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The influence of unreconciled grief in the family on the functioning and development of a child

Bernadetta Janusz¹, Lucyna Drożdżowicz²

¹Department of Psychiatry Jagiellonian University Medical College

Chair: prof. dr hab. Józef K. Gierowski

²Private Practice

Summary

The aim of the work is to present the influence of unreconciled grief in a family for functioning and growth of a child. The paper is based on some examples of clinical work from the field of family therapy, where developmental problems of children followed their carer's inability to cope with death and bereavement. Presented cases from family therapy serve as examples of possible therapeutic interventions in such situations. They show examples of developmental disturbances and psychopathology of the child who stays in relationship with deeply bereaved intimates.

Key Words: unreconciled grief, development of a child, case study

Introduction

One of the key issues of work with grieving families are the experiences of children. Especially when the loss took place in the child's early years, its emotional development is highly dependent on how the carers dealt with loss. In the upcoming new edition of Diagnostic of Statistical Manual of Mental Disorder (DSM V), there exists a proposal of taking into consideration the developmental disturbances of children and adolescents who have experienced the loss of the close relative [1]. The clinical examples presented here show the situation of children who experienced the death of their siblings and who also, in their adult life, struggled with developmental problems and emotional disturbances. The article also reflects upon therapeutic work with families in which direct or indirect consequences of unreconciled grief connected with miscarriage and the death of the child turned out to be crucial.

Grief in the family

In this paper the term „unreconciled grief” is used. It refers to the blocking of emotions in the family, which can significantly influence the development of the child,

as well as be the result of symptoms of pathological grief among family members. This symptoms can be classified as: insomnia, lack of appetite, loss of weight, and feeling of sadness [2].

Another experts distinguish its characteristic features such as: lasting more than six months longing and wish of staying with the dead, the trouble with the acceptance of death, distrust, bitterness connected with the death, difficulty in introducing the changes in life, numbness of the body, seeing black future [3].

We often meet families with unreconciled grief because of a child's symptoms. In the history of those families there were often significant losses [4]. They are considered as an obstacle in emotional closeness with main carer, who is unable to reduce fear and other negative feelings caused by loss, and facilitate a return to everyday activities [5].

Situations which are considered especially devastating for psychological development of a child are those when a mother or a close carer is emotionally withdrawn or has a depression in the first months of its life. The French psychoanalyst Andre Green [6] defines the psychic structure of a child, which was formed in such circumstances, as "dead mother complex". He claims that when a child has no emotional contact with its grieving mother, it suffers from unconscious negation of emotions connected with the loss of emotional relationship and gradually grief becomes chronic. The example of such a situation is when a mother gets pregnant again but is unable to open up emotionally. As a consequence the above mentioned restrains appear which are blocking the development of bond with the next child.

Referring to, introduced by Andre Green, "dead mother complex" Katarzyna Walewska [7] describes the circumstances of its forming in the following way: *the lack of mirroring by mentally absent mother, mirroring that is necessary condition of psychic life, causes, in the not mirrored area, representation of emptiness, numbness, necrosis of psychic tissue (beyond it, animated by the current flow of psychic energy). Additionally, this mentally numb area remains unknown. The earlier the trauma came into being, the more difficult it is to place this state of lack in inner space and representation* [7, s. 102-103].

Studies show the important role of family support towards mother who experienced the loss, i.e. miscarriage. They state that the possibility of receiving support is more significant than the time that has passed after the loss [8, 9].

From the systemic point of view, the quality of relationship in the couple is also important. Another research indicates that fathers tend to be more concentrated on job, but mothers experience sadness and sorrow [10]. This phenomenon is also described as a "gender role splitting" [11], that is separating man and woman in the ways they experience the loss of the child. It is manifested in mutual cutting off from the way of behaving of the partner. As a consequence it leads to "emotional divorce" in the couple. Such situation causes lack of emotional support between them and makes being close to other children difficult [11].

According to Murray Bowen [4], different ways of protecting children against grief make the children develop unrealistic fantasies concerning death and life which, on emotional level, remain unchanged in their adult life. Bowen [4] thinks that talks

with children after the death of a close one, require opening up to every question that can be asked. This concept is now supported by empirical research which indicates that in western societies there exist certain beliefs concerning going through the loss and grief by children such as: children do not grieve, children do not experience the real loss, adults can protect children, children quickly get out of grief, there are certain stages of going through grief by children, children that are too sad after the loss of a close one will cope badly as adults [12]. Related research do not confirm any of those beliefs, however they influence the way in which adults accompany children in going through the loss of a close person. Children are not able to express the grief in a direct way, but they show it in a play and different kinds of behavior: in school they lose friendship [13]. The grief of children is individual, connected with developmental processes. Research indicate that children, who had received support in going through grief, developed less emotional disturbances in adolescent period [14].

