

Bereavement

and its effect on the
lifelong development of
the child

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Child Bereavement

In the UK, **127** children lose a parent every day.

On average a parent dies every **20** minutes.

By the age of 16, **1 in 20** children will have suffered the death of a parent, more than one child in every class. (Childhood Bereavement Network).

Approximately **7,000** children born each year will lose their mother before the age of **16**.

Twice as many fathers die than mothers. (ONS).

Bereavement and grief

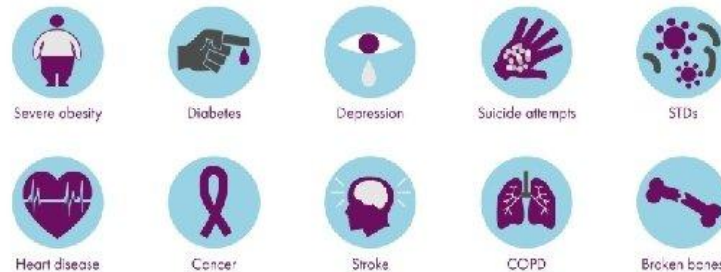


The Impact of ACEs

BEHAVIOR



PHYSICAL & MENTAL HEALTH



The existence of ACEs highlight certain potential scenarios in a childhood that can contribute negatively to the child's development, well-being, attitude and overall future.

The loss of a significant person is included on the list as one of the adverse childhood experiences. Children who suffer ACEs are more at risk of long-term negative consequences, and this is particularly true if their grief experience is prolonged. (Geradine, 2024).



Attachment Theory

Bowlby's attachment began in the 1960s; Mary Ainsworth developed it further.

Secure. Avoidant. Anxious-Ambivalent. Disorganised.

Bowlby's theory is widely used, but subject to criticisms.

Mother identified as main caregiver, this was later changed.

Primary caregiver as 'safe haven'.

Bowlby believed that the death of a significant adult can disrupt a child's attachment and can cause the child to suffer significant long-term consequences. However, he believed that it was possible to build new attachments over time.





Bereavement Theories

John Bowlby (1969-80)

Kubler Ross (1969)

Murray Parkes (1972)

Worden (1991)

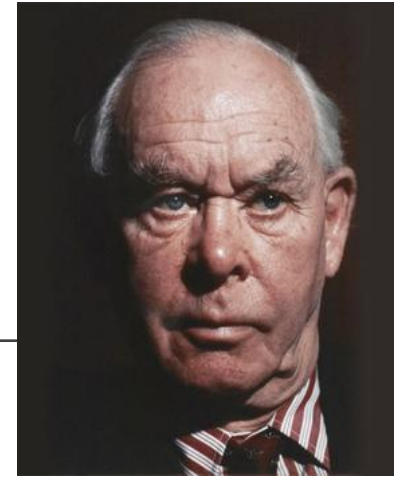
Dual Process Method – Silverman and Klass (1996)

Stroebe and Schutt (1999)

Continuing Bonds Theory – Silverman, Klass and
Nickman (1999)



Bowlby



Freud – distance and detach, stiff upper lip

Bowlby disagreed and felt children need to grieve. He identified four phases –

Shock and Numbness

Yearning and Searching

Disorganization and Despair

Reorganization and Recovery



Kubler Ross

Developed in the late 1960s, originally as a guide for terminally ill patients.

It has generally been the most accepted model

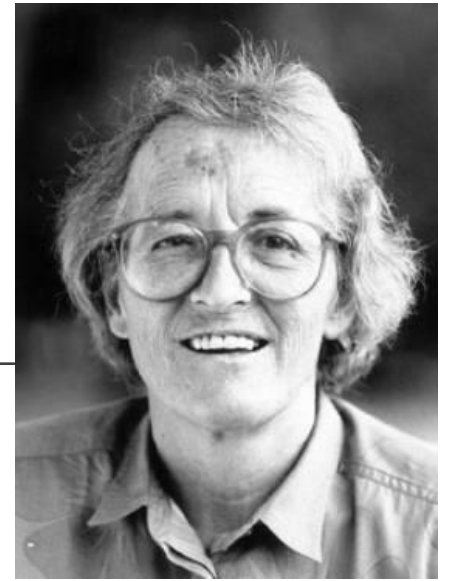
Covers five stages, - Denial, Anger, Bargaining, Depression, Acceptance.

