

Therapeutic Work with Individuals: Child Bereavement

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Introduction

Child bereavement is a complex experience that can have profound emotional, behavioural, and developmental results. It refers to the process of when a child experiences the death of a significant individual, such as a parent, sibling, or caregiver. Bereavement can also occur with less significant relationships, or even pets, as grief is an individual experience. Children's understanding of death is shaped by their cognitive development, emotional understanding, and relationships where attachment has occurred. As a result, their responses to grief can vary significantly across developmental stages, requiring therapeutic approaches that are flexible, sensitive, and tailored to individual needs.

Theoretical perspectives proposed by John Bowlby (1980) and Jean Piaget (1952) provide important insight into how children understand and respond to loss. Bowlby's attachment theory emphasises the importance of early emotional bonds, suggesting that the loss of an attachment figure can disrupt a child's sense of safety and security. Piaget's cognitive development theory highlights how children's understanding of death evolves over time, influencing how they interpret and respond to bereavement.

However, modern research suggests that grief is not a linear or predictable process, but rather a highly individual experience shaped by a range of psychological, social, and cultural factors. This challenges traditional stage-based models and highlights the need for a more flexible and holistic approach to therapeutic work.

This essay argues that effective therapeutic work with bereaved children requires a developmentally informed, child-centred, and integrative approach. It will explore the impact of bereavement across the lifespan, examine different types of grief, critically evaluate therapeutic approaches, assess the role of UK-based support systems, and consider the importance of cultural awareness and ethical practice in supporting bereaved children.

The Impact of Bereavement Across the Lifespan

Bereavement affects individuals differently across the lifespan. Emotional responses to loss are shaped by cognitive development, attachment patterns and social ability. The work of John Bowlby highlights the importance of early intervention early attachment relationships. Bowlby suggests that the loss of a primary caregiver can significantly disrupt a child's sense of security and emotional stability.

Additionally, developmental theories proposed by Jean Piaget emphasise that an individual's understanding of death evolves with age and will influence how grief is experienced and expressed.

Although it is understood that infants cannot understand death, they are highly sensitive to separation and loss. Bereavement at this age may portray as stress, disruptive sleep and changes in feeding times. This reflects the infant's reliance on consistent caregiving for emotional regulation (Bowlby, 1980). As children move into early childhood, their understanding of death remains limited, often believing it is temporary and that their loved one will come back. This can lead to confusion, and some children may even feel responsible for the death. These misunderstandings can develop into anxiety, or even behavioural issues such as regressing or increased dependency (Piaget, 1952).

During mid childhood, children begin to understand that death is permanent and inevitable, which in turn can cause more complex emotional responses. Feeling sadness, anger and fear are common in bereaved children and grief may negatively impact academic performance and social relationships. At this stage, children may attempt to mask their emotions, which can lead to internalised distress if not appropriately supported (Worden, 1996).

In adolescence, bereavement can be particularly challenging due to ongoing identity development. Adolescents are more capable of abstract thinking and may question the meaning of life, death, and existence. They may experience intense emotional reactions, including anger, depression, and confusion. In some cases, bereavement may lead to risk-taking behaviours, such as substance use, as a way of coping with overwhelming emotions. This highlights the importance of providing appropriate support during this critical developmental stage.

However, while developmental theories provide a useful framework, they have been criticised for being overly deterministic. Not all children respond to bereavement in the same way, even if they are at the same developmental stage. Factors such as personality, previous experiences, family support, and cultural background all play a significant role in shaping the grief experience.

The Dual Process Model (Stroebe and Schut, 1999) offers a more flexible perspective, suggesting that individuals oscillate between loss-oriented and restoration-oriented coping. This means that individuals may alternate between confronting their grief and engaging in everyday activities, rather than progressing through fixed stages. This model highlights the dynamic and non-linear nature of grief.

Furthermore, the impact of bereavement can extend into adulthood. Unresolved grief in childhood has been linked to long-term mental health difficulties, including depression, anxiety, and difficulties in forming relationships. This reinforces the importance of early and effective intervention in supporting bereaved children.

