

The impact of early childhood bereavement

by

Sarah Nicole Bowman

A.S., Johnson County Community College, 2002

B.A., MidAmerica Nazarene University, 2007

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Approved by:

Major Professor
Jennifer Francois

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Abstract

This report investigates the psychological effects of bereavement on young children aged three to five years. It will discuss how these effects can be minimized and how we can help children grieve a loss with support in their environments including within the home and in the classroom. Personal experiences, stories, and interviews from parents who have experienced the loss of a child will be shared. The information from research will be combined with personal experiences to create a brochure entitled *Siblings Grieve Too*, which can be used as a meaningful vehicle to inform the public about early childhood bereavement. The research paper and brochure will give details that can help inform caregivers and support our grieving children specifically geared towards children ages three to five years.

Experiencing the death of a sibling during childhood and early adulthood is a common phenomenon, affecting between 5% and 8% of children with one or more siblings in the United States. Research has shown that children who experience bereavement at a young age are at an increased risk of developing a range of psychological issues, including depression, anxiety, and post-traumatic stress disorder. The child's environment and support systems decrease the severity and longevity of these risks. Facilitating an open, honest communicative approach with grieving children is a huge benefit for children, it will foster verbalizations of feelings, and understanding of the situation revolving death, in which will help the child achieve successful grievance and return to their psychological baseline. Grief can lead to short term changes during the immediate and initial stages but through environmental support can return to baseline, we see that the environment provides a foundation for successful or dysfunctional grievance. Children, no matter how young they are, do feel the absence of a loved one. The influence of families on

their young children shows the affect they have on their successful coping, or struggle, with death.

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Introduction

The specific purpose of this report is to explore the effects of sibling loss in early childhood on a surviving child's psychological development and to use that information to develop a brochure for communities to have available information. The review of literature and conclusions drawn on this specific purpose come from an author with dual views. The first view is that of a mother who has lost a child and is raising two additional children. One to remember her older brother and one to know the brother he never met. As a mother, I pondered what the chances might be that my own children would have psychological issues (e.g., depression, aggressive behavior, social withdrawal, behavior problems, etc.) as they age due to their early childhood bereavement (Fletcher et al., 2013; Geis et al., 1998; Howard Sharp et al., 2018; Pfeffer et al., 1997). The second view is that of an early childhood educator, whose purpose is to teach and help the whole child develop to the best of their personal ability. In early childhood education, death is rarely talked about (Akerman & Statham, 2011; Jonas-Simpson et al., 2015). I feel this is where there is a disconnect. With children attending school or childcare settings the majority of their days (Jonas-Simpson et al., 2015), teachers have an opportunity to help children learn about death, coping, and grieving in a healthy way. This report and brochure will give details specifically geared toward children aged three to five years. When children are preschool age, they generally have fewer avenues for support coming from within the preschool unless the family takes the initial step in reaching out to support groups, friends, or professionals within the community. Once children are in the school district, more support is available from school district counselors and other professionals who are staffed in the schools and districts. My hope

is that this review and brochure will provide information and resources to support childrens' needs during their bereavement journey.

Akerman and Statham (2011), Jonas-Simpson et al. (2015), and Kranzler et al. (1990), studied bereavement in early childhood ages birth to five. Akerman and Statham (2011) shows us the importance of child-specific and situational-specific responses to childhood bereavement, each child needing different support. Akerman and Statham (2011) also finds that providing interventions or programs can help reverse the negative impacts of early bereavement, especially those programs who help strengthen protective factors (e.g., providing support to parents, programs to strengthen all children's resiliency, educate teachers on child grief). Protective factors are external factors that can help support a child's well-being, while resilience is an internal quality that helps children overcome challenges and thrive in the face of adversity. Both protective factors and resilience are important for promoting positive outcomes in children, and they are often interrelated, with protective factors helping to foster resilience in children. Jonas-Simpson et al. (2015) discovered that death is often avoided in school environments and that some adults do not believe young children are even aware of death (Warnick, 2015). This finding suggested that families, educators, and other professionals must be educated and informed about supporting grieving children. Kranzler et al. (1990) found that providing for the emotional needs of children is critical during periods of loss and grief. His research findings regarding parental emotional involvement and limiting the total losses a child goes through during this time are one of the most powerful predictors of a child grieving successfully. Kranzler et al. (1990) states, "The more the child has lost, the worse the outcome" (p. 519).

This report investigates the psychological effects of bereavement on young children. It will discuss how these effects can be minimized and how we can help our children grieve a loss

with support in their environments including within the home and in the classroom. The death of a child not only affects parent caregivers, but also the entire family.

Experiencing the death of a sibling during childhood and early adulthood is a common phenomenon, affecting between 5% and 8% of children with one or more siblings in the United States (Akard et al., 2019). The Xu National Vital Statistics Report of 2021 gives us the following 2019 United States death rates per 100,000 population; under 1 year 20,921; 1-4 years 3,676; 5-14 years 5,497 children lost their lives in the United States in 2019 (Xu et al., 2021).

Review of the Literature)

The information provided within this chapter helps us understand the importance of how children grieve and how caregivers/loved ones in their environment can support them as a bereaving child. The information below is discussed in greater detail and then added into a brochure that the community can utilize for information and support surrounding early childhood bereavement. This report will utilize research articles and three theoretical frameworks to guide our understanding how children process death and the impact that early childhood bereavement can have on psychological development. This report will also point out some protective factors for children and touch on the importance of what can be done to grieve as a whole family, at home, and at school. As this report talks about bereavement, grief, and psychological development, it is important to know the definitions and differences of each. Bereavement is the separation or detachment that leaves one destitute. This is individual and highly variable (Geis et al., 1998). Grief is the process which follows loss and accompanies and expedites a return to normal functioning. Psychological development is defined as the development of human beings' cognitive, emotional, intellectual, and social capabilities and functioning over the course of a normal life span, from infancy through old age (Psychological development, 2023).

Theoretical Foundation

It is through theory that we can understand and see patterns in the ways humans develop and progress through life's experiences. This report will concentrate on three theoretical frameworks. These theories can provide a framework for how children understand death and the appropriate ways to help children grieve in their families and communities. Bronfenbrenner's

bioecological model (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) illustrates that children are different based on their biopsychological characteristics and interactions with their environments. Bowen's family systems theory teaches us that emotions are shared within a family unit (GenoPro, 1998; The Bowen Center for the Study of the Family, 2023) this helps us understand that when parents model appropriate and healthy grieving our children can follow their lead toward healthy grievance. Piaget's (Piaget, 1999) theory of cognitive development guides us in understanding the basic concepts of what levels of situational information children can accept and process. Using these theoretical frameworks to guide us in supporting the growth and development of grieving children will give us a better understanding of how children's development is influenced by the environments in which they live and their interactions with others.

Bronfenbrenner's Bioecological Model

The bioecological model (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) is based on how the interactive relationships children have within their environments impact their development. This includes the relationships children have between their parents and caregivers and communities. These are additionally influenced by the broader social, cultural, and government policies. As children develop over time, their relationships and interactions change with their environment and within their personal relationships.

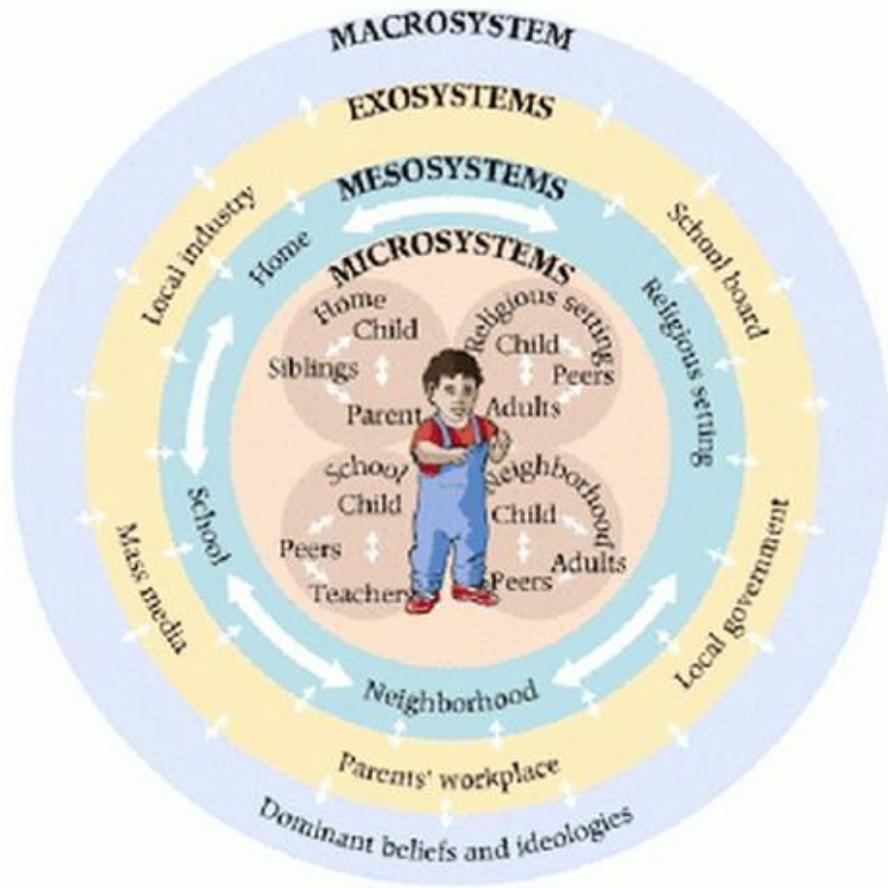
Bronfenbrenner described how the characteristics of interactions are influenced by the environment and the dynamic and interactive relationships they have affect development. It is the process of these interactions between individuals and the environment, Bronfenbrenner calls proximal processes, that are important to help understand a child's developmental outcome. It is these proximal processes that influence development and are highly variable due to the

characteristics of the developing person, environmental contexts, and the time periods in which these proximal processes take place (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006). These four defining properties of the bioecological model — process, person, context, and time (PPCT) — are the influencing factors of development. This report will view pieces of a child’s environment, including home, school, and cultural beliefs, and the interactions within them that will lead to either a successful or dysfunctional outcome from grief.