This model is most criticised for the lack of empirical research, linear, adult centric.

Kubler Ross recognises that:

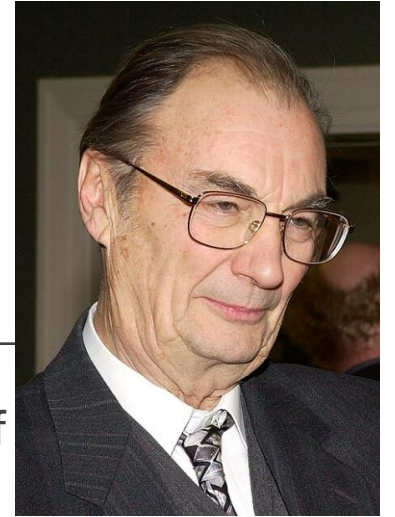
children of 5 years - someone having been taken away

9 years - death is a permanent state, which cannot be returned from.





Murray Parkes



Murray Parkes's work was based on that of Elisabeth Kubler-Ross. He identified his own four phases of grief.

Shock and Numbness

Yearning and Searching

Disorganization and Despair

Reorganization and Recovery

Murray Parkes felt that individuals work through the stages at different times and in different ways.



Worden

Lead researcher in the Harvard Child Bereavement Study.

This informed his Four Tasks model.

The four tasks are:

Accept the reality of the loss

Experience the pain or the emotional aspects of the loss

Adjust to an environment in which the deceased does not exist

Relocate the deceased person within one's life and find ways to memorialise them.





Dual Process

The dual process grief model oscillates between confronting loss and engaging in restoration activities

Loss-oriented stressors - crying, reminiscing, longing for the deceased.

Restoration-oriented stressors – adapting, taking on new roles, re-establishing routines.

Both types of stressors should be available for healthy grief.

Higher levels of loss-oriented stressors = poorer psychological outcomes

Higher levels of restoration-oriented stressors = better emotionally adjusted.

Allows for personalised therapies.



Stages of Development

Erikson's Psychosocial Stages

Stage	Basic Conflict	Virtue	Description
Infancy 0–1 year	Trust vs. mistrust	Hope	Trust (or mistrust) that basic needs, such as nourishment and affection, will be met
Early childhood 1–3 years	Autonomy vs. shame/doubt	Will	Develop a sense of independence in many tasks
Play age 3–6 years	Initiative vs. guilt	Purpose	Take initiative on some activities—may develop guilt when unsuccessful or boundaries overstepped
School age 7–11 years	Industry vs. inferiority	Competence	Develop self-confidence in abilities when competent or sense of inferiority when not
Adolescence 12–18 years	Identity vs. confusion	Fidelity	Experiment with and develop identity and roles
Early adulthood 19–29 years	Intimacy vs. isolation	Love	Establish intimacy and relationships with others
Middle age 30–64 years	Generativity vs. stagnation	Care	Contribute to society and be part of a family
Old age 65 onward	Integrity vs. despair	Wisdom	Assess and make sense of life and meaning of contributions

Erik Erikson developed eight stages of psychosocial development model

His stages cover an individual's biological, psychological and social influences throughout development and 'have been used as development benchmarks ever since'. (Lopez, 2022)



Erikson - Stage 4

Erikson's eight stages take an individual from birth to adulthood, with psychosocial conflicts which a person must navigate along the way.

Stage 4 is the final stage of childhood ,5 to 12 years.

"Industry vs. Inferiority," is particularly relevant to bereavement, as it involves the development of skills and confidence, which can be affected by the loss of a parent or caregiver.

Missing support and encouragement = feeling worthlessness or inferior.

Providing a nurturing environment and support = a sense of competence and self-worth.



Erikson - Stage 4

Children who are bereaved of a significant caregiver in primary school may struggle with engaging in activities and developing new skills, as their caregiver is not there to cheer them on or provide validation at tasks completed.

As they get older this may manifest as failure to achieve their developmental milestones.



The need for support.

All children will grieve at some point and in some way

This will be highly individualised.

