burial he pictured—sharks eating up the flesh—was gruesome. While he was drawing this picture, other schoolmates of the deceased were observed to play repeatedly at building a radar tower that searched for the lost plane.

Post-traumatic stress reactions

Our research at the University of California, Los Angeles (UCLA) has provided strong evidence that children exhibit prominent post-traumatic stress reactions following severe life threat or the witnessing of injury or death[16]. Our work documented that while at times post-traumatic stress and grief reactions were independent of one another, at other times there was an interplay between them. Although they both involve intrusive and avoidant phenomena, in the self-reports of children exposed to a sniper attack the two reactions were distinguishable[17]. Children on the playground who did not know S (the deceased schoolmate), commonly reported having traumatic dreams of the sniper attack, dreams in which they intensely felt their own life threat. Those who knew S well, in addition, often reported a grief-related dream of seeing her. On the other hand, children who were not at school that day, but who knew S well, often reported having dreams of seeing her again, but rarely dreamed of the sniper attack

Traumatic reactions can interfere with normal grieving in several ways. Children may have both traumatic and grief dreams. The traumatic dreams are often short and unelaborated; they incorporate aspects of the event, and are associated with a recurrence of traumatic anxiety. Rather than during the rapid-eye movement (REM) phase of sleep, they may occur during Stage 2 or Stage 4 sleep and be accompanied by motor restlessness, agitation and vocalisation. Traumatic dreams, because they are associated with a recurrence of traumatic anxiety, are always distressful. The traumatic nature of the death may make grief dreams frightening, and prevent them from ever bringing comfort. For example, it is disturbing to be beckoned by someone who has just committed suicide or who has been murdered.

It is now recognised that children are capable of a wide range of grief responses, whose expression is influenced by circumstance, developmental level, personality, and family and cultural milieu.

Intrusive recollections

Intrusive thoughts, images or sounds are frequently reported by children who witnessed a violent death. Children continue to picture a parent being shot, a sibling's body hanging by a rope, or a friend being hit and dragged by a car, and to hear in their minds the sound of gunfire, sirens, or screams for help. The unwelcome, disturbing recollections may markedly interfere with their efforts to remember or reminisce about the deceased.

For example, it is difficult for a child to reminisce about his or her parent when an image of that parent's mutilation is what first comes to mind. In order to grieve, children need to be able to reminisce with a mental representation of their parents as physically intact. I do not mean that the child denies the reality of the death. This reconstruction of the parent's image allows the child to reminisce with more positive memories, and paradoxically, allows him to approach the traumatic experience more directly, and to address the sadness of the loss.

Traumatic play

Themes and aspects of the trauma are expressed in repetitive and often unrewarding play. Traumatic play is an intrusive form of re-experiencing the trauma that commonly occurs in children and can persist for months or years. Episodes of traumatic play, in or out of the therapeutic session, may include dramatisation of the murder, suicide or rape, rescuing or medically attending to an injured party, or it may include dangerous behaviour, such as repeatedly jumping from a rooftop to escape from a would-be sniper or imitating a parent's suicide attempt. This 'driven' play may restrict the child's imaginative or spontaneous play.

Traumatic play can interfere with the child's efforts to use his play to address and work through his grief. For example, many-times grieving children may temporarily mitigate the pain of the loss in play by re-creating an intact family. We have observed that many traumatised children are unable to engage in this kind of restitutive play until the traumatic intrusions have been addressed.

Re-enactment behaviour

Re-enactment behaviour is an unconscious repetition of some part of the traumatic experience. It often occurs in response to a traumatic reminder. One boy avoided talking about his friend who had been killed in a massacre. Whenever someone mentioned his friend, he would close his eyes and gradually sink down, taking the position he had taken under the table in the restaurant where the massacre occurred. Several hours, sometimes even a day, later, he would become violent.

Re-enactment behaviour often incorporates an effort to offset the original traumatic sense of helplessness. For example, a teenage boy was in an accident in which his close friend was killed after their car rolled over from a blind-side hit. Several weeks later, he found himself compulsively riding the 'corkscrew' roller coaster. He later realised that he was repeating the sense of rolling in the car, only this time with a guaranteed safe outcome, and with the opportunity to keep his eyes open and see all that was happening around him.

Emotional constriction and avoidance

Increased emotional constriction or avoidance in thought and affect is a characteristic traumatic reaction. Although it is common to feel alarmed and shocked upon hearing of the death of a loved one, profound psychological numbing often occurs after witnessing a violent death. Every witness, at some point, feels absolute horror and helplessness, associated with an intense perceptual experience and extreme physiological arousal.