Bronfenbrenner and Even’s (2000) bioecological model visualizes (see Figure 1) environments or systems as circles, each circle containing the previous and depicting the flow of interactions that occur between systems.

Figure 1. The Bioecological model provided by The Education Portal

<http://education-portal.com/academy/lesson/urie-bronfenbrenner-biography-theory-quiz.html>



In connecting the bioecological model and explaining the influence it can have on children's perceptions of death, we see that the environment provides a foundation for successful or dysfunctional grief. Grief can lead to short term changes during the immediate and initial stages but through environmental support can return to baseline. Utilizing the PPCT developmental model will help visualize and develop the support a grieving child will need within their environment. It is important for children to return to baseline for the continued health of psychological growth and development. A child's baseline refers to the pre-death emotional state, homeostasis, the balance between emotions and development (Greeff et al., 2011; Thimm et al., 2020). Successful grief refers to one's ability to find meaning and pleasure in life once again (Schwab, 1997), as well as regaining the maintenance of health and pre-death routines, and the ability to adapt and allow renewed balance and harmony in life (Greeff et al., 2011). Whereas dysfunctional grief refers to a significant disruption in emotions, health, and the functional impairment of daily life where grief takes over and does not allow adaptations to the new situation (Greeff et al., 2011; Thimm et al., 2020).

Akard et al. (2019) connected the bioecological model and PPCT theory to his study and examined changes in sibling coping and adjustments over time post-death, noting changes occurring during the first year (e.g., anxiety, depression, substance abuse) then returning to pre-death psychological states within 12-18 months post-death. Akard et al. (2019) concluded that the return to baseline psychological levels is due to maturity, greater communication, and re-established relationships at home and in the community that may have been strained during illness and death as the children progress through their grief. This psychological level return to baseline finding is consistent among other literature (Akerman & Statham, 2011; Kaplow et al., 2010; Kranzler et al., 1990; Sandler et al., 2010).

Bowen's Family Systems Theory

In connecting and diving deeper into the context of the family system and how they work together and affect each other, Bowen's theory (GenoPro, 1998) helps us understand the impact that family systems have on each other. Bowen's theory states that a family is one emotional unit where each individual is interconnected and interdependent upon the family system. Within each family, patterns develop as each member's behavior is affected by and affects others in predictable ways. These predictable patterns can lead to either balance or dysfunction in emotional regulation within the family system (GenoPro, 1998). This helps us understand that when an individual family member's emotional state changes, it is followed by reciprocal changes in other family members (The Bowen Center for the Study of the Family, 2023).

When connecting the Bowen Family System Theory within a grieving family, we see why it is important for parents to grieve healthily and show healthy emotional regulation in order for the children to then grieve healthily. The family is one emotional unit in which emotions spread among them, spreading either successful grievance or dysfunctional grievance.

Piaget's Cognitive Development Theory

Piaget's (1970) Theory of Cognitive Development described how children go through four stages of cognitive development where children construct psychological structures out of perceptual and motor activities. This theory helps us understand what levels of situational information, or details of the death, children can process. The current report concentrates on the knowledge of children in the preoperational stage, ages 2-7 years, surrounding death. Children in this stage are unable to think logically or make simple deductions, but over time begin to imitate

others and play make-believe. Preschool age children are egocentric and cannot see the world from another's perspective. They can consider only one aspect of a situation at a time. Magical thinking and egocentricity during the preoperational stage helps us understand what children feel during grief; children feel responsible for what happens to them and the world around them. They think of death as a reversible phenomenon and feel that it must have a cause but are unable to understand the sense of cause and effect (Crain, 2005; Hopkins, 2002; Kane, 1979; Piaget, 1970). In helping children understand the cause of a loved one's death, details must be simple and direct (Koocher, 1973).

Koocher (1973) connects and explains how Piaget's cognitive developmental theory influences children's perceptions of death. This study analyzed children's answers to four questions regarding death to help classify if strictly age or a cognitive development framework influenced children's perceptions of death more. It concluded that a cognitive development framework defined best how children understand the concept of death and how to best explain these situations to children. This tells us the best explanations of death to a child in the preoperational stage are those which are simple, direct, and draw as much as possible from the child's own experiences. During these conversations about death, asking the child to explain back what they have been told and understand will help them in processing the experience. This allows caregivers further opportunities for explanations based on the child's response and understanding of details given, rather than allowing magical or unspoken fears to play upon a child's imagination.

The impact of early childhood bereavement

Prevalence of bereavement

Experiencing the death of a loved one is a difficult and traumatic event at any age, but it can have a particularly profound impact on young children (Akard et al., 2019; Brown, 1966; Fauth et al., 2009; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Softing et al., 2016). It's been documented that a significant portion of children in their early childhood years will experience the loss of a parent, sibling, grandparent, or other close relative or friend.

The death of a child not only affects parent caregivers, but also the entire family. To help document statistics on childhood bereavement in our societies, Burns et al. (2020) created a Childhood Bereavement Estimation Model (CBEM), a quantitative statistical tool to estimate the current and future childhood bereavement prevalence rates. Using 2013-2017 CDC (Centers for Disease Control) data the CBEM estimates 4.12% of children under 18 years have already lost a parent or sibling; raising to 6.99% of predicted U.S. children will experience a death of parent or sibling by the time they are 18 years old. Akerman and Statham (2011) found that 3.8% of children aged 5 to 16 had experienced the death of a parent or sibling. Another study has reported upward of 7% of young adults have experienced the loss of a parent or sibling (Fletcher et al., 2013). Most recently, Paul and Vaswani (2020) noted “that by the age of 8, more children will have experienced the death of a close family member (50.8%) than those who have not, and that almost two-thirds of children (62.0%) will have experienced a close family bereavement by the age of 10” (p. 9).

Impact of bereavement on children

Theory informs us that our psychological development is contingent upon many things, including our environment. When we experience a traumatic event in our environment, how does

it impact our psychological development? Specifically, does the traumatic experience of losing a sibling during early childhood affect later in life mental health? There is not an easy, generalizable answer, it depends on our environments and our genetic dispositions (Akard et al., 2019; Brown, 1966; Fauth et al., 2009; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Softing et al., 2016). Caregivers can, however, help bereaved children toward successful grieving. Successful grievance refers to one's ability to find meaning and pleasure in life once again (Schwab, 1997), as well as regaining the maintenance of health and pre-death routines, and the ability to adapt and allow renewed balance and harmony in life (Greeff et al., 2011). With each child's personality, tendencies of resiliency, in combination with a supportive, and nurturing environment the negative impact of the experience decreases (Akard et al., 2019; Brown, 1966; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Softing et al., 2016).

From birth, an infant begins to learn self-regulation and emotional control as they mirror the main caregivers around them (Geis et al., 1998; Hopkins, 2002; Koocher, 1973; Osterweis et al., 1984). This continues through childhood until the brain has developed enough to self-regulate (Geis et al., 1998; Hopkins, 2002; Koocher, 1973; Osterweis et al., 1984). During experiences where a child is unsure how to behave, they will observe their loved ones and mirror their behaviors (Akerman & Statham, 2011; Dowdney, 2005; Geis et al., 1998; Haine et al., 2008; Hopkins, 2002; Koocher, 1973; Osterweis et al., 1984; Sandler et al., 2010). In looking at the experience of the death of a sibling, children rely on caregivers to regulate their emotions and to organize and make sense of the experience (Akerman & Statham, 2011; Dowdney, 2005; Geis et al., 1998; Haine et al., 2008; Hopkins, 2002; Koocher, 1973; Osterweis et al., 1984; Sandler et al., 2010).

The loss of a loved one during early childhood can have a profound impact on a child's psychological well-being (Akard et al., 2019; Akerman & Statham, 2011; Brown, 1966; Dowdney, 2005; Fauth et al., 2009; Fletcher et al., 2013; Haine et al., 2008; Jonas-Simpson et al., 2015; Sandler et al., 2010; Softing et al., 2016). Research has shown that children who experience bereavement at a young age are at an increased risk of developing a range of psychological issues, including depression, anxiety, and post-traumatic stress disorder. It is the child's environment and support systems that decrease the severity and longevity of these risks (Akerman & Statham, 2011; Dowdney, 2005; Fletcher et al., 2013; Geis et al., 1998; Kranzler et al., 1990). The impact of bereavement is not limited to the individual child; it can also affect siblings and other family members, as well as the wider social and cultural context (Akerman & Statham, 2011; Crain, 2005; Haine et al., 2008; Hopkins, 2002; Kane, 1979; Piaget, 1970).

The traumatic experience of losing a parent or a sibling can result in psychological distress. Rostila et al. (2019) found that the death of a sibling during childhood was associated with an increased risk, in both adult men and women, of utilizing in/outpatient psychiatric care. The lack of social support systems for children during the time of bereavement due to sibling loss and other "adverse exposures" (e.g., parental separation/divorce, preexisting mental health conditions, financial strain, or failing school performance) leads to the increased need for psychiatric care later in life. Historically, support systems concentrate on the bereaved parents leaving the siblings unsupported in their grief process. It is not merely bereavement alone that contributes to psychiatric health among bereaved. The lack of support during early bereavement is one "adverse exposure" which can accumulate and negatively affect mental health.

One might think, that after a loss, staying to themselves, emotionally and socially, will help the grief process, however it is found that emotional and social isolation impedes the

process of working through the loss and inhibits constructive grief from occurring (Greeff et al., 2011). It is important to stay connected to family, friends, loved ones and community, this support will help ensure the greatest potential in successful grief and psychological outcome. Greeff et al. (2011), Rostila et al. (2019), Thimm et al. (2020) also found Brown's (1966) statement to be true, "It is, in fact, not the actual shock of bereavement so much as what happens afterwards which counts" (p. 1040). It is in providing adequate care within a child's environment, support systems, resiliency, and coping skills that children possess that decreases the severity and longevity of psychological risks. This includes the local cultural patterns and traditions within each family that influence varying ways of bereavement (Brown, 1966; Greeff et al., 2011; Rostila et al., 2019; Thimm et al., 2020). It is staying connected with or reengaging in the larger environment, the family's entire support system, being a part of death rituals, traditions, and celebrations that families and children will feel most supported and move toward successful grievance.

