

## Review Article

# When A Child's Parent Dies

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At present, a lot is spoken about youth, career, success, money, about tuning one's beautiful appearance, about expensive cars and distant travels, but articles about the human lifespan and its inevitable part – death – are quite rare. Death is a natural and unavoidable part of life which all of us encounter at a time. Although the end of life is a familiar notion, it is impossible to understand the final loss of a close person before we have experienced it personally. We say that death came at a wrong time, it came unfairly early, it came unexpectedly. None of us can predict how we react to the death of either a close person or a stranger. Our reaction depends on the nature of our relations and the causes of death. Death is extraordinary, inexplicable and mysterious. It is even embarrassing to speak about it in the present-day world.

On the one hand, the development of science has liberated people from superstitions, but, at the same time, it has deprived them of something by which they could interpret death as familiar and natural. Several authors have expressed the view that the youth-oriented western technological society has a strange tendency to deny and evade death, being simultaneously overwhelmed with thoughts about death.

In earlier historical periods, death was a family event. People usually died at home, in the presence of their family members. Family members took care of the dying in the last days of their lives. Death, preparation of the body for the funeral and the ritual of placing it into the coffin were family and community events. Children were taken along to the funeral; there was not much talk as everything that happened spoke for itself. Later, the cemetery was visited on commemorative days.

It can be supposed that it is easier to speak about death and its essence to a country child who lives amidst nature than to a city child who is surrounded by lifeless buildings and superficial human relationships. The child has concrete thinking. At first sight, death also seems to be a concrete notion: end, standstill, cremation, disappearance, decay... Unfortunately, even present-day science cannot give a definition of death that would satisfy everyone. In the world, there are hundreds of religions most of which emphasize that death is not the end. Speaking about death, however, should not create fear of death neither in children nor in adults.

**When the Family is Hit by The Death of a Parent**

Coping with loss of a beloved person is one of the life's biggest challenges for both adults and children. The parent's death is a very stressful event in the child's life. In the case of death, the child in the bereaved family loses his/her feeling of confidence and security. Children's mood changes and they become sensitive. Children are often left on their own. They are not talked to enough, and it is not explained to them what happened, and they fill the essential gaps with their own fantasy. Children can have strong feelings that frighten them, and they

do not know how to cope with them. When given explanations, children may encounter abstract concepts for the first time, and the explanations may prove difficult to understand. Death can bring several changes to children's life, for example, they have to change their residence, the activities done together with the deceased parent are omitted (e.g., they have to go to school by bus instead of the car; the hikes and journeys with the parent are cancelled; the financial situation of the family changes).

Children of different ages perceive death differently. For children below five years of age, death is abstract and difficult to imagine. It seems like a temporary change in the bodily status, something like a dream. They may ask, "When will s/he be back?" or "Doesn't s/he feel cold in the grave?" Death can be explained to them by practical examples: "S/he is dead: s/he does not breathe anymore; the hair does not grow, s/he does not eat, does not speak, does not feel pain. His/her body begins to decay and will turn into soil." The ideas like "went on a long journey" or "fell into a long sleep" should definitely be avoided. If they are used, the child may feel strong fear when the parent goes somewhere ("perhaps s/he will also go on a journey") or be afraid when s/he falls asleep.

Children aged 5–10 years start to understand the finality and inevitability of death. Still, similarly to younger children, they need concrete activities and objects to cope with mourning. They are helped by rituals, visiting the grave, personal things of the deceased. They need versatile information and repeated discussions to understand what has happened. This might be offered to them. It is normal if these talks and gusts of feelings are short. This does not mean that the child does not care – it is just difficult for him/her to bear strong emotions for a long time.

Children and teenagers aged 10 and older understand the abstractness of death and perceive its long-term consequences [29].

Teenager's understanding of death may already resemble adults' thinking, although teenager's grief contains several features characteristic of namely young people. Teenagers understand the finality of death, but they need not admit that they are also mortal. Teenagers' goal is to differ from the adults' world, to ignore their rules and fit into the group of their peers as much as possible. Teenagers are strongly concentrated on themselves as many changes are simultaneously happening in their physical and intellectual development [8].