Examples include bedwetting, regressing to co-sleeping, anger, frustration, tantrums,

All these will be without realising the reason for their emotions.
(Psychiatry Advisor).

Untreated grief can cause attachment difficulties for adults

The emotional trauma of bereavement and unresolved grief are linked to insecure and avoidant attachment styles in adulthood.
(Jain and Tomar, 2025).



The need for support

Very few studies around childhood grief.

Worden (2018) defined the difference between grief counselling and grief therapy. Counselling = assistance offered to people who have experienced recent loss to help them deal with the various tasks of mourning and Therapy = dealing with the complications of the mourning process that prevents people from adequately adapting.

Needs changing for the digital age.

(Worden, 2001). The Covid-19 pandemic would probably add another level of lived trauma to bereaved children.

“What do I do?”

Trauma-Informed Support for Children

1

Create safety

If the child is overwhelmed, perhaps guide them to a quiet corner or allow them to decompress by visiting the restroom. If you are in a classroom, maybe you have a peace corner that you've outfitted with blankets or a screen so that it feels like a safe place.

2

Regulate the nervous system

Stress brings a predictable pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyperarousal (explosive, jittery, irritable) or hypoarousal (depressed, withdrawn, zombie-like). No matter how ingenious our regulation strategies, how artsy-crafty we get with tools, the child has to find what works for them.

3

Build a connected relationship

This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected, then eventually the calm discussion of each person's feelings and needs can take place.

4

Support development of coherent narrative

Creating predictability through structure, routines and the presence of reliable adults helps reduce the chaos a child may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.

5

Practice 'power-with' strategies

One of the hallmarks of trauma is a loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our power well. If we model a 'power-with' relationship with children it's our best chance of creating adults who will treat others with dignity and respect.

6

Build social emotional and resiliency skills

Trauma robs us of time spent developing social and emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and it's a good chance we didn't see those skills modeled for us. Learning to care for one another is the most important job we have growing up.

7

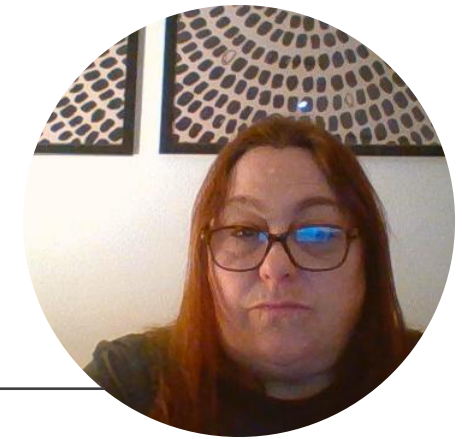
Foster post-traumatic growth

We know that there are qualities and skills that allow people to overcome the most devastating trauma and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite discomfort, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster in children.

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Support strategies



There are many trauma-informed strategies which exist, using similar underlying principles.

It is important to protect and provide a place of safety. For a grieving child this stability may come from a secondary caregiver or from school, particularly at a primary age.

Connection is important as new relationships and attachments will need to be formed.

Resilience is key. Using cognitive behavioural therapies can allow children to deal with their grief in their own individual way.

Harvard Child Bereavement Study

- 125 children, ages 6-17, who had lost a parent; compared to 70 children who were not grieving
- Common symptoms: crying, anxiety about safety of self or others, feelings of guilt about misbehavior and lack of affection in past
- Increased physical complaints
- Increase in accidents and serious illness in first year compared to non-bereaved but then returned to normal levels in 2nd year

- McEntire, 2003

Support strategies



Harvard Child Bereavement study agrees that grief is an individual process, with no set time scale or method of grieving, and it is important to remember that different strategies will suit different individuals (Mallon, 2011) – there is not a ‘one size fits all’ method for children’s grief.

This fits with the Dual Process theory which advocates a very individualised approach to dealing with grief symptoms.

Protective factors must be put in place by a safe and trusted adult.



School support

Has someone important to you died?

Ideas to give your parent or carer

People cope in all sorts of ways when someone dies. Sometimes others want to help you in your grief, but aren't sure how. Here are some suggestions from other bereaved young people about ways your parent or carer could support you. Tick the ones you think would help at the moment, and give it to your parent or carer to help start the conversation.