In a study examining the differences between children who experienced the death of a loved one (parent/sibling or friend) and those with no experience of death, Fauth et al. (2009) found psychological effects to be relatively low across his sample. Specifically, it was found that bereaved children were approximately one-and-a-half times more likely than other children to be diagnosed with 'any' mental disorder. What is more difficult to directly determine is whether these specific diagnosed disorders were present before the loss or if they were a direct result of bereavement. A long-term diagnosis should not be confused with short-term bereavement symptoms, children can experience some negative impacts on their psychological wellbeing (e.g., depression, aggressive behavior, social withdrawal, behavior problems, etc.). Generally, these bereavement symptoms last only 1–3 years after the loss and returning to normal functions.

When these symptoms are combined with supportive environments, most of these issues do not require specialist interventions. One in five, however, are likely to need specialized interventions (Akard et al., 2019; Akerman & Statham, 2011; Brown, 1966; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Kranzler et al., 1990; Softing et al., 2016).

Children who experience the loss of a loved one do have an increased risk of negative psychological effects, both short term and long term. However, they also find that it is not bereavement alone that is the likely cause of the long lasting negative psychological effects. It is when grief is combined with pre-existing issues and other family stressors (e.g., financial distress, divorce, environmental safety and security, abandonment) that have the most impact (Brown, 1966; Fauth et al., 2009; Greeff et al., 2011; Rostila et al., 2019; Thimm et al., 2020). This teaches us that children need to be supported within their environments to overcome these adverse exposures for short-term and long-term psychological health (Akerman & Statham, 2011; Dowdney, 2005; Fletcher et al., 2013; Geis et al., 1998; Kranzler et al., 1990).

Psychological development is a complex process and adding in the death of a sibling complicates it further. The bereavement, grief, and family stressors following the death of a loved one are all pieces that affect the individual pathway of psychological development (Cerel et al., 2006; Charles & Charles, 2006; Clarke et al., 2013; Rostila et al., 2019). It is not merely bereavement that contributes to the psychiatric health among the bereaved, every child experiences death of a loved one differently, depending on their personalities, circumstances, available support, and previous experiences (Brown, 1966; Fauth et al., 2009; Greeff et al., 2011; Rostila et al., 2019; Thimm et al., 2020). However, when bereavement is combined with multiple losses the risk for dysfunctional grief and poor psychological health is greater. This includes children who were present during the death, born after the death, or born to parents with

unresolved grief (Vollmann, 2014). Children born to parents with unresolved grief may feel stress in their early parent-child bonding and relationships caused by the idealization of the lost child, hindering the ability to form their own identity or feel accepted, the new baby is “predestined to disappoint” (Vollmann, 2014, p. 221). Surrounding our children in a supportive environment and promoting several protective factors (e.g., safe, secure, and loving environment, drawing, photography, collage-making, storytelling, open communication) will ensure the greatest potential in successful grief and psychological outcomes (Bowlby, 1982; Haine et al., 2008; Packman et al., 2006; Willer et al., 2018). A protective factor can be a thought or action that promotes the expression of thoughts and feelings allowing children to comprehend death and grieve (Akard et al., 2019; Akerman & Statham, 2011; Kaplow et al., 2006, 2010; Packman et al., 2006; Salloum et al., 2019; Willer et al., 2018).

Influencing Factors of Coping

Coping with loss can look different for different people. Differences in grieving can influence how individuals cope with loss. These can be categorized in two ways: mediating (i.e., attachment style, coping mechanisms, family functioning and family or secondary stressors) and moderating (i.e., child’s age, personal attributes, psychological developmental level, family, social environment, and support) factors. Mediating factors help us understand why certain individuals may experience more intense or prolonged grieving after a loss. Moderating factors help us understand and identify the specific factors that can help individuals cope with grief more effectively (Akerman & Statham, 2011; Dowdney, 2000; Fauth et al., 2009; Fletcher et al., 2013; Geis et al., 1998; Haine et al., 2008; Osterweis et al., 1984; Paul & Vaswani, 2020; Pfeffer et al., 1997; Sandler et al., 2010). Each impacts the degree to which dysfunction occurs and each

provides a clearer picture of how coping can be conceptualized. Preschool children often cope through play, art, stories, and actively participating in traditions and rituals (Geis et al., 1998; Osterweis et al., 1984; Willer et al., 2018). This is important for caregivers with grieving children to know because it helps gather a clear picture of what is specifically affecting the grieving and psychological outcomes of the children they are caring for. By understanding these factors, each caregiver can set the environment up for greatest success and support for the child to help promote successful grievance.

Research on the association between childhood bereavement and later psychopathology has been contradictory as to whether it is the main contributing factor of later in life psychological illness (Fauth et al., 2009; Howard Sharp et al., 2018; Rostila et al., 2019). Kaplow et al. (2010) suggested these contradictions are due to the lack of additional research studies to document psychological illnesses after the period of loss when grief subsides and when psychological symptoms return to pre-death psychological baseline. What this means is that there has not been enough comprehensive research to give like findings. Studies researching whether bereavement alone is the cause of later in life psychological illnesses have many limitations. Limitations include lack of responses from nonverbal children, lack of lifetime follow up with subjects following their psychological health, and lack in ability to control for genetic and pre-existing psychological health. These contradictions and limitations are important to know as caregivers wonder if early childhood bereavement is negatively affecting the psychological health of the bereaving child in their life.

There was also a theme in the early childhood bereavement research of the lack of understanding or belief by parents and caregivers that children do grieve and do understand death in some way (Akard et al., 2019; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Schwab,

1997). Children do grieve in their own way. It is a detriment to children when the death of a loved one is not talked about, or the surviving child is not provided enough information around the death of their loved one. For instance, telling a young child that the loved one they lost went to sleep and is not going to wake up or not allowing them to participate in burial traditions (Bowlby, 1982; Kane, 1979; Koocher, 1973; Softing et al., 2016; Thomason, 1999; Willis, 2002). Children, no matter how young they are, do feel the absence of a loved one (Jonas-Simpson et al., 2015; Osterweis et al., 1984; Softing et al., 2016; Thomason, 1999). The influence of families on their young children shows the effect they have on their successful coping, or struggle, with death (Vollmann, 2014). Akard et al. (2019) found how important it is to educate parents on the benefits of an open and honest approach with grieving youth. A lack of understanding surrounding the details of the death can lead to children using their imagination that forms a distorted view of their sibling's death, which can lead to children becoming angry, fearful, and mistrustful of their parents (Schwab, 1997). Successful coping may consist of continuing bonds with the deceased, participation in burial and anniversary traditions, conversations or play surrounding death and burial, which will help promote successful grievance and return to pre-death psychological health. Struggling to cope may consist of depression, aggressive behavior, social withdrawal, behavior problems, etc., this may cause increased psychological distress and long-term psychological illnesses (Akard et al., 2019; Akerman & Statham, 2011; Brown, 1966; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Kranzler et al., 1990; Schut, 1999; Softing et al., 2016; Vollmann, 2014). In the presence of a stressor such as death, secondary stressors can arise. This could include such things as increased parental financial obligations due to medical interventions, extreme depression of a parent leading to lack of caretaking to surviving children and possible loss of income (Howard Sharp et

al., 2018). These additional stressors in a surviving child's environment can lead to additional psychological stress and increased difficulty in processing death by creating additional vulnerability (Kranzler et al., 1990; Pfeffer et al., 1997). These secondary stressors can lead to struggling to cope with the death, short or long term psychological or physical health, and dysfunctional grievance (Kranzler et al., 1990; Pfeffer et al., 1997).

Siblings and bereavement

Siblings' bonds begin forming in the womb and continue for a lifetime (Jonas-Simpson et al., 2015). This is significant as siblings spend more time with each other than they do with parents, teachers, peers, or alone (Akard et al., 2019). They are friends, competitors, and confidantes and they influence one another's development and play key roles in family structure and dynamics. In the event of the death of a sibling, children are uniquely affected. These sibling bonds will continue for a lifetime even in the absence of physical togetherness (Akard et al., 2019; Cameron Meyer & Carlton-Ford, 2017; Dowdney, 2005; Jonas-Simpson et al., 2015; Packman et al., 2006). Surviving children are expected to reimagine their lives without a family member, including what the future might entail and who they are in relation to the deceased (Willer et al., 2018). These continued bonds can promote the expression of thoughts and feelings, allowing a child to communicate complex emotions associated with grief (Cameron Meyer & Carlton-Ford, 2017; Packman et al., 2006; Willer et al., 2018). Individual expressions of grief, sadness, love, and connection, through the arts in a variety of forms (e.g., drawings, poetry, journaling, dance, drawing, photography, and collage-making, etc.) provide critical outlets for bereaved children to express the bonds with their sibling and construct a tale of life after the death of a loved one (Cameron Meyer & Carlton-Ford, 2017; Dowdney, 2005; Jonas-Simpson et

al., 2015; Kasahara-Kiritani et al., 2017; Packman et al., 2006; Willer et al., 2018). Interestingly, Fletcher et al. (2013) and Parsons (2011) found gender differences on the effects of sibling bereavement. After the loss of a sister, females are far more affected than males. They attain fewer life accomplishments, including education, employment, marital status, and relationships with parents. This effect was found for both direct loss of a sibling and parental persistent grief. Understanding the potential differences in sibling bereavement based on gender helps guide caregivers and parents in providing individualized support for movement toward complete grief.

Sibling relationships are unique and influence each other's development (Akard et al., 2019); siblings are friends, competitors, and confidantes, and they often spend considerable time together, sometimes more than with parents, teachers, peers, or alone. Due to the distinct and powerful nature of the sibling relationship, the death of a sibling can be a substantial stressor creating both short-term and long-term psychological effects (Akard et al., 2019; Fletcher et al., 2013). Some surviving siblings experience short-term psychological effects that can accompany bereavement in early childhood. These include anxiety, depression, aggressive behavior, social withdrawal, eating disorders, and behavior problems, short attention span, and inability to sustain emotions for prolonged periods (Akerman & Statham, 2011; Fletcher et al., 2013; Geis et al., 1998). Long-term psychological effects can include depression, personality disorder, and cognitive impairment (Kranzler et al., 1990).