Clinical presentations

The presented above theoretical conceptualizations and the results of empirical research will be illustrated by the examples of therapeutic work with families. The first concerns loss of the child, that was experienced by the mother as traumatic, where conceiving and birth of the next child relieved the anxiety connected with the loss of a previous one. The consequences of such a situation are illustrated by the example from family therapy, where conceiving after miscarriage caused bond disturbances between a mother and a baby.

The S family was referred to family therapy by the daughter's psychiatrist who treated her because of suicidal tendencies, depression, difficulty in undertaking social tasks and roles (inability to graduate from school). There were many tensions in that family: between mother and father and especially intense, in a form of emotional entanglement, between mother and daughter. In her adolescence period a daughter sought other meaningful women whom she considered to be her mothers. The daughter was born after the second pregnancy. The first baby was miscarried in the third trimester. It did not have a funeral and was buried "under the cemetery fence". The mother said that she was alone then, she did not have her husband's support, was not accepted by his family, and what is more, she was blamed for the miscarriage. Her own mother did not support her either as she was focused on her son's (the mother's brother) life. The second pregnancy and giving birth to her daughter triggered fear, feeling of previous loss and it was even stronger due to the fact that shortly before delivery her father, who she was very attached to, died and shortly after, her sister also died because of a sudden heart failure. Strong tensions occurred between her and her husband whom she considered to be insensitive to her state. The strongest disturbances in the daughter's development emerged in her early adolescence.

The case cited above refers to the consequences of blocked bond between a child and a grieving mother who suffered many losses. She had no possibility of receiving any support from her close relatives. The problems of the daughter, who was an indexed patient, could be understood in the category of dead mother complex which was

previously mentioned. Among the main ailments of this complex according to Green [6] are: depressive symptoms and experience of certain kind of emptiness. So, in such cases, the loss that a child goes through means difficulty in contacts with a mother who, herself being locked in grief, is not approachable for a child.

Depressive symptoms, denying mechanisms and other forms of emotional withdrawal of the mother influence the growth of the child, especially when the cause of her state remains completely hidden. Children who understand better what is going on, are able to cope with the death of their siblings. The case presented below illustrates this phenomenon.

One of the families that was referred to family therapy after the death of the child reported the problem with bad behavior of another child (ten years old). Parents and two children participated in family meeting (IP, the sister, two years younger). It turned out that the death of the one-year-old son that had happened one year before was a key event which the family struggle with. The deceased child was born with many developmental problems and according to medical doctors had no chance to survive. Parents took him home and fought for his life, but after a year the child died. Before that, the older son had been sent to a summer camp. Parents decided not to interrupt the son's vacations who got to know that his brother had died when he returned home. In this situation the 10-year-old boy didn't participate emotionally in the events connected with the death. Impossibility of experiencing commonly with the rest of his family the loss of his brother seemed to influence his strange behavior at school and at home. He became impulsive, he remained confined to his room, did not want to speak with his mother, and at school he was aggressive toward colleagues. In the course of family consultation children, and especially the son reacted intensively to stimulated by the therapist recalling of events connected with the birth, struggling for life, and death of the youngest child. During the next session the parents declared the better contact between them and the son. The change was also visible in the course of the meeting: children became more spontaneous, introducing other themes from family life.

Described issues depict the importance of including children in the community of grieving after the loss of the close one. When a family therapist encounters a situation of children being moved away from circumstances of death, as well as experiences of parents and elder siblings, he should work on the effects of separating children. Apart from experiencing by the child the grief of mother and another carers the therapists should take into consideration the specific reaction of a child for the death of their siblings, which is connected with their developmental level. The younger children can look for the dead person, because they generally don't understand, that death is irreversible. Elder children and adolescents confront themselves with their own possibility of death. The loss evokes in them the feeling of loneliness and alienation [15,16] The isolation of this kind has a starting point in the family.

Below, there will be presented a situation in which parents' involvement in the death of the oldest daughter and simultaneous impossibility of talking about it caused emotional isolation between them and the youngest daughter whose development was, in consequence, substantially disturbed.