☐ Talk to me honestly and explain what has happened in a way I can understand	☐ Help me start a memory box or book.	☐ Give me space but talk to me if you are worried I'm not eating properly or I'm having sleep or other difficulties	☐ Give me a hug
☐ Talk to me about the funeral and how I can be involved, even if I can't be there	☐ Help me keep memories alive by talking and remembering	☐ Notice if I am feeling lonely and find out about groups and resources for me	☐ Arrange for me or us to get extra help if I am feeling overwhelmed or I feel I can't talk to you
☐ Make sure school knows about my loss	☐ Remind me I am not to blame and it's not my fault. I may need to talk about this	☐ Help me to have fun and laugh sometimes. This doesn't mean I'm 'over it'	☐ Please try _____
☐ Help me keep in touch with other family and friends while we have to be apart			

With thanks to young people and Seasons for Growth trainers at the Notre Dame Centre in Glasgow.
Published by the Childhood Bereavement Network at the National Children's Bureau reg. charity 258825.
For more ideas and local and national support organisations, visit www.childhoodbereavementnetwork.org.uk



TF-CBT – a treatment model which can be used to support bereaved children in dealing with their grief (Cohen et al, 2016).

If a remaining parent is also grieving, they may be unable to support the child fully. (Ferow, 2019)

School bereavement support - shared experiences reduce the feelings of isolation (Linder et al, 2022).

Schools as support – familiar environment and interventions can be more easily accessed (e.g., no extra travel, time constraints etc.)

Correlation between higher levels of school and peer support and lower levels of reported grief symptoms. (Geradine, 2024).



School support

Limited data for primary aged children

Studies commonly look at the very young, or adolescents and teens A small study carried out in one UK local authority found that

There are risks associated with bereavement support in schools - compassion fatigue (Luthar & Mendes, 2020) and a negative impact on the emotional well-being of the staff involved (Costelloe et al, 2020)



The impact of Covid-19

‘Psychosocial and economic support can help families to nurture children bereft of caregivers and ... prevent, detect, respond, and care for children’ (Hills et al, 2021)

The Covid-19 pandemic cause difficulties for bereaved children.

Amount of deaths high – primary and secondary caregivers

Schools closed – support network missing

Quick decline = no time to prepare

Uncertainty = confused adults, confused children, unable to process what was going on.



Moving forward - support

Many charities exist in the UK that can help support families and bereaved children. These include Winston's Wish, Cruse, Into the Blue, and Hope Again. They can help remaining caregivers know how to speak to the child, using the correct language, not closing the door on emotions. They also emphasise the importance of creating lasting happy memories of the deceased person, which fits with task 4 in Worden's grieving process of maintaining a healthy connection with the deceased. (Worden, 2001) This is often done during therapy sessions in the form of creating a memory box as a reminder of happier times.

Helping children to deal with their grief and trauma safely and effectively will allow them to create new secure attachments and to build healthy relationships in the future. Dealing with grief alongside a support network will allow children to becoming emotionally mature, to learn and grow from their experiences and allow the person to live on as an essential part of their memories.

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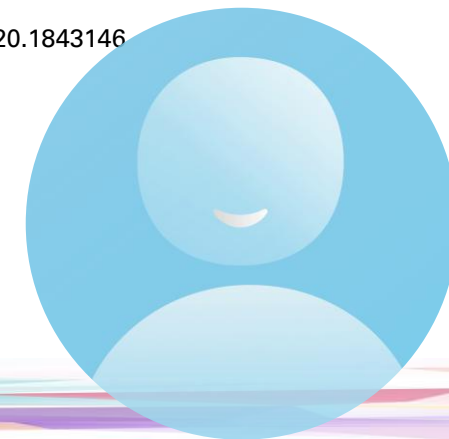
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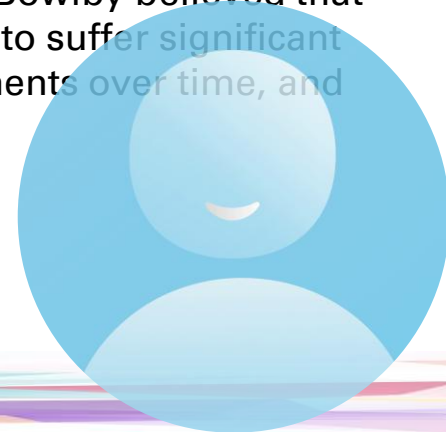