Psychological impact on siblings

As death touches each of our lives, it is important to fully grieve, especially for children. Children utilize family resiliency and family protective factors to help them grieve the loss of a loved one and return to a healthy developing life (Bowlby, 1982; Greeff et al., 2011; Packman et

al., 2006; Willer et al., 2018). Greeff et al. (2011) describes resilient families as possessing the resources, coping strategies, competencies, and hardiness to bounce back from a crisis situation "changed but not broken" (p. 345). Family protective factors can be celebrations, open communication, harmony, adaptive and forgiving personalities, supportive social networks, good physical health, cultural practices. This is important to help the grieving children toward successful grieving and short- and long-term psychological health.

Using individualized support from parents and caregivers that is influenced by several mediating factors (e.g., the child's age, personal attributes, level of family support, social environment, economic and environmental factors, and how the child understood and made sense of the death) can help create a return to healthy functioning and development (Akerman & Statham, 2011; Greeff et al., 2011; Kranzler et al., 1990; Paul & Vaswani, 2020; Sandler et al., 2010; Schwab, 1997). Returning a child to healthy functioning and development will decrease the risk of complicated grief and later-in-life psychological issues. Sandler et al. (2010) and Rostila et al. (2019) both wrote about how complicated grief may contribute to poor mental health, an increase in the risk for suicide and accidents and functional impairments (e.g., inability to engage in normal daily activities). Complicated grief is a condition that occurs when the grieving process becomes prolonged and more intense than expected, lasting for more than six months. People with complicated grief may have difficulty accepting the loss, experience intense emotional pain, and have difficulty engaging in normal activities. This can lead to depression, anxiety, and other mental health problems (Haine et al., 2008; Rostila et al., 2019).

Understanding on an individual basis what is healthy grief or complicated grief will guide caregivers and parents toward complete grief. If there are signs of complicated grief, additional support should be provided in the environment for the child and family for progression in the

grief process and psychological health. Research in this area is needed and additional educational pieces created to help inform our societies about early childhood grief, the psychological effects it can cause, and the protective factors caregivers can take to reduce the ill effects of grief. Protective factors are thoughts or actions that promote the expression of thoughts and feelings allowing children to comprehend death and grieve (Akard et al., 2019; Akerman & Statham, 2011; Kaplow et al., 2010; Packman et al., 2006; Salloum et al., 2019; Willer et al., 2018). Care givers can help elicit thoughts and actions in children through play, environmental set up and conversations.

Another aspect of surviving child grief is the role of subsequent children. A child born into the family system after the death of a sibling can be affected negatively or positively from the death of that sibling (Cameron Meyer & Carlton-Ford, 2017; Fletcher et al., 2013; Packman et al., 2006). Subsequent children may experience disenfranchised grief and a loss that is unrecognized by others (Vollmann, 2014). Disenfranchised grief has been defined as situations in which people are not given the right to grieve, that “their grief is not openly acknowledged, socially validated, or publicly observed” (p. 222) due to being born after the death of a sibling (Vollmann, 2014).

The amount of time between the sibling’s death and the subsequent child’s birth is important. Grief must be completed by parents before a child is born after the death of another for optimal psychological development. If too little time has passed, the subsequent child has an increased chance of experiencing negative effects from parental grief. This can include things like disturbances in bonding and in the early parent-child relationships, the inability of the new child to feel accepted and form their own identity. This is often referred to as subsequent child

grief, where a child is born into a family that has not fully grieved and the “new” child is not allowed to grieve (Bernstein et al., 1989; Vollmann, 2014).

When subsequent children are used to "replace" deceased siblings, some of their own identity will be lost and individual developmental growth stunted (Schwab, 1997). Schwab (1997) gave two specific examples of this stunted growth, one where a male child was born 10 months after the death of his sister. Born a boy, his parents imposed female gender practices upon him, for example dressing him like a girl, and treating him as the opposite gender. These parents assigned the role of the deceased child upon the subsequent child. Consciously or subconsciously these parents wanted to see their deceased child, not the new individual. The true representation of the new child was lost.

The second was that of a child born one year after the death of his 4-year-old sibling. Upon the surviving child's fourth birthday, his parents' expectations never changed as the child grew, they stayed set at the expectations for a 4 year old (Schwab, 1997). These unchanged expectations hindered his psychological growth, both academically and behaviorally.

During periods of grief there are many factors that can affect parents' behaviors. This could include such things as increased parental financial obligations due to medical interventions, unresolved grief, extreme depression of a parent leading to lack of caretaking to surviving children and possible loss of income (Howard Sharp et al., 2018). This, in turn, affects children's experiences in life, environments and psychological development. However, funeral attendance, visiting the grave, celebrations of life on death anniversaries, successful parental grief, protective factors (Bowlby, 1982; Packman et al., 2006; Thomason, 1999; Willer et al., 2018) and opportunities to talk about the death will help mitigate the negative behavioral and psychological effects of sibling bereavement (Hutton & Bradley, 1994; Jonas-Simpson et al.,

2015). Protective factors throughout a bereaved child's environment will aid in reducing the ill effects of grief and toward a path of successful grief (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006; Jonas-Simpson et al., 2015).

Protective Factors

Protective factors are thoughts or actions that promote the expression of thoughts and feelings allowing children to comprehend death and grieve (Akard et al., 2019; Akerman & Statham, 2011; Kaplow et al., 2006; Packman et al., 2006; Salloum et al., 2019; Willer et al., 2018). This can look different for each child and can include promoting open communication through play or art, providing support to parents, programs to strengthen children's resiliency, and educating teachers on child grief. Most children do experience some negative impact on psychological wellbeing up to a year from bereavement of a parent or sibling, but for the majority of children these difficulties do not persist or require specialist intervention (Akerman & Statham, 2011; Bowlby, 1982; Brooten et al., 2018; Haine et al., 2008; Packman et al., 2006; Paul & Vaswani, 2020; Willer et al., 2018). It is through protective factors and the implementation of a differentiated response to childhood bereavement that will lessen the negative impact risks (Akerman & Statham, 2011; Burns et al., 2020). Facilitating an open, honest communicative approach with grieving children is a huge benefit for children. It will foster verbalizations of feelings and an understanding of the situation involving death. This helps the child achieve successful grievance and return to their psychological baseline (Akard et al., 2019). Additionally, increasing children's self-esteem, coping skills, expressions of emotions through adaptive ways, warm and positive parenting, and reducing parent distress promote protective factors and resiliency (Akerman & Statham, 2011). Protective factors are external

factors that can help support a child's well-being, while resilience is an internal quality that helps children overcome challenges and thrive in the face of adversity. Both protective factors and resilience are important for promoting positive outcomes in children, and they are often interrelated. Protective factors help to foster resilience in children (Akard et al., 2019; Akerman & Statham, 2011).

Supporting children through their grief is important in helping them achieve successful grievance. Providing activities to promote protective factors and foster resilience are ways to support children and can take many forms but are generally considered to be those behaviors and attributes that promote well-being. Children's relationships and environment is where these protective factors are provided, the bioecological model provides a framework in viewing how relationships and contexts impact children's development. This can include support and relationships with the deceased, family, friends, teachers, and school staff, as well as relationships within the child's religious environment. The bioecological model (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) describes the relationships children have with others and how different environments impact their development. Each environment and relationship provide different protective factors for those grieving. For example, a relationship or continuing bond, between a child and their deceased sibling is a preservation of the relationship between the deceased and the living where specific actions serve to keep them connected with the loved one (e.g., wearing a certain color because it was the deceased favorite, collecting pennies because they are a sign from the deceased, writing letters or praying to the deceased for protection, keeping memories alive) (Cameron Meyer & Carlton-Ford, 2017; Dowdney, 2005; Jonas-Simpson et al., 2015; Kasahara-Kiritani et al., 2017; Packman et al., 2006; Willer et al., 2018). These bonds can nurture and promote the expression of thoughts and feelings through the

relationship that allow a child to communicate complex emotions associated with grief which provides a protective factor and promotes successful grievance (Cameron Meyer & Carlton-Ford, 2017; Packman et al., 2006; Willer et al., 2018). Additional examples of activities to promote protective factors are providing a variety of art forms (e.g., drawings, poetry, journaling, dance, drawing, photography, and collage-making, etc.) where individual expressions of grief, sadness, love, and connection provide critical outlets for bereaved children to express their continuing bonds and construct a tale of life after the death of a loved one to promote successful grievance (Cameron Meyer & Carlton-Ford, 2017; Dowdney, 2005; Jonas-Simpson et al., 2015; Kasahara-Kiritani et al., 2017; Packman et al., 2006; Willer et al., 2018).

Each child's personality and resiliency, in combination with a supportive, and nurturing environment that create experiences to support protective factors, lessens the impact on their psychological health after losing a loved one (Akard et al., 2019; Brown, 1966; Fletcher et al., 2013; Jonas-Simpson et al., 2015; Softing et al., 2016). These environments, and the people within, can provide opportunities for children to express their feelings and process their emotions in ways that are appropriate for their age creating experiences that promote protective factors and support healthy psychological development. In utilizing all the information above combined with the specific details of the grieving family, a loving and supportive environment can be created. This kind of environment is the key to successful grievance. Successful grievance will assure the bereaved will continue life as a changed person, with psychological health and no or little ill effects of the loss itself. Each environment (home, school, society and culturally) can support the bereaved child to foster successful grievance (Akerman & Statham, 2011). Below will go into additional details about each supportive environment.