The Five Stages of Grief in Children

The classic five stages of grief proposed by Kübler-Ross (1969) are denial, anger, bargaining, depression, and acceptance. These stages were originally developed in the context of adult bereavement but can be adapted to reflect children's developmental understanding and emotional expression. Children's experiences of grief are shaped by age, cognitive capacity, and emotional maturity, and the stages may not occur linearly.

The first stage, denial or disbelief, often manifests in younger children as a refusal to accept the permanence of death. Children may act as if the person who has died will return or repeatedly ask when they will come home. This response reflects the limited conceptual understanding of death in early childhood (Piaget, 1952) and serves as a protective mechanism, allowing the child time to gradually process the loss.

The second stage, anger, can emerge in children of any age and may be expressed through frustration, aggression, or blaming others, including family members, peers, or even the deceased. For example, a child may direct anger towards a sibling, themselves, or healthcare providers, struggling to make sense of the unfairness of the loss. Recognising anger as a natural component of grief is vital for therapeutic support, as it allows children to express complex emotions safely rather than suppress them.

Bargaining, the third stage, frequently appears in bereaved children. Younger children may believe that certain behaviours, wishes, or rituals could reverse the death or bring the deceased back. Bargaining reflects children's attempts to regain control over an event that feels unpredictable and overwhelming and can be an important signal for therapists to provide reassurance and guidance.

The fourth stage, sadness or depression, is often the most visible manifestation of grief in children. Emotional responses can include withdrawal, clinginess, tearfulness, and a decline in academic performance or interest in previously enjoyable activities. For instance, a child may isolate themselves from peers or refuse to engage in play. Supporting children through this stage requires sensitive, age-appropriate communication and opportunities for expression, such as through play therapy, art, or storytelling, which allow them to process complex emotions in a safe environment.

Finally, acceptance or adjustment represents the stage in which children begin to comprehend that the deceased will not return and start to adapt to life without them. Acceptance may involve developing new routines, finding symbolic ways to maintain connections with the deceased, or reflecting on positive memories rather than expecting physical presence. Importantly, acceptance does not imply that grief is "over"; children may revisit emotions associated with the loss as they grow and encounter developmental milestones.

Overall, these five stages illustrate the unique ways in which children process bereavement. The expression of grief is influenced by age, cognitive development, personality, family support, and cultural context, and children often oscillate between stages rather than progressing linearly. Therapeutic interventions that recognise and validate each stage, while providing developmentally appropriate support, are therefore essential in facilitating healthy coping and emotional adjustment.

Types of Grief in Children

Children may experience different types of grief depending on the nature of the loss and their individual circumstances. Understanding these variations is essential for informing appropriate therapeutic interventions.

Normal grief involves a range of emotional responses, including sadness, anger, confusion, and longing, which gradually lessen over time. However, some children may experience complicated grief, characterised by prolonged and intense emotional distress that interferes with daily functioning (Worden, 1996). Children experiencing complicated grief may struggle to accept the loss, exhibit persistent sadness, or withdraw from social activities.

Delayed grief is another important consideration, particularly in younger children who may lack the cognitive ability to fully process the loss at the time it occurs. As the child develops, they may revisit the loss and experience grief at a later stage. This demonstrates that bereavement is an ongoing process rather than a one-time event.

Disenfranchised grief occurs when a child's loss is not recognised or socially supported. This may occur in cases such as the death of a distant relative, a pet, or a socially stigmatised death. In such situations, children may feel unable to express their emotions, increasing the risk of unresolved grief.

Contemporary theories also highlight the concept of continuing bonds, suggesting that maintaining an emotional connection with the deceased can be a healthy part of grieving. This challenges traditional views that emphasise detachment and "moving on," instead recognising that ongoing connections can provide comfort and meaning.

These different types of grief highlight the importance of adopting a flexible and individualised approach to therapeutic work, recognising that each child's experience of bereavement is unique.

Therapeutic Approaches to Child Bereavement

A range of therapeutic approaches can be used to support bereaved children, each offering different strengths and limitations.

It is essential to use the correct approaches when conducting therapeutic work with bereaved children. Effective approaches that engage with the child's communication style, as well as being appropriate for the child's developmental stage are essential.