It was eighteen years after the death when the family came into treatment. The problem was overusing of psychoactive drugs by a twenty- eight- year- old woman, the mother of two children (in fact the woman was the youngest daughter who was ten years old in the time of the accident). At that time she suffered from ephedrine poisoning, which was very risky. The doctors only just managed to save her. The psychiatrist who had treated her since adolescence ordered family therapy yet again. Since she was fifteen years old, the patient had been posing many problems (especially eating disorders) and was twice treated in psychiatric hospital. When she was eighteen, she got married and had two children, now in the age of ten and eight. For the first consultation came the patient with her husband and parents. The main problem reported by the parents was dependence of the young couple, their lack of financial security and responsibility and, at the same time, great concern about the daughter's health and grandchildren's future. There appeared lack of trans-generation boundaries, blurred responsibility for children's upbringing. In this situation therapists decided on structural intervention, alternating meetings in sequences were planned: all together, older parents, younger parents. In the second set of meetings the events connected with the past were revealed - tragic death of the sister/daughter. It happened parallel during separate meetings of both couples. Parents, in fact the mother only because the father could not utter a word, told about the incident. His nonverbal reactions, while the wife was relating the story, showed suffering and still unhealed wound. The parents had never spoken about it. The father was unable to say anything concerning the event. He was the witness of the whole incident, the daughter died on his hands, on the way to hospital and, as he later confessed, he felt completely responsible for the daughter's death. At the same time (the meetings took place weekly or every second week) at the meeting of the younger couple the daughter described the event from her perspective. Recalling these events clearly revealed that, for them, 'the world collapsed'. Every family member reacted differently. The father became withdrawn, confined to his own room and reflecting upon the event. After that event he turned away from her because of his sense of guilt. The mother also painfully experienced the death of her first-born daughter. At certain time she decided to have another baby: 'I will either have another baby, or go crazy'. In this situation the youngest daughter felt very lonely. Lack of support from the parents and impossibility to deal with present developmental challenges and past events resulted in impulsive, risky behaviors, which made people around her look after her.

The clinical cases presented above enable to connect emotional disturbances of children with unreconciled grief in the family that was manifested by avoidance of contact with the death leading to denial mechanisms. It caused alienation and loneliness of particular persons in the family, sense of guilt or blaming each other. The way of experiencing grief in the first and second case can be seen as a factor that influenced disturbances of attachment in the family.

Behavioral problems and psychopathology of children presented above can be understood as a result of certain kind of dealing with death. Empirical research also show that after death of a child parents are closed inside because of the sense of guilt. Children feel, at that time abandoned, they can develop different symptoms from behavioral problems connected with using different substances to more serious symptoms like

anorexia, depression, or psychotic reactions [11, 13, 17]. Grieving parents very often are not able to be sensitive to children's experiences after sudden death of their siblings [11, 17]. The research made by Horsley and Patterson [17] regarding adolescents, whose siblings died because of a car accident shows that they received signals so as not to be sad in order to remain strong for the sake of their parents. Such messages in the adolescence period can hinder the development of autonomy. Adolescents protect parents, immersed in sadness, by e.g. avoiding talking about their dead siblings in order to diminish the risk of outburst of emotions in the family. Examined children showed not only the loss of siblings but also the loss of emotionally accessible parent.

Possible ways of therapeutic interventions

A therapist, who works with the family, where an unreconciled grief organizes family relations and influences on forming the symptoms, meets many dilemmas. There are families, like the one described, that do not want to talk about it at all, others answer dryly and briefly to any questions and comments of the therapist, and only tension that therapist experiences gives any access to difficulty hidden under emotionless story. In such cases getting to experiences connected with a loss requires making a therapeutic bond and preliminary work in other fields like e.g. family loyalty [4]. Working with such families, he can initially discuss only current matters, present conflicts and ways of behavior. Gradually, he can reach their inner pains, emptiness and in some cases, when the bond is becoming stronger, it is possible to touch the feeling connected with "the lost relations" in the family. According to Irena Namysłowska [18] the aim of therapeutic work in such cases is to help to get into releasing grief, which enables creation of new relationships. In such situations, it is not only important to respect defense mechanisms of a family and individual ways of experiencing grief, but also take into consideration the age of children and resulting from that their emotional and cognitive capacities of dealing with the death of a close one.

In more traditional approaches to therapeutic work with unreconciled grief in family the importance of using words is emphasized so as to have the feeling of unity with others grieving.

Particular example of such approach is concept of unreconciled grief created by Paula and Grosera [19] and also therapeutic technique of „operationalization of grief" that was aimed at release and unblocking of feelings connected with disrupted and blocked grief. In order to obtain this aim, in course of a session, a therapist encourages to talk about experienced losses and unblock the feelings that were connected with them.