In The Home

Protective factors in the home and benefits of grieving as a family will help promote resilience and protect against adverse outcomes in children and families. The entire family system contributes to grieving: each grieving in their own way, affecting and affected by each other. Receiving support from friends and family adds coping strategies by affirming the growth potential of families and allowing for a renewed balance and harmony (Akerman & Statham, 2011; Greeff et al., 2011; Vollmann, 2014). When a family member passes away, each member of the family may experience grief in their own unique way based on their individual relationship with the deceased (Akerman & Statham, 2011; Schwab, 1997; Vollmann, 2014). For example, a child may grieve differently than a spouse, a parent, or a sibling, based on the nature of their relationship with the deceased. However, even though each family member may grieve in their own way, the experience of loss is still a family affair (Akerman & Statham, 2011; Greeff et al., 2011; Schwab, 1997). This is because the death of a loved one affects the entire family unit and can have a ripple effect on each family member's emotions and behaviors. With the death of any member, the family reorganizes, changing the roles and responsibilities of surviving members (Bernstein et al., 1989; Cerel et al., 2006; Geis et al., 1998; GenoPro, 1998; Jonas-Simpson et al., 2015; The Bowen Center for the Study of the Family, 2023). Grieving as a family can help provide support and comfort to one another and can help to create a shared understanding of the loss that has been experienced. It can also help to promote healing and provide opportunities for family members to process their grief together (Akerman & Statham, 2011; Schwab, 1997; Vollmann, 2014).

It's important to recognize and honor each family member's individual experience of grief, while also acknowledging the shared experience of loss and the need for mutual support

and understanding during this difficult time (Vollmann, 2014). Finding a healthy balance between honoring the memory of a deceased sibling and allowing for healthy grieving and bonding in the present can be a challenging task for families. One way to approach this challenge is to have open and honest communication among family members about their individual needs and preferences for commemorating the deceased sibling. This can involve discussing the types of activities or rituals that would be meaningful and comforting for each family member, and determining how often and in what ways these commemorations should take place. It's also important for families to be mindful of the potential for grief to become overwhelming and all-consuming, and to actively work to balance the need for grieving and honoring the memory of the deceased sibling with the need for bonding, fulfillment, and investment in the present. This may involve setting boundaries around discussions of the deceased sibling and being intentional about creating opportunities for shared experiences and positive interactions within the family. Ultimately, finding a healthy balance between honoring the memory of a lost sibling and allowing for healthy grieving and bonding in the present will require ongoing communication, flexibility, and a willingness to adapt and adjust as the family's needs and preferences change over time.

An important factor in creating a healthy home environment is helping the child feel safe and secure within a loving and supportive family utilizing effective parenting. Akerman and Statham (2011) finds this safe and secure environment can be reached by first taking care of yourself, as a parent, and utilizing effective parenting styles, which he says consists of:

- increasing children's self-esteem and adaptive control beliefs;
- improving children's coping skills;
- supporting children to express the emotion they wish in adaptive ways;

- facilitating positive parent-child relationships;
- parental warmth;
- parent-child communication;
- effective discipline;
- reducing parental distress;
- increasing positive family interactions;
- reducing children's exposure to negative life events (Akerman & Statham, 2011, p. 9).

In learning how the bioecological model (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) theorizes how the relationships children have in their environments impact their development and how facilitating an open, honest communicative approach with grieving children (Akard et al., 2019) in combination with articles from Akerman and Statham (2011), Geis et al. (1998), Greeff et al. (2011), Schut (1999), Schwab (1997), and Vollmann (2014), we can compile a vision for successful and dysfunctional family responses to bereavement. Dysfunctional family responses can include, but not limited to avoiding or twisting communication regarding the death; becoming overly protective which could prevent normal developmental course; subsequent children's feelings of the roles and expectations of the deceased become pushed onto them; parents emotionally distancing themselves to protect themselves from further hurt of additional loss. Successful family responses can include, but not limited to complete trust and intimacy among members; sharing distress; mutual supportiveness; absence of conflict; accepting and permitting expression of sadness and emotions; confront their belief systems; use resources; articulate; open to assistance; provide opportunities to discuss the child's loss, answer questions about death, offer acceptable outlets for feelings.

In School

As caregivers to a child who experienced the loss of a loved one, it is our responsibility to help assure all environments are supportive for our children. Understanding what bereavement and death support the school environment can provide is important. Caregivers can use this information to communicate with school staff regarding the details of the support provided. Support within schools and the opportunities to grieve with peers provide another important context for children to express grief and mourn. School-based social support from friends, peers, and teachers seems to promote the adjustment of bereaved siblings and may enhance the positive effects of parent support or decrease the effects of low parental support (Howard Sharp et al., 2018). According to Hopkins (2002) there are three basic responsibilities schools have regarding death: 1) helping children feel safe, 2) creating supportive classrooms, and 3) offering developmentally appropriate death education. These responsibilities can be proactive, where actions are taken before any death occurs, for example providing training for teachers and education for children in death and loss awareness. Schools can also take a reactive approach, where actions are taken at the time of death, for example, providing counselors (Akerman & Statham, 2011, p. 11).

Reactive support, for example, could be providing a place where bereaved children can express their ongoing relationships with their deceased siblings through activities such as drawing family pictures that include their deceased siblings (Jonas-Simpson et al., 2015). Reactive support could include, preparing classmates for the grieving students return to the classroom by helping them understand appropriate details of the situation and what to expect and how to react; offering a designated room for quiet/alone time or a 'special person' if the bereaving child just needs to talk (Akerman & Statham, 2011). Akerman and Statham (2011)

described one school program called SHIFT (Safe, Hopeful, Inclusive environment for Feelings and Thoughts), where staff members were trained in play therapy, music therapy, art therapy, family intervention and various ways of making memorials that a school can undertake.

Proactive support, for example, may include developing death and grief literacy in children by adopting universal, age-appropriate, curriculum for children in their early years and primary education; developing bereavement affirming policies and practices in the social spaces where children inhabit; and ensuring that all people (family members and professionals) involved with children feel ready to engage with them about these issues (Paul & Vaswani, 2020).

Cultural Practices and Traditions

Utilizing support and forming protective factors within your culture and traditions during times of significant loss greatly decrease the negative psychological effects of bereavement in children, for example, including children in rituals and recognizing them as grievers alongside adults (Softing et al., 2016; Thomason, 1999). Although different cultures have different beliefs, traditions, and customs, one thing research has observed is the similarity of family relationships during bereavement across cultures (Kasahara-Kiritani et al., 2017). Involving children in death arrangements and traditions (e.g., attending funeral, picking out flowers for the grave) gives them a sense of inclusion in the family's expression of grief (Dowdney, 2000, 2005). According to Greeff et al. (2011), the search for religious and spiritual support (visiting graves, attending church, belief in God, music, healing power of nature) was indicated as the most important external coping strategy for children and families. Regardless of individual beliefs or rituals, Softing et al. (2016) found that the participation of family rituals offered continuity and contributed to a "reaffirmation of personal and family identity" (p. 152). For instance, the

attendance of funerals had the same effect on children as did adults, it affirmed them as mourners and allowed them to actively take part and “see for themselves” aiding in the comprehension of death (Softing et al., 2016). There is significant value in children being allowed to say goodbye to a loved one (especially a sibling) and making the death real, this is a crucial step towards successful grievance and family relationships as the children are included as a family member in grief.

Finding meaning in life after a loss and maintaining a connection to the deceased while also continuing to invest in the present is a crucial step towards successful grievance. Some find meaning through carrying their loved one forward, a concept which entails honoring the memory of the deceased by striving to maintain their presence, importance, and legacy through memory or action, such as the completion of good deeds or accomplishments in their name (Vollmann, 2014).

Within the broader context of culture, differences between Western and nonwestern cultures and beliefs on death exist. The Western world, also known as the West, primarily refers to various nations and states in the regions of Australasia, Europe, and the Americas (Western World, 2023). Generally, in Western worlds after an individual passes, their body is quickly taken to a morgue or funeral parlor where it remains out of sight until the visitation and funeral. Death within Western culture is often surrounded with dread and mystery (Bateman, 2019). Some families even go as far as to keep women and children away from funeral and death events. This is believed to protect them. Death in Western worlds seems to be becoming increasingly hidden from the public as if trying to deny it ever happening and to keep raw emotions at bay (Postle, n.d.).

Nonwestern cultures generally seem to embrace death and celebrate the body and soul of the deceased. The body is cleansed and prepared for burial by the family in the home, often keeping the body displayed in an open coffin so family and friends can keep vigil for three days (Bateman, 2019). Burials can occur in the family's garden, in handcrafted caskets reflecting the deceased's status or favorite aspect of life (i.e., Coke bottle, cigarette box, race car), or on top of an open mountain allowing the body to return to nature (Bateman, 2019). There are some cultures that exhume their dead years after the burial to cremate or re-wrap the body in cloth or hold a celebration in which the dead is the guest of honor (Bateman, 2019; Fielding, 2023; Postle, n.d.).

As I have experienced, grief never really stops; it becomes bearable and in Greeff et al. (2011) words, I have become "changed but not broken" (p.345). It is in Carson's legacy that we live life to its fullest together as a family and that I bring this report and brochure into this world. It is my hope that through Carson's legacy and this report, other families who are going through such crisis situations can feel informed and not alone.

Conclusion

This report has utilized research articles, three human-development theories and combined it with the writer's knowledge and experiences in early childhood education and bereavement. Through this process, it has identified a gap in the literature in the relationship between early childhood bereavement and later-in-life psychological illnesses. Despite contradictions in the research, it's important to note that factors such as environment, personal situations, and individual personalities play a larger role in psychological issues than early

childhood bereavement alone. Bronfenbrenner's ecological theory (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) supports the role protective factors play in safeguarding our children from the effects of early childhood bereavement. Bowen's family systems theory teaches us that emotions are shared within a family unit (GenoPro, 1998; The Bowen Center for the Study of the Family, 2023). This helps us understand the important role parents play in modeling appropriate and healthy grieving for their children. Piaget's theory of cognitive development (Piaget, 1970) illustrates that children do understand loss, even at an early age. Piaget suggested that a direct and open way of communication with children, especially those in the preoperational stage of cognitive development, helps them understand the finality of death. Participating in burial services and ongoing funereal traditions also helps. When facilitating direct and open communication with children about death, drawing as much as possible from the child's own experiences and asking the child to explain back what they have been told and understand will help them in processing the experience. In addition to communication, preschool children often cope with death through play, art, stories, and actively participating in traditions and rituals. There is not one way to cope with death. Appropriate support is different with each situation. Bronfenbrenner (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006) suggests that it is through proximal processes (interactions between individuals and the environment) that influence development and are highly variable due to the characteristics of the developing person, environmental contexts, and the time periods in which these proximal processes take place. The pieces of a child's environment, including home, school, and cultural beliefs, and the interactions within them will lead to either a successful or dysfunctional outcome from grief.