This presentation aims to look at the effect of child bereavement on a child's lifelong development. Although data is not generally collected regarding bereaved children, Child Bereavement UK provides some statistics. In the UK, 127 children lose a parent every day. On average a parent dies every 20 minutes. By the age of 16, 1 in 20 children will have suffered the death of a parent, more than one child in every class. (Childhood Bereavement Network). Based on a longitudinal study, approximately 7,000 children born each year will lose their mother before the age of 16. It is estimated that twice as many fathers die than mothers. (ONS).

The existence of adverse childhood experiences, or ACEs, highlight certain potential scenarios in a childhood that can contribute negatively to the child's development, well-being, attitude and overall future. The loss of a significant person is included on the list as one of the adverse childhood experiences. This could mean the death of a primary caregiver, such as a parent, a secondary caregiver such as a grandparent, or a sibling. Although about 70% of children experience at least one ACE before leaving school, the death of a significant person can have a far-reaching effect on the child, both at the time and in the future. Children who suffer ACEs are more at risk of long-term negative consequences, and this is particularly true if their grief experience is prolonged. (Geradine, 2024).

Bowlby's attachment theory was first developed in the 1960s, alongside Mary Ainsworth who developed it further. It is centred around the way in which people relate to each other and provides a list of types of styles for those affected by poor attachment. Secure: A safe, comfortable environment creates a settled, confident individual. Avoidant: Shows emotional distance, unable or unwilling to depend on others. Anxious-Ambivalent: Demonstrates an uncertainty in their developing relationships, often seeking closeness but fearing abandonment. Disorganized: Mixed, erratic behaviours, which come from trauma or disrupted attachment and caregiving.

Bowlby's theory is widely used as go-to method by social workers and other support networks. The main initial attachment, Bowlby argues, is to the mother, as this relationship starts to be built before birth, as the baby hears its mother's voice and feels her touch. However, as time passed and family dynamics evolved, there were criticisms of Bowlby's theory surrounding the use of mother as the main caregiver. This was later modified by Bowlby to use the term primary caregiver instead. The caregiver provides a 'safe haven', where they provide comfort, reassurance, and protection when the child faces instances of distress, fear, or threat. Bowlby believed that the death of a significant adult can disrupt a child's attachment and development, which in turn can cause the child to suffer significant long-term consequences of attachment deprivation. However, he believed that it was possible to build new attachments over time, and this is a necessary process when dealing with a bereaved child, for them to thrive as adults. (Garrett, 2023)



John Bowlby's (1969-80) attachment theory
Kubler Ross (1969) five stages of grief
Murray Parkes (1972) psycho-social elaborations
• Worden (1991)
• Silverman and Klass (1996) Dual process theory

Freud's early work on bereavement was a modernist approach where individuals should 'quickly and efficiently take action, recover from their losses and achieve independence from the deceased' (Yousuf-Abramson, 2021). Grief was seen as a weakness that an individual should detach themselves from in order to maintain the stereotypical British stiff upper lip. In contrast to this, Bowlby felt that children were trying to activate their attachment behaviours without their attachment figure actually being present (Ince & Balon, 2024) whether due to death or to their own personal grief. He felt children should be allowed to grieve and thus devised his own work on the subject, identifying four stages.

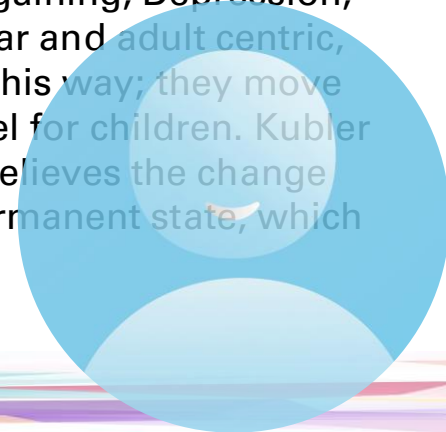
Shock and Numbness: An initial period of disbelief and emotional detachment. There may be a feeling of being overwhelmed and unable to process the grief.