Teenager's grief also includes protest and distancing of oneself and finally restoration of closeness. The teenager seeks independence but ultimately reaches the wish to restore the internal connection with the deceased at a new level [8]. The teenager may try to suppress his/her grief with narcotic substances [34].

Understanding of death, however, may considerably differ from the division given above if the child's biological and emotional age do not coincide. Researchers at the University of Pittsburgh Department of Psychiatry [27] recently completed seven-year perspective research of children's mourning after their parents' death. They found that the parent's death exerted an early and continual negative influence on the child's academic and social functioning, which was partly caused by the emergence of depression during the first two years after the parent's death.

Children who were below the age of 12 years when their parent died were more likely to suffer from depression than those who lost their parent in adolescence. At all times, children in mourning also had a greater incidence of Post-Traumatic Stress Disorder (PTSD) than children who did not mourn [27].

### Children and Funeral Rituals

The closer the deceased person was to the child, the greater is the child's loss, and the more difficult it is for the child to par-

ticipate in the funeral. On the other hand, the funeral gives the child an opportunity to say farewell to his/her beloved person. In the long run, such a farewell is simpler and more understandable for the child than the situation when the significant person just disappears without saying good-bye. Without saying good-bye, it is much more difficult to cope with the loss; this can even create a psychological trauma for several years. If the deceased is commemorated together at the funeral ceremony, and if the child is engaged in the activities of organizing the funeral and its ceremony, it is easier for the child to endure the grieving period. The funeral is rightly a part of mourning. The child can see and understand that s/he is not the only one for whom it is difficult and will realize that supporting one another will make it easier.

If the child is taken along to the funeral, it should be earlier explained to him/her what death means, what is done at the funeral, why this is necessary, and what the rules of behavior are at the funeral ceremony. Earlier, the keeping and tidying up of the deceased and other preparations were the task of the family members of the deceased. Now, taking care of the deceased until the funeral ceremony is trusted to funeral parlors. This has made death a more distant and not so natural part of life. Speaking about death is a topic that is avoided at any cost. This should not be so, as speaking prevents the emergence of unnecessary fear of funerals. The funeral might be treated as a ceremony where the deceased is commemorated; the beautiful moments spent with him/her are recalled, and s/he is bidden farewell for the last time. The funeral is an event where emotions can be displayed together, and these emotions can be different. The funerals experienced in the childhood which the parent has comprehensibly explained to the child help endure funerals psychologically more easily and grasp one's emotions better in the adulthood. During the funeral, it is recommended to open the coffin if possible, as personal viewing helps understand the reality and finality of death and decreases the emergence of imaginary fantasies [13,28]. It is most essential to prepare the child for seeing the deceased: in which room s/he will be, what the coffin will look like. An adult must definitely inspect the deceased before showing him/her to the child [10].

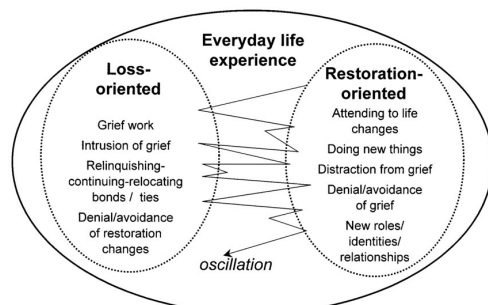
When deciding whether to take the child along to the funeral or not, the child's age and his/her level of maturity should definitely be considered. Small children need not understand the essence of the funeral (for example, they may think that the person in the coffin is asleep, and his/her interment may cause fear and confusion).

The decision whether to take the child to the funeral or not is for each family to decide, but it should always be explained to the child what it means if someone dies and which emotions this can cause. If a person close to the child is buried, and if the child is not taken along to the funeral, a ceremony understandable to the child could still be arranged to commemorate the significant person and to say farewell to him/her (e.g., lighting candles together, placing flowers next to his/her picture).

### Mourning and the Grieving Process

Mourning is an intense emotion that hits a person like a wave which will bury one entirely under itself and which cannot be ignored. Grief is a moment which returns again and again. The grieving process is a journey. Although people experience mourning as a universal human emotion infinitely, the grieving process as accommodation changes this experience in the course of time [26].