Successful grievance assures the bereaved will continue life as a changed person, with psychological health and no or little ill effects of the loss itself. Each environment (home, school, society, and culturally) can support the bereaved child to foster successful grievance. It is the writer's intention to educate and inform families to help children toward successful grievance.

The next steps in this report process are to combine the results of the literature review, interviews, and draw upon personal experiences to create a brochure for dissemination that our communities can utilize as a meaningful vehicle to inform the public about early childhood bereavement.

Our Stories

Carson Thomas Bowman

Carson was born on August 11, 2007. I was 28 years old, my husband not much older, and our first newborn child, Carson, just turned 4 months old. As I changed his diaper, I noticed a slight difference in his composure, a little rigid, eyes staring right through me, not looking at me....out of nowhere the word seizure popped into my head. I called Carson's pediatrician, thinking to myself surely this is a newborn reflex. The nurse on the phone immediately tells me to take our child to the nearest children's hospital ER. My knees went weak. Sure enough, an EEG picked up brainwaves of seizure activities. My husband and I held each other and our son, not sure of the road ahead, tears falling, hearts pounding and aching.

We were quickly admitted into the hospital. There was a steady stream of doctors, nurses, students, neurologists, geneticists, and family who filled the hospital room for the next few days. A diagnosis was finally given along with a grim prognosis. The diagnosis was Menkes disease. Menkes disease is a copper deficiency that deprives the body's organs of growth and life. Carson would be lucky to see his first birthday. To this day, sixteen years later, I can hear the words and see the face of one empathetic-less geneticist. She said, with pep and excitement in her voice, "It's like a death sentence for your child." She was excited to see and diagnosis this rare disease. She forgot about us, the broken-hearted, life-shattered parents. She was never allowed in our room or around our child again.

With a medical team at our side, we made a plan to give Carson the best life he could have. The Carousel Team at Children's Mercy Hospital Hospice and Palliative Care was also

included. What a miracle this team was. Our family would become very close with the team. This began our grieving process, unknown how long it would last.

The details of Carson's diagnosis are not in the scope of this review. I will keep to the stages of our grief, as well as life-and-death decisions we made for our family.

The onset of the diagnosis was the first part of our grief. It came in disbelief, broken heart, and shattered dreams. At this stage, Jeff and I were barely able to take care of ourselves. We were in the hospital with our infant son; the joining of our family and friends helped us through. They were at our side with hugs, food, support, prayers, offers of thoughts and ideas on medical processes. Ultimately, through their help, we were, as parents, able to come to terms with the diagnosis and make appropriate medical decisions. This first stage in our grief was brief. We accepted the diagnosis and tried to give the best life we could to our son.

Carson defied the odds. The prognosis was eminent death within eight months. He survived a total of four and a half years. Jeff and I were able to go through all the stages of grief even before Carson's death. We continued to rely on our friends and family. We embraced the son God gave us and began to celebrate every one of Carson's birthdays with huge celebrations. We attended The Menkes Foundation Gala to share our story and held several fundraisers to support research. Jeff and I also began to rely on The Carousel Palliative and Hospice team from our local children's hospital. The team became the sole medical professionals who helped us take care of Carson. They became part of our family and visited several times a week.

As a young couple, Jeff and I had planned on having several children in our family. We questioned whether we could bring another child into the world and raise him/her to become a healthy, happy child. After all, they would have to eventually grieve for their older brother. This is when we leaned on our faith and prayed. Just before Carson's third birthday, we knew it was

time to add another child. We were ready to add to our family, and we felt God's plan continuing. Our second child was born March 2011, Cameryn. Carson was now a big brother. We knew immediately God sent us the answer to our prayers. A spunky, happy spirited baby girl. Over the next year, eleven months to be exact, we took our new family one day at a time, giving both of our children exactly what they needed. Jeff and I also continued with our healthy and happy relationship as a couple and now parents of two.

I can clearly remember one moment in our grief that was particularly hard for me. Carson had several machines that we could not go anywhere without. It was pretty tricky getting around, and we did not do it all that much. The time came to add another medical device to help Carson. This was a hard moment for me because I knew he was getting worse and closer to death. I did not want to admit it. When the hospice nurse saw my reluctance, she gently called me on it. She heard my feelings and acknowledged my fears. She pulled me back to Carson, and what was best for his life was adding this. Within just half a day, I could tell it was the best decision! Through talking about my feelings, explaining my hardships and above all, doing what was best for Carson's quality of life, I was able to overcome that tough moment.

As we got closer to the end of Carson's life, he was completely reliant on our care. His body was beginning to shut down. It was time to discuss his last days on this earth — what was best for him and what we wanted as his parents. With hospice right by our side, through Carson's communication and our feelings as parents, we knew this was going to be his last week. As parents, we wanted Carson to pass at home in the living room he had spent the last four years in, surrounded by family and being continuously held until he took his last breath. It was Wednesday afternoon. We were no longer working, and we called in all our family. We all took shifts holding him. At 3:00 a.m. on Friday, February 10, we knew Carson's last breaths were

close. We called his nurse in. Jeff held Carson in his arms. At 5:00 a.m. I took Carson in my arms; family surrounding us in the living room. Just before 6:00 a.m. he peacefully took his last breath on this earth. He earned his angel wings on February 10, 2011. Our entire family had been grieving for so long, we just embraced each other as our bereavement began.

The morning of Carson's services we woke to five inches of fresh snow blanketing our city; a sign straight from heaven, a sign from Carson that he was surrounded by love and light. Carson's visitation and funeral services were held in our church, where Jeff and I were married and both children baptized. Carson was well loved — the church was packed with love, sadness, and celebration of life. Cameryn was 11 months old; we took her to the church for the visitation and services. Not knowing if she would remember this experience, we did know that she needed the chance to say goodbye to the brother she spent 11 months bonding with every day. I remember it very vividly. As I was holding Cameryn and supporting her, she leaned over the casket and gave Carson a final kiss and goodbye. Other children were invited to draw pictures, make cards, or add mementos into Carson's casket to help in their grief process. Carson could not have been buried with more love.

After Carson's burial services, Jeff, Cami, and I set off to a beach house in Florida to continue our bereavement and to begin our life without Carson in our arms. I truly believe this was a beneficial part of bereavement for us. We were able to focus on just the three of us, be together and mend our hearts. We spent two weeks together grieving and healing, taking time for us, while the world went on around us. After those two weeks, we got ourselves back into the world.

One of the hardest realizations in addition to losing Carson, was losing the family we had gained over the years with hospice, home-care nurses and therapists who became a huge part of Carson's life and our lives. We said goodbye to many people that day.

Our hearts were mending well, and we were ready to bring another life into this world, ten months later we were happy to announce we were expecting our third child. Charles was born on July 14, 2013.

During the years after Carson's passing, our family created traditions and memories to honor him and keep his spirit as part of our family. We visited his grave several times each year, especially on August 11 and February 10. We would eat ice cream, release balloons, and talk about what Carson might be doing if he were still on earth and what he might be doing in heaven. We continued with a few fundraisers for Menkes Foundation in Carson's name and celebrated his life.

Nine years after Carson's death in November 2020, our children are seven and nine years old. We have just begun to wonder if our children are more susceptible to psychological problems now or in the future due to their grieving time in early childhood. That is how this review of research literature began...straight from my heart to yours.

(The names and identifying factors in each of the following stories have been changed to protect the privacy of each family and their personal story.)

Adam

Adam was a 6-year-old, energetic, fun-loving boy who loved to play outside with mud and trucks and with his older brother, Brooks, building forts or playing tug-of-war with their

blankets. On Wednesday, April 9, 2014, tragedy struck. While Adam was in the car with his brother and grandpa, their car was hit head-on on a country dirt road. Adam passed away from his injuries at the scene. His brother (Brooks) and grandpa sustained non-life-threatening injuries. Brooks was taken to the hospital where he spent two days recovering. During this time, the family recalled that no one reached out to them or Brooks about what had happened to Adam. None of the hospital staff mentioned him. They described feeling very alone and isolated and wondered why no one was talking about the loss of their child. The family relied solely on each other. The family continued talking about never receiving any information on grief or bereavement despite the opportunities presented by the first responders, through hospital stays and burial services, even doctor checkups during Brooks' recovery.

“I mean he saw his brother die in the car accident, and not one person talked to him about his brother while he was in the hospital recovering or upon leaving,” Adam’s mother recollected.

Everly

Born 14 weeks early during an emergency c-section, Everly was just 1 lb. 3 oz. After her birth, the family described how the doctors and nurses met with them to talk about how Everly had a long road ahead of her, including a stay in the Neonatal Intensive Care Unit (NICU) for at least three months. This event started a new routine for the family. Juggling their house, job, doctors' appointments, and visits to the NICU became part of their daily and weekly routine. During this time the family recalled that the hospital staff were hopeful and positive. About two

months later, Everly was ready to be discharged and the hospital staff began preparing for her to leave. Within two hours of this good news, everything had changed and Everly lost her life.

As the family tried to make sense of what happened. They were given a large manilla envelope on their way out of the hospital. The family described how this was handed to them without any conversation about what was in the envelope. Eventually, this ended up being discarded. During the next few weeks and following the burial of their child, Everly's mother continued OB visits for her health. She described that there was little mention about grief and bereavement during her visits, except for one. During this visit, the doctor suggested not having another child right away and to take some time to grieve the loss of Everly. Everly's mother decided against the advice of the doctor and delivered her second child on July 5, 2017, less than a year after Everly's death.

Wyatt

After his birth on November 30, 2005, Wyatt struggled to meet developmental milestones. Visits to his pediatrician resulted in suggestions for extra strengthening exercises to make up for the delay. His parents remember receiving news that all babies develop at their own pace. At four-and-a-half-months old, Wyatt experienced a grand mal seizure, which resulted in hospitalization. During that initial 21-day hospital stay, the doctors found evidence of brain damage they believed was caused by a virus that attacked his neurovascular system. The doctor prescribed a course of treatment that included medications for the virus and seizures and vigorous therapies. Wyatt was sent home and his parents were told he would make a full recovery. Sadly, this was not the case.