In our study of children exposed to a sniper attack in which their schoolmate was killed, highly exposed children afterwards feared that any emotional response would reactivate a whole set of overwhelming traumatic affects. Therefore, they did not want to know how they felt, and they avoided thoughts, locations and situations that in any way reminded them of the incident. A comparison group of non-exposed children at the same school, who knew the deceased girl well, although they

were intensely grieving, did not describe this numbing reaction. Helping children to address and tolerate the moment when they felt the greatest degree of helplessness can initiate their recovery from this emotional constriction.

Increased state of arousal

After witnessing a violent death, children often remain in a state of hyperarousal, in which they are hypervigilant, startle easily, suffer a sleep disturbance, and experience a fearful anxiousness that can be quite pervasive. These physiological reactions, which may result from a neurophysiological change in the brainstem, keep children fixated on the traumatic incident and make it even more difficult for them to focus on the loss. This increased arousal may at times require psychopharmacological intervention.

Issues of accountability

Deaths due to trauma commonly involve issues of human responsibility. As Frederick[6] has discussed, issues of human accountability complicate, intensify and prolong post-traumatic stress reactions in adults exposed to violence. We have observed the same phenomenon in children. When there is a known human agent, children struggle to assign responsibility and explain the motivation. They wonder about how the violence could have been avoided, and imagine interventions that could have altered the outcome.

Children are challenged by their own revenge fantasies, and face their own guilt over what they did or did not do. They also cope with stigma, and with new questions of assigning judicial blame brought up by the trial and their own testimony. These human accountability issues seriously affect children's search to understand the meaning of the loss, and therefore complicate the grieving process.

When the agent of the traumatic death is a family member or relative, e.g. in cases of suicide or homicide, the conflict over assigning responsibility may be so troubling as to inhibit children from addressing these issues. Indeed, it may hold such a horrible meaning of the parent's willingness to abandon or orphan the child that he willingly colludes with his adult caretakers in speaking of the events as accidental, so as to rid the actions of human agency. However, to do so comes at a cost of needed reality testing, and may leave a child open to unconscious risk-taking behaviour of his own.

Revenge fantasies

After a violent death, the anger normally associated with grief may become intertwined with traumatic rage. Revenge fantasies can be so frightening and prohibitive that children need special assistance to understand and tolerate them. This is especially true if the fantasies are directed at a parent or sibling.

In intrafamilial trauma, many children have only been able to express their anger after months of trauma work and, at first, may express their revenge fantasies only in the third person. For example, after one parent has killed the other, a school-age boy talked about the need for punishment for 'someone who would do a thing like that'. Unaddressed revenge fantasies appear to have a debilitating effect on children's or adolescents' own emerging impulse control.

Fear of identification

The bereavement process may be further complicated because children may be afraid to identify with a parent who died a traumatic death for fear that they will share a similar fate. This avoidance can cause a premature closure in the relationship with the deceased[30]. This may prevent, in children's mental schema, the transition which would permit them to accept a parental substitute or to achieve later adult developmental tasks, e.g. marrying or having children.

In addition, other family members may be preoccupied with issues of identifying a particular child with the deceased, by appearance, sex, temperament or behaviour. For example, after a father murdered his spouse and then committed suicide, the grandmother caretaker responded to every aggressive act of her young grandson as a frightening indicator that he might grow up to become a murderer as well. His physical appearance also reminded the grandmother of the now hated son-in-law. Her reactions continued to place the young child under the shadow of his father and impeded his own difficult efforts to address his conflicting memories of his father and to struggle with his own emerging self-concept.

Reminders

There are three types of overlapping reminders to a violent death:

- reminders of the circumstances of the death
- reminders of the loss or absence of the deceased
- reminders of the subsequent changes in one's life.

Traumatic and grief reminders evoke different emotions although, at times, these feelings may overlap. Reminders of the circumstances of a traumatic death may be very concrete. Examples might be when a child sees a knife in the kitchen, watches violence on TV, hears a siren or something that sounds like a gun, or nicks himself and bleeds. These reminders may occur daily and renew traumatic anxiety. Sometimes the same thing may remind a child of both the trauma and the loss, e.g. sleeping in a room where a sibling or parent was killed or committed suicide.

