BEREAVEMENT FOLLOWING
THE DEATH OF A CHILD:
IMPLICATIONS FOR FAMILY THERAPY

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ABSTRACT: The death of a child, is perhaps one of the most excruciating events that a family could experience. Although much literature exists on the short-term effects of child death, little is written on the long-term family repercussions.

This article briefly reviews the literature on bereavement, and then focuses on the effects of child death in the family. Issues of specific interest to the family therapist are highlighted.

Introduction

There may be nothing more devastating to parents than the death of one of their children. (In Canada, approximately 6326 children under age 19 die each year. Of these, 3182 are under one year of age. The leading cause of children under 28 days is respiratory distress. From 28 days to one year the leading causes are sudden infant death syndrome (SIDS), accidents and childbattering. For older children, the leading causes are disease, accidents—motor vehicle, drug, sports, household, other—and suicide (14-19). (Statistics Canada, 1983, 1981). Professionals agree that the most intense grief experienced is parental grief, following the death of a child (Hare-Mustin, 1979); Kellner, Best, Chesborough, Donnelly, & Green, 1981; Nolfi, 1967;
Sanders, 1979-80), though it is interesting to note that we have few rituals or terms for dealing with and describing this particularly devastating family occurrence. For example, our society uses such terminology as orphan to describe a child who has lost parents or widow to describe a spouse who has lost her mate.

Although the literature on child death and bereavement is extensive, the focus of much of the literature is on the immediate and short-term (one year) effects of child death. This focus is most relevant to helping professionals who, according to the literature, deal with the bereaved family at the actual time of death. There is, however, much less literature available on the long-term effects of child death, an emphasis relevant to family therapists who may be more likely to see bereaved families several months or years after the death, when symptoms of pathological bereavement may appear.

A brief review of the literature will be presented, followed by a discussion of some of the long-term effects of child death which may create problems for some families. In addition treatment suggestions will be offered to the therapist working with such families.

**REVIEW OF THE LITERATURE**

*Bereavement*

Bereavement and grief in many ways resemble depression. Symptoms include loss of appetite, sleeplessness, lethargy, withdrawal, loss of interest in life, anxiety attacks, depressed mood, and suicidal thoughts (Hoagland, 1983). Hoagland (1983) adds that bereavement, unlike depression, has been found to follow a predictable course over time.

Bereavement, like dying, can be viewed as a process comprised of several stages (Church, 1981; Hardt, 1978; Kubler-Ross, 1969). According to Hardt (1978) the resolution of bereavement comprises five stages which parallel Kubler-Ross’s five stages of dying: Shock/Denial; False acceptance; Pseudo-organization; Depression; and Reorganization/Acceptance. Church (1981) on the other hand, outlines three stages of bereavement: Shock/Disbelief; Suffering, and Recovery. Most survivors, therefore, eventually pass through a progression from extreme grief to recovery.

The ways of expressing grief are greatly influenced by culture, religion, and custom. “What is considered normal grieving in one society