Over time, the symptoms and seizure activity worsened. The family visited two other hospitals where, finally, Wyatt was diagnosed with a fatal genetic disease. Wyatt would be sent home with hospice care to keep him comfortable as he lived out the life he had left. Through hospice, Wyatt's family received support and resources on the death process and about grief and bereavement. In addition to hospice support, the family also received community support, counseling, and family by their side. Wyatt's family went on to create a non-for-profit foundation to support funding for research of this disease and to help all the other families who share the diagnosis, all in memory of their son.

Methodology

Application and systematic approach

The research provided, and the creation of the brochure, will be utilized to inform the public about early childhood bereavement. The literature review was written with a wide view of early childhood ages during bereavement and the brochure will focus on parents with surviving children ages three to five years.

Search procedures

The final comprehensive search was conducted on June 14, 2023, using PsycInfo, CQ, EBSCOhost, ERIC, ProQuest Central, and PsycArticles. Additional forward and ancestral searches were concluded; this included examining reference lists, other publications by the authors of identified studies, and current organizations and public resources (e.g., hospice teams, birth centers, local children's hospitals, researchists, grief centers, support groups).

Interview procedures

Interviews were conducted with three bereaved parents to hear more personal stories of their experiences with grief, early childhood bereavement, and information received after the death of a loved one. The experiences and results of the author were also included. Family structure SES ranged from just above poverty to upper-middle class, both rural and urban demographics were represented. All families were Caucasian and in partnered relationships at the time of the death of their child. 50% of the families interviewed had living children at home at the time of death.

Public feedback

A Qualtrics survey was sent out to three different groups of people based on their experience with early childhood grief (bereaved parents, educators, clinical professionals). The survey included questions about the possible content areas of the brochure, participant experience with handouts and their experience with early childhood bereavement. The information collected from this survey was two-fold: 1) to identify if a need existed for a brochure and 2) determine what was included in the content. The survey was sent out to twelve bereaved parents, fifteen clinical professionals, and seventeen educators.

Results

Literature review findings

As a part of the systematic process a literature review was conducted to reveal additional information that was utilized to develop the content of the brochure. A summary of items utilized to inform the brochure content are as follows.

(Additional details can be found through the literature review above.)

1. Grieve healthy as a parent and include children in rituals and recognize them as grievers alongside adults (e.g., attending funeral, picking out flowers for the grave). This gives them a sense of inclusion in the family's expression of grief. Utilize open, honest, and clear communication.
2. Find a healthy balance between honoring the memory of a lost sibling and allowing for healthy grieving and bonding in the present (e.g., strive to maintain their presence, importance, and legacy through memory or action, such as the completion of good deeds or accomplishments in their name).
3. Strive for effective parenting techniques that include helping children feel safe and secure within a loving and supportive family. This helps increase children's self-esteem, improve children's coping skills and their expressions of emotions. Reducing parental distress and using effective discipline increases positive family interactions and reduces children's exposure to negative life events.
4. Successful family responses can include complete trust and intimacy among members, including: accepting and permitting expression of sadness and

emotions; confronting their belief systems; using resources; providing opportunities to discuss the child's loss, answering questions about death, offering acceptable outlets for feelings. Whereas dysfunctional family responses can include avoiding or twisting communication regarding the death; becoming overly protective, which could prevent normal developmental; subsequent children's feelings of the roles and expectations of the deceased becoming pushed onto them; parents emotionally distancing themselves to protect themselves from further hurt of additional loss.

Interview Results

The interviews were conducted with three bereaved parents to hear more personal stories of their experiences with grief, early childhood bereavement, and information received after the death of a loved one. The information collected during these interviews helped decipher if there is a need for a brochure of this nature and helped guide the content of this brochure.

Details in Table 1 are the interview results of personal stories in combination with their experiences with grief, early childhood bereavement and information received after the death of a loved one. The experiences and results of the author were also included in this table. The interview included two open-ended questions to gather additional information. The following themes emerged from the open-ended answers. When asked where families received support, they stated they received support from resources in their community, through local and national support groups and from clinical professionals. A second open-ended question asked families to identify locations within local communities where a brochure could be placed. Families

responded by identifying the following sites: childcare settings, funeral homes, support groups, doctor’s offices including therapists, pediatricians, and OB, and at libraries.

Table 1. Interview Results

	% of results	
	yes	no
Did you receive grief supporting documents upon the death of your child?	75	25
Did you utilize the supporting documents?	25	0
Did you receive a professional follow up from the hospital post death?	25	75
Did you utilize the professional follow up?	25	0
Did you receive professional support when death of your child was eminent?	25	75
If you were given or had access to a brochure with support, would that have been more useful?	100	
Was there a sibling present before the death?	25	75
Was there a sibling born after the death?	100	
Are you raising the surviving children to remember their sibling?	100	
Looking back did you appropriately grieve the death of your child?	75	25
Looking back did you help your children appropriately grieve?	25	75

Qualtrics results

A Qualtrics survey was sent out to three different groups of people based on their experience with early childhood grief (bereaved parents, educators, clinical professionals). The survey included questions about the possible content areas of the brochure, participant experience with handouts and their experience with early childhood bereavement. The

information collected in these surveys helped decipher if there is a need for a brochure of this nature and helped guide the content of this brochure.

Details in Table 2 describe the results from the survey on what the brochure should contain. Non-answered survey questions are reflected as missing data.

Table 2. What would you like a brochure on early childhood bereavement to contain?

	% of results								
	Bereaved Parent (n=12)			Clinician (n=15)			Educator (n=17)		
	Yes	No	Undecided	Yes	No	Undecided	Yes	No	Undecided
Education on what children understand about death.	41.7	-	-	46.7	-	-	64.7	-	11.8
Language to use with grieving	41.7	-	-	46.7	-	-	70.6	-	-
After death rituals and involvement.	33	8.3	-	33	6.7	6.7	41.2	-	29.4
Healthy grieving for	33	-	8.3	46.7	-	-	58.8	5.8	5.8
Community and professional support.	41.7	-	-	46.7	-	-	70.6	-	-
Quotes from other parents.	25	8.3	8.3	33	6.7	6.7	64.7	-	5.8
Stories from other parents.	33	8.3	-	33	13.3	-	52.9	-	11.8
Resources	41.7	-	-	46.7	-	-	70.6	-	-

The (-) represents missing data from non-answered survey questions.

Details in Table 3 describe the results from the survey on personal experience and loss.

Participants were asked two scaled questions. The first question asked participants to rate themselves on how much they felt they knew about the children’s understanding of death (scale

from 1 (no understanding) to 5 (expert understanding)). Results showed bereaved parents with a mean of 5.7 and educators with a mean of 3.29. The second question asked participants if they knew how to navigate a conversation with a child about the loss of a loved one (scale: 1 (ignore and walk away) to 5 (confident and comfortable)). No results were given from bereaved parents, but educators showed results with a mean of 3.08. A final, separate question asked participants to identify who they reached out to for help with their bereaving child. Results from bereaved parents were 25% professional help, 16.7% other. Results from the educators were 17.6% professional help, 11.8% family and friends. Non-answered survey questions are reflected as missing data.

Table 3. *Personal experiences and loss*

	% of results			
	Bereaved Parent (n=12)		Educator (n=17)	
	Yes	No	Yes	No
Were you given any support documents (i.e., resources, books, videos, brochures on grief, etc.) when you lost your child?	50	41.7	11.8	29.4
Did you utilize the support documents?	25	58.3	17.65	17.6
Would/Did you seek out help if your child was bereaving a sibling?	41.7	50	5.9	-
In reflecting on your experience, do you feel that a brochure would have been helpful?	66.7	16.7	41.2	-

The (-) represents missing data from non-answered survey questions.

Details in Table 4 are the results from the survey on additional information to help support the grieving child, based on experience with early childhood grief. Non-answered survey questions are reflected as missing data.

Table 4. Would you want more of the following information to help support the grieving child or the family more?

	% of results					
	Clinician (n=15)			Educator (n=17)		
	Yes	No	Undecided	Yes	No	Undecided
Resources	13.3	-	-	82.4	-	-
Curriculum and children's books to read.	13.3	-	-	70.6	-	11.8
Brochure as a quick guide.	13.3	-	-	6.7	6.7	-
Learning about what theorists teach us on children understanding death.	13.3	-	-	70.6	-	11.8
Would you be interested in personal or professional development regarding children and grief?	6.7	6.7	-	64.7	-	17.6

The (-) represents missing data from non-answered survey questions.

The survey also contained open-ended questions. These questions were reviewed, and themes identified.

Themes that emerged from the bereaved parents survey answers stated that they received and utilized support from organized religious, community, and medical groups. When describing their personal traditions, families stated that these were created and maintained to keep the memory of the lost child alive and for healthy grieving. Bereaved parents specifically said they would like a brochure to contain, “I’d want someone to tell me the cold hard truth; that the

longing never goes away. Most of all I'd want someone to give me hope that one day I will live again.”

Themes that emerged from the clinical professionals included wanting a brochure to contain information about support groups for families, blogs, books, etc. and developmentally appropriate stages of grief/bereavement. Clinical professionals have received grief support documents from educational entities and professional publications.

Themes that emerged from the educators included wanting a brochure to contain stories and quotes from other families, resources for educators, and cultural/religious resources. Educators also expressed that including examples of what language to use and model for other students was important as well as, what emotions, behaviors and coping skills might look like in the classroom. Survey results indicated that educators who have experienced grieving children in their classroom have emotionally supported these children by finding and utilizing community resources to help with classroom support, through organized medial supports, or from the educational entity they work for. These findings have important implications for future efforts aimed in creating a brochure specifically for educators and classroom use.

Brochure Development

Content and Design

The idea and formation of this report started three years ago during a graduate-level course and has grown with each additional course for completion in fall 2023.