Yearning and Searching: A period defined by feelings of longing and searching for the loved one. This is the drive to reconnect with the unavailable attachment figure.

Disorganization and Despair: Despair at their loss causes individuals to feel disoriented and they may struggle to find meaning or purpose in their lives. They will struggle to maintain their normal routines.

Reorganization and Recovery: This is the rebuilding phase where individuals try to set out a new normal, while still remembering and acknowledging their lost person. They will try to maintain a connection through their memories.

This popular theory on how people deal with grief was developed by Elizabeth Kubler Ross in the late 1960s, originally as a guide for terminally ill patients. It has generally been the most accepted model which covers five stages, - Denial, Anger, Bargaining, Depression, Acceptance. This model is most criticised for the lack of empirical research. Additionally, it is described as very linear and adult centric, although Kubler Ross herself suggested that this was not her intention (Cruse). Children do not experience grief in this way; they move more backwards and forwards between the different stages and for these reasons it is not recommended as a model for children. Kubler Ross recognises that children of early primary school age regard death as someone having been taken away. She believes the change comes at around the age of 9 years when realistic conception grows and children begin to realise that death is a permanent state, which cannot be returned from. (Kubler-Ross, 1969).



Murray Parkes's work was based on that of Bowlby. He identified his own four phases of grief.

Shock and Numbness: The initial phase, whereby the grieving person shuts down for self-preservation, in order to numb the feeling.

Yearning and Searching: Feelings of sadness, anger, anxiety, and confusion. The person grieving desperately wants the person they have lost to return.

Disorganization and Despair: Despair is the lowest point. Despite accepting that the person is gone, the grieving individual experiences feelings of anger, frustration and confusion.

Reorganization and Recovery: A new 'normal'. Negative emotions are more often replaced by happier memories. The grieving person will return to more normal functioning and negative impacts such as weight loss or gain, and sleeplessness will level off.

Murray Parkes felt that individuals including children work through the stages at different times and may jump a step or return to a step rather than it being a clear, linear journey.

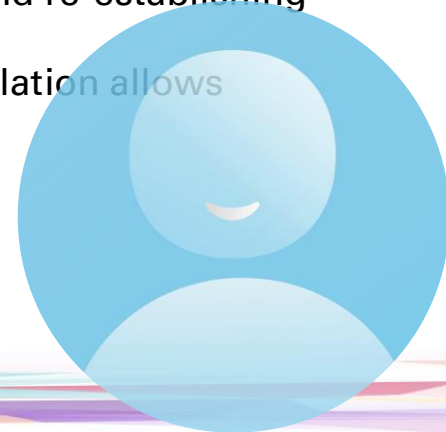
Worden was the lead researcher in the Harvard Child Bereavement Study which informed his Four Tasks model. Worden felt that the linear style models produced previously did not allow for fluidity or flexibility in grief, something that is essential for childhood grief. (Martinez, 2016). When questioned he explained that he felt Kubler-Ross's model had originally been devised to deal with death and had been adapted to deal with grief. He wanted a model rooted in developmental Psychology, which allowed for more fluid movement and a way of identifying if a person was stuck at a particular task. (Worden, 2001). The four tasks are 1. Accept the reality of the loss, 2. Experience the pain or the emotional aspects of the loss, 3. Adjust to an environment in which the deceased does not exist, and 4. Relocate the deceased person within one's life and find ways to memorialise them.

The dual process grief model oscillates between confronting loss and engaging in restoration activities, which allows individuals to grieve in their own way.

Loss-oriented stressors include emotional responses such as crying, reminiscing, and longing for the deceased.

Restoration-oriented stressors include adapting to life without the person that has been lost, taking on new roles, and re-establishing routines.

It is believed that both types of stressors should be present to allow individuals to fully adapt to their loss. The oscillation allows individuals to control and deal with their grief whilst carrying out their day-to-day tasks.



Individuals who experience higher levels of loss-oriented stressors will experience poorer psychological outcomes, such as depression and loneliness. Individuals who experience higher levels of restoration-oriented stressors will cope better and be better emotionally adjusted.

This theory allows practitioners to deal with grieving people on an individual basis, tailoring their therapies towards their personalised needs.