Mourning is a heartbreakingly painful task for the brain, as it makes it inevitable to learn to live without the deeply beloved person who constitutes an inseparable part of the world picture. This means that the significant person is simultaneously lost and eternally present for the brain, and one is simultaneously walking in two worlds [26]. In its essence, mourning and living a meaningful life without the beloved person is a form of learning. As learning is a lifelong activity, the attitude to mourning as a form of learning can make mourning more familiar and understandable and give patience to let this substantial process take its way [26].



The Stroebe-Schut model of the dual process of grief [26].

When looking at the Stroebe-Schut model, we can see that, in addition to loss-oriented stressors, there are also stressors of the other side that the authors have called restoration-oriented stressors. All of these are tasks that we have to do because the deceased person does not exist anymore. Restoration-oriented stressors consist in practical activities that the mourner is not used to doing on his/her own. For example, the child has to go to school alone by bus, go shopping for food, do household chores, compile new plans for summer, etc. The essential element in the dual process is the zigzag that connects the two ovals. It shows that people oscillate back and forth between the stressors in the grievance process [26].

### How to Support the Mourning Child in the Grievance Process?

If possible, sending the child away from home should be avoided. The familiar and stable environment simplifies coping with feelings. Very often, the child needs greater affinity and more attention from the parent after the significant person's death. The child is often afraid that something can also happen to other family members. It should be explained to the child that his/her reaction and feelings are normal. Sometimes, it seems to children that they are guilty of the significant person's death. It must be clarified to the child that death is a part of life and what has happened is definitely not his/her fault.

When the child expresses his/her feelings, they should not be underestimated ("There's nothing wrong; we are here for you.") or suppressed ("Don't be sad."). If s/he is sad, s/he should be given hope that the situation will improve, but it should be admitted that this may take time. When the child gets older, his/her understanding of the world will become more multi-layered. The talks about the deceased become more abstract. If they are sometimes held, the child creates a better internal image of the deceased, which helps him/her better cope with the loss, and which s/he can later take along with him/her. Lack of information also increases the risk for emergence of mental health problems [29].

The child's mourning depends on his/her age and the resulting different understanding of death. The child's maturity is also essential. Mourning also depends on gender. Girls express more

sadness; they are more frightened and frustrated. They want to speak more in order to commemorate. Girls are also those who seek for help more often. Boys express their mourning by their conduct, girls rather by words. Boys' reaction to the death message can be quite aggressive: beating against the wall, knocking things over, demolishing of something. Boys are more resigned; they have more anger reactions and behavioral problems; they try to avoid contacts and find solutions in different activities.

Different reactions in boys and girls are expectable. While it is considered natural that girls weep, boys may be expected to be strong and cope with the situation. It is essential to encourage both boys and girls to express their emotions and not to consider some of them acceptable and others not. It should be explained to the child that it is normal when people weep; that mother's or father's death is a sad event, and the child is allowed to weep.

Besides reticence, the child's other possible reaction is to cheer mother or father up or to take care of them [2].

Earlier experience – the family's attitude and behavior in the case of earlier deaths – is also essential. Children acquire behavioral patterns from their parents. This also concerns coping with grief. Here, family traditions have an essential role. The child can never be viewed in isolation from the family. Adults tend to underestimate the influence of the loss on a small child. A. Dyregrov considers it essential to remind the parents that they should not hide their feelings thinking that by doing so they will mitigate the child's grief. Concealing of feelings may make the child think that the parent has forgotten or does not care [10].

The child's reaction to the loss depends on the concrete person the child has lost:

- 1) The loss of an essential relationship – this is the loss of an individual with whom the child identified him-/herself or who had a notable role in the child's emotional and material wellbeing.
- 2) The loss of an object of affection – this is someone who has not only a great influence on the child but with whom the child has a particularly intense and all-encompassing relationship.
- 3) Secondary losses, e.g., after the parent's death, the child has to move to live with his/her relatives; there are changes in the routine; s/he may have to change the school, etc. These changes are experienced very acutely and are an additional stress factor when experiencing grief [2].

P. R. Silverman states that mother's death usually affects the family more than father's death, as mothers are the uniters of the family and take care of meeting children's primary needs. She finds that mother's death is likely to cause more changes in everyday routine. Some men immediately change their jobs to meet the children's needs and cope better with household chores. Others may try to continue their everyday life and understand only somewhat later that children need more attention and support from the father [34].