The impact of traumatic reminders prevents the child from focusing his full attention on mourning the loss, which is ultimately his most important task. The reminders may also disrupt normal family functioning. For example, we have seen families avoid holiday gatherings near to the anniversary of a violent death because it evokes too many renewed intrusive images of the horrible violence. Rarely have we observed this interruption of family togetherness in response to a natural death. Furthermore, each reminder of the secondary changes in children's lives also threatens to elicit traumatic memories of the circumstances of the precipitating loss. Over time, separating the three sets of reminders, the traumatic, the grief, and the secondary changes, can help to make each of them more manageable.

Therapeutic goals

This discussion is intended to suggest to mental health professionals that there may be two interdependent but independent goals to assisting children and adolescents who have been exposed to a death by trauma. One major goal of trauma work is to help children to anticipate, understand and manage everyday reminders, so that the intensity of these reminders and their ability to disrupt daily functioning recede over time.

In grief, however, reminiscing about the deceased is not necessarily distressing. While it may be painful, much of the time it is welcomed, and in fact often entails important, positive feelings. Professional help in grief work is therefore much more of a facilitating process, in which the mental health professional tries to ensure that the emotional work of assimilating the loss and working through its meaning is not derailed or aborted.

Psychological dysynchrony

In summary, I propose that traumatic deaths complicate the bereavement process by causing a psychological dysynchrony:

- between trauma resolution and bereavement process
- among psychological agendas of family members
- between offer and need for support.

Post-traumatic stress reactions keep the minds of children focused on the circumstances of the death, and in doing so interfere with the ego resources and full attention needed to address the loss and adaptation to subsequent life changes. Children seem particularly vulnerable to the dual demands of trauma mastery and grief work. Efforts at relieving traumatic anxiety appear to take psychological priority over mourning. Furthermore, differences in exposure among family members may create different psychological agendas for each member. The mutual lack of appreciation of different psychological challenges may lead to estrangement or impatience between parent and child, or sibling and sibling.

These different psychological demands may require different time courses, leading to disharmonious offers and need of support among family members, relatives and friends. In this situation, it is easy for children's special needs to be overlooked.

PREVENTIVE INTERVENTION STRATEGIES

There are several major preventive intervention studies in childhood bereavement in progress in the USA. Sandler and his colleagues at Arizona State University are examining interventions that would ameliorate the symptomatic reactions of children experiencing parental loss[20]. They are developing needed instruments to measure social supports for children exposed to a number of stressful life events. Gerald Koocher at the Children's Hospital in Boston is conducting an intervention study of children and family to the death of a child in the family from illness. There are several major centres preparing for intervention studies of children and families after adolescent suicide. Our programme at UCLA has prepared a preliminary manual for intervening with children who have witnessed a homicide.

I have selected a number of approaches common to interventions with bereaved children to discuss briefly.

1. Provide anticipatory guidance: Children who have been educated about death are more likely to respond in an adaptive manner than children for whom death has remained a mystery and a taboo subject. For example, the Furmans have advocated that education about death begins in the second and third year of life. Approaches to education about death have been formulated for classroom usage in nursery schools, and through the advancing school years. Both parents and teachers need to be encouraged to become familiar with appropriate knowledge in order to provide adequate responses to children's enquiries.

In a more specific sense, anticipatory approaches can be used when a parent is dying in order to help a child to understand and deal with the facts and his or her own feelings, and to help the child prepare for grief and subsequent adaptation. Planning and transition of care to other responsible adults maintain a child's essential sense of safety and security.

2. Enhance parenting: Most parents want to help their children deal with their grief and confusion, but are unsure how to do so. This is an area where parental competence is essential to the children's welfare. Competent parents can deal effectively with their children, and, in doing so, enhance their own self-esteem as well.

3. Augment child's inner resources: Many of the tasks of grieving are private and, up to now, unfamiliar. Children can be helped to identify their own grief reactions, to understand their meaning, to be able to seek appropriate support whenever a disturbing grief experience occurs, and to learn how to respond to their parent's grief in a constructive way without having to inhibit their own expression.

4. Address practical issues: Widow-to-widow programmes have demonstrated how effective a successfully-coping helper can be to the newly bereaved around such practical issues as finances, legal matters, housing, employment and, later, sexuality. Similarly, there are a number of practical issues facing bereaved children that they can be helped to handle. For example, childhood anxieties over daily routine can be reduced by making satisfactory arrangements, and children can be helped to know how to respond to expressions of condolences from friends and adults.

