Everywhere and Nowhere

Grief in Child and Adolescent Psychiatry and Pediatric Clinical Populations

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KEYWORDS

• Grief • Child • Adolescent • Psychiatry • Pediatric • Illness

KEY POINTS

- Grief is ubiquitous in the experience of children and adolescents with illness but not always recognized or named, and as a result grief is not always treated effectively by child/adolescent psychiatrists or pediatricians.
- Grief can be misinterpreted or treated as stress, anxiety, depression, adolescent moodiness, or behavioral concerns.
- Pediatricians and child/adolescent psychiatrists are often insufficiently educated on the topic of grief.

In her foreword to the book, *On Grief and Grieving*, by Elizabeth Kübler-Ross and David Kessler, Maria Shriver wrote, "we are a grief-illiterate nation" and "we live in a culture that doesn't know how to grieve."[1] Western societies have been criticized for struggling with death and bereavement generally, leading to a "public absence/private presence of death."[2] Discussing the death of her husband, Facebook executive Sheryl Sandberg said that grief taught her, "I got it all wrong before. I used to say, 'Is there anything I can do?' I used to say, 'How are you?' or not say anything. Every mistake that someone else made with me, I've made."[3] Why is the culture illiterate with respect to grief? Why do compassionate, thoughtful adults not know what to say when someone nearby is grieving? If this criticism holds for society at large, with adults often ill-equipped to navigate grief, what does this mean for children and adolescents? The purpose of this article is to

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review basic types of grief and discuss how psychiatrists and other clinicians can support grieving youth.

The death of a loved one engenders perhaps the most recognized form of grief that children and adolescents experience—often seen as devastating, disruptive, and outside the natural order of childhood experience (eg, parental or sibling death). Additional losses leading to grief in children and adolescents with medical and/or psychological illnesses are discussed. Curiously, grief is a topic that does not appear in medical education, or in the child and adolescent psychiatry literature, as often as might be beneficial to our clinical work. If child/adolescent psychiatrists remain mindful of the decentering potential of grief in the lives of young people, they can assist patients more ably through this process, decrease isolation, and reduce the impact of comorbidities associated with grief in childhood.

National statistics and studies regarding the prevalence of childhood and adolescent grief are limited and vary in estimates, and some although oft-quoted sources are now outdated. Yet overall, extant sources reveal that grief often touches the lives of children and adolescents. US Census Bureau data have shown that 1 in 20 children under age 15 years has experienced the death of 1 or both biological parents.[4] As high as 92% of adolescents and young adults in 1 UK study had experienced grief from the death of a "close" or "significant" relationship.[2] In another, 78% of children aged 11 years to 16 years reported experiencing the death of a close friend or relative.[5] Approximately 70,000 to 75,000 children die each year in the United States, and more than 80% of them have siblings who must live with this primary loss.[6] Additionally, 1 to 2 million American children live in single-parent households as a result of a parent's death.[7] A recent longitudinal study of 7 million people in Scandinavia revealed that youth suffering parental death prior to age 18 remain at increased risk for suicide "for at least 25 years," and the risk for men is twice that of women.[8] In addition, adults who experienced parental loss as children have 50% higher all-cause mortality rates and die earlier than same-aged adults with living parents.[9]

In 2012 the American Federation of Teachers and New York Life Foundation[10] undertook a national childhood bereavement survey of schoolteachers; 70% of teachers knew at least 1 student who lost a parent, guardian, sibling, or friend in the past year, whereas only 1% received bereavement training in university or graduate school. The impact of grief noted by teachers included: 87% reported grieving students with impaired classroom concentration, 82% observed withdrawal/disengagement and decreased classroom participation, 79% noticed depression/sadness in students, 72% documented student absenteeism postloss, 68% reported lower quality of schoolwork with 66% noting a decrease in homework submission, and 63% observed anger in grieving students—78% of teachers were unaware of any community bereavement supports.[10]

Given such evidence and the lack of bereavement training among teachers, social workers, and other frontline professionals,[7] child and adolescent psychiatrists have an essential role in grief education and clinical practice, and must remain cognizant that grief has the potential to appear anywhere in the lives of children and adolescents, and grieving youth require unique supports.

Grief is not limited to the experience after another person's death, and clinicians must consider the range of losses that create grief for a child or adolescent. Grief follows diverse losses, including deaths of pets; loss of intact families through separation or divorce; loss of home, neighborhood, friends, and school through moving; loss through adoption or foster care; and loss of loved ones to homelessness, addiction, or incarceration. For youth with medical illnesses, grief can be ubiquitous, emerging from various deficits and constraints that illness imposes on their bodies and life