Through research, personal experience, and stories from other's experiences, several handouts and resources that have been used to inform the public about grief and bereavement have come to my attention. As I have been reviewing these resources my personal reflections and impressions are that they are wordy, overwhelming, and hard to digest. Interview reflections from the perspective of a parent who has lost a child resulted in the same feelings I experienced; this "death packet" was too overwhelming and most didn't even open it. Taking into consideration this information, my brochure will be simple and easy to understand. It will be a quick resource that is not overwhelming for the reader. This is important because of the situation surrounding the family— the loss of a child.

Based on research results, Qualtrics and interview results, I have identified the six following points to be included in the brochure:

1. Information on how we help our children grieve
2. Identify what language to use with children.
3. Identify where support can come from and resources for use.
4. Include quotes and stories from other parents — small and throughout brochure, connecting with five points
5. Identify what emotions or psychological symptoms can occur. What is typical and when do you seek professional help?
6. Identify what children ages 3-5 years understand about death.

Dissemination

The brochure can be distributed in early childhood centers, physicians' offices, birth centers, libraries, and support groups. This brochure could also be used by foundations as they publicly present for their foundations or at rare disease conferences.

I think this will greatly help others understand the basic needs of a grieving child and what steps can be taken to lessen the negative effects of losing a loved one. This will help inform the public that death does affect children, and they do need to grieve and be part of the after-death family rituals.

During interviews with parents, it was asked, "Where could this brochure be placed in the community to be utilized as support?" Parents thoughts included: childcare setting, funeral home, within support groups, doctors' offices, library, religious buildings.

Limitations and future research

Every project is not without its limitations, limitations with this project include small sample size, incomplete survey data. While we don't know the reasons for the missing data, we can speculate the survey questions may have evoked emotional responses or been unclear resulting in participants skipping questions or ending the survey. Further research to include identifying a more diverse sample for deeper analysis and generalizable data. A more structured form of interview with standardized instruments could yield comparable data. Utilizing a survey with non-answerable questions limits the data received. Future research can specify samples of educators to gain specialized data to create a brochure geared for classroom use.

This report and initial brochure are just the start of what I hope to be my life's work and legacy to leave. My future goals contain public speaking on the importance of early childhood grief, creating additional brochures for different sectors of our communities, and to one day create an early childhood curriculum that can easily be implemented in classrooms to teach about death before it becomes a trauma.

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Appendix A - Death and Grieving Resources for Parents and Educators

Appendix A.1 Children's books

Mommy, Please Don't Cry...There Are No Tears in Heaven by Linda Deymaz

Tear Soup by Pat Schwiebert and Chuck DeKlyen

Heaven is for Real for Kids as told by Colton Burpo to his parents Todd and Sona

Burpo

An Angel in the Sky by Sheila Booth-Alberstadt

Butterflies for Rory by Kimberly Ellis

I Miss You: A First Look at Death by Pat Thomas

Ida, Always by Caron Levis

Nana Upstairs & Nana Downstairs by Tomie dePaola

The Invisible String by Patrice Karst

I'll Always Love You by Hans Wilhelm

Wherever You Are My Love Will Find You by Nancy Tillman

The Goodbye Book by Todd Parr

Appendix A.2 Websites and national organizations

Cope Foundation: <https://copefoundation.org/sibling-support-groups/>

Support groups offer siblings the companionship and true understanding of others who have also lost a sibling and are experiencing similar challenges that living with this loss brings.

Annie's Hope: <https://annieshope.org/programs/>

This organization provides comprehensive support services to children, teens, and their families who are grieving a death, serving the greater St. Louis, Missouri, area.

The Compassionate Friends: <https://www.compassionatefriends.org/grief/>

When a child dies, at any age, the family suffers intense pain and may feel hopeless and isolated. The Compassionate Friends provides highly personal comfort, hope, and support to every family experiencing the death of a son or a daughter, a brother or a sister, or a grandchild, and helps others better assist the grieving family.

National Alliance for Children's Grief: <https://nacg.org>

This organization connects those supporting a grieving child to resources and local support. The alliance is a national organization of professionals dedicated to supporting children and the networks and communities surrounding them.

Alexandra's House: <https://www.alexandrashouse.com/>

Alexandra's House provides a large, compassionate, ever-growing community of people who have experienced the loss of a child. It consists of parents, couples, grandparents, aunts, uncles, friends, and more, who have been trained to help people through their grief.

Kansas City Hospice and Palliative Care: Solace House Center for Grief and Healing:

<https://www.kchospice.org/solacehouse/>

Solace House is a community center for grief and healing, designed to be a nurturing place to guide children and adults through the difficult time following a death, whether sudden and unexpected or anticipated.

If you would like to read more details of Carson Bowman's life, please visit

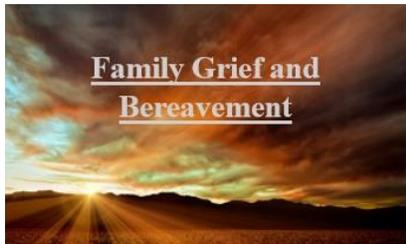
<http://carsonbowman.blogspot.com/>

If you would like to read more details about Menkes disease, the genetic disease that took Carson's life, please visit.

<https://themenkesfoundation.org/>

Appendix B - Children Grieve Too Brochure

Appendix B.1 Children Grieve Too Brochure

 <h3><u>Family Grief and Bereavement</u></h3> <p>Children, no matter how young they are, feel the absence of a loved one. As children learn how to grieve by observing their loved one's behaviors, it is imperative that parents and caregivers strive for healthy self-griefance. This parental influence effects a child's successful coping, or struggle, with death.</p> <p>Healthy grieving in adults and children refers to finding meaning and pleasure in life again and returning to pre-death routines and health. Establishing a new relationship with the deceased, involving treasuring memories and enduring connections.</p> <p>Research emphasizes that while bereavement can be challenging, it's heartening to know that it's not bereavement alone that leads to enduring psychological effects. By understanding the role of pre-existing circumstances and other family stressors such as financial distress, interrupted environmental safety, security, and compassion, we can better address and mitigate the likelihood of negative effects, offering hope and resilience in difficult times.</p>	<h3>Early Childhood Storybooks <small>(not comprehensive)</small></h3> <ul style="list-style-type: none">• <i>Mommy, Please Don't Cry...There Are No Tears in Heaven</i> by Linda Deymaz• <i>Tear Soup</i> by Pat Schwiebert and Chuck DeKlyen• <i>Heaven is for Real for Kids</i> as told by Colton Burpo to his parents Todd and Sona Burpo• <i>An Angel in the Sky</i> by Sheila Booth-Alberstadt• <i>Butterflies for Rory</i> by Kimberly Ellis• <i>I Miss You: A First Look at Death</i> by Pat Thomas• <i>Ida, Always</i> by Caron Levis• <i>Nana Upstairs & Nana Downstairs</i> by Tomie dePaola• <i>The Invisible String</i> by Patrice Karst• <i>I'll Always Love You</i> by Hans Wilhelm• <i>Wherever You Are My Love Will Find You</i> by Nancy Tillman• <i>The Goodbye Book</i> by Todd Parr <p>Need more support??</p> <p>www.compassionatefriends.org/grief/nacg.org/ www.kchospice.org/solacehouse/annieshope.org/ Copefoundation.org www.alexandrashouse.com/ National Suicide Prevention Lifeline at 800-273-8255 or 988 suicide & crisis line</p> <p><i>"Individuals and families have many capabilities and abilities that allow them to respond to interpersonal loss and to emerge from the experience changed but not broken." Greeff, 2011</i></p>	<h3>Children Grieve Too</h3> <hr/> <h3>EARLY CHILDHOOD Bereavement</h3> <p>With appropriate support systems, research has shown that children who experience bereavement at a young age are less likely to develop psychological issues, including depression, anxiety, and post-traumatic stress disorder. The child's environment and support systems decrease the severity and longevity of these risks.</p>  <p>Providing children a supportive environment that promotes protective factors (e.g., safe, secure, and loving environment, drawing, storytelling, open communication) helps them reach successful grief and positive psychological outcomes.</p>
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TALKING WITH CHILDREN



Facilitating open and honest communication with children is important. This provides adults and children an opportunity to verbalize their feelings which helps the child achieve successful grievance. Children are trying to make sense of what happened and have trouble making sense of death. You can help by repeating the same explanation using simple language.

"Mommy, thank you for putting a band aide on me and making me feel better so I don't die like Everly." Emma, age 4.
Example of a child's confusion on death.

- **Avoid** using words such as "they're in a better place," "everything happens for a reason," or "at least they're no longer in pain."
- **Instead say,** "I'm glad you told me. Do you want to tell me how that makes you feel?" (Help the child with memories by sharing pictures, stories.)
- **Avoid** using words such as "passed away," "went to sleep," "crossed over," or "lost."
- **Instead say,** "When a person dies, their body stops working, and they can't eat or laugh or poop or cry or walk or talk anymore. That means they are dead. When someone is dead, we need to do something with their body, which doesn't have any feeling in it anymore." (Explain where the final resting place will be for your loved one.)

UNDERSTANDING DEATH AGE 3 - 5 YEARS



Young children have difficulty seeing the world through others' perspective. This singular thinking could lead to thoughts that death is a punishment and preventable by parents.



Children can consider only one aspect of a situation at a time and not understand that every living thing will eventually die.



Children feel responsible for what happens to them and the world around them. They may feel their thoughts or actions caused the death.



Children think death is reversible and are unable to understand sense of cause and effect.



Preschool children often cope through play, art, stories, and actively participating in traditions and rituals.

With each individual child's traits, and life experiences in combination with a supportive, and nurturing environment the negative impact of the experience decreases.



What should I expect from a child who is grieving?

Like adults, children can experience a range of emotions when grieving, including some changes that can have a negative impact on their psychological wellbeing (e.g., depression, aggressive behavior, social withdrawal, behavior problems, etc.). Generally, these emotional and behavioral changes last 1–3 years after the loss and return to pre-death routines and health.

You might seek help if you or your child are experiencing any of the following with great difficulty or for prolonged periods of time.

- Difficulty with tasks
- Depression or anxiety
- Substantial loss of appetite
- Risk-taking behaviors
- Suicidal thoughts
- Self-isolation