Person-centred therapy is largely used in bereavement support. Developed by Carl Rogers, the approach emphasises the importance of being empathetic, and

psychological wellbeing. Rogers believed that therapy would be warmer and have a more optimistic approach compared to other therapy practices at the time. The humanistic approach focuses on the client's ability to grow, understand oneself and heal. This approach is appropriate for children as it has a non-direct technique, which encourages children to feel safe and understood. As person-centred therapy creates a safe environment, children will feel able to process grief at their own pace. It is worth noting that some children may require a more structured approach guidance to explore complex emotions, so Rogers' approach may not be suitable.

Play therapy is particularly beneficial for younger children who may lack the ability to articulate their thoughts and feelings. Play therapy involves activities such as drawing, role playing and playing with sand trays or toys. This is so children can express their emotions symbolically rather than verbally. Play therapy allows therapists to access information from the mind of the child without intimidating them. This is non-threatening to a child, making it an effective approach in therapeutic work, particularly bereavement.

Cognitive Behavioural Therapy (CBT) is more commonly used with older children and adolescents. CBT focuses on identifying and challenging a client's negative thoughts, such as self-blame, and developing coping strategies. This approach is structured and can be beneficial to a child. The technique can support the child to grow their understanding of the death they have experienced and build resilience. However, it can be less suitable for younger children who are still developing their abstract thinking skills. CBT is generally not accessible for children younger than six years old.

Narrative therapy allows children to tell their story and externalise their grief, helping them to make sense of their experiences. Family therapy recognises the impact of bereavement on the entire family system, promoting communication and shared coping strategies. Group therapy provides opportunities for peer support, reducing feelings of isolation.

Overall, this demonstrates that no single therapeutic approach is universally effective. An integrative approach, combining elements of different therapies, is often most effective in meeting the diverse needs of bereaved children.

Bereavement Support for Children in the UK

In the UK, bereavement support for children is delivered through a combination of charitable organisations, healthcare services, and educational settings. Organisations such as Child Bereavement UK (2023) and Winston's Wish (2023) provide specialist support, including counselling, helplines, and online resources. These services are particularly valuable as they offer accessible and early intervention.

Statutory services, including the NHS and CAMHS, also play a role in supporting bereaved children (NHS, 2023). Schools are a key part of this support network, as they provide a familiar and stable environment. Teachers and pastoral staff can often identify changes in behaviour and provide ongoing support.

However, despite the availability of these services, there are significant challenges. Long waiting times, limited funding, and regional inequalities can restrict access to support. Level of support available depends on geographical location.

This highlights the need for continued investment and development in bereavement services to ensure that all children have access to appropriate support.

Cultural Influences on Bereavement

Cultural beliefs and practices play a significant role in shaping how children experience and express grief. Different cultures have varying attitudes towards death, which can influence emotional expression, mourning practices, and support systems.

Western models of grief often emphasise emotional expression and individual processing, whereas other cultures may prioritise collective mourning or spiritual beliefs. This highlights the limitation of applying universal models of bereavement without considering cultural context.

Therapists must therefore adopt a culturally sensitive approach, recognising and respecting diversity in grief experiences. Failure to do so may result in misunderstandings and ineffective support.

The Role of the Therapist

The therapist plays a crucial role in supporting bereaved children. Building trust and rapport is essential, particularly when working with children who may struggle to express their emotions. Therapists must adopt a child-centred approach, adapting their communication style and interventions to the child's developmental stage.

Ethical considerations are also central. Frameworks such as those provided by the British Association for Counselling and Psychotherapy (2018) emphasise confidentiality, safeguarding, and professional responsibility.

This highlights that therapeutic work is not only about applying techniques, but about creating a safe, ethical, and supportive environment.

Conclusion

In conclusion, child bereavement is a complex and deeply individual experience that requires sensitive and developmentally appropriate therapeutic intervention. While theoretical perspectives provide valuable insight, they must be applied flexibly to account for individual differences.

Therapeutic approaches such as person-centred therapy, play therapy, and CBT each offer valuable tools, but their effectiveness depends on how well they are tailored to the child. UK support systems demonstrate a strong commitment to supporting bereaved children, although challenges remain.

Ultimately, effective therapeutic work requires a holistic, flexible, and child-centred approach that supports long-term emotional wellbeing.

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