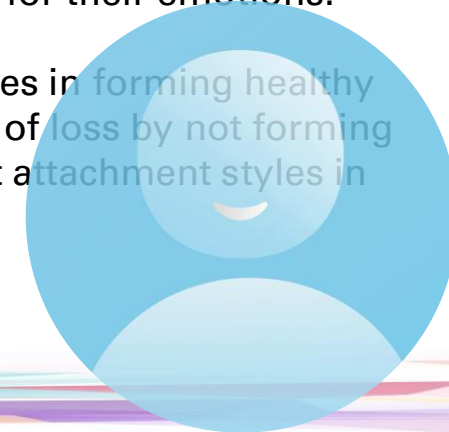
Erik Erikson developed Freud's ideas and devised a psychosocial stages of development. (Poole & Snarey, 2011). His eight stages of psychosocial development model of 1950 incorporated the influence of social environment at each stage. His stages cover an individual's biological, psychological and social influences throughout development and 'have been used as development benchmarks ever since'. (Lopez, 2022)

Erikson's eight stages take an individual from birth to adulthood, with psychosocial conflicts which a person must navigate along the way. Stage 4 in Erikson's stages of development is the final stage of childhood before adolescence, covering the ages of 5 to 12 years. For the purpose of this presentation, the focus is specifically on children in Key Stage 2 of their primary education, ages 7 to 11. The fourth stage, "Industry vs. Inferiority," is particularly relevant to bereavement, as it involves the development of skills and confidence, which can be affected by the loss of a parent or caregiver. If a child does not receive the support and encouragement needed to master skills and complete tasks, they may leave this stage with a sense of worthlessness or inferiority, which can lead to grief and abstract loss in the future. It is essential to provide a nurturing environment and support during this stage to help children develop a sense of competence and self-worth, which can mitigate the impact of bereavement on their emotional health. (Simply Psychology)

SLIDE 15 WITHOUT SUPPORT

It is accepted that all children will grieve at some point and in some way, but it is highly likely that this will look different for each individual. Young children may demonstrate regressive behaviours such as bedwetting or needing to co-sleep with an adult or sibling. They may demonstrate anger, frustration, tantrums, and becoming emotionally upset, without realising the reason for their emotions. (Psychiatry Advisor).

Untreated grief can manifest itself later in life with young adults demonstrating attachment difficulties and difficulties in forming healthy relationships. They may push people away through fear of rejection and try to protect themselves from future pain of loss by not forming new relationships. The emotional trauma of bereavement and unresolved grief are linked to insecure and avoidant attachment styles in adulthood. (Jain and Tomar, 2025).



Despite a growing understanding of the effect of bereavement on young children, and the associated long-term effects, there are very few longitudinal research studies on childhood grief and these fail to address the impact of the support from the caregiver environment (Alvis, 2022).

Worden (2018) defined the difference between grief counselling and grief therapy. Counselling = assistance offered to people who have experienced recent loss to help them deal with the various tasks of mourning and Therapy = dealing with the complications of the mourning process that prevents people from adequately adapting. Worden acknowledges that changes have had to be made to the original 35-year-old text, due to the changes in society and the increase in traumatic events, the advent of social media and the propensity of youth to relive situations via online photos and videos. (Worden, 2001). The Covid-19 pandemic would probably add another level of lived trauma to bereaved children.

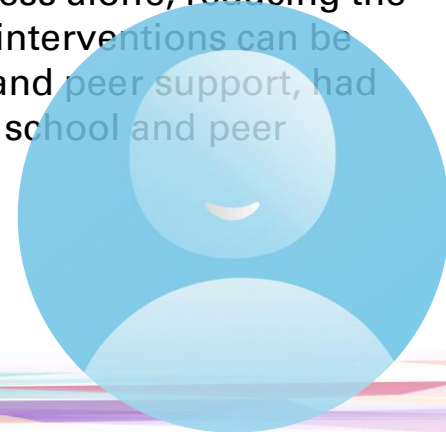
The findings of the Harvard Child Bereavement study highlighted that grief is an individual process, with no set time scale or method of grieving, and it is important to remember that different strategies will suit different individuals (Mallon, 2011) – there is not a ‘one size fits all’ method for children’s grief. This fits with the Dual Process theory which advocates a very individualised approach to dealing with grief symptoms.