Mother's or father's loss means for the family that the other adult makes efforts to perform both parents' roles. It is also usual that older children are encouraged to take over some of the dead parent's obligations. At first, the child may feel important as s/he was trusted with the deceased parent's tasks, but s/he will soon find that the interests of the family and the friends are contradictory, as the child's development requires establishing

good friendly relations and orientation outside the family, but the family expects something else [2].

Mourning depends on the deceased and the child's relations with him/her and the relations with the surrounding people. In the case of each child, his/her personality and the ability to process the experience are also significant.

In her book *On Death and Dying. What the Dying have to Teach Doctors, Nurses, Clergy and Their Own Families*, E. Kübler-Ross has differentiated five stages of grief [19].

1. Shock and denial. Denial is an ordinary protection mechanism that helps people cope with difficulties. For example, one can hope that someone will announce that the death message was an error, and the beloved person is still alive. After the initial shock and denial reaction, apathy and a feeling that nothing is important anymore may follow.

2. Anger and guilt. In this state of mourning, strong emotions like anger, feeling of guilt and irritation can appear. Questions like "Why I?" or "What did I do to deserve it?" may crop up. The mourner may also unexpectedly get angry at things, strangers, friends or family members. Anger at whole life can also appear.

3. Bargaining. The mourner may think that s/he would be willing to do everything and sacrifice everything if life could be restored like it was before the loss. S/he may discover him-/herself thinking "What if ..." or "If only..."

4. Depression. In relation to mourning, depression is not a mental health problem but a natural part of the grievance process. In the phase of depression, one faces his/her current reality and experiences the inevitability of the loss of the significant person. Naturally, understanding of this can cause strong sadness and desperation. Different feelings may occur:

- Tiredness,
- Vulnerability,
- Confusion and absent-mindedness,
- Unwillingness to move forward,
- Disappearance of the feeling of hunger and loss of appetite,
- Inability to enjoy earlier pleasures, etc.

5. Acceptance. In this phase of mourning, the person will slowly accommodate to the loss. This does not mean that grief fully disappears, but the person learns to live with it.

Research has shown the inexactness and incompleteness of this model. The five stages are not an empirically proved model of accommodation after the loss. O'Connor [25] finds that, although Kübler-Ross was right in terms of describing experiential content, all mourners need not pass the five stages or do not pass them in that order. Psychiatrist Kathy Shear from Columbia University says: "Grief is the form love takes when someone we love dies" [32].

Children mourn more irregularly. Time alone does not heal the grief. Worden [37] finds that mourning has four tasks:

1. To understand and accept that the loss is a fact.
2. To experience the emotions related to mourning, to go through the grief, to give way to one's feelings.

3. To accommodate to life without the deceased, to withstand the void.

4. To find a new relationship between the deceased and oneself and to go on with one's life.

These tasks are fulfilled in parallel, turning from one to another. This takes a lot of time and is difficult. Children need adults' help in this. Children mourn much more deeply and longer than adults can guess. They mourn more irregularly than adults. Child's mourning is said to be "striped", which means that periods of mourning alternate with periods of play and joy. This is how the child protects his/her psyche.

How is children's mourning expressed? The following reactions of grief and crisis can occur:

- Frustration and vulnerability – fear of darkness, loneliness and closed doors; fear of losing the other parent;
- Living memories – memories and perceptions saved in critical situations can turn into painful memory pictures which appear mostly at night;
- Grief, sadness and yearning – feelings of futility and void;
- Sleep disorders – difficulties in falling asleep, horror dreams, constant tiredness;
- Feeling of debt, self-accusations, shame;
- Problems at school resulting from concentration difficulties or drop of motivation ("Why study if death comes anyway?");
- Bodily symptoms – various aches in the head, stomach, heart region and elsewhere, nausea, vomiting, bedwetting at night, etc.;
- Problems in relations with peers – feeling of loneliness, others seem childish, irritability and bursts of anger;
- Changes in character – reticence or expansiveness;
- Pessimism towards the future – the future becomes short;
- Misconceptions.