5. Minimise adverse secondary changes: Parental preplanning can minimise the financial impact on the family, through wills, life insurance, mortgage guarantees, plans for the family business, etc. Care must be taken to minimise unnecessary separations of siblings after the death, and to preserve their relationship in those circumstances where separations are unavoidable. The need for the familiar is so strong that any unnecessary precipitous change in the early weeks, e.g. immediate relocation or change in school, should be postponed, if not avoided altogether. As Silver and Wortman[23] have discussed, widows are at risk of making poor decisions in the immediate aftermath of the death, and need to be advised against making major decisions. Children, especially in late adolescence, can also be assisted to avoid abrupt decisions that affect their future, including dropping out of school, getting pregnant, using drugs or engaging in other reckless behaviour.

6. Reintegrate at school: The school's response to the bereaved child is critical to full recovery. Children have to be prepared to handle their interactions with peers over the loss, and how to share their feelings appropriately so that neither the bereaved child nor the peer group feels estranged from the feelings or is overwhelmed by their reactions to them. Teachers need to be sensitive to the child's bereavement and to recognise common bereavement reactions. Temporary disturbances in conduct that are grief-related need to be identified and understood. Implementation of a graduated curriculum and homework schedule can help the child return to normal school performance.

7. Help renegotiate intrapsychic relationship with the deceased: To avoid any type of premature closure to the mental relationship with the deceased, children can be encouraged to focus on their total life experience with that person rather than the circumstance surrounding the death. This task repeats itself over the different developmental stages. This renegotiating is critical to helping children permit continuation of the parenting functions by a substitute and to achieve healthy adult object choice.

8. Promote new attachments: Through appropriate doses of reminiscing, addressing the 'empty situations', and tolerating the longings, children can start to create the emotional space necessary to accommodate both the past relationship with the deceased and the promise inherent in new relationships. They need to achieve a sense that emotional coping is a forerunner of the capacity for intimacy. The child often needs assistance to identify the opportunities available for forming these new relationships with teachers, friends of the family, step-parents and peers.

9. Address differing psychological challenges within the family: One central goal of family work after deaths due to trauma is to increase family members' awareness of these varying influences on their trauma and grief work, thereby legitimising the differences and enhancing their ability to provide mutual support.

10. Consider a 'pulsed intervention' strategy: Similar to Wallerstein's[24] proposed treatment for children of divorce, a pulsed intervention model may sometimes be most applicable. In such a strategy, an acute phase of treatment is followed by planned periods of consultation in accordance with the time trajectory of bereavement recovery and ongoing development. This model rests on the knowledge both of what is psychologically most challenging about the loss at changing developmental phases and of the maturing capacity for an adaptive response at different intervals over the years. The major preventive goal of this strategy is to maintain normal developmental progress.

In conclusion, in examining the complexity of children's grief reactions and the interplay with post-traumatic stress, I hope this discussion provides some of the necessary groundwork for a more comprehensive approach to assisting grieving children and their families. Ongoing longitudinal research in childhood grief and trauma should continue to enrich our understanding of these processes and help establish sound therapeutic interventions.

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Making the Most of a Funeral

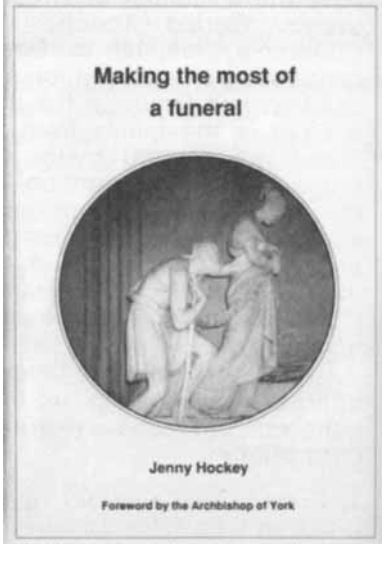
by Jenny Hockey PhD

Foreword by the Archbishop of York

Nearly all of us experience the death and the funeral of someone we love. This is a vulnerable moment in our lives and the way the funeral and its aftermath are handled can affect how people subsequently come to terms with their bereavement.

How do ministers and clergy approach the difficult task of coping with bereavement and funerals? What do bereaved people think of their efforts? Some of the answers are revealed in this study, which was based on a project originated by the Sheffield Branch of Cruse. The book also shows how sensitive preparations and aftercare can help ministers overcome some of the difficulties of a funeral.

The book will be of interest to bereavement counsellors, sociologists and, of course, to ministers and those who train them. One theme constantly emerges: that a funeral should be as personal an event as possible, and should reflect the unique nature of human life.



Dr Jenny Hockey lectures in sociology at Humberside Polytechnic, and has been a Cruse Counsellor.

'Making the Most of a Funeral' is available direct from the publishers: Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR, price £3.25 plus £1 p&p
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