The generally accepted trauma informed process for dealing with grief highlights four stages – Safety and Stability, Remembering and Grieving, Reconnecting and Integration, Consolidation and Resolution.

Put protective factors in place. Safety. Trauma methods.

Trauma Focused Cognitive Behaviour Therapy, often referred to as TF-CBT is an empirically supported treatment model which can be used to support bereaved children in dealing with their grief (Cohen et al, 2016).

If a remaining parent is also grieving, they may be unable to support the child fully. (Ferow, 2019) At this point school support becomes a necessity. School-based require little of the parent, providing an easily accessible safe space to deal with the symptoms of grief, potentially with the support of other children with similar experiences. The shared experiences make the child feel less alone, reducing the feelings of isolation (Linder et al, 2022). Schools are well placed to offer support as it is a familiar environment and interventions can be more easily accessed (e.g., no extra travel, time constraints etc.) A small thesis study found that school belonging, and peer support, had an impact on children dealing with grief symptoms and reactions. There was a correlation between higher levels of school and peer support and lower levels of reported grief symptoms. (Geradine, 2024).



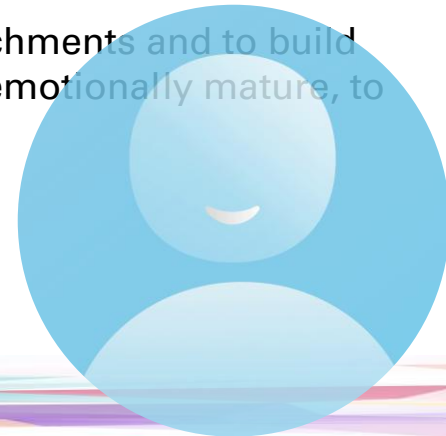
There is limited data available which looks at the effectiveness of bereavement support provision for primary aged children. (Winston's Wish, 2019). Studies commonly look at the effects of child bereavement in the very young, or in adolescents and teens with little to be found for the upper primary age range. The need for schools to provide support is commonly understood although the reality of how that support looks may not be ideal. A small study carried out in one UK local authority found that there are risks associated with bereavement support in schools. For teachers or other school facilitators, there is a danger of compassion fatigue (Luthar & Mendes, 2020) where providing emotional support to bereaved children has a negative impact on the emotional well-being of the staff involved (Costelloe et al, 2020)

A study, published in The Lancet in 2021, stated that 'Psychosocial and economic support can help families to nurture children bereft of caregivers and ... prevent, detect, respond, and care for children' (Hills et al, 2021)

The Covid-19 pandemic from 2020 onwards had an impact on child bereavement support, at a time when UK deaths were at their highest and support was needed more than ever. At this point, the schools who were providing the highest level of bereavement support, along with stability and security for bereaved children were closed, and pupils were unable to access that extra stability. Many children lost primary or secondary caregivers, and their remaining caregivers were inaccessible to them due to quarantining procedures. Additionally, due to the quick decline of patients who contracted Covid, there would have been little time to prepare the child for what was to happen, and during this period of uncertainty many adults would have been unable to explain to a child what was going on, leaving the child unable to process it.(Hills et al, 2021)

Many charities exist in the UK that can help support families and bereaved children. These include Winston's Wish, Cruse, Into the Blue, and Hope Again. They can help remaining caregivers know how to speak to the child, using the correct language, not closing the door on emotions. They also emphasise the importance of creating lasting happy memories of the deceased person, which fits with task 4 in Worden's grieving process of maintaining a healthy connection with the deceased. (Worden, 2001) This is often done during therapy sessions in the form of creating a memory box as a reminder of happier times.

Helping children to deal with their grief and trauma safely and effectively will allow them to create new secure attachments and to build healthy relationships in the future. Dealing with grief alongside a support network will allow children to becoming emotionally mature, to learn and grow from their experiences and allow the person to live on as an essential part of their memories.





AI acknowledgement

I acknowledge the use of generative AI (Copilot) to support my research.

I confirm that I have not presented any AI generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources used which I may be asked to produce.