The experience of trauma can essentially change the regular development of the personality. This particularly concerns the development of morals and identity and the ability to create close relationships. In a durable stress situation, children can create an alternative imaginary identity for themselves, which functions as their protector. The alternative identity, however, often remains until maturity and may cause severe accommodation difficulties in adulthood [30].

The trauma caused by the parent's death may bring about depression, hyperactivity, attention deficiency, obsessive-compulsive behavior (e.g., the need to wash hands, to check whether the door is locked). The traumatic event can also be repetitively experienced in memories or may be revealed in games or in some peculiarity of conduct. Active engagement with the theme of death has also been described in the case of children's PTSD [15].

Each phase of the grieving process includes the threat that one remains "sitting uselessly" in it; that the mourning does not progress. In children, the content of their games can reveal



PTSD and unfinished mourning. In the case of PTSD, the content of the games is constantly repetitive, not creative and does not provide emotional relief or any slowly arriving solution to the theme of trauma or mourning [5]. People who have lost a significant person and have not mourned him/her enough often end up in psychotherapy. In our society, it is often considered a sign of strength if grief is overcome quickly. Suppression of grief can cause depressions which remain incomprehensible even to the person concerned. When these depressions are thoroughly studied, the cause is often found to be unfinished mourning, suppressed mourning, etc. [7]. This can also threaten children whose biological and emotional age do not coincide (Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder). They often remain in the first or second phase of grief. An example studied by us is a 13-year-old girl whose father had been dead for several years already.

The girl was able to say that her father was dead but when the foreign language teacher wrote on the board in a one-to-one situation for vocabulary practice that father is dead, the student ran to the social workers and complained that the teacher wrote on the board that her father was dead. She returned to the teacher and threatened that the teacher would be punished because of writing on the board that her father was dead. After her father's death, the teachers obviously took a more lenient attitude to the child, and her learning skills remained modest because of constant talking about her father's death. Now, attending another school at a higher level where she has to apply her earlier knowledge, the student refers to her father's death again when her knowledge is insufficient. She complains that one or another teacher has said that her father is dead, or a student has ridiculed her because her father is dead. Some time later, however, the student said when she was asked to put her mobile phone aside in class that she was speaking to her father who was dying because of kidney deficiency.

The student did not get any help when she started grieving, and she has developed PTSD which can last for years if she does not get any help or does not accept it. (PTSD is a complex of symptoms resulting from single or repetitive extremely strong external traumatic impact on the child's psyche. – APA, 2003). In children, we can speak about post-traumatic stress if at least three manifestations of avoidance or insensitivity from the following list appear: avoiding of thoughts, feelings or talks related to the events, people, situation or place which remind the child of the traumatic event; inability to recall some aspects of the event; decreased interest in regular activities; feeling of isolation from others; limited ability for close relations; hopelessness

towards the future. In addition, to diagnose a child with PTSD, s/he must have at least two of the following expressions of the state of perturbation: sleep disorders, irritability, bursts of anger, decreased ability of concentration, becoming frightened easily, excessive vigilance. If these symptoms last at least for a month and cause severe difficulties in coping, it can be said that the child has PTSD. As small children are unable to express several of the aforementioned symptoms verbally, PTSD may often remain unnoticed in them [5]. A characteristic feature of PTSD is heightened anxiety against the background of which sometimes vivid memories of the extraordinary event may occur. Patients also develop disorders of the cardiovascular, endocrine, digestive and other major organ systems. Usually, the clinical symptoms of PTSD appear in a certain period after the traumatic event (3–18 weeks) and persist for a long time – months, years, decades. Williams et al [36] and Blom and Obernik [4] found that the most typical PTSD symptoms in children are horror dreams, enuresis, sleep disorders and loss of appetite. Likewise, inadequate behavioral response to certain stimuli, e.g., fear, weeping, aggressive activities, loss of some skills, refusal to go to kindergarten or school, deterioration of academic performance [6]; aggressivity, increased anxiety, too strong reaction to external stimuli, e.g., sound, light, etc., stuttering, timidity, and lack of interest may occur [33]. Other symptoms may include pain in the heart or upper abdomen, fits of migraine, numbness, weakness, drowsiness, avoidance of peers, decreased ability of concentration [17]. In teenagers, the tendency to avoid memories and places related to the traumatic event has been noticed [30,35].

The student studied by us had both behavioral and eating disorders. In the daytime, she was extremely cheerful, swearing, smoking, abusive, threatening towards the negative behavior of others, but when going home in the evening, she started to cut herself. She claimed to feel better then. She showed her scars of cutting willingly. Usually, such students also have suicidal thoughts and skills of manipulation. They often finish their expensive wishes with sentences like, "But father would have given me money for that," or "You don't care of me, and if I don't get it, I'll kill myself." Differently from depressive children, such children have enough energy to really commit suicide at a certain moment. The other child of the family who is two years older and who was also affected by the shock of the father's death does not display such reactions. The beautiful 35-year-old mother does not show any signs of stress either and has moved on with her life. Naturally, the student has been offered therapy and rehabilitation, but the results are poor, as she does not participate regularly in the planned activities because she finds that nothing is wrong with her.

In boys, manipulation with father's death has even turned into physical punishment of mother. Here we can also see that mourning has remained unfinished or stayed in the stage of anger, and PTSD has developed.

The symptoms of post-traumatic stress may overwhelm the person so much that s/he cannot begin or continue mourning. Thus, first the trauma should be dealt with so that the normal grieving process could start [35].

In most cases, PTSD is treated with psychotropic medicines, e.g., antidepressants, but their long-term use and the accompanying adverse effects may have a negative influence on the organism. The negative impact of medicines has made doctors search for alternative options. Aid of both psychologists and physiotherapists is offered. Rehabilitative treatment can last for

several years. In those who have missed timely treatment, the consequences of the trauma may last even longer, and their organisms become psychologically and physically unstable.

Such children can be helped in their mourning if they are encouraged to speak, draw, write poetry, model in clay, perform lamentations. (Lamenting is a regular verbal activity, a formulaic way of expression which simultaneously governs emotions and communicates them.) The words of lamentations are centuries old; the expressions used in them connect the individual and the tradition, this world and the other. For example, in Finland, self-help groups study the heritage of old Karelian laments, create their personal laments and use them if necessary [1].

Children have to be helped out of the phase into which they have stuck. For girls, in addition to medication with tablets, water aerobics with music and recurrent talks with the psychologist often yield good results. In boys, good results have been achieved, in addition to medication, with drum therapy and recurrent talks with the psychologist. Working with clay, painting and stitching have also proved useful. The key to recovery is experiencing of emotions that the child could not or was not allowed to feel at the time of the trauma. If we do not process the emotions when they appear, they get stuck in our senses and body and appear in some dysfunctional form. If we negate our feelings and flee from them, the trauma will never be solved.

The loss of a significant person does not mean that the child has been destined to live with depression, anxiety and PTSD. Death is a natural part of life and if the child is well supported in his/her grief, s/he will carry the beloved person in the heart without problems of mental health in adult life.

Small children have great fear that they will be forsaken, and, therefore, the physical and psychical presence of the helper is essential. No changes in life, e.g., moving to a new place of residence, should be made. The routine of everyday life should be preserved, e.g., attending kindergarten or school, workouts or hobby groups should be continued as soon as possible. In small children, bodily symptoms occur relatively more often. They may react to emotional tension even with fever or cramps. The feeling of guilt should be removed (e.g., the child may think that the parent died because the child did not obey him/her). Metaphors should not be used or illusions created as the child takes them literally and may develop fears or unreal hopes. When the child is allowed to ask, s/he will have a lot of questions. S/he must be given short truthful answers.

Children aged 5–9 years often see death as violent, as a punishment. They also often personify death. They can have fears resulting from imagining that death is a person who will come and take someone along. This age is characterized by magical thinking which causes strong feelings of guilt. For example, the child can think that as s/he had wished evil to father who had punished him/her, his/her wish has been fulfilled and, therefore, father died. The child must be helped to reach clarity and be supported.

At the age of 9–10 years, children perceive death as something very horrible; this is accompanied by frustration. Death is related to illness, and understanding of it is more complete and more abstract. Children will have many existential thoughts which they want to share with an adult. This may be accompanied by a great feeling of loneliness. The age of puberty causes great chaos in the child, and the death of a significant person is a big danger. At this age, children may also suppress mourning

as they have no room for it and may start processing their grief as late as in their twenties.

It is essential to understand that children do not need protection from the reality but help in coping with the reality. Thus, helpers have to mitigate the feelings of abandonment and helplessness, provide children with information, answer their questions, help them express in words what is happening in or around them, help them also express their feelings nonverbally, help children cope with their fantasies and imaginations, help them commemorate the deceased (e.g., compile a booklet about the deceased) and help children establish new relations. It should be considered that children also express their mourning in games. These games can be frightening, but they must be accepted because children do in their games and drawings the same as adults when speaking. Children can be taken along to the grave or the commemorative stone of the deceased, but they must not be coerced. Traditions are necessary as they enable us to take what has happened as reality and decrease fantasies. Traditions support the expression of feelings and provide the same experience to children and adults, thus creating greater proximity. Good results have been achieved by mourning camps for children who have lost a parent. In Estonia, mourning camps are arranged three times a year: in summer, autumn and spring. The camps are meant for 40–45 children, and the aim is that they participate in all the three camps.

The camps are suitable for children whose mourning has lasted from 6 months to 2 years. For children whose mourning is still fresh, social workers and psychologists recommend a later camp cycle, as such children may have strong reactions of grief, and it would still be early for them to draw conclusions or look into the future. The aim of the camps is to enable children to express their emotions and deal with their memories and eventually to discover what would help them to go on with their lives.

Children whose mourning has lasted longer than two years may need individual help, and the mourning camp need not be suitable for them [16]. At the camp, daily group work is done according to fixed methods that have yielded good results. Therapists have created a supportive atmosphere. Individual work is carried out at crisis help and support centers but also at hospitals. Individual help is provided by (school) psychologists, pastoral counsellors, social workers, and child protection workers.

At school, the teacher can help the mourning child by considering and remembering that the child is in grief even several months after the event, particularly on Mother's or Father's Day. At school, the child can also be helped by teaching how to mourn and by directing the child's attention to connections between mourning and the child's conduct. Sometimes, it is necessary to teach the child how to communicate with family members whose behavior may have changed because of mourning. Swimming and games requiring physical effort are of great use in decreasing children's emotional tension.

At home, smaller children may be told or read stories into which they can project their own thoughts and feelings in relation to what has happened. Bigger children can be recommended to read books of fiction that deal with the topic of mourning and death. Together with children, genograms can be drawn which show the earlier generations who are already dead and those who are living and where they live. Dead people can then be placed, for example, into squares [12]. At some places, rituals are practised sometime after the funeral – 40 days or a year

later (in Orthodox and Jewish traditions). Such customs have an essential role in raising people's awareness that mourning lasts long and does not end in a few weeks.

Some researchers have found that later visits to the grave, sorting of the deceased person's things, throwing them away or sharing them with others and sending letters of gratitude after the funeral help the mourner much more efficiently than the rituals during the funeral [9].

## Conclusion

We are mortal, and death is an inseparable part of our life, but it always comes unexpectedly and frightens us. Church people say that death is something as natural as breathing and life, and death should be primarily viewed like that, like falling asleep. In the countries where people are more used to seeing the naturalness of death, the attitude to it is more casual, supported by certain techniques or the community. In collective cultures, people are not left alone to disentangle their existential problems; these situations are ritualized in advance. The death of a beloved person may be so devastating that the whole orientation in life is lost. Parent's death is a very stressful life event for the grieving children. Several studies have shown increased risk of mental health and psychosocial problems among children who have lost a parent. Parent's death has also been related to increased somatic symptoms and sensitivity to stress [21,22,37]. Scandinavian studies have shown that parent's death in childhood or adolescence is related to increased risk of mortality in childhood, adolescence or early adulthood [20,31]. Parents' death in childhood is also related to increased long-term risk of suicide [14]. Child's problems after the parent's loss may also be revealed in concentration difficulties and behavioral problems at school [23,35]. We must consider that death is not a single event in the child's life but a process that s/he experiences repeatedly at each stage of development. When the child has finally processed the trauma, s/he opens up to a new relationship, s/he will find emotional space to feel loved and to give his/her love to others. People who have experienced a deep loss are often more thoughtful, loving, compassionate and resilient.

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