There is no need for the therapy to relay on relating certain events and accompanying feelings. It can also become an exploration of possibilities of sharing sadness and acknowledging of existing difficulties. Understanding the risk connected with opening up, paradoxically enables the family to open up to different ways of grieving and feeling of being, united despite differences. Hooghe, Nemyer and Rober [20] referring to communication concept as a dialogical and contextual process indicate that communicating of the loss is the process extended in time. For this reason also the possibility of expressing those experiences changes as the years go by. That is why the possibility of sharing those feelings also changes with time passing. The necessity of talking about what happened is questioned by authors cited above.

Summary

Presented theoretical concepts and clinical material indicate the influence of the emotional state of parents (caused by losses) on the growth of the child. Early death of a child is a traumatic event in the life of a mother and another family members. Conception and birth of a next child revived the anxiety connected with the death of the previous one. Depressive symptoms, denial mechanisms and another forms of emotional withdrawal influence a development of a child.

Experiencing by children a death of a close relative depends on the way how this event is presented to them, how they participate in it, and how they understand it. The manner in which their parents or carers cope with grief seems to be crucial. In the first period of child's life the special attention should be paid to the possibility of mirroring its needs and emotional states by deeply grieving mother, or other carer. Abnormalities in this area can significantly influence formation of psychic life of a child. In such cases therapeutic care is needed for a mother, the couple or the whole family.

Elder children, who experience a loss of a close relative by themselves, need to have a possibility of unconstrained talk, as well as such kind of contact with carers which make it possible to accept experiencing different feelings connected with what happened. However, their adult carers are not always ready to cope with such situation. In such cases children, who by themselves have no possibility of symbolic grieving, can react with symptoms, which are consequences of the impossibility of dealing with a loss of those who they are related to.

It is especially important for children to understand the reasons of emotional state of their parents; otherwise they would experience the loss of love without any reasons, and make efforts to get this love back. Such efforts result in the sense of failure because children are not able to "enliven" emotionally closed parent.

Влияние непережитого траура в семье на функционирование и развитие ребенка

Содержание

Заданием работы является представление влияния непережитого траура в семье на функционирование и развитие ребенка. Разработка материала опирается на примерах клинической практики в семейной среде обследованных. Исследования указывают на проблемы развития ребенка, опекуны которых не могли перенести потерю близких и трауром. В статье показаны также возможные способы интервенции терапевтического метода. Это является необходимостью, когда ребенок находится среди родственников, погруженных в траур, что связано с определенной психопатологией поведения всей семьи.

Ключевые слова: непережитый траур, развитие ребенка, описание наблюдения

Einfluss der nicht gelebten Trauer in der Familie auf die Funktionsweise und Entwicklung des Kindes

Zusammenfassung

Das Ziel der Arbeit ist die Besprechung einer nicht gelebten Trauer in der Familie auf die Funktionsweise und Entwicklung des Kindes. Die Bearbeitung stützt sich auf die Beispiele der klinischen Studien aus dem Bereich der Familientherapie. Sie zeigen die Entwicklungsprobleme der Kinder, deren Betreuer sich mit der Trauer und mit dem Tod nicht zu helfen wussten. Der Artikel

zeigt auch die möglichen Methoden der therapeutischen Interventionen in den Familien, in denen bestimmte Formen der Psychopathologie dadurch entstehen, dass das Kind in der Beziehung mit den in Trauer gesunkenen Nächsten bleibt.

Schlüsselwörter: nicht gelebte Trauer, Entwicklung des Kindes, Fallbeschreibung

L'influence du deuil non vécu en famille sur le fonctionnement et le développement de l'enfant

Résumé

Ce travail vise à présenter l'influence du deuil non vécu en famille sur le fonctionnement et le développement de l'enfant. Les auteurs basent sur quelques cas du travail clinique concernant la thérapie de famille. Ils décrivent les problèmes du développement des enfants dont les proches ne se débrouillent pas avec la mort et le deuil. Les auteurs de cet article présentent aussi les interventions thérapeutiques possibles dans ces cas quand chez l'enfant vivant avec ses proches qui n'ont pas survécus leur deuil certaines formes de psychopathologie se développent.

Mots clés : deuil non vécu, développement de l'enfant, description d'un cas

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Correspondence address: Bernadetta Janusz
Department of Psychiatry Jagiellonian University
Medical College, Kopernika Street 21a, 31-501 Kraków
e-mail: bernadetta.e.janusz@